

# Telehealth, care access and workforce – are the stars finally aligning?

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Clinicians, patients and policy makers are in no doubt as to the profound and ongoing impact of the telehealth rollout on Australian health care delivery during the coronavirus disease 2019 (COVID-19) pandemic.<sup>1</sup> The program continues its broad policy support until June 30, when it will be reviewed and, at a minimum, new restrictions on the proportion of telephone consulting introduced.

Australians have demonstrated consistent ongoing utilisation of telehealth. In 2021, an estimated 950 700 people aged 55–64 used telehealth services over a 12 month period.<sup>2</sup> In particular, vulnerable populations such as the aged, disabled, remote, young families, and those without transport, have welcomed the ability to receive timely care via phone (97%) or video consultation (3%).<sup>3</sup> This has included the convenience of e-scripts and emailing of repeat referrals, as well as greater receipt by the practice of important clinical data (such as home blood pressure and blood sugar monitoring).

Such improved access and innovation has come at a welcome time for Australia's embattled and over-stretched workforce. Increases in service demand coupled with reduced clinical capacity are creating a perfect storm of unprecedented dimensions. This is especially so in rural Australia, where doctor portability now must also recognise spousal and family opportunity, and lengthy training times.<sup>4</sup>

What is required to harness the system innovation so prevalent during COVID-19, in addressing our future workforce and access challenges?

First, a recognition that returning to our pre-COVID-19 care systems is untenable. We have a health system that cannot survive in traditional mode, but which seems unable to adapt nimbly to future need. Our siloed Commonwealth/State funding and service arrangements are much of the problem, and must be comprehensively addressed.

Second, an ability to adopt and mainframe the exciting telehealth and workforce innovation that has occurred over the past 2 years and expand it to 'whole of system' and workforce re-design. Models such as the eConsultant,<sup>5</sup> virtual hospital<sup>6</sup> and integrated clinical pathway deployment<sup>7</sup> can reduce the reliance on the hospital, and allow redirection of scarce resources to clinical care, rather than increasingly-expensive infrastructure.

Finally, listen to our health system leaders. The *National Health Reform Agreement Long Term Reforms Roadmap* and *Australia's Primary Health Care 10 Year Plan 2022–2032* provide the blueprints, planned and delivered regionally. We have proven we can deliver this innovation in geographical pockets, with courage and goodwill.

Now is the time to deliver them for all Australians – there is no remaining alternative option.

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