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College of
Psychiatrists

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RANZCP Telehealth Survey Results

Contents

| | | |
|----------|--|-----------|
| 1 | Survey purpose, response rate and marketing of survey..... | 02 |
| 2 | Practice information | 02 |
| | 2.1 Place of work (public vs. private) | 02 |
| | 2.2 Patient base | 03 |
| | 2.3 Years practising as a psychiatrist..... | 04 |
| 3 | Use of Telehealth..... | 06 |
| | 3.1.1 Telehealth use and patient base | 06 |
| | 3.1.2 Telehealth use in the public and private sector | 07 |
| | 3.1.3 Telehealth use based on years practising as a psychiatrist | 07 |
| | 3.2 Telehealth consultations as a proportion of workload | 08 |
| | 3.3 Telehealth use in aged care facilities and Aboriginal Services | 08 |
| | 3.4 Telehealth uptake | 09 |
| | 3.4.1 First use of Telehealth | 09 |
| | 3.4.2 Reasons for using Telehealth | 09 |
| | 3.4.3 Financial incentives to Telehealth uptake | 10 |
| | 3.5 Technology and Telehealth | 10 |
| | 3.5.1 IT platform used | 10 |
| | 3.5.2 Difficulties encountered in setting up Telehealth | 11 |
| | 3.6 Cost effectiveness and Telehealth | 12 |
| | 3.7 Patient feedback for Telehealth Consultations | 13 |
| 4 | Barriers to Telehealth uptake | 14 |
| | 4.1 Likelihood of using Telehealth | 14 |
| | 4.2 Barriers to Telehealth uptake..... | 14 |
| | 4.3 Support to Telehealth uptake | 15 |
| 5 | Education and Telehealth | 15 |
| | 5.1 Level of understanding of Telehealth..... | 15 |
| | 5.2 Topics for Telehealth education module | 16 |
| 6 | Contribution to the Telehealth project..... | 18 |
| 7 | Further thoughts, ideas or concerns about Telehealth..... | 18 |

1 Survey purpose, response rate and marketing of survey

The purpose of the survey was to collect quantitative and qualitative data on how psychiatrists currently use Telehealth and understand barriers to its uptake. This survey forms a deliverable of RANZCP Telehealth Project, as funded by the Federal Department of Health and Ageing.

In December 2012, a Telehealth Survey was emailed to all RANZCP Trainees, Fellows and Associates (N:4786). There were 643 respondents (13.4% response rate). Of the 643 respondents, 604 completed the survey (93.9% completion rate).

In addition, the survey was also advertised on the RANZCP home page, RANZCP Telehealth website, in the Psych-e bulletin and state branch newsletters and correspondence.

2 Practice information

2.1 Place of work (public vs. private)

Just over half (50.4%) were based in the public sector, with a nearly a quarter (24.4%) in both the public and private systems and more than one fifth (22.1%) based in private practice. Of those that indicated 'other', there was a range of responses, including those who were retired, overseas and on maternity leave (see Figure 1).

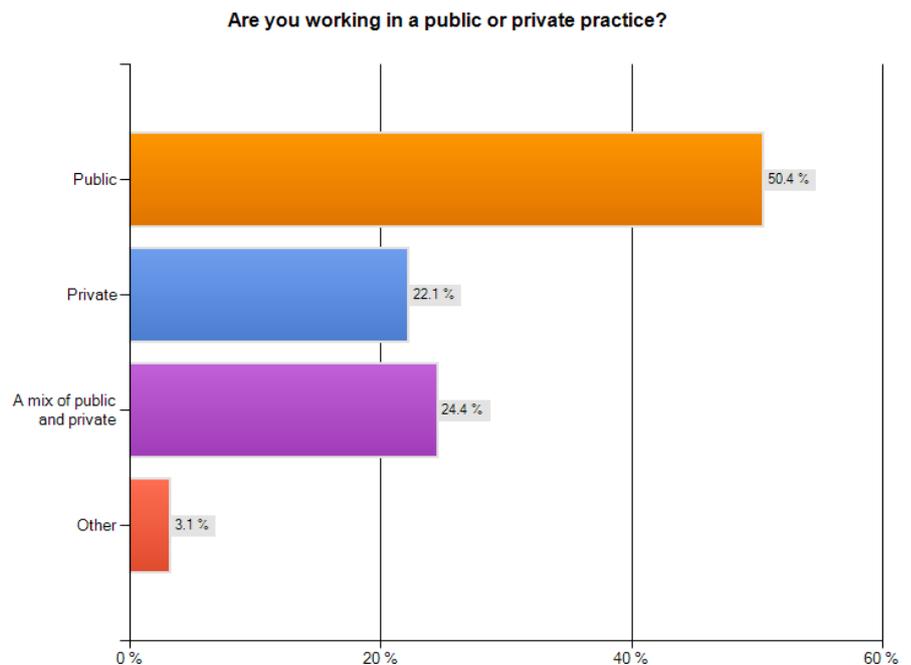


Figure 1: Are you working in a public or private practice? (All respondents)

2.2 Patient base

The majority of the surveyed psychiatrists' patients were based in capital cities (45.4%) with more than one quarter having a mixed patient base (28%). There were 42.7% of the participants' patients who were based in other metropolitan centres, rural and remote centres

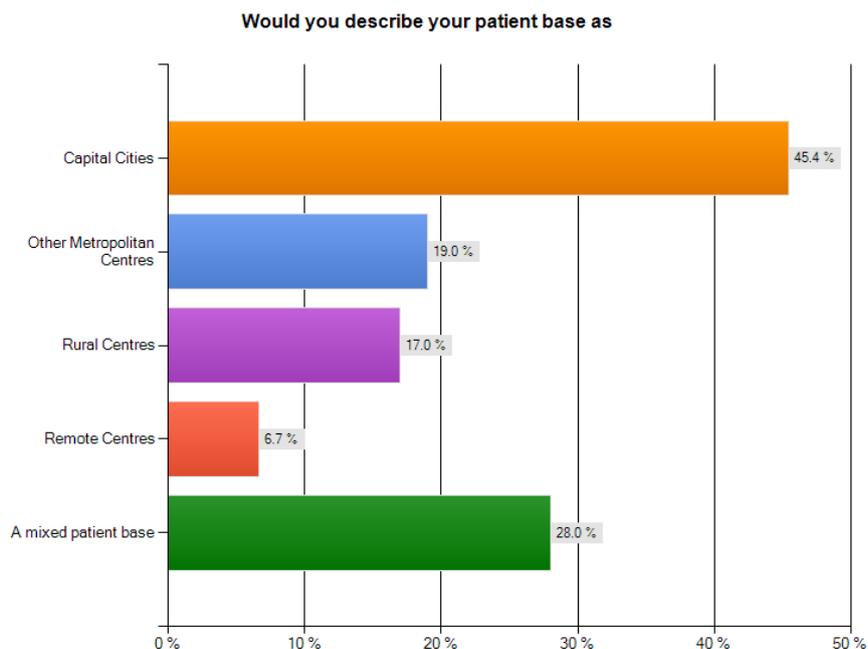


Figure 2: Would you describe your patient base as...? (All respondents)

Figure 3 shows that 39.8% of Telehealth users had a mixed patient base. Importantly, one quarter (25% of Telehealth users had patients in rural centres, 16.8% in other metropolitan centres and 12.3% in remote centres.

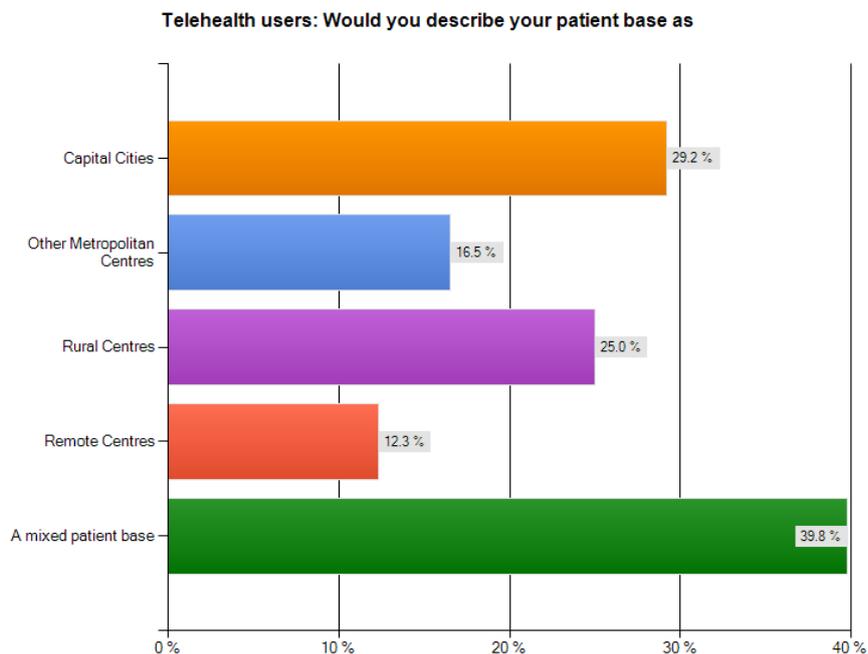


Figure 3: Would you describe your patient base as...? (Telehealth users)

Figure 4 indicates that more than half of non Telehealth users had patients in capital cities (58.2%) and one fifth had patients in other metropolitan centres (20.9%). Only 12.8% of non Telehealth users had patients in rural and remote centres.

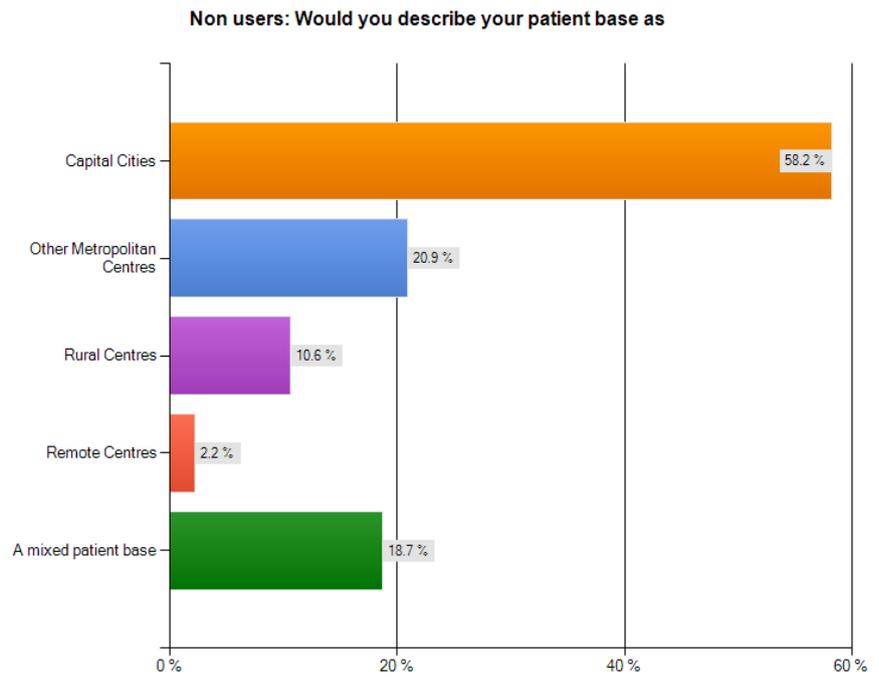


Figure 4: Would you describe your patient base as...? (Non Telehealth users)

2.3 Years practising as a psychiatrist

The survey asked respondents to indicate how long they have been practising as a psychiatrist. More than one third (35%) had been practising for more than 15 years, with nearly another third (31.3%) practising for less than 5 years. The other third (33.7%) had been practising between 5 and 15 years.

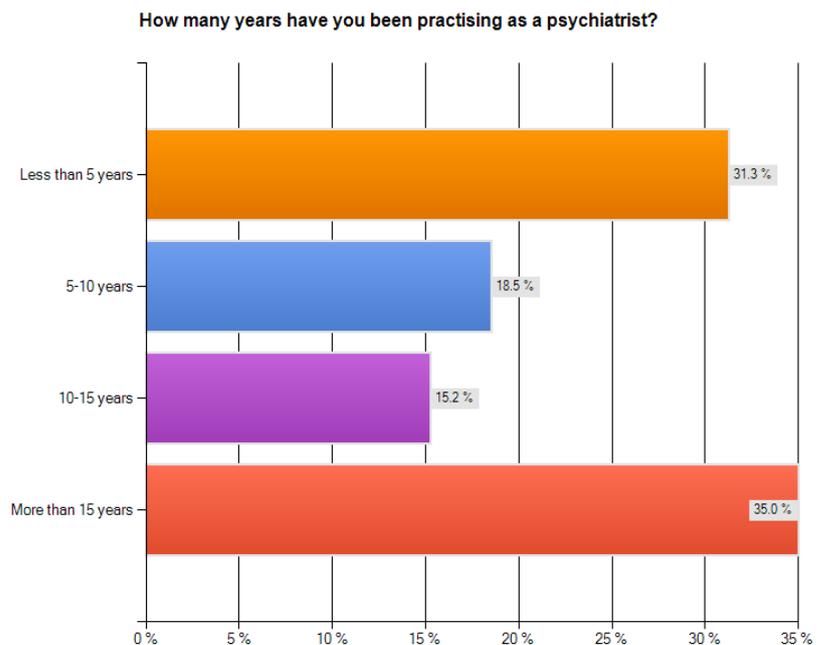


Figure 5: How many years have you been practising as a psychiatrist? (All respondents)

Of those using Telehealth, 39.1% had been practising as a psychiatrist for more than 15 years (see Figure 6). Of those not using Telehealth, 37% had been practising as a psychiatrist for less than 5 years (see Figure 7).

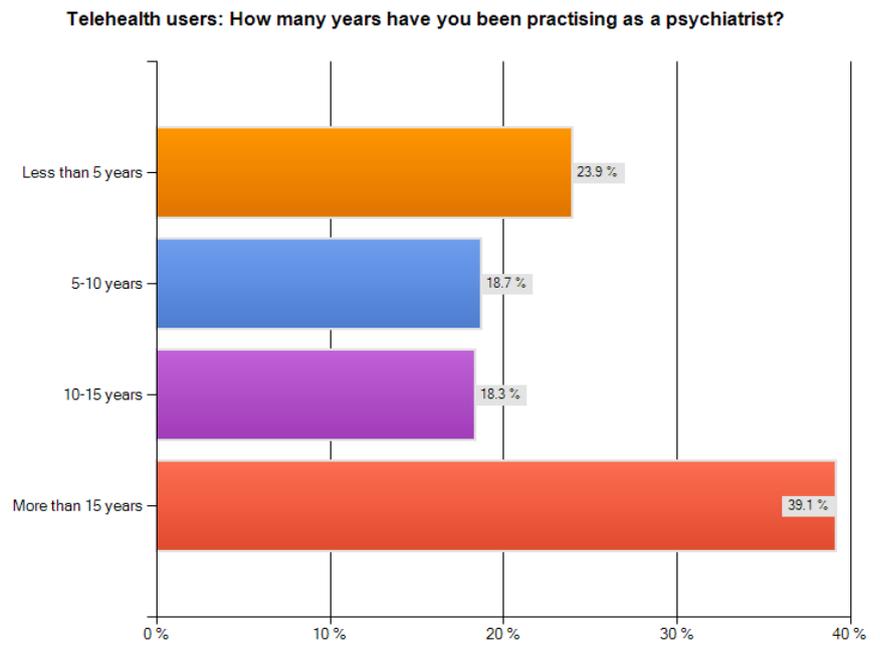


Figure 6: How many years have you been practising as a psychiatrist (Telehealth users)

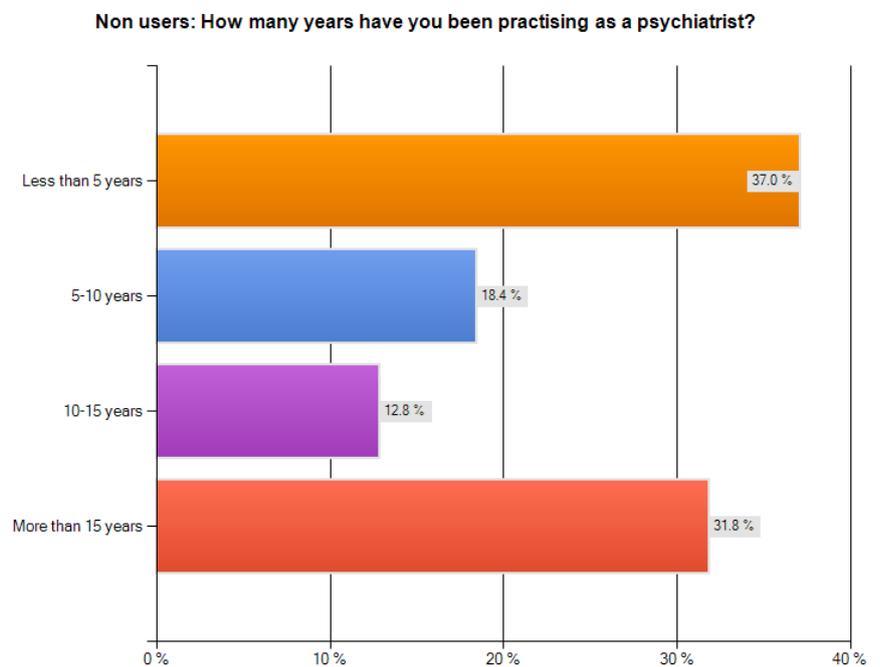


Figure 7: How many years have you been practising as a psychiatrist (Telehealth users)

3 Use of Telehealth

Of those that answered the survey, 284 respondents (44.2%) were already using Telehealth.

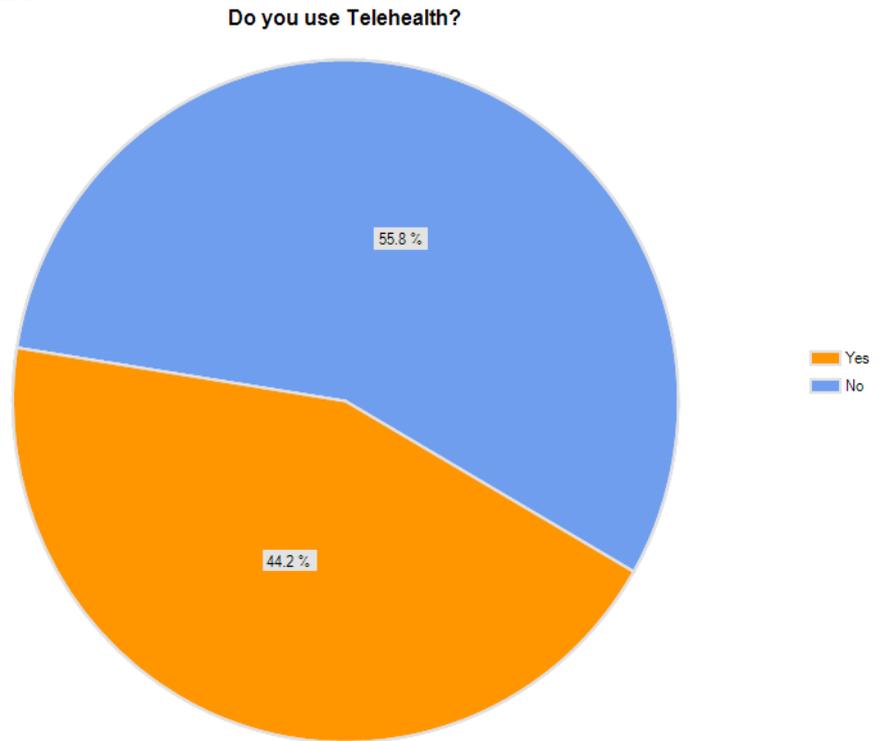


Figure 8: Do you use Telehealth? (All respondents)

3.1.1 Telehealth use and patient base

This graph shows the importance of Telehealth in rural and remote centres. Of those that indicated their patient base being in rural centre, almost two thirds (65.1%) used Telehealth. Of those that indicated their patient base being in remote centre, 81.4% used Telehealth. Those that had a mixed patient base were also more likely to be using Telehealth, with 62.8% having used Telehealth.

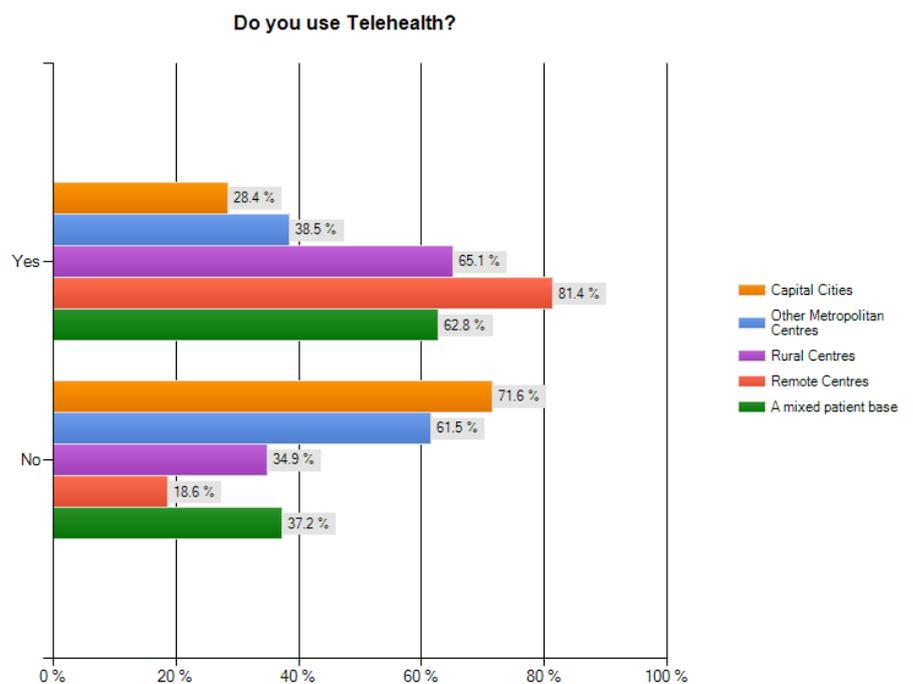


Figure 9: Do you use Telehealth? Vs. Patient base

3.1.2 Telehealth use in the public and private sector

The graph below illustrates that of those working in the public sector, only 37.3% were using Telehealth. Of those working in private practice, 57% were using Telehealth.

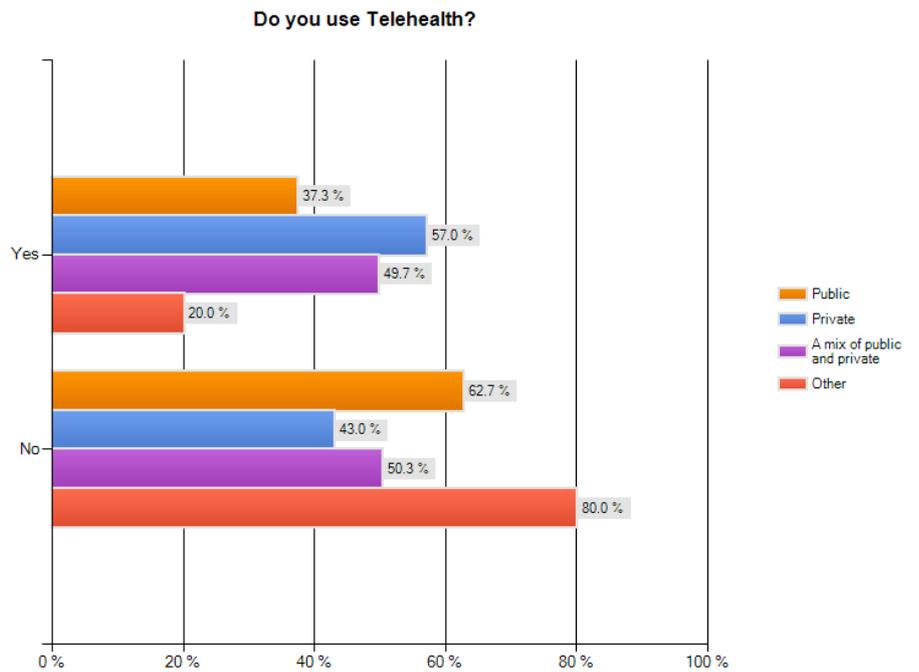


Figure 10: Do you use Telehealth? Vs. Public/private sector

3.1.3 Telehealth use based on years practising as a psychiatrist

The graph below illustrates that Telehealth users were more likely to be older psychiatrists. For example only one third (33.8%) of those practising less than 5 years were using Telehealth. In contrast, over half (53.1%) of those practising 10-15 years were using Telehealth and nearly half (49.3%) of those practising more than 15 years were using Telehealth.

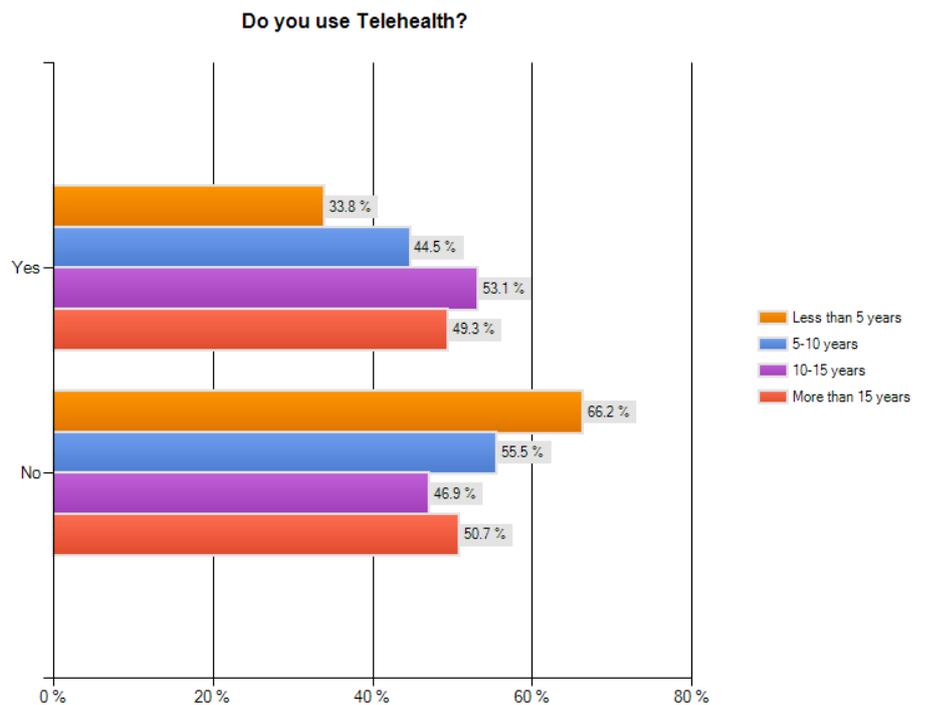


Figure 11: Do you use Telehealth? Vs. Years practising as a psychiatrist

3.2 Telehealth consultations as a proportion of workload

At present, Telehealth is not a major part of psychiatrists' proportion of work. The majority of respondents (62.5%) only carried Telehealth in less than 5% of their work, with about one fifth (22.5%) of telepsychiatrists carrying out 5-10% of their work in Telehealth. Only 6.9% of respondents used Telehealth in more than 20% of their work.

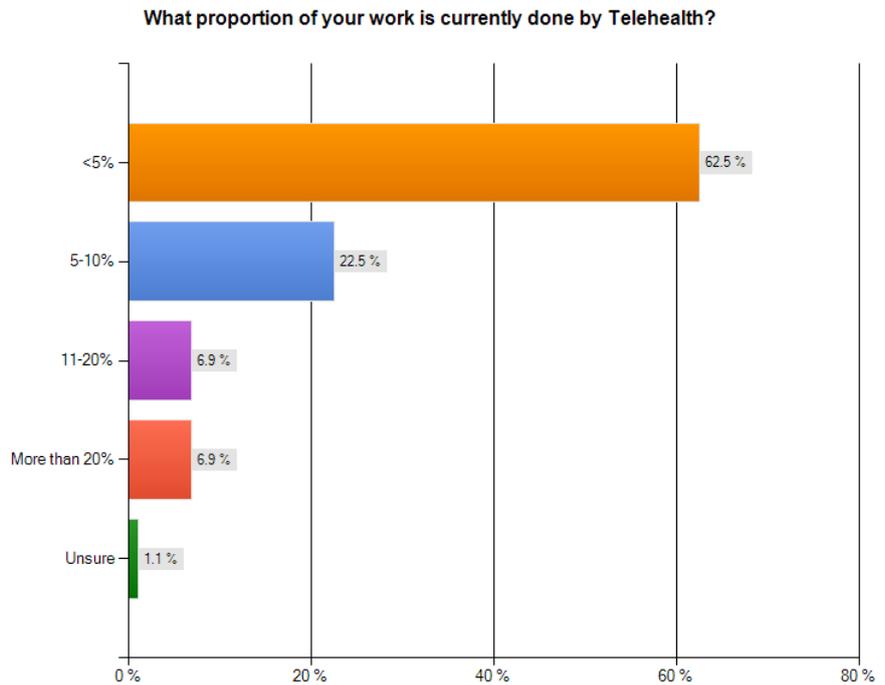


Figure 12: What proportion of your work is currently done by Telehealth?

3.3 Telehealth use in aged care facilities and Aboriginal Services

Of those surveyed, only 4% of Telehealth users conducted consultations in aged care facilities. There were 8.4% of respondents who conducted consultations in Aboriginal Medical Services and Aboriginal Controlled Community Health Services. However, one fifth (20.7%) of Telehealth users were considering consultations in either eligible aged care facilities or Aboriginal Medical or Health Services.

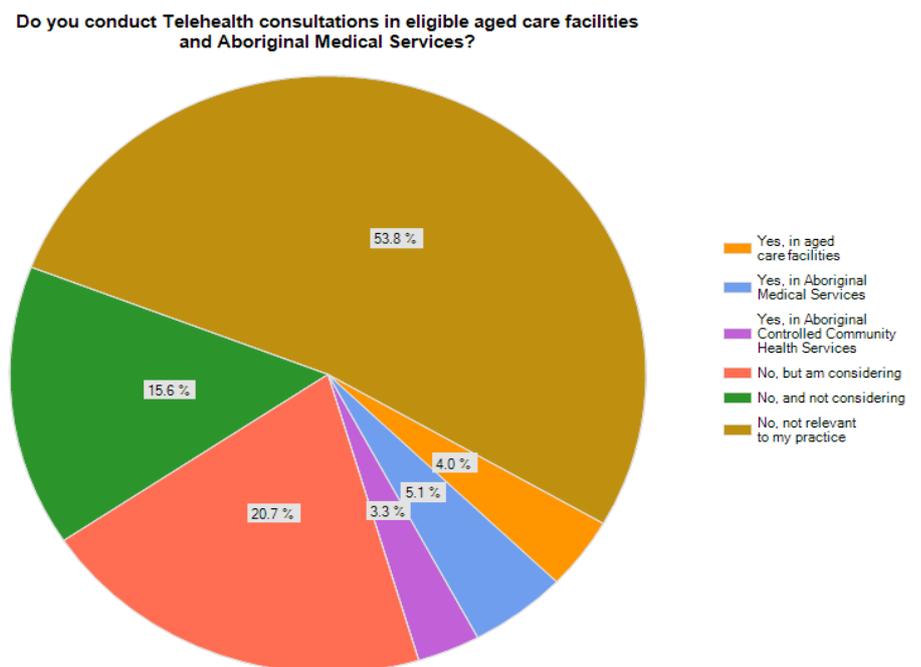


Figure 13: Do you conduct Telehealth consultations in eligible aged care facilities and Aboriginal Medical Services? (Please tick all that apply)

3.4 Telehealth uptake

3.4.1 First use of Telehealth

Telehealth users were asked when they first started using Telehealth. There were 254 respondents to this question. One respondent started in 1988, and 14 respondents had started before 2000. Since 2010, Telehealth use has exponentially increased with 15 having started in 2010 and 91 (35% of respondents) having started in 2012.

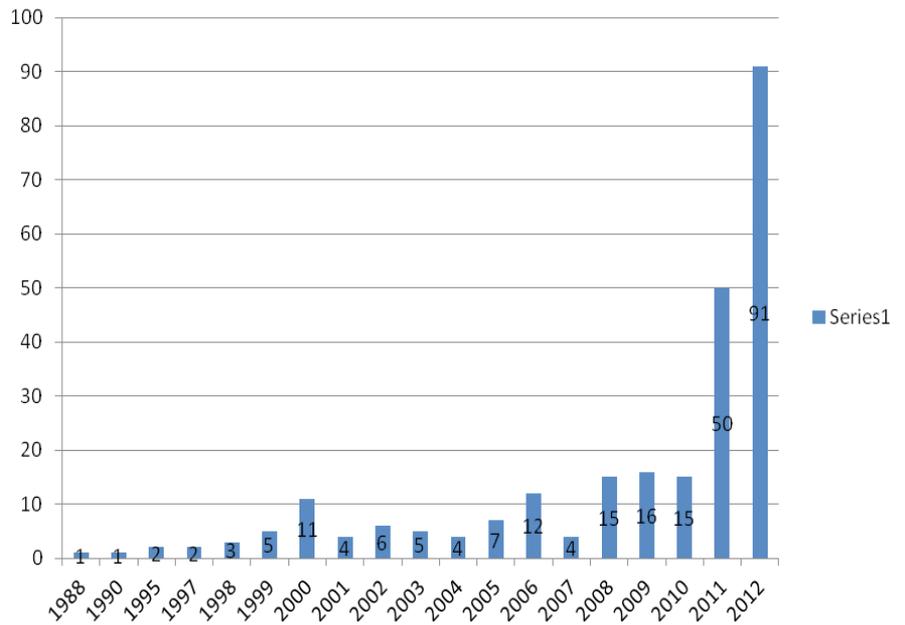


Figure 14: When did you first start using Telehealth?

3.4.2 Reasons for using Telehealth

When asked what their main reasons for using Telehealth, more than two thirds (67.8%) indicated 'improved access to healthcare i.e. greater equity' and more than half (56.3%) ticked 'improved continuity of care'.

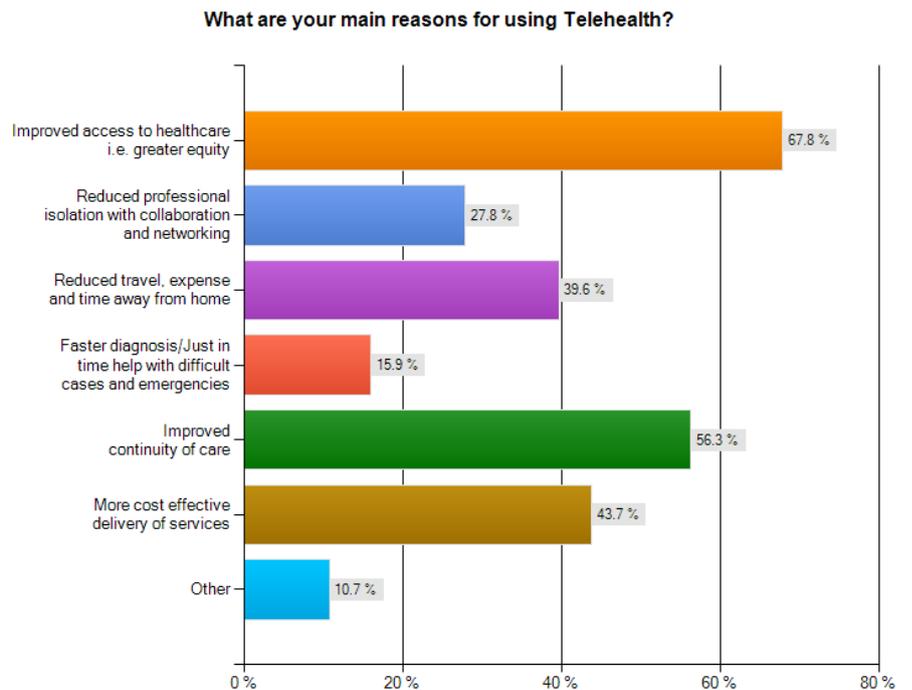


Figure 15: What are your main reasons for using Telehealth?

3.4.3 Financial incentives to Telehealth uptake

Telehealth users were asked to indicate whether they started using Telehealth because of the Government financial incentives. A small percentage (11.6%) had started using Telehealth because of government financial incentives, whilst more than a quarter (27.6%) partly attributed such financial incentives to Telehealth uptake. The majority of those surveyed (60%) indicated that they did not start using Telehealth because of government financial incentives.

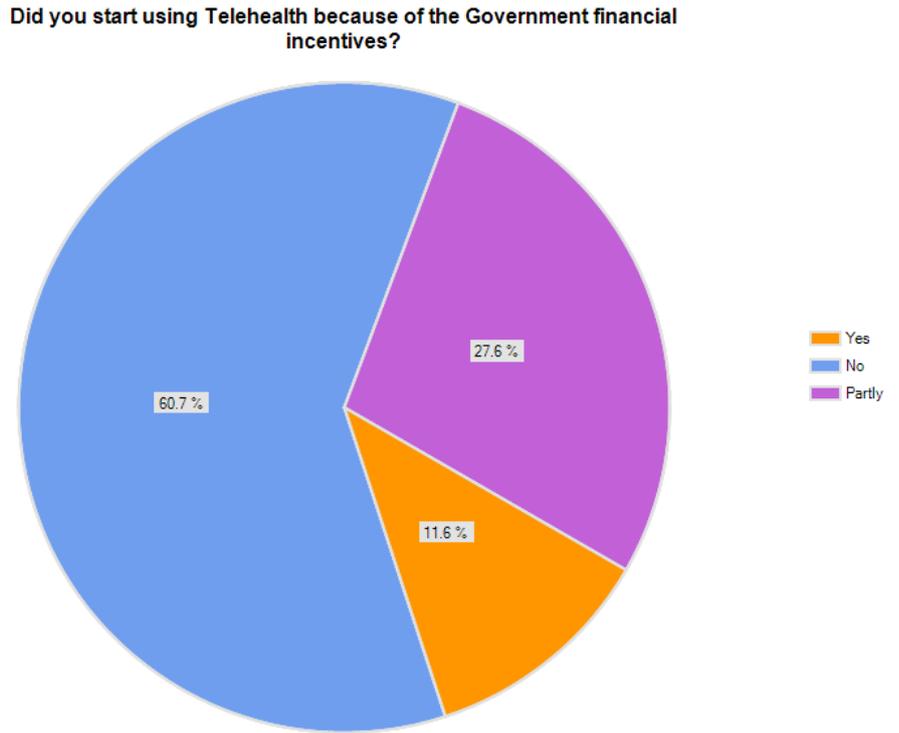


Figure 16: Did you start using Telehealth because of the Government financial incentives?

3.5 Technology and Telehealth

3.5.1 IT platform used

Telehealth users were asked questions around technology use. By far, the most common IT platform used in Telehealth consults was Skype (57.3% of respondents). This high usage may be explained by Skype being widely accessible and free. It is significant to note that of those working in private practice, 93.7% used Skype (see Figure 18). Common platforms in the public service included Polycom, Cisco and Tandberg. Of the 11.8% that indicated 'other' (Figure 17), the most common responses were Consult Direct, Go To Meeting and unsure of IT platform being used.

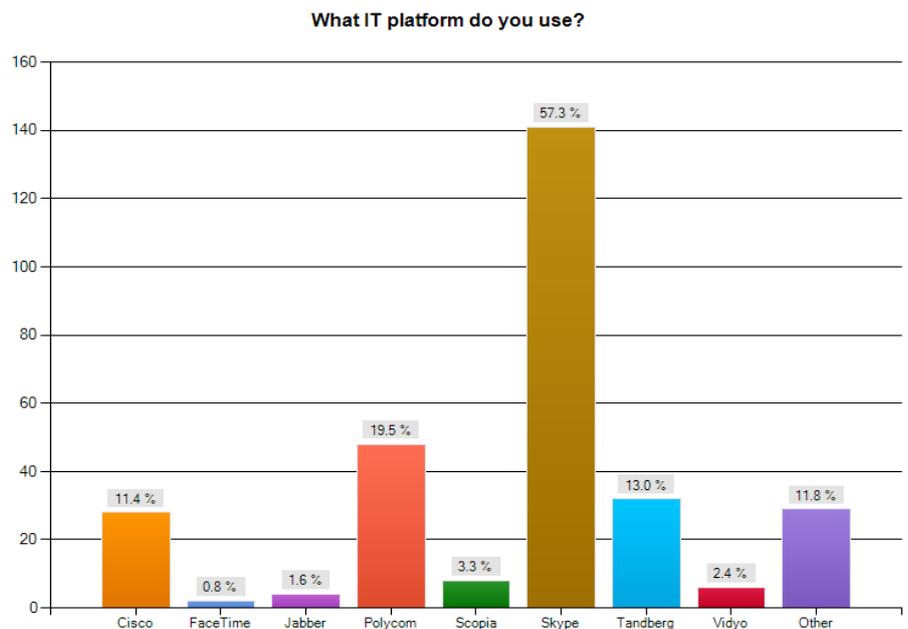


Figure 17: What IT platform do you use?

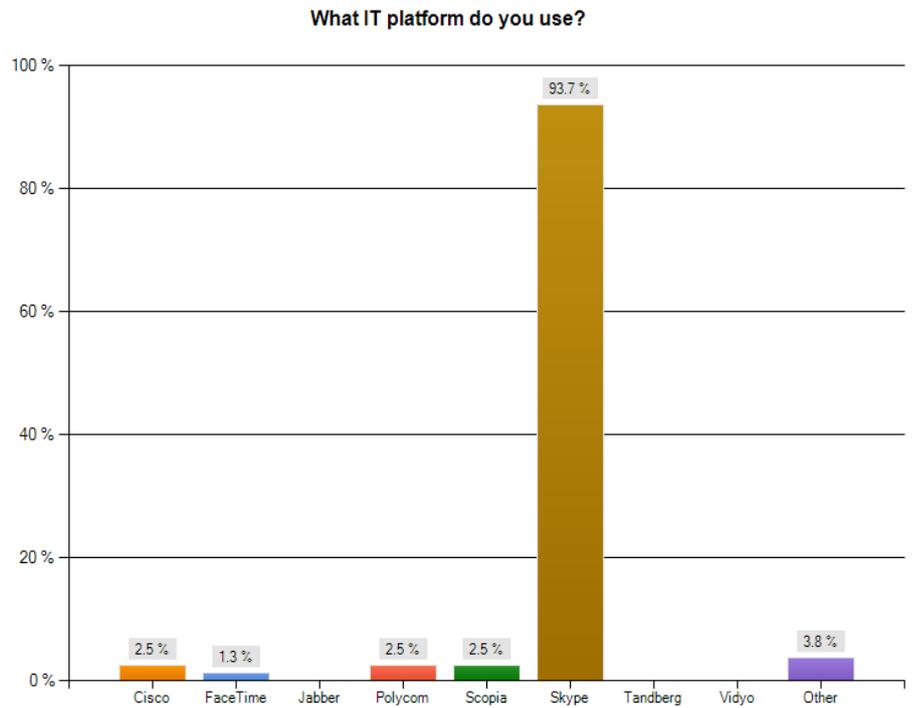


Figure 18: IT platforms used by private psychiatrists

3.5.2 Difficulties encountered in setting up Telehealth

Almost three quarters (74.5%) of Telehealth users indicated video and or audio quality difficulties in setting up Telehealth. More minor difficulties included data speed when uploading or downloading (27.7%) and access to IT support (23.4%).

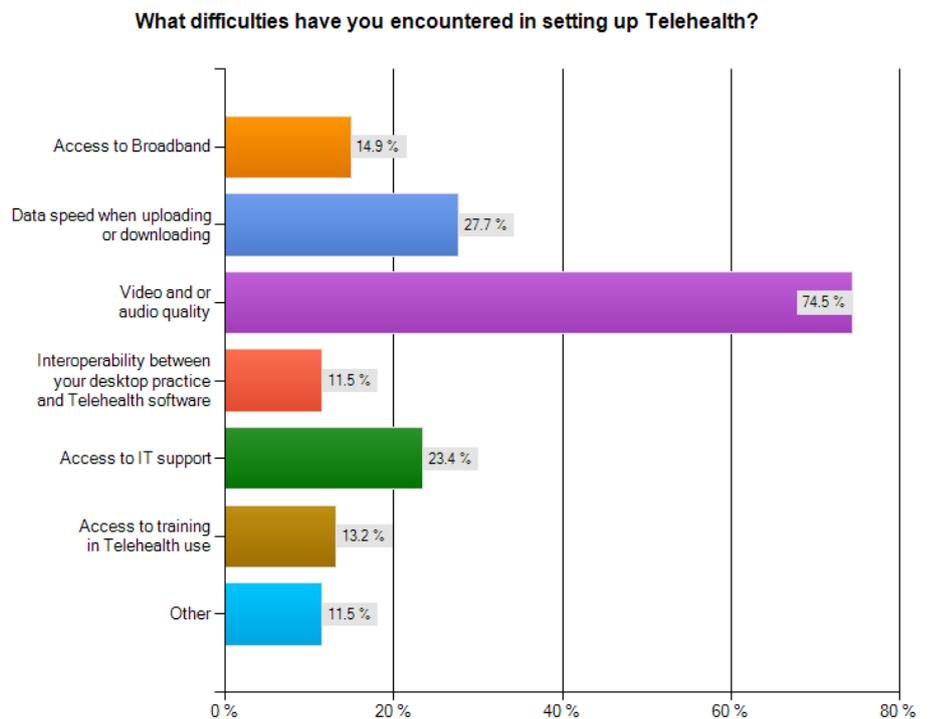


Figure 19: What difficulties have you encountered in setting up Telehealth?

3.6 Cost effectiveness and Telehealth

Telehealth users were asked questions around cost effectiveness for them and their patients. Of those surveyed, 62.9% thought that Telehealth had been cost effective for them, whilst almost one third (30.7%) were unsure of its cost effectiveness (see Figure 20). Moreover, 81.1% of respondents thought that Telehealth had been cost effective for their patients, whilst only 16.7% were unsure of its cost effectiveness for patients (see Figure 21).

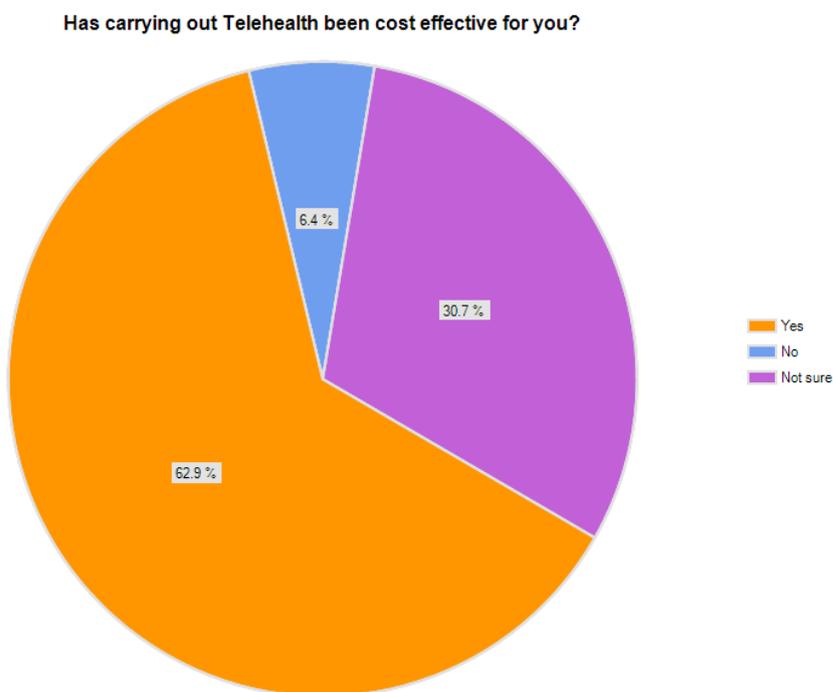


Figure 20: Has Telehealth been cost effectiveness for you?

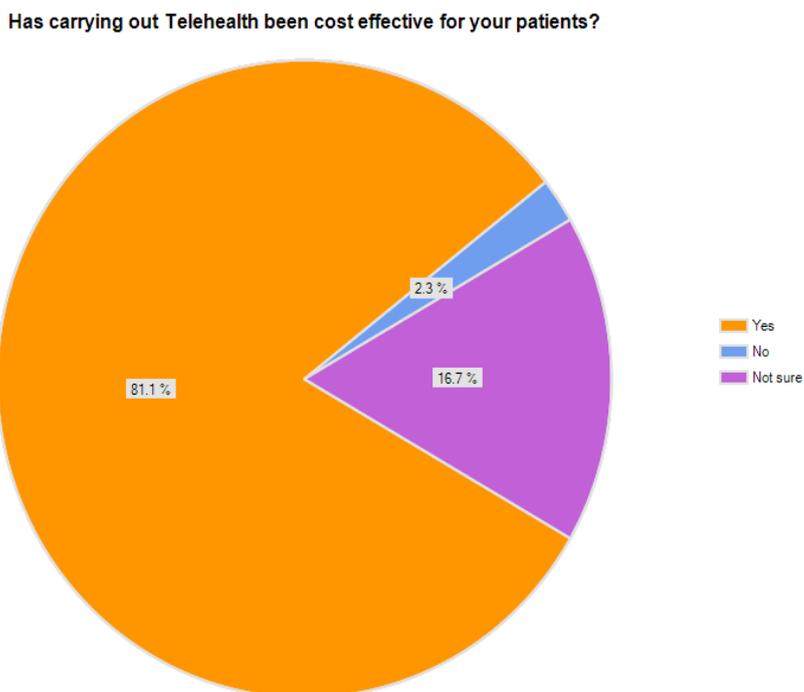


Figure 21: Has Telehealth been cost effectiveness for your patients?

3.7 Patient feedback for Telehealth Consultations

Telehealth users were asked on whether they have collected feedback from patients after Telehealth consultations. The majority (64.4%) had collected feedback either verbally or written. However, more than one quarter (28.4%) of Telehealth users had not collected any feedback post Telehealth consultation.

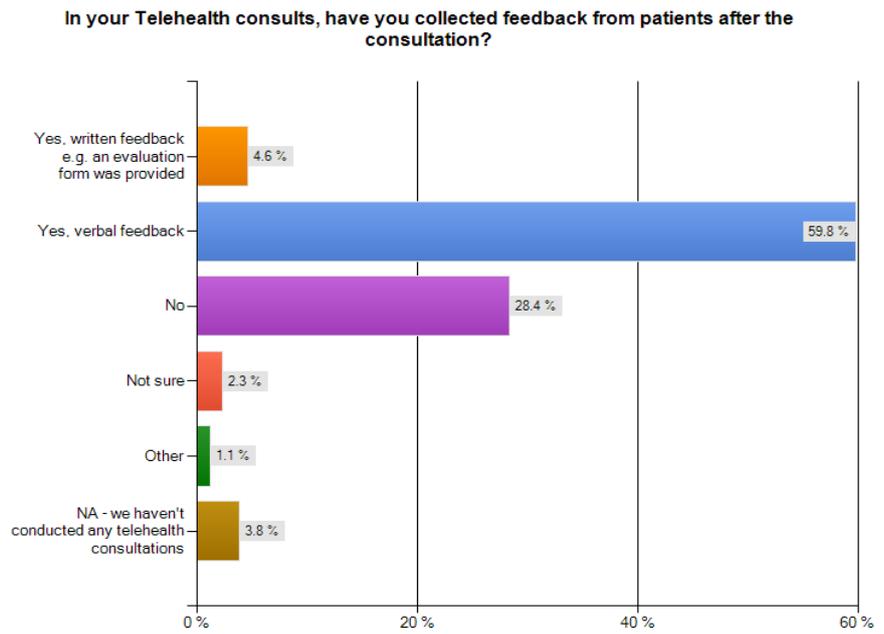


Figure 22: In your Telehealth consults, have you collected feedback from patients after the consultation?

In general, when feedback was collected, the majority of Telehealth users (64.5%) indicated that the patient's feedback was very good or very positive. Only 4.7% of Telehealth users indicated that the patient's feedback was 'not great' and the patient would need convincing to do it again.

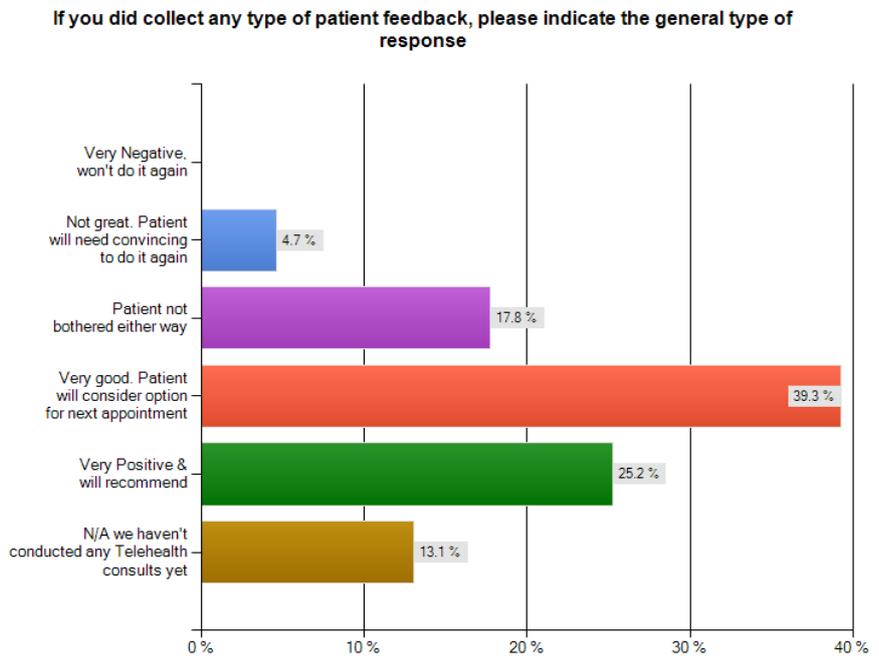


Figure 23: If you did collect any type of patient feedback, please indicate the general type of response

4 Barriers to Telehealth uptake

4.1 Likelihood of using Telehealth

Non-users of Telehealth were asked whether they would consider using Telehealth, to which an overwhelming 89.3% answered yes.

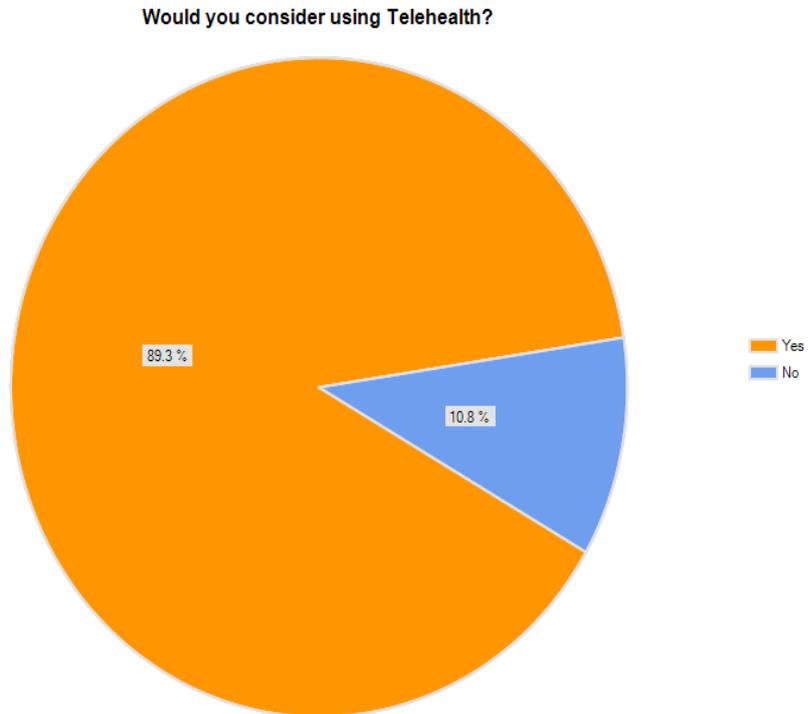


Figure 24: Would you consider using Telehealth?

4.2 Barriers to Telehealth uptake

Non-users of Telehealth were also asked to consider their reasons for not using Telehealth previously. The most common response (43.3% of respondents) was 'not sure how to get started'. Others also suggested lack of time and resources (27.6%) and physical limitations e.g. no physical space to access (23.4%) were issues to Telehealth uptake.

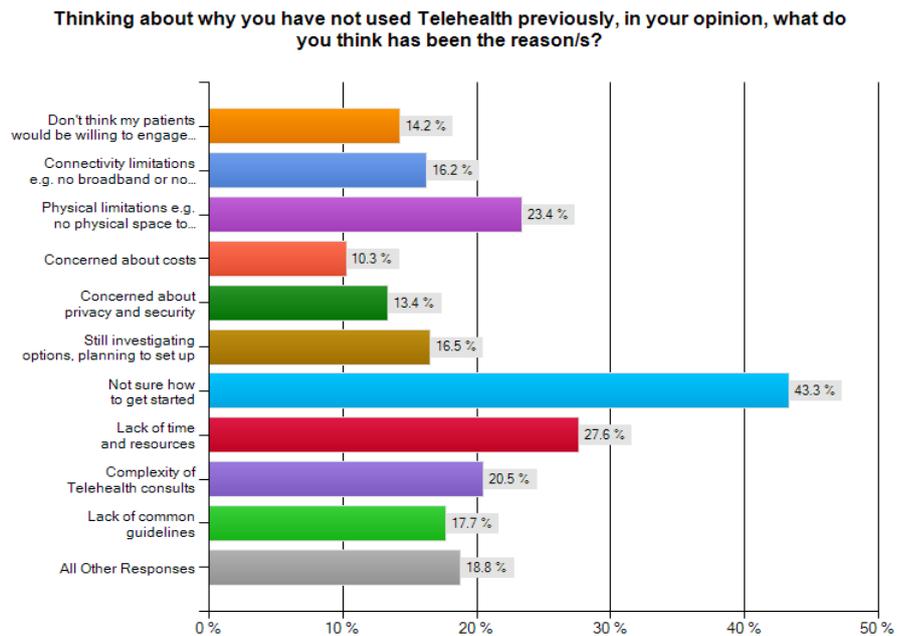


Figure 25: Thinking about why you have not used Telehealth previously, in your opinion, what do you think has been the reason/s?

4.3 Support to Telehealth uptake

Non-users of Telehealth were also asked how their role could be best supported in the uptake of Telehealth technology. There were 288 responses to this question. Many respondents indicated the need for the following:

- Guidelines which were common, Collegial, clear, practical and appropriate as well as billing guidelines for Medicare numbers
- Information, including how to get started, information sessions, assistance, provision of an information package, brochures, online FAQs etc
- Training/education including an official training program, continuing education, seminars
- Mentoring/advice (video/written) from current telepsychiatrists, discussions with peers or presentations from current telepsychiatrists
- Technical support/assistance and advice on what technology to use
- Technology improvements, including better equipment, secure connections and faster internet speeds
- More funding
- Support from their employer or management to use the technology

5 Education and Telehealth

5.1 Level of understanding of Telehealth

Amongst Telehealth users, almost two thirds (63.6%) indicated they had a moderate understanding of clinical Telehealth, whilst almost a fifth (18.6%) had a considerable understanding of Telehealth (see Figure 26). Contrasted against non-users, almost two thirds (61.3%) indicated they had a minimal understanding and 9% indicated they no understanding of clinical Telehealth (see Figure 27).

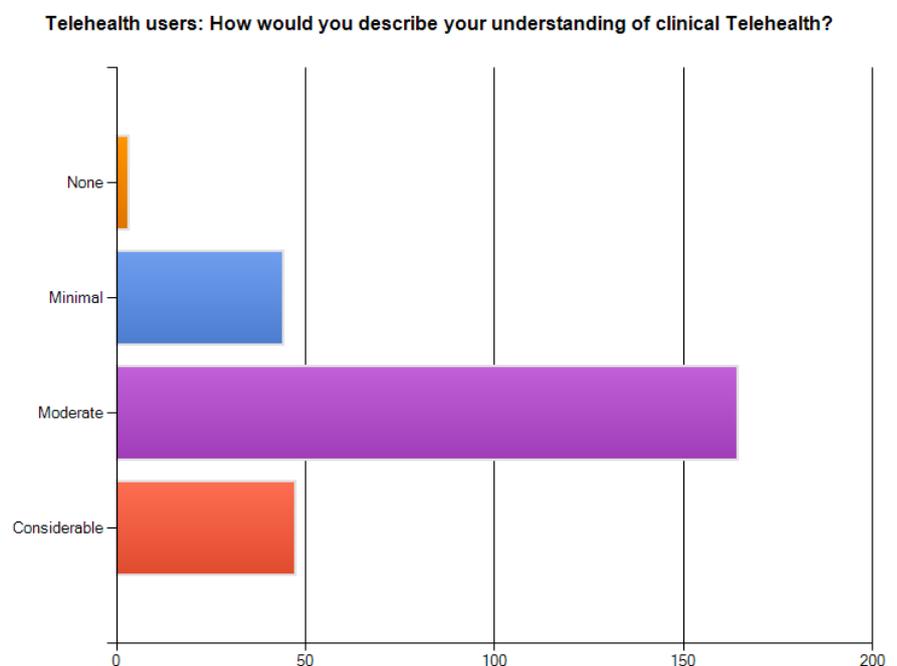


Figure 26: How would you describe your understanding of clinical Telehealth (Telehealth users)

Non Telehealth users: How would you describe your understanding of clinical Telehealth?

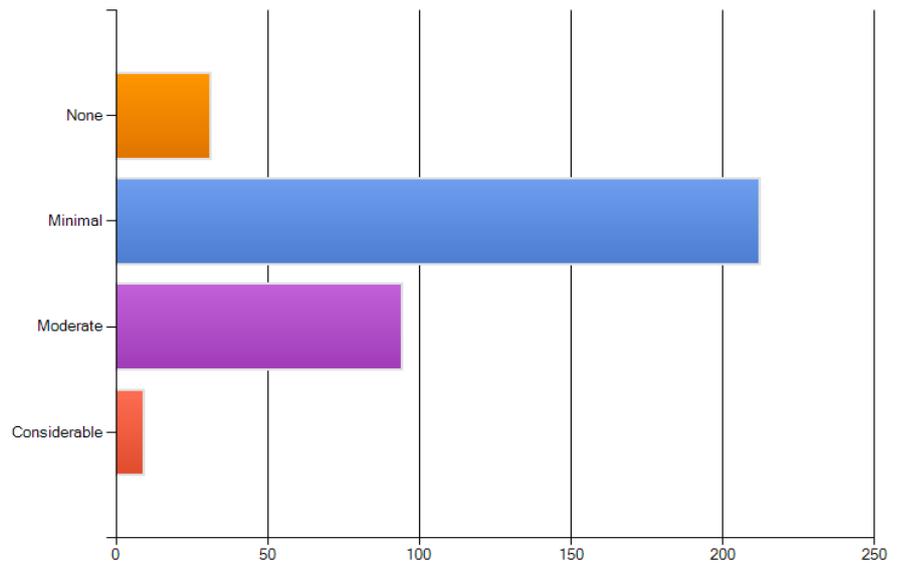


Figure 27: How would you describe your understanding of clinical Telehealth (Non Telehealth users)

5.2 Topics for Telehealth education module

All survey respondents were asked what topics should be covered in the professional education module being developed. The most common topics included Telehealth etiquette (77.3%), implementation and set up (77.1%), introduction to the basics (71.9%) and technology options available (70%) (see Figure 28).

What topics do you think we need to cover in the Telehealth professional education module that is currently being developed?

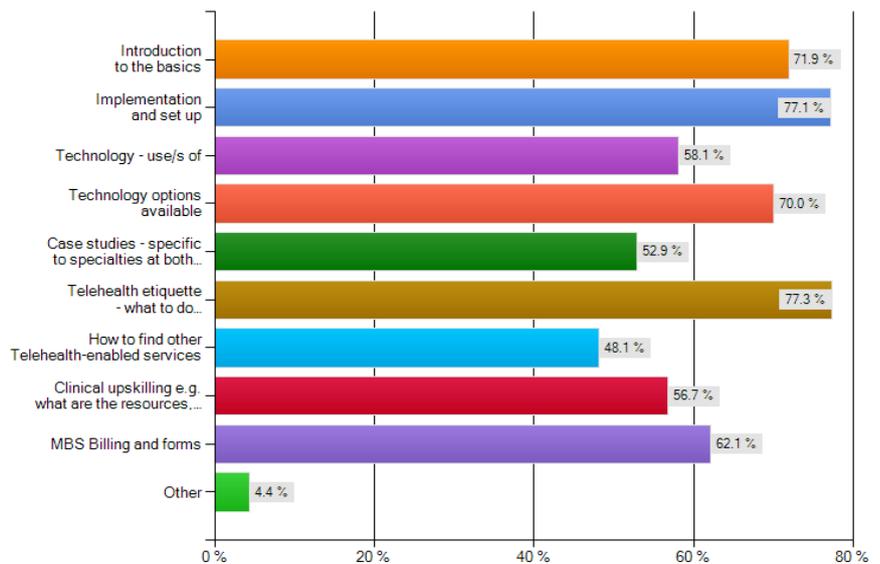


Figure 28: What topics do you think we need to cover in the Telehealth professional education module that is currently being developed?

Amongst Telehealth users, Telehealth etiquette and technology options were the most favoured topics (see Figure 29), whereas non-users wanted an introduction to the basics and implementation and setup covered (see Figure 30).

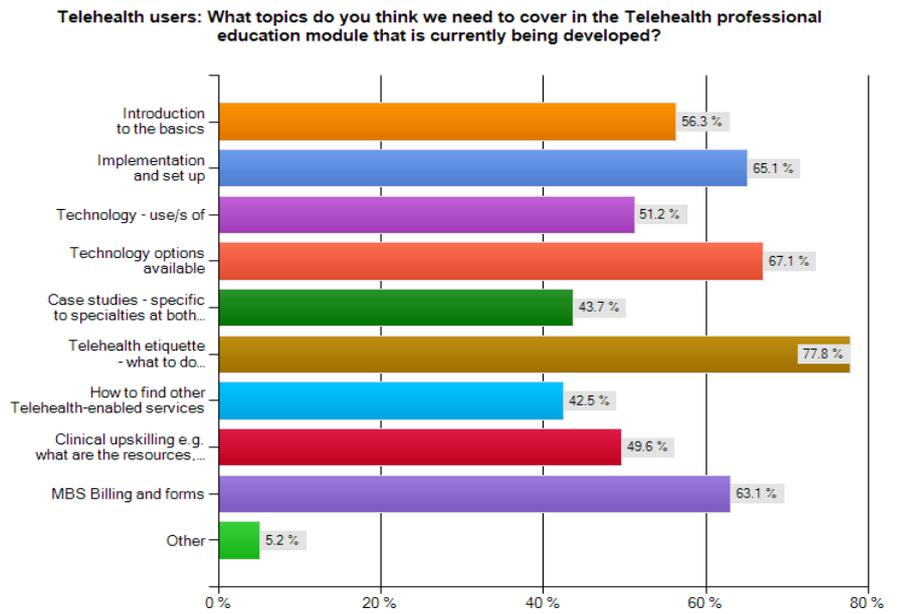


Figure 29: What topics do you think we need to cover in the Telehealth professional education module that is currently being developed?(Telehealth users)

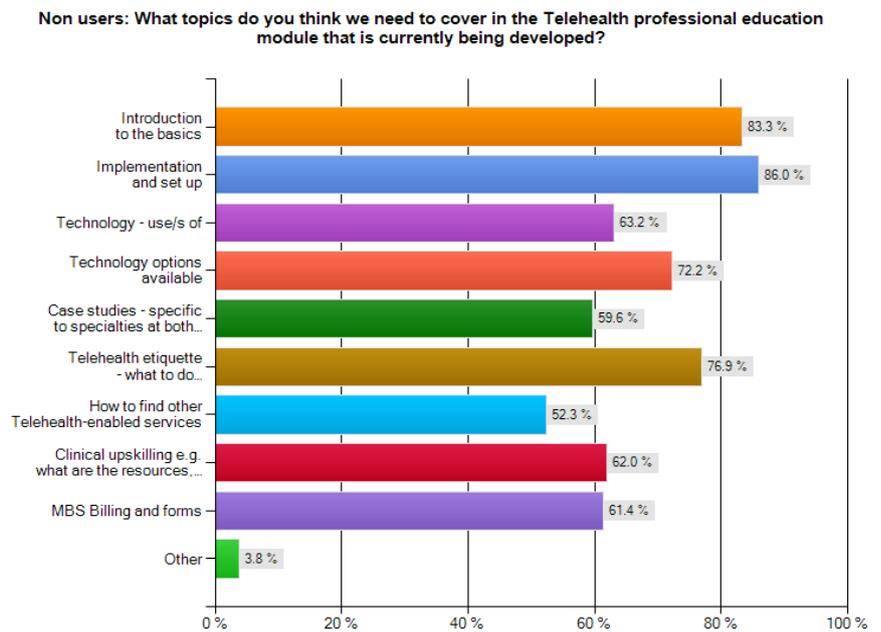


Figure 30: What topics do you think we need to cover in the Telehealth professional education module that is currently being developed?(Non Telehealth users)

6 Contribution to the Telehealth project

All survey respondents were asked whether they were able to contribute to the Telehealth Project and if so, how.

- There were 254 responses to this question. Most responses to this question indicated they were unable to contribute to the project.
- However, there were many people that expressed a favourable response to participating in the project, with many interested in writing an article about their experience. There were also some people that expressed interest in writing case studies.
- One innovative response suggested creating a LinkedIn or Facebook group for telepsychiatrists as a way of providing a virtual space for people to put their questions and for others to answer them.
- Some non Telehealth users expressed interest in participating in a Telehealth 'trial' or pilot study.

7 Further thoughts, ideas or concerns about Telehealth

All survey respondents were finally asked whether they had any further thoughts, ideas or concerns about Telehealth generally. There were 284 responses to this question. In general, respondents expressed their enthusiasm for Telehealth, particularly its usefulness in rural and remote contexts and its future potential.

- "Could be extremely useful, could revolutionise mental health services".
 - "I believe that this is the future for health care in Australia"
 - "I think Telehealth is a great tool and has many possibilities associated with it, it suits a lot to Australian settings, where population distribution is over a huge geographical area".
 - "It is brilliant and provides equality of service to more remote patients".
 - "Surprised at ease of use and positive response from patients and rural GPs"
 - "It saves a lot of time and expense for the patients and the health care provider".
 - "As an example, a patient who lives in a rural area had three psychotic episodes three years in a row requiring admission in the city. His ability to attend or access follow up was patchy during this period. After his 2011 admission he has participated in regular follow up via Telehealth. He has been more stable than he has been for some years and has remained well and been able to continue working all this year. He acknowledges that this improvement has been thanks to the closer follow up made possible with Telehealth. It is an extremely cost effective and beneficial services for certain groups of patients".
- In Telehealth's criticism, respondents cited the current quality of technology and its inability to replace a face to face consultation:
- "Currently speed and quality of videoconferencing images and audio leaves much to be desired. This may improve after widespread installation of NBN".
 - "Main limiting factor is the quality of the connection, particularly for rural patients who often have slow connections. I often find I have to telephone them and look at a jerky video".
 - "I am concerned about the security of the Telehealth connection, the difficulties of cross connectivity between different systems i.e. IP and ISDN and the difficulty accessing and connecting between different organisations i.e. state health systems, university systems and divisions of general practice".
 - "Still not a great substitute for being present in room with a patient but this might improve as technology makes the interaction less 2-dimensional".
 - "I think it's a valuable option for states with large rural populations but will never match the quality of face to face and needs to be supplemented by face to face regularly".
 - "I think concentrating on the technology is a distraction from the consultation, and it is much more difficult to get a good feel for how the patients are. It is definitely inferior to face to face consultations. I also find it quite

tiring, because there is an extra layer of complexity. Also in my area (a large regional centre) Internet speeds are quite slow, patients often have old computers and the vey patients for whom it might be the most useful i.e. ones in smaller rural towns or remote locations , have even slower Internet speed. I have often not been able to get good quality audio or video and have reverted to using the good old telephone. For users like myself, who are only using it occasionally, the ongoing costs, at least with Consult Direct probably mean it is not cost effective, and if I continue it will only be as a service to a small number of patients”.

Several respondents commented on the complexity of Telehealth billing:

- “Needs to be simple ways to bill for it”.

- “Yes very great difficulty getting paid as 288 items cannot be put on the EFTPOS machine necessitating laborious form filling and posting to Medicare. It took me 5 months to be paid this is the single greatest problem of the system, could we please ensure we can bill through Medicare for Telehealth items”.
- Most GP’s are reluctant to consider any other technology options beyond Skype, GP’s and consumers are often reluctant to use email for billing or assist the psychiatrist in billing in other ways as well (especially in aged care setting its next to impossible). GP’s don’t perceive assisting the psychiatrist in billing process as their role. Many consumers don’t have access to email etc. This was the main challenge I faced and therefore ceased using Telehealth.

The need for continuing development and support and development of guidelines was also highlighted:

- “Needs continuing support. A major issue is overcoming the initial apprehension and lack of confidence, familiarity. Experience provides confidence. Need to be more vigilant than usual re backup services being available locally if required”.
- “It can be quite useful as long as there are clear established guidelines in terms of clinical responsibility”
- “Need to agree on technology, standards and compatibility before rolling out. Provide readily accessible support to encourage uptake”.



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