

# Telehealth sustainability after COVID-19 – can you see me by video?

Keshia R. De Guzman<sup>A,B,\*</sup>  (MEpi, BPharm, PhD Candidate), Centaine L. Snoswell<sup>A,B</sup>  (PhD, MPH, BPharm, Health Economics Research Fellow) and Anthony C. Smith<sup>A,B,C</sup> (PhD, MEd, BN, RN, Professor and Director)

For full list of author affiliations and declarations see end of paper

**\*Correspondence to:**

Keshia R. De Guzman  
Centre for Online Health,  
The University of Queensland, Brisbane,  
Princess Alexandra Hospital, Ground Floor  
Building 33, Woolloongabba, Qld 4102,  
Australia  
Email: [uqkdeguz@uq.edu.au](mailto:uqkdeguz@uq.edu.au)

The coronavirus disease 2019 (COVID-19) pandemic was a catalyst for increased telehealth delivery in primary care.<sup>1–3</sup> Telehealth consultations, by telephone or videoconference, reduce potential risk of COVID-19 transmission.<sup>4</sup> To support this, the Australian Government introduced additional telehealth funding through the Medicare Benefits Schedule (MBS) in March 2020. The advantage of using telehealth during COVID-19 is undisputable; however, the extent to which the primary care sector adopts telehealth in routine care, especially videoconference, remains to be seen.

Currently, 93% of MBS telehealth consultations have been by telephone.<sup>5</sup> Whilst we advocate for clinicians to be the decision-makers for how they provide care, evidence supports that video consultations can provide better patient and clinician experiences.<sup>6,7</sup> Sustainable telehealth services need flexible and ubiquitous communication options that provide the best possible interactions between patients and clinicians. Until video calls become as simple as a telephone call, a concerted effort is required to ensure that a video consultation is just as easily accessible.

General practitioners (GPs) have played a key role in the COVID-19 response by delivering services across the continuum of care. GPs responded quickly during COVID-19 by providing telehealth to their patients, mainly through telephone consultations. So, how can we increase GP video consultations? One commonly raised idea suggests higher reimbursement amounts for videoconference.<sup>6</sup> While this might seem a good idea, financial incentives are not always effective and we must understand other factors that drive GP choices. However, ongoing reimbursement is essential for service viability, and the implementation of ongoing MBS telehealth funding has encouraged telehealth uptake.<sup>8</sup>

The ability to provide high quality care is deeply intertwined with general practice business needs, which impacts telehealth service capacity.<sup>6,9</sup> GPs have difficulties providing high quality care in time-pressured environments and have expressed that shorter telephone consultations are often favoured over video consultations.<sup>6</sup> Yet, irrespective of mode, balancing complex presentations in high-paced environments is challenging. While we might not solve this larger issue, the effort to manage and deliver video consultations should be simplified. This will require appropriate infrastructure, refined logistical processes, and better integration with existing workflows.<sup>9,10</sup>

While telehealth is not designed to replace all interactions, COVID-19 has demonstrated that certain consultations can be done effectively online.<sup>6,11</sup> Video consultations enable GPs to care for their patients with the added benefit of visual information. We know that building rapport with patients is another high priority for GPs.<sup>6</sup> Given that the ability to ‘connect’ with patients is heavily reliant on non-verbal cues, there are advantages for video over telephone.

As telehealth awareness rises, this is an opportune time to build an evidence base for effective telehealth care. High quality care is paramount in general practice and considering the overall safety and effectiveness of telehealth,<sup>11,12</sup> the outlook is promising. Telehealth has become a household name and it is also reasonable to expect increased consumer-demand for telehealth consultations. In Australia, primary care services represent the backbone of the healthcare sector. Increasing opportunities for telehealth in primary care should ultimately help address patient needs, encourage collaborative care, increase confidence in diagnosis and management, and lead to sustainable services.

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### Author affiliations

<sup>A</sup>Centre for Online Health, The University of Queensland, Brisbane, Princess Alexandra Hospital, Ground Floor Building 33, Woolloongabba, Qld 4102, Australia.

<sup>B</sup>Centre for Health Services Research, The University of Queensland, Brisbane, Qld, Australia.

<sup>C</sup>Centre for Innovative Medical Technology, University of Southern Denmark, Odense, Denmark.