

THE FRED HOLLOWES FOUNDATION INDIGENOUS AUSTRALIA PROGRAM

Telehealth Information Sheet 6: What are the barriers affecting the successful uptake of Telehealth?

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WHAT FACTORS INFLUENCE THE UPTAKE OF TELEHEALTH?

Although the benefits of telehealth services are well studied and understood, they continue to be small and fragmented, and plagued by a lack of sustainability and more pilots than Qantas¹. When considering implementation of telehealth services, we need to understand that telehealth services are new models of care, changing the 'who', 'where', 'what' and 'how' of health care. Telehealth changes how patients, providers and organisations relate to each other, so getting the service model right is more important than

the technology, which is often the focus. Many evaluations of the various pilots and programs have been undertaken. The discussion here focusses on the findings of systematic reviews of a wide variety of telehealth services provided in rural and remote areas of Australia.

The promise of telehealth

The documented² potential benefits of telehealth in rural and remote areas are:

- Improve the level and diversity of health services delivery
- Increase access to health care for underserved groups
- Help solve health workforce maldistribution and rural retention



- Improve health service integration and patient safety
- Improve quality of care
- Reduce the costs and inefficiencies of travel

A systematic review³ of literature examining reported outcomes of health services delivered by telehealth to Indigenous Australians, identified a small number (n=14) of studies that reported using telehealth to deliver health care to Indigenous Australians. The predominant reason for using telehealth for Indigenous health care was to address poor accessibility to health services and for targeted screening.

Barriers to success

Jang-Jaccard et al (2014)⁴ present their findings on barriers to sustainable telehealth using a comprehensive 'barrier matrix'. This matrix is composed of four stakeholders (governments, technology developers and providers, health professionals, and patients) and five different categorizations of barriers (regulatory, financial, cultural, technological, and workforce).

These stakeholders and barrier categories are reflected in barriers identified by Wade et al (2014)⁵:

- A focus on telehealth technology above service models and clinician acceptance
- An ad hoc approach to organisational structures and planning of future services
- Short term funding cycles
- Lack of IT training and support
- Lack of uptake and participation, lack of champions
- Legal and regulatory barriers, including jurisdictional licencing and lack of insurance.

A systematic review⁶ of studies reporting on telediabetes services within Indigenous communities in Canada, Australia, India and the US found that key barriers included:

- potentially high fail-to-attend rates
- lack of technical skills associated with the operation of telehealth equipment
- the lack of availability of local staff.

'Failure to adopt has dominated much of our scientific consideration of telemedicine I the last 20 years'

– Roald C Merrel, Editor-in-Chief, Telemedicine Journal and e-Health, 2012

Effect of Technology

Technology is often identified as a key barrier to delivery of successful telehealth services. However, with clinician acceptance the single most important factor, technology must be adequate as a base requirement, but is only part of the story. Investigations by Wade (2014)¹ found technological considerations to include:

- Technology must be adequate for the activities proposed
- If clinicians want to do telehealth, they will work with the technology (if adequate) they are given
- Clinicians had little influence on the type and quality of the technology they were using
- Internal IT support was much more important than external vendors.

This information sheet has been prepared by an external consultant in collaboration with the Indigenous Australia Program.

This is a live document and any corrections, additions or other feedback is most appreciated.

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References

¹ The 'more pilots than Qantas' pun was first coined by telehealth expert Dr Victoria Wade, clinical director of Adelaide UniCare E-Health, and was considered so appropriate it has since reappeared in a variety of situations/.

² Jang-Jaccard, Julian, Surya Nepal, Leila Alem, and Jane Li. 2014. "Barriers for Delivering Telehealth in Rural Australia: A Review Based on Australian Trials and Studies." *Telemedicine Journal and E-Health: The Official Journal of the American Telemedicine Association* 20(5): 496–504, <https://www.liebertpub.com/doi/full/10.1089/tmj.2013.0189>

http://www.flinders.edu.au/faculty-health-sciences-files/documents/Making%20Telehealth%20Sustainable%20in%20SA_web.pdf

³ Caffrey et al 2017. "Outcomes of using telehealth for the provision of healthcare to Aboriginal and Torres Strait Islander people: a systematic review" *Australian and New Zealand Journal of Public Health* 41:1 48-53. <https://www.ncbi.nlm.nih.gov/pubmed/27868300>

⁴ Jang-Jaccard, Julian, Surya Nepal, Leila Alem, and Jane Li. 2014. "Barriers for Delivering Telehealth in Rural Australia: A Review Based on Australian Trials and Studies." *Telemedicine Journal and E-Health: The Official Journal of the American Telemedicine Association* 20(5): 496–504. <https://www.liebertpub.com/doi/full/10.1089/tmj.2013.0189>

⁵ Wade VA, Elliott, JA and Hiller JE. Clinician acceptance is the key factor for sustainable telehealth services. *Qualitative Health Research* 2014; 5: 682-694. DOI: 10.1177/1049732314528809. <http://journals.sagepub.com/doi/pdf/10.1177/1049732314528809>

⁶ Wickramasinghe, Sumudu I., Liam J. Caffery, Natalie K. Bradford, and Anthony C. Smith. 2016. "Enablers and Barriers in Providing Telediabetes Services for Indigenous Communities: A Systematic Review." *Journal of Telemedicine and Telecare* 22(8): 465–71

⁷ http://www.flinders.edu.au/faculty-health-sciences-files/documents/Making%20Telehealth%20Sustainable%20in%20SA_web.pdf

