



FINAL REPORT

Digital Health Case Study / Workflow / Integration 2022

*Please note: this report will be published on the RACP website,
so please do not include confidential information.*

| | |
|---------------------|--|
| Name | Dr Justine Noble |
| Report Date | 21/05/2022 |
| Report Title | Parent responses to telehealth: a developmental paediatrics physician experience, 3-year study |

| | |
|---|--|
| Lay Summary: Please provide a brief, plain English summary of your Case Study / Workflow or Integration example. | The COVID-19 pandemic had inadvertently accelerated the progress of multimodal (video, phone, email) health care access due to necessity. This is a summary of three sets of parents' responses, spaced a year apart, to telehealth in a private developmental paediatrician physician practice. The vast majority of parents had positive feedbacks on the use, effectiveness, convenience and inclusivity of access to medical care that telehealth allowed. Vast majority strongly felt telehealth medical care should be made permanent. |
| Case Study/Workflow/Integration Objective: Please state the objective of this example and why you focussed on it. | This study was initially started as a tool for parents' feedback during the first lockdown in Sydney in 2020 when all appointments were changed to telehealth. The feedbacks were used to adapt how telehealth was used to ensure optimal patient care. The study was repeated a year later to assess the telehealth service progress. This study was repeated a third year for this Digital Health report. The objective was to compare the parents' responses to telehealth over time. Total responses for each survey were 33 in 2020, 31 in 2021, and 28 in 2022. |
| Benefits & Considerations: Please outline the benefits and considerations in the use of My Health Record and/or related digital health initiatives in this example. | The results showed continued positive response to telehealth through all three years. Almost all parents continued to be satisfied with telehealth appointments (100% in 2020, 100% in 2021, 96% in 2022), vast majority continued to feel well cared for compared to face-to-face (F2F) appointments with improvements through the years (88%, 94%, 96%), most parents continued to be happy with fee-structuring for telehealth appointments (78%, 62%, 71%), and majority continued to want telehealth for their next appointment, with increases through the years (71%, 84%, 89%). Additional questions in two latter surveys showed increasing majority reported sentiment that telehealth enriched their child's quality of care and/or increased access to care (72% in 2021, 79% in 2022), and majority thought telehealth should be made permanent (81%, 81%). See Figure 1. |

Figure 1.

Parent responses survey results




| | |
|--|---|
| | <p>Free text feedbacks were divided into positives, negatives, and constructive feedbacks. The positive feedbacks were happiness and satisfaction with the service, gratefulness for continued access to service, either due to lockdowns or with children with special needs where traveling, waiting rooms and sitting through long appointments were not ideal, timely support and continuation of care through lockdowns or poor patient/parental physical or mental health that prevented them from attending rooms, logistically preferable as no need to take days off work or school, waiting in the waiting rooms or have parking difficulties, better parental concentration during consultation as they do not have to occupy their children as intensely as when in they are in the rooms, successful physician-patient-parents interaction tool, and same level of care with no loss of effectiveness compared to F2F.</p> <p>The negative feedbacks were parental inherent preference for F2F, no opportunity for physical examinations which may lead to potential health issues being missed, miscommunications at booking, unclear fee structure and amount of medicare rebates which were mainly in the first year, and weak call connection with both phone and video calls.</p> <p>Constructive feedbacks included lower telehealth fees, option given for telehealth or F2F for different appointments as needed, and shorter telehealth reviews with periodic longer F2F appointments.</p> |
| <p>Additional Advice and Comments:</p> <p>Please list any items of interest which have arisen as a result of documenting this particular example.</p> | <p>From the physician's perspective, despite inability to perform hands-on physical examinations, physical findings could be obtained by guiding parents to illicit particular signs. Also, extended observations of the child at play in their familiar surroundings were especially informative and were more accurate compared to behaviours seen in the rooms. Parents were also able to share videos of behaviours of concern. Technical difficulties and technological inexperience could be a challenge. Other important notes were adequate training for reception staff, streamlining booking procedures, and ensuring flexibility in the booking systems and spaced appointments to allow for correcting mistakes and miscommunications.</p> <p>In conclusion, the swift move to telehealth and its positive adoption by parents begs the reform of traditional developmental paediatrics care provision. When used confidently, offered frequently and used concomitantly with face-to-face appointments, it can positively improve patient care. It gives access to care to those isolated at home due to physical and mental illness, pandemic isolation, and those in rural or remote regions. For those in the metropolitan areas, easier access due to ease in logistics could offer more nurturing and less disruptive care. Telehealth also allows clinician who need to isolate themselves due to personal ill health to continue supporting their patients and contribute to the care of the community.</p> |

| | |
|-------------------------|---|
| | <p>Into the future, telehealth will likely continue to grow to be more robust as a large component of the care package that a physician, especially a developmental paediatrician, could and should offer. The use and expertise in telehealth should be included in medical training at all levels of medicine, including professional development for the most experienced physicians. With the technological skills and opportunities, physicians can connect knowledge, experience and support to the patients, families, and communities they serve.</p> |
| Acknowledgements | <p>The author would like to thank the parents who provided survey responses through the years, and all staff working in the medical practices that these patients attended.</p> |

Award Recipient Signature:

I certify that the information supplied in this report is true and correct. I consent to enquiries made by the Royal Australasian College of Physicians to verify this information with any institution or individual.

Signature:  _____

Please submit completed and signed report to:
RACP/ADHA Digital Health Scholarship
engage@racp.edu.au