

Supplementary Material

Primary care consumers' experiences and opinions of a telehealth consultation delivered via video during the COVID-19 pandemic

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Consumers' Views of Telehealth in Primary Care

Consumer's Views of Telehealth in Primary Care

Participant Information and Consent

Your primary care provider, the University of Melbourne, the North Western Melbourne Primary Health Network and the South Eastern Melbourne Primary Health Network are interested in your views on and experience of Telehealth.

We want to understand your preferences for how you receive care (e.g., Telehealth versus in-person), and associated costs and savings, to help us improve care that you receive.

What are we asking you to do?

We are asking you to fill out a survey that will take about 15 minutes to complete. The questions are about your experience today and some general information about you (e.g. age and gender). Please try to answer all the questions, however you are free to skip any questions you do not want to answer.

There will be no immediate benefit to you by participating in this research; however, we will use the results to help improve Telehealth and inform policy about future access to Telehealth.

Participation in this study is voluntary and unpaid. You may withdraw from the study at any time. If you do not take part, or choose to withdraw, it will not affect your access to the best available treatment from your health care providers.

All survey responses are anonymous. This means that no one, including the research team, will know who has completed the survey. Any information collected as part of this project will be treated as confidential and can only be accessed by the research team.

At the end of the project, we will send a summary of what we find to your health care provider. You will not be identifiable in any results.

Where can I get further information?

If you would like more information about the project, please contact Jessica Holman at the North Western Melbourne Primary Health Network (e: jessica.holman@nwmphn.org.au p: 03 9347 1188), Vignesh Lingam at the South Eastern Melbourne Primary Health Network (e: vignesh.lingam@semphn.org.au p: 03 8514 4405), or A/Prof Jo-Anne Manski-Nankervis at the University of Melbourne (e: jomn@unimelb.edu.au p: 03 9035 8019).

Who can I contact if I have any concerns about the project?

If you have any concerns or complaints about this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Research Ethics and Integrity, University of Melbourne (e: humanethics-complaints@unimelb.edu.au p: 03 8344 2073). All complaints will be treated confidentially. In any correspondence please provide the name of the research team or the name or ethics ID number of the research project. This research project has been approved by the Human Research Ethics Committee of The University of Melbourne (Ethics ID: 2057787)

Who should complete this survey

Was the Telehealth appointment you had today for yourself or someone in your care?

- For myself
- For someone in my care, who could complete this survey themselves (e.g. teenager)
- For someone in my care, who is NOT able to complete this survey themselves (e.g. young child, or elderly relative with memory problems)

What is the approximate age of the person you care for?

Years: _____ Months: _____

Consent to participate

To start the survey, please select 'Yes, I consent to participate' and proceed through the survey.

- Yes I consent to participate
- No, I do not consent to participate

The clinic

Did you visit a...

- General Practice
- Allied Health Provider (e.g. physiotherapy, optometrist, occupational therapist, psychologist)
- Other Provider

If other, please specify:

What is the name of the clinic that you visited?

Your appointment

Was your Telehealth consultation:

- Conducted with video on for the entire consultation
- Conducted with video on for part of the consultation; video stopped by my request
- Conducted with video on for part of the consultation; video stopped due to technical issues
- Conducted by telephone with no video

Please select the extent to which you agree or disagree with the following statements.

The Telehealth appointment was convenient for me

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth appointment saved me time

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

What is the estimated time you have saved by attending via Telehealth compared to in-person?

(Please choose the response that is closest to your real experience)

- Less than 1 hour
- 1 hour
- 2 hours
- Half a day (4 hours)
- A whole day (8 hours)
- More than 1 day
- Prefer not to answer

How would you have normally spent that time?

- In a paid role or job
- In an unpaid role or job
- Prefer not to answer

How would you usually travel to the clinic for an in-person appointment?

- Personal Car
- Public Transport
- Taxi, Uber or equivalent
- Other
- Unsure
- Prefer not to answer

If other, please specify

How many kilometres approximately do you drive to reach this clinic?

How much would you usually pay for parking? (in dollars and cents e.g. 10.50)

How much would you usually pay for your transport? (in dollars and cents e.g. 10.50)

Did the Telehealth appointment start at the scheduled time?

- Yes
- No
- Prefer not to answer

How long (in minutes) did you have to wait?

For each of the following statements, please select the extent to which you agree or disagree.

I was comfortable using the Telehealth technology

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Joining the Telehealth call was easy for me

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

My safety and privacy was maintained during the consultation

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Telehealth is an acceptable way to receive healthcare services

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Telehealth improves access to healthcare services

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I would prefer to have the option of a Telehealth consultation when I need it

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I prefer an in-person consultation over Telehealth

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth service gave me the opportunity to ask questions about my care

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I felt that my questions or concerns about my health condition(s) were adequately addressed during this Telehealth service

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth service I received was as good as an in-person appointment

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Why did you choose to use Telehealth?

Select all that apply.

- I didn't choose, a Telehealth appointment was made for me
- Reduced travel time and cost
- Reduced risk of contact with COVID-19
- Difficulty with travel (e.g. due to illness or limited mobility)
- Satisfied with a previous telehealth experience
- Reduced burden on family members, friends, or carers
- Curiosity - I wanted to see how it works
- Other
- Prefer not to answer

If other, please specify: _____

Was the appointment today a new or review appointment?

- New (I have never seen this doctor/healthcare provider before)
- Review (I have seen this doctor/healthcare provider before, either in-person or via Telehealth)
- Unsure
- Prefer not to answer

Is this the first time you have attended this clinic?

(Please tick all that apply.)

- Yes, I am new to this clinic
- No, I have attended over 12 months ago
- No, I have attended in-person within the last 12 months
- No, I have attended via Telehealth within the last 12 months

Have you ever had a Telehealth appointment before today?

- Yes
- No
- Unsure
- Prefer not to answer

Who, other than yourself, attended the Telehealth appointment with you today?

Select all that apply.

- Just me
- My partner
- My parent or guardian
- Children in my care
- Other family members
- Other
- Prefer not to answer

Who attended the appointment with you today?

(Please provide their role e.g. social worker and not their name)

Was the person with you or remote?

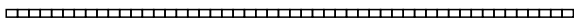
- With me in-person
- They remotely attended the appointment
- Prefer not to answer

We are interested in costs saved by you attending a Telehealth appointment. Do you have any further comments about this?

Are there any additional costs you have incurred by attending a Telehealth appointment (e.g. accommodation, support workers)?

How likely is it that you would recommend a Telehealth consultation to a family member or a friend?

0, Very unlikely to recommend 100, Very likely to recommend



(Place a mark on the scale above)

Do you have any suggestions for improving our Telehealth services, or any other comments about Telehealth?

The appointment for the person you are caring for

Was the Telehealth consultation for the person you care for:

- Conducted with video on for the entire consultation
- Conducted with video on for part of the consultation; video stopped by request
- Conducted with video on for part of the consultation; video stopped due to technical issues
- Conducted by telephone with no video

The Telehealth appointment was convenient for me and the person I am caring for

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth appointment saved me time

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

What is the estimated time you have saved by attending via Telehealth compared to in-person?
(Please choose the response that is closest to your real experience)

- Less than 1 hour
- 1 hour
- 2 hours
- Half a day (4 hours)
- A whole day (8 hours)
- More than 1 day
- Prefer not to answer

How would you have normally spent that time?

- In a paid role or job
- In an unpaid role or job
- Prefer not to answer

How would you usually travel to the clinic for an in-person appointment?

- Personal Car
- Public Transport
- Taxi, Uber or equivalent
- Other
- Unsure
- Prefer not to answer

If other, please specify

How many kilometres approximately do you drive to reach this clinic?

How much would you usually pay for parking? (in dollars and cents e.g. 10.50)

How much would you usually pay for your transport?
(in dollars and cents e.g. 10.50)

Did the Telehealth appointment start at the scheduled time?

- Yes
- No
- Prefer not to answer

How long (in minutes) did you have to wait?

For each of the following statements, please select the extent to which you agree or disagree.

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- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Joining the Telehealth call was easy for me

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The safety and privacy of the person I am caring for was maintained during the consultation

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Telehealth is an acceptable way to receive healthcare services

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Telehealth improves access to healthcare services

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I would prefer to have the option of a Telehealth consultation for the person I am caring for when we need it

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I prefer an in-person consultation over Telehealth for the person I care for

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth service gave me the opportunity to ask questions about the care that is being provided

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

I felt that my questions or concerns about the health condition(s) for the person I care for were adequately addressed during this Telehealth service

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

The Telehealth service received by the person I care for was as good as an in-person appointment

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Prefer not to answer

Why did you choose to use Telehealth?
Select all that apply.

- We didn't choose, a Telehealth appointment was made for the person I care for
- Reduced travel time and cost
- Reduced risk of contact with COVID-19
- Difficulty with travel (e.g. due to illness or limited mobility)
- Satisfied with a previous telehealth experience
- Reduced burden on family members, friends, or carers
- Curiosity - I wanted to see how it works
- Other
- Prefer not to answer

If other, please specify: _____

Was the appointment today a new or review appointment?

- New - the person I care for has never seen this doctor/healthcare provider before
- Review - the person I care for has seen this doctor/healthcare provider before (either in-person or via Telehealth)
- Unsure
- Prefer not to answer

Is this the first time the person you care for has attended this clinic?

(Please tick all that apply.)

- Yes, the person I care for is new to this clinic
- No, the person I care for attended over 12 months ago
- No, the person I care for attended in-person within the last 12 months
- No, the person I care for attended via Telehealth within the last 12 months
- Unsure

Has the person you care for ever had a Telehealth appointment before today?

- Yes
- No
- Unsure
- Prefer not to answer

Who, other than you and the person you care for, attended the Telehealth appointment with you today?

Select all that apply.

- It was just me and the person I care for
- My partner
- Other children in my care
- Other family members
- Other
- Prefer not to say

Who else attended the appointment? (Please state their role e.g. social worker, not their name)

Was the person you care for with you, or at a different location at the time of the appointment?

- With me in-person
- They remotely attended the appointment
- Prefer not to answer

How many children in your household?

- 1
- 2
- 3 or more
- Prefer not to answer

When attending an in-person appointment at this clinic, do you typically need to bring other children in your care?

- Yes
- No
- Prefer not to answer

For what type of concern did the person you care for attend a Telehealth appointment?

Tick all that apply.

- A medical concern (e.g. asthma, diabetes, constipation, ear infections, epilepsy, etc.)
- A surgical concern (e.g. review after surgery, surgical referral, skin cancer removal)
- A behavioural or mental health concern (e.g. tantrums, aggression, anxiety, ADHD, depression, dementia)
- A developmental concern (e.g. delay in language or motor skills)
- Cancer
- Alcohol and other drug support
- Preventative health (immunisation, cancer screening, health assessment and check up)
- Repeat prescription
- Medical certificate
- Work-related assessment or check up
- Other
- Prefer not to answer

If other, please specify:

What is the home postcode of the person you care for?

What is the MAIN language spoken at the home of the person you care for?

- English
- Other
- Prefer not to answer

If other, please specify:

Which of the following best describes the background of the person you care for?

Select all that apply.

- Aboriginal and/or Torres Strait Islander
- Anglo-Celtic (e.g. British, Scottish, English, Irish)
- European - Southern (e.g. Greek, Italian)
- European - Northern/Western/Eastern (e.g. French, Polish, Swedish)
- East Asian (e.g. Chinese, Korean, Japanese)
- Southeast Asian (e.g. Vietnamese, Thai, Filipino)
- South Asian (e.g. Indian, Pakistani, Bangladeshi, Nepali)
- Middle Eastern (e.g. Lebanese, Iraqi, Turkish)
- Pacific Islander (e.g. Fijian, Samoan)
- Northern African (e.g. Egyptian, Sudanese, Moroccan)
- Southern African (e.g. Zimbabwean, South African)
- Latin American (e.g. Mexican, Brazilian)
- Other
- Prefer not to answer

If other, please specify:

About you

What is your gender?

- Male
 Female
 Self-describe
 Prefer not to answer

Please specify:

How old are you in years?

In general, would you say your health is:

- Excellent
 Very good
 Good
 Fair
 Poor
 Prefer not to answer

For what type of concern did you attend a telehealth appointment for?

Tick all that apply.

- A medical concern (e.g. asthma, diabetes, constipation, ear infections, epilepsy, etc.)
 A surgical concern (e.g. review after surgery, surgical referral, skin cancer removal)
 A behavioural or mental health concern (e.g. aggression, anxiety, ADHD, depression, dementia)
 A developmental concern (e.g. learning disability)
 Cancer
 Alcohol and other drug support
 Preventative health (immunisation, cancer screening, health assessment and check up)
 Repeat prescription
 Medical certificate
 Work-related assessment or check up
 Other
 Prefer not to answer

Other, please specify:

What is your home postcode?

What is the MAIN language spoken in your home?

- English
 Other
 Prefer not to answer

If other, please specify:

Which of the following best describes your background?

Select all that apply.

- Aboriginal and/or Torres Strait Islander
- Anglo-Celtic (e.g. British, Scottish, English, Irish)
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- Pacific Islander (e.g. Fijian, Samoan)
- Northern African (e.g. Egyptian, Sudanese, Moroccan)
- Southern African (e.g. Zimbabwean, South African)
- Latin American (e.g. Mexican, Brazilian)
- Other
- Prefer not to answer

If other, please specify: _____

What is the highest level of education you have completed?

- Secondary school or less
- Trade or other certificate level
- Bachelor degree
- Postgraduate qualification
- Prefer not to answer