



# TELEHEALTH BY ALLIED HEALTH PRACTITIONERS DURING THE COVID-19 PANDEMIC

AN AUSTRALIAN WIDE SURVEY OF  
CLINICIANS AND CLIENTS

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**APRIL 2021**



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# Executive summary

## Client Survey



388 clients from all states and territories in Australia completed the survey.

70% were female.

Client age ranged from 3 to 79 years.

38% were parents or carers completing on the clients behalf.

Clients received telehealth care from...



■ Speech Pathologists ■ Diabetes Educators ■ Accredited Exercise Physiologists ■ Occupational Therapists ■ Osteopaths ■ Podiatrists



90% had no telehealth consults prior to the COVID-19 pandemic.



81% preferred in-person consults rather than telehealth.

### Experiences with telehealth consults via video and telephone...



89% and 80% of clients were somewhat or very satisfied with consults.

87% and 86% of clients rated consults as somewhat or very effective.



83% and 86% of clients found the technology somewhat or very easy to use.



85% and 80% of clients were somewhat or very comfortable communicating with their clinician via telehealth.



80% and 77% of clients felt very safe during telehealth consults.

69% and 74% of clients were very satisfied with privacy and security during consults.



44% and 40% of clients felt it was somewhat or very likely that they would choose to access care via telehealth in the future.



84% and 70% of clients were somewhat or very likely to recommend the clinician to others based on their telehealth consult experience.

12% and 9% rated consults somewhat better or much better quality than in-person consults.

### Advantages of telehealth....



Reduced travel time/burden



Less waiting time



Greater access to care



Convenience



Some clients benefit from staying at home



Continuity of care during pandemic



Undivided attention from clinician

### Disadvantages of telehealth...



Technical / internet issues and limited access to technology



Not all treatments / assessments are possible



Children may be disengaged and distracted



Less effective than in-person consults



Impersonal / difficulty building relationships



Lack of visual input / relies on client communication

# Clinician Survey



868 clinicians from **all states and territories** in Australia completed the survey.

86% were female.

Clinicians had an average **10 years** clinical experience.

58% worked in a private practice setting.

42% had undertaken training in the delivery of telehealth.

18% provided video consults and 52% provided telephone consults before COVID-19



On a scale of 0 (not at all confident) to 10 (extremely confident)...



Clinicians scored an average **8/10** for confidence delivering telehealth via video



Clinicians scored an average **8/10** for confidence delivering telehealth via telephone

On a scale of 0 (not at all effective) to 10 (extremely effective)...



On average, clinicians rated video consult effectiveness **8/10**



On average, clinicians rated telephone consult effectiveness **7/10**

On a scale of 0 (extremely dissatisfied) to 10 (extremely satisfied)...



Clinicians rated their satisfaction with care delivered via video an average **8/10**



Clinicians rated their satisfaction with care delivered via telephone an average **7/10**

Plans to offer future consults via **video** and **telephone**...

**81%** and **63%** of clinicians plan to offer telehealth consults after the COVID-19 pandemic.

Clients unsuitable for consults via **video** and **telephone**...

**85%** and **60%** of clinicians had deemed one or more client unsuitable for telehealth consults.

Common reasons for deeming clients **unsuitable for telehealth**...



Technical / internet issues or no access to technology



Client required hands-on treatment



Complexity of client / condition



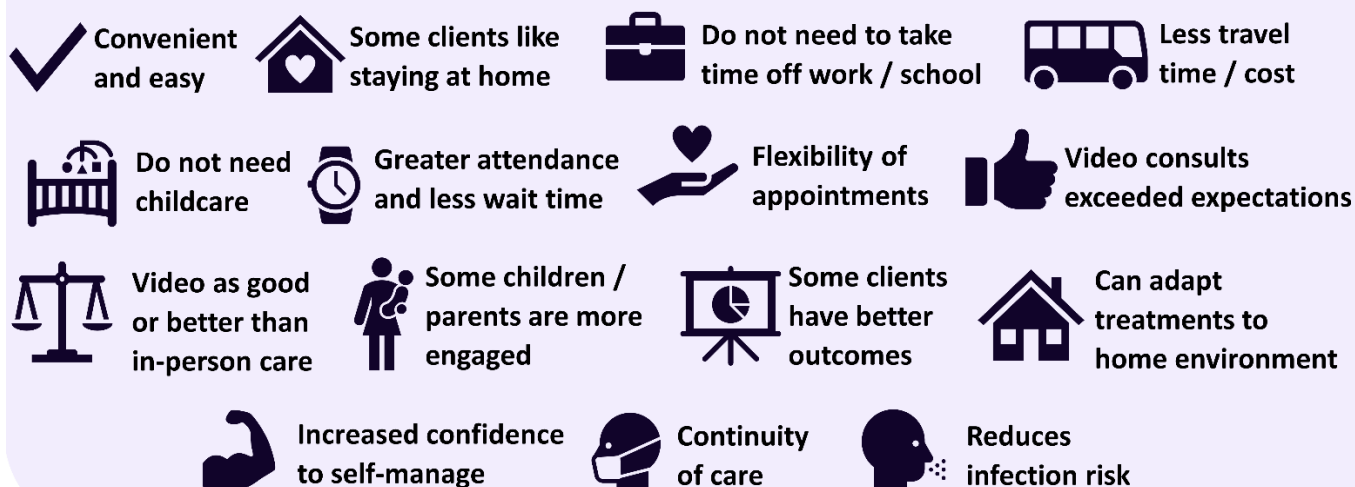
Unable to assess / diagnose accurately



## Positive feedback about **video** and **telephone** consults...

**83%** and **48%** of clinicians had received positive feedback about telehealth consults.

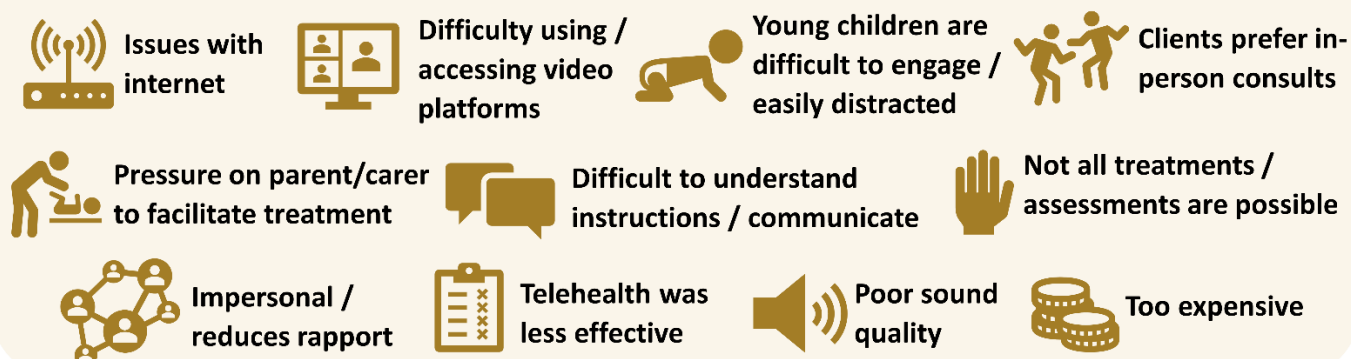
### Common positive feedback about telehealth consults...



## Complaints and negative feedback about **video** and **telephone** consults...

**24%** and **10%** of clinicians had received complaints or negative feedback.

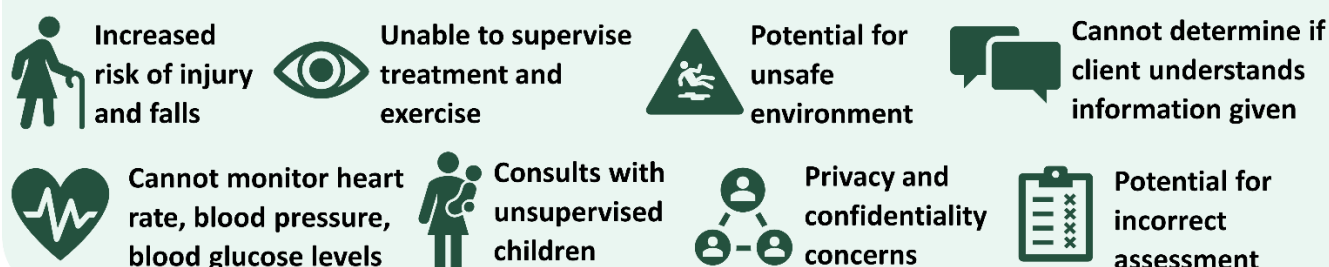
### Common **complaints** and **negative feedback** about telehealth consults...



## Safety concerns during **video** and **telephone** consults...

**13%** and **10%** of clinicians reported safety concerns.

### Safety concerns related to telehealth...



## Key Findings



**Clients, caregivers and clinicians from all Australian states and territories completed the survey.**



**90% of clients and 82% of clinicians used telehealth for the first time during the COVID-19 pandemic.**



**Only 42% of clinicians had undertaken training in the delivery of telehealth.**



**Most clients and clinicians were satisfied with the care they received or provided via telehealth.**



**Most clients found telehealth easy to use, were comfortable communicating via telehealth, and were satisfied with the privacy and safety of telehealth consults.**



**4 in 5 clinicians planned to continue offering telehealth video consults after the COVID-19 pandemic.**



**1 in 2 clients were likely to choose to see their allied health clinician via telehealth after the COVID-19 pandemic.**

# Background

During the global COVID-19 pandemic, social distancing restrictions required the delivery of allied health care in Australia to shift from in-person consultations to telehealth consultations in many cases. Telehealth services allow the exchange of healthcare information, education, and provision of healthcare services through telecommunication channels, including video over the internet and telephone.<sup>1</sup> Telehealth can provide an effective means of delivering continuity of care to individuals with barriers to accessing in-person care, including those in rural and remote areas.<sup>2</sup>

However, prior to the COVID-19 pandemic utilisation of telehealth services had typically been low across the Australian healthcare setting, with as few as 0.24% of specialist consultations delivered by video over the internet.<sup>3</sup> Recent information provided by the Medicare Benefits Scheme reported delivery of a total of 293 allied health consultations via telehealth for the month of March in 2020, comprising only 0.04% of all consultations. Use of telehealth services increased markedly across the following three months as the COVID-19 pandemic progressed and social distancing restrictions were introduced, with consultations ranging from 30,000 to 71,000, comprising 5.0 to 7.3% of all allied health consultations.<sup>4</sup> This unprecedented uptake in telehealth services provided a unique opportunity to evaluate the effectiveness, advantages, disadvantages, acceptability and safety of telehealth from the perspective of allied health clients and clinicians who utilised these services during the COVID-19 pandemic.

The effectiveness, advantages, disadvantages, acceptability and safety of telehealth care required further investigation in different applications, services and client populations.<sup>5</sup> Additionally, few studies had focused on the clinician, client and caregivers perspective when evaluating telehealth services.<sup>6</sup> This information is needed to inform decision making around future funding and provision of telehealth services, and to improve the quality of telehealth care delivered in Australia.

# Study methods

## Aim

The aim of this project was to investigate the use of telehealth in allied healthcare in Australia during the COVID-19 pandemic. Specifically, we aimed to investigate the experiences of allied healthcare (diabetes education, exercise physiology, occupational therapy, podiatry, osteopathy, and speech pathology) clinicians and clients who had provided/accessed care via telehealth during the COVID-19 pandemic, including their perceived effectiveness, advantages, disadvantages, acceptability, and safety of telehealth.

## Study design

Two descriptive, cross-sectional Australia-wide online surveys were completed by i) allied health clinicians who provided telehealth services and ii) clients who accessed allied health services via telehealth, during the COVID-19 pandemic.

## Ethics approval

This study protocol was reviewed and approved by The University of Melbourne Human Ethics Advisory Group (application ID 2057046).

## Survey design

The surveys were designed in partnership with Allied Health Professions Australia (AHPA), Diabetes Educators Association (ADEA), Exercise & Sports Science Australia (ESSA), Occupational Therapy Australia, Osteopathy Australia, Australian Podiatry Association and Speech Pathology Australia. Representatives from these peak organisations worked closely with the research team to ensure the survey content, language and response options were appropriate and applicable to each allied health profession. A previous survey investigating telehealth experiences in physiotherapy clinicians and clients was adapted for the purposes of this study. The client and clinician surveys were piloted by representatives from each peak organisation, and further revisions were made until all parties were satisfied with the content. The online survey was created and distributed through Qualtrics, a secure web application for building and managing online surveys and databases. The surveys were anonymous and took approximately 15-20 minutes to complete.

## Participants

To be eligible, allied health clients (or parents/caretakers of clients) were required to be aged  $\geq 18$  years and have accessed allied health care with a diabetes educator, accredited exercise physiologist or sports/exercise scientist, occupational therapist, podiatrist, osteopath or speech pathologist at any time since March 1st 2020 via telephone and/or via video over the internet. A parent/carer who was aged 18 years or over could

also complete the survey on behalf of a client who was unable to because of their condition or because they were aged under 18 years old.

To be eligible, clinicians were required to be a Diabetes Educator, Accredited Exercise Physiologist or Sports/Exercise Scientist, Occupational Therapist, Podiatrist, Osteopath or Speech Pathologist who was registered with the Australian Health Practitioner Regulation Agency (AHPRA) or a self-regulating professional body that is a member of the National Alliance of Self Regulating Health Professions (NASRHP). To be eligible, they must have provided a telehealth consultation/s via telephone and/or video over the internet (individual and/or group classes) for clients during the COVID-19 pandemic (since March 1st 2020).

## Recruitment

Participants were recruited between June 29<sup>th</sup> 2020 and October 31<sup>st</sup> 2020 through various sources, including via advertisements on Facebook, posts on Twitter, via emails from AHPA and through advertisement and dissemination by peak bodies (ADEA, ESSA, Occupational Therapy Australia, Osteopathy Australia, Australian Podiatry Association and Speech Pathology Australia). Additionally, clinicians who completed the survey were asked to invite their telehealth clients to complete the client survey, if they desired. Separate recruitment materials were developed for clinicians and clients. All recruitment materials outlined the eligibility criteria and provided a link to a Study Information Sheet.

## Sample size

A priori sample size calculations indicated that allowing for a margin of error of 5%, n=381 participants were required. This would result in 95% certainty, that if 50% of the sample responded 'yes' to a given question, the true percentage of the population who would respond 'yes' is between 45% and 55%. Alternatively, allowing for a margin of error of 6%, n=265 participants would be required to result in 95% certainty, that if 50% of the sample responded 'yes' to a given question, the true percentage of the population who would respond 'yes' is between 44% and 56%. Whilst a margin of error of 5% was desirable, a margin of error of 6% was deemed acceptable.

## Data analysis

All data were downloaded from Qualtrics and cleaned and analysed in Statistical Package for the Social Sciences (SPSS; version 26, IBM). Descriptive statistics were calculated including frequencies (counts) of responses and means and standard deviations, stratified by allied health profession and type of telehealth consult (i.e. video over the internet or telephone). Since few clients (n=6) or clinicians (n=8) accessed or provided sports science or exercise science services, responses from these participants were combined with exercise physiology for all analyses. Descriptive data were presented in tables, back-to-back bar charts, diverging stacked bar charts and standard bar charts, as appropriate. Open text responses were analysed qualitatively, using an inductive thematic analytical approach, and key themes were summarised in text. Additionally, open text response data are presented as Appendices.

# Client Survey Results

## Client recruitment

Of the 617 individuals who consented, 435 (71%) met the study eligibility criteria. The reasons for ineligibility were: not reading the plain language statement (n=4); not accessing an eligible health service via telehealth (n=84); no telehealth consultation since March 1<sup>st</sup> 2020 (n=5); or not responding to all eligibility questions (n=89). Additionally, 47 individuals met the eligibility criteria, but did not proceed to the survey. In total, data from 388 clients were available for analysis. Clients accessing telehealth services from the six targeted allied health professions completed the survey. The most common allied health services were speech pathology (n=111, 29%) and diabetes education (n=100, 26%), and the least common were osteopathy (n=28, 7%) and podiatry (n=15, 4%) (Figure 1).



Figure 1. The allied health clinicians that clients consulted with via telehealth during the COVID-19 pandemic

## Client characteristics

### Client demographics

The 388 clients who participated in the survey were a mean (SD) age of 41 (21) (range 3 to 79) years, 70% identified as female, and a majority of respondents spoke English at home (98%) (Table 1). Over one third of respondents (38%) were parents or caretakers who completed the survey on behalf of somebody who accessed allied health services via telehealth. One in two participants (47%) had an undergraduate or postgraduate university degree and only 18% were in full time employment at the time of survey completion (Table 1). All Australian states and territories were represented, with most respondents residing in Victoria (46%), New South Wales (20%) or Queensland (12%).

Parents or caretakers who completed the survey on behalf of somebody else were common amongst speech pathology (87% of clients) and occupational therapy (55% of clients); and were uncommon amongst other allied health services (Table 1). Clients accessing speech pathology and occupational therapy were younger than other clients (on average 25 and 35 years, respectively) and these were the only services delivered to children aged 3-13 years (Table 1). Client demographics stratified by allied health service are presented in Table 1.



Table 1. Client demographics, stratified by allied health profession

	All clients (n=388)	Diabetes education (n=100)	Exercise physiology (n=72)	Occupational therapy (n=62)	Osteopathy (n=28)	Podiatry (n=15)	Speech pathology (n=111)
Age, years	41 (21)	52 (15)	52 (18)	35 (19)	44 (18)	46 (16)	25 (19)
Gender (% female)	273 (70)	78 (78)	52 (72)	41 (66)	20 (71)	11 (73)	71 (64)
Parent/carer completing for client	149 (38)	13 (13)	2 (3)	34 (55)	1 (4)	2 (13)	97 (87)
<b>Education</b>							
Pre-school/ primary school	70 (18)	1 (1)	1 (1)	18 (24)	0 (0)	1 (7)	49 (44)
Secondary school	75 (19)	33 (33)	16 (22)	6 (10)	6 (21)	2 (13)	10 (9)
Trade or trade certificate	56 (14)	21 (21)	14 (19)	2 (3)	1 (4)	3 (20)	7 (6)
Undergrad university	131 (34)	36 (36)	25 (35)	10 (16)	12 (43)	7 (47)	31 (28)
Postgrad university	51 (13)	8 (8)	14 (19)	20 (32)	9 (32)	2 (13)	12 (11)
Don't know/unsure	5 (1)	1 (1)	2 (3)	6 (10)	0 (0)	0 (0)	2 (2)
<b>Employment</b>							
Full-time	71 (18)	25 (25)	16 (22)	5 (8)	12 (43)	2 (13)	11 (10)
Part-time or casual	94 (24)	19 (19)	13 (18)	15 (24)	11 (39)	10 (67)	26 (23)
Retired	68 (18)	32 (32)	24 (33)	3 (5)	3 (11)	3 (20)	3 (3)
Not in paid employment	107 (28)	19 (19)	8 (11)	26 (42)	1 (4)	0 (0)	53 (48)
Other	48 (12)	5 (5)	11 (15)	13 (21)	1 (4)	0 (0)	18 (16)
English spoken at home	381 (98)	99 (99)	71 (99)	61 (98)	27 (96)	14 (93)	109 (98)
<b>Residence</b>							
NSW	77 (20)	17 (17)	15 (21)	8 (13)	2 (7)	3 (20)	32 (29)
ACT	19 (5)	4 (4)	2 (3)	5 (8)	0 (0)	0 (0)	8 (7)
VIC	177 (46)	50 (50)	28 (39)	26 (42)	23 (82)	8 (53)	42 (38)
QLD	47 (12)	7 (7)	21 (29)	11 (18)	1 (4)	0 (0)	7 (6)
SA	16 (4)	6 (6)	1 (1)	4 (7)	0 (0)	1 (7)	4 (4)
WA	17 (4)	5 (5)	1 (1)	5 (8)	1 (4)	2 (13)	3 (3)
TAS	28 (7)	9 (9)	4 (6)	2 (3)	0 (0)	1 (7)	12 (11)
NT	4 (1)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	3 (3)

Data represent count (%) or mean (SD)

### Reasons for accessing telehealth allied health services

Clients reported the main reason(s) for accessing their most recent allied health telehealth session (Figures 2.1 – 2.6). The most common reasons for accessing diabetes education services via telehealth were glucose monitoring review results and discussion (41%), education/advice for dietary management (36%) and insulin adjustment advice (29%) (Figure 2.1). The most common reasons for accessing exercise physiology services via telehealth were pain (39%), reduced fitness (35%) and balance/falls problems (22%) (Figure 2.2). Occupational therapy services via telehealth were most commonly accessed for therapy for a child or adolescent (42%), activities of daily living (23%) or pain management (21%) (Figure 2.3). Most people who accessed osteopathy services via telehealth did so for pain (64%) or stiffness (43%) (Figure 2.4). The most common reasons for podiatry services via telehealth were general foot care (27%) and heel pain (27%) (Figure 2.5). The most common reasons for accessing speech pathology services via telehealth were speech sound/articulation (41%), autism spectrum disorder (30%) and language and learning (29%) (Figure 2.6).

## DIABETES EDUCATION

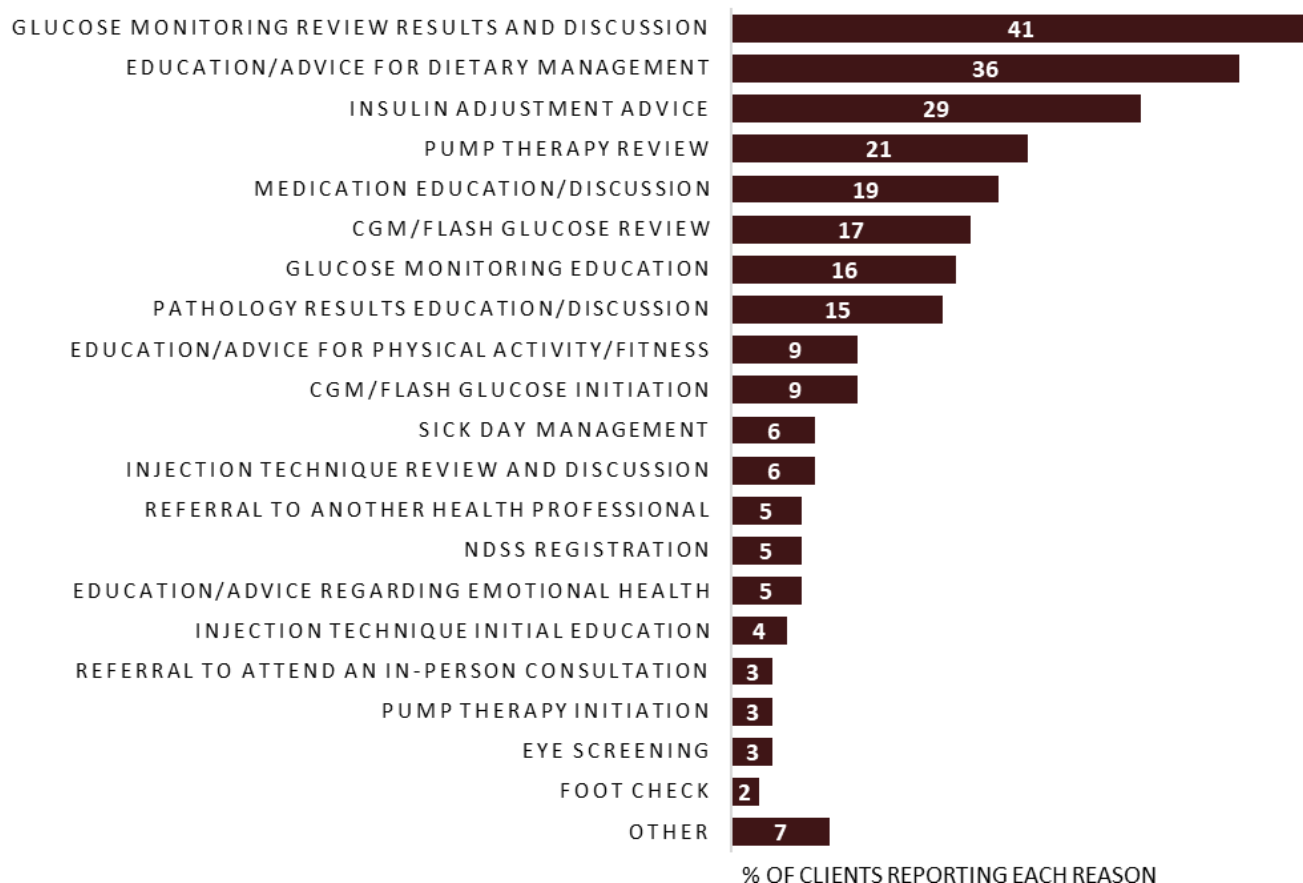


Figure 2.1 The main reason(s) for the most recent telehealth diabetes education session

CGM = continuous glucose monitor

## EXERCISE PHYSIOLOGY

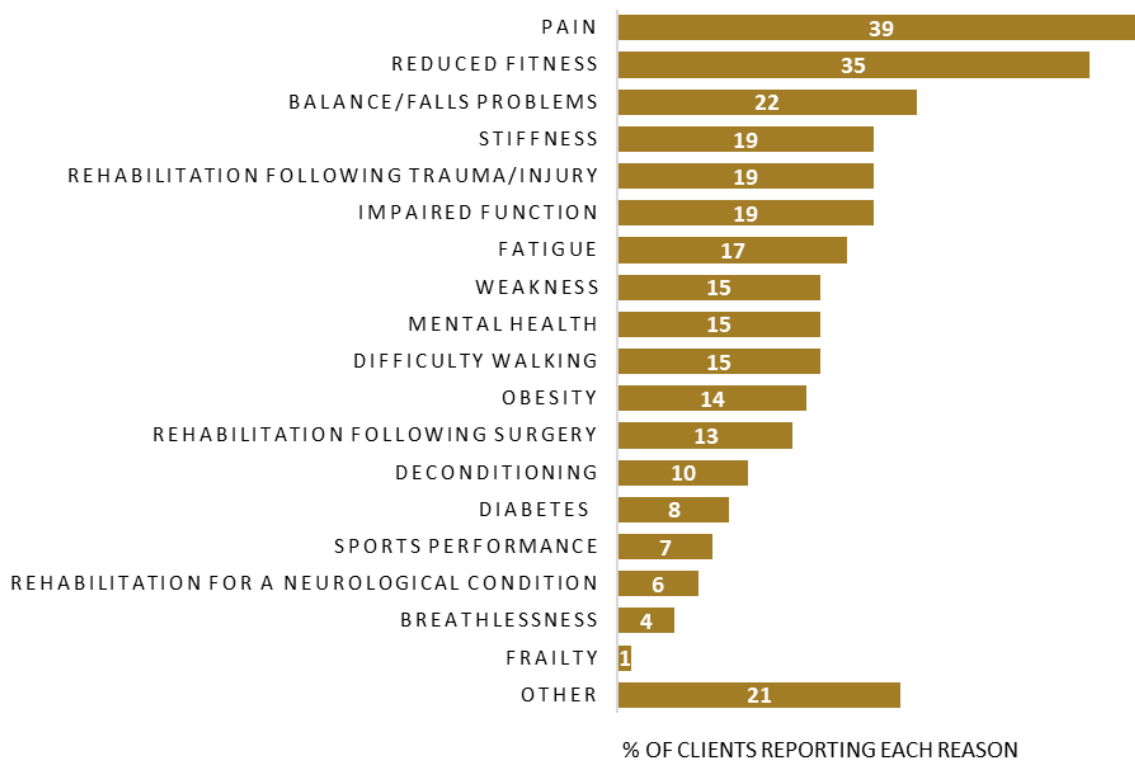


Figure 2.2 The main reason(s) for the most recent telehealth exercise physiology session

## OCCUPATIONAL THERAPY



Figure 2.3 The main reason(s) for the most recent telehealth occupational therapy session

## OSTEOPATHY

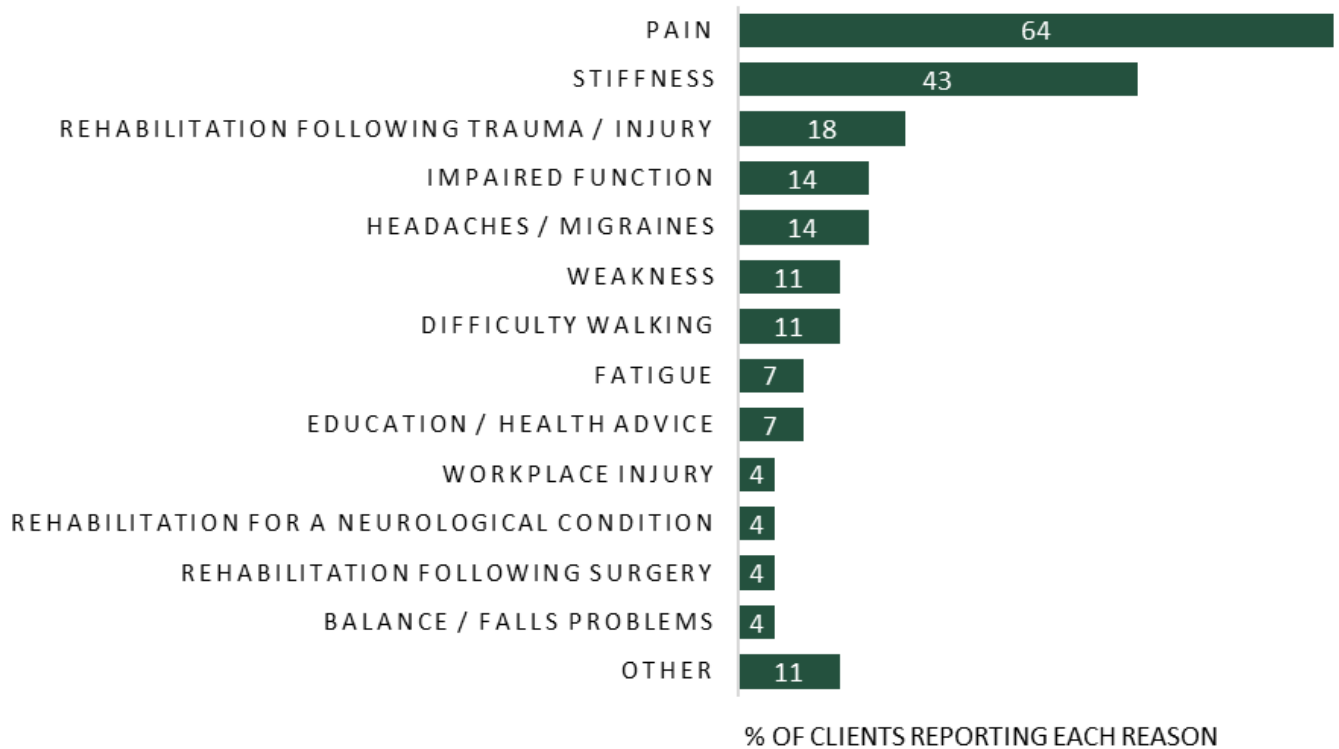


Figure 2.4 The main reason(s) for the most recent telehealth osteopathy session

## PODIATRY

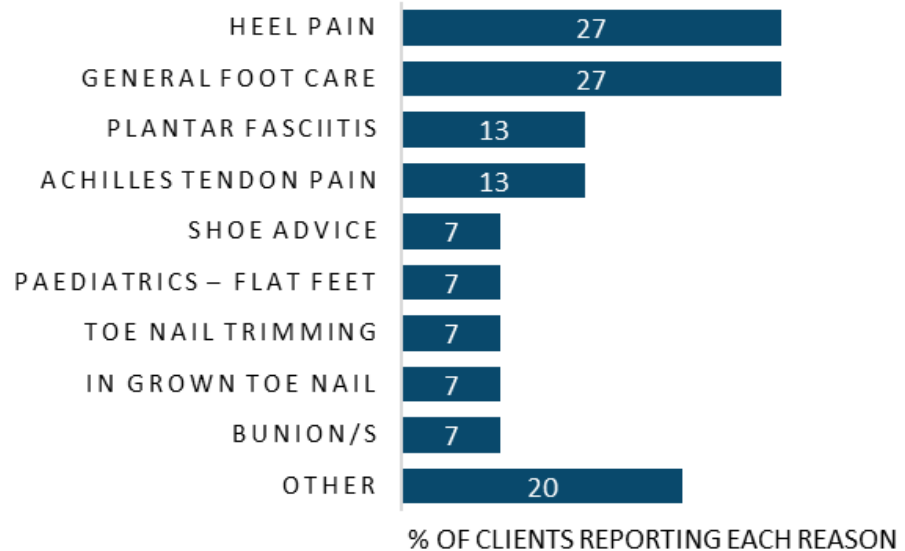


Figure 2.5 The main reason(s) for the most recent telehealth podiatry session

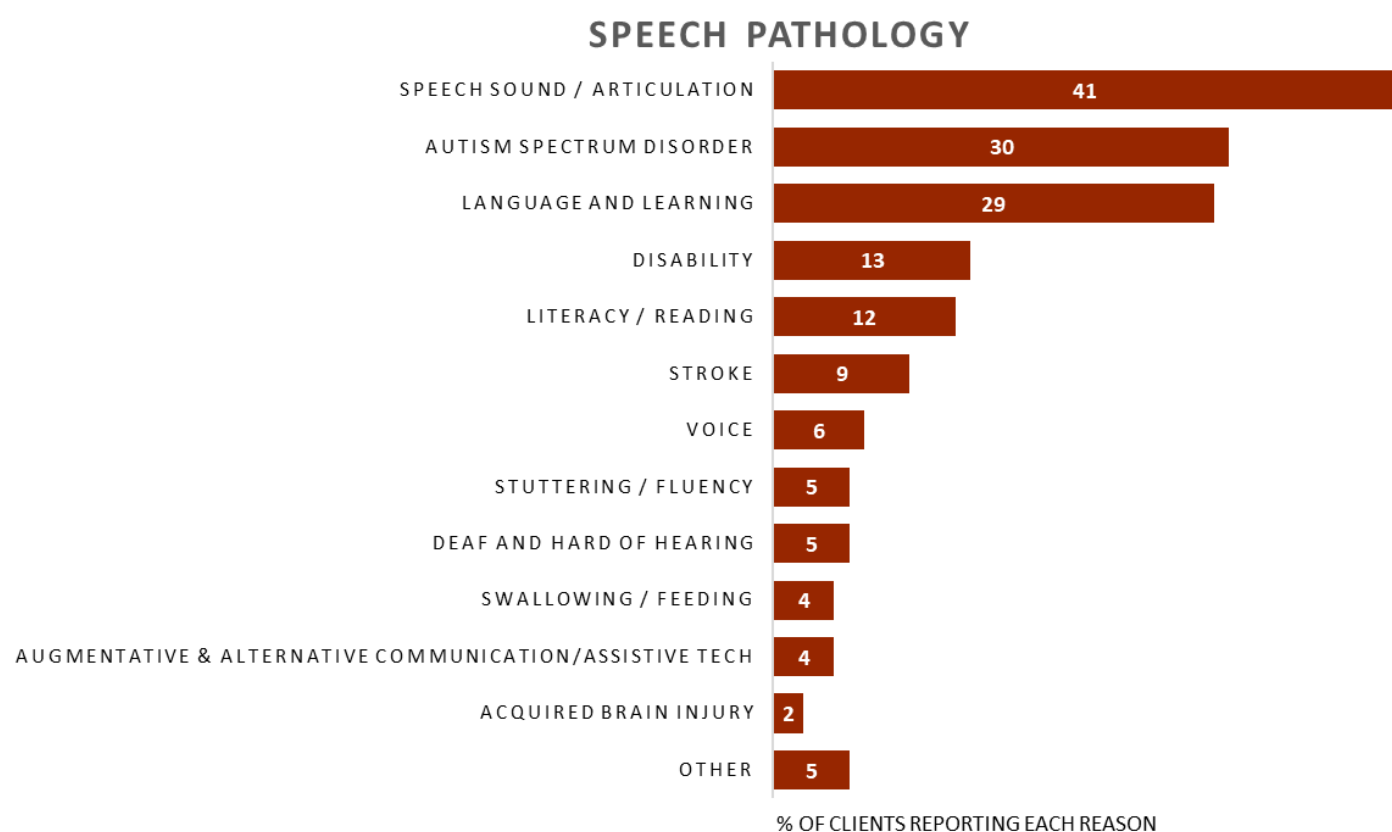


Figure 2.6 The main reason(s) for the most recent telehealth speech pathology session

#### Technology use: frequency and confidence

Fewer occupational therapy and speech pathology clients used computer, email or internet on a daily basis compared to clients accessing other allied health services (Table 2). Video over the internet platforms were accessed less regularly; between 13% (podiatry clients) and 34% (diabetes education clients) of clients accessed video over the internet platforms no more than once per month (Table 2). Clients accessing diabetes education, occupational therapy and speech pathology services were the most likely to report that they were not at all or only slightly confident using technology in daily life (Figure 3). However, this was a minority, with more than 3 out of every 4 clients reporting that they were moderately or extremely confident using technology in daily life (Figure 3).

Table 2. Frequency of technology use

		All clients (n=373)	Diabetes Education (n=100)	Exercise physiology (n=72)	Occupational therapy (n=62)	Osteopathy (n=28)	Podiatry (n=15)	Speech pathology (n=100)
Computer	Never	6 %	7 %	3 %	3 %	7 %	7 %	9 %
	Monthly or less	9 %	7 %	8 %	15 %	0 %	7 %	11 %
	1 + times a week	24 %	21 %	19 %	28 %	4 %	14 %	34 %
	Every day	61 %	64 %	70 %	53 %	89 %	73 %	46 %
Email	Never	10 %	4 %	1 %	10 %	0 %	0 %	26 %
	Monthly or less	4 %	3 %	3 %	7 %	0 %	0 %	3 %
	1 + times a week	12 %	12 %	14 %	17 %	0 %	20 %	12 %
	Every day	75 %	81 %	83 %	67 %	100 %	80 %	59 %
Internet for any purpose	Never	2 %	2 %	0 %	2 %	0 %	0 %	5 %
	Monthly or less	1 %	0 %	3 %	2 %	0 %	0 %	0 %
	1 + times a week	10 %	14 %	9 %	8 %	4 %	7 %	10 %
	Every day	87 %	84 %	89 %	88 %	96 %	93 %	85 %
Mobile phone	Never	7 %	2 %	0 %	7 %	0 %	0 %	21 %
	Monthly or less	2 %	1 %	1 %	8 %	0 %	0 %	2 %
	1 + times a week	9 %	6 %	12 %	8 %	4 %	7 %	13 %
	Every day	81 %	91 %	87 %	77 %	96 %	93 %	64 %
Social media	Never	16 %	4 %	10 %	20 %	7 %	7 %	35 %
	Monthly or less	2 %	3 %	1 %	3 %	11 %	0 %	0 %
	1 + times a week	13 %	9 %	13 %	13 %	14 %	20 %	9 %
	Every day	69 %	84 %	75 %	63 %	61 %	73 %	56 %
Video over the internet platforms	Never	8 %	13 %	4 %	7 %	7 %	0 %	7 %
	Monthly or less	20 %	21 %	21 %	20 %	15 %	13 %	19 %
	1 + times a week	60 %	55 %	65 %	67 %	43 %	74 %	60 %
	Every day	13 %	11 %	10 %	7 %	36 %	13 %	14 %

Numbers represent the percentage of clients reporting each response



Figure 3. Confidence using technology in day-to-day life

Numbers represent the percentage of clients reporting each response



## Telehealth services

### Type of telehealth service accessed during the COVID-19 pandemic

Most telehealth sessions were individual consultations delivered via video over the internet (Figure 4). One-in-three (29%) clients who utilised exercise physiology telehealth sessions participated in group sessions via video over the internet. Group sessions were less common amongst other allied health services (Figure 4). Diabetes education was the only service that most commonly delivered individual consultations over the telephone (65%) compared to video over the internet (39%) (Figure 4).

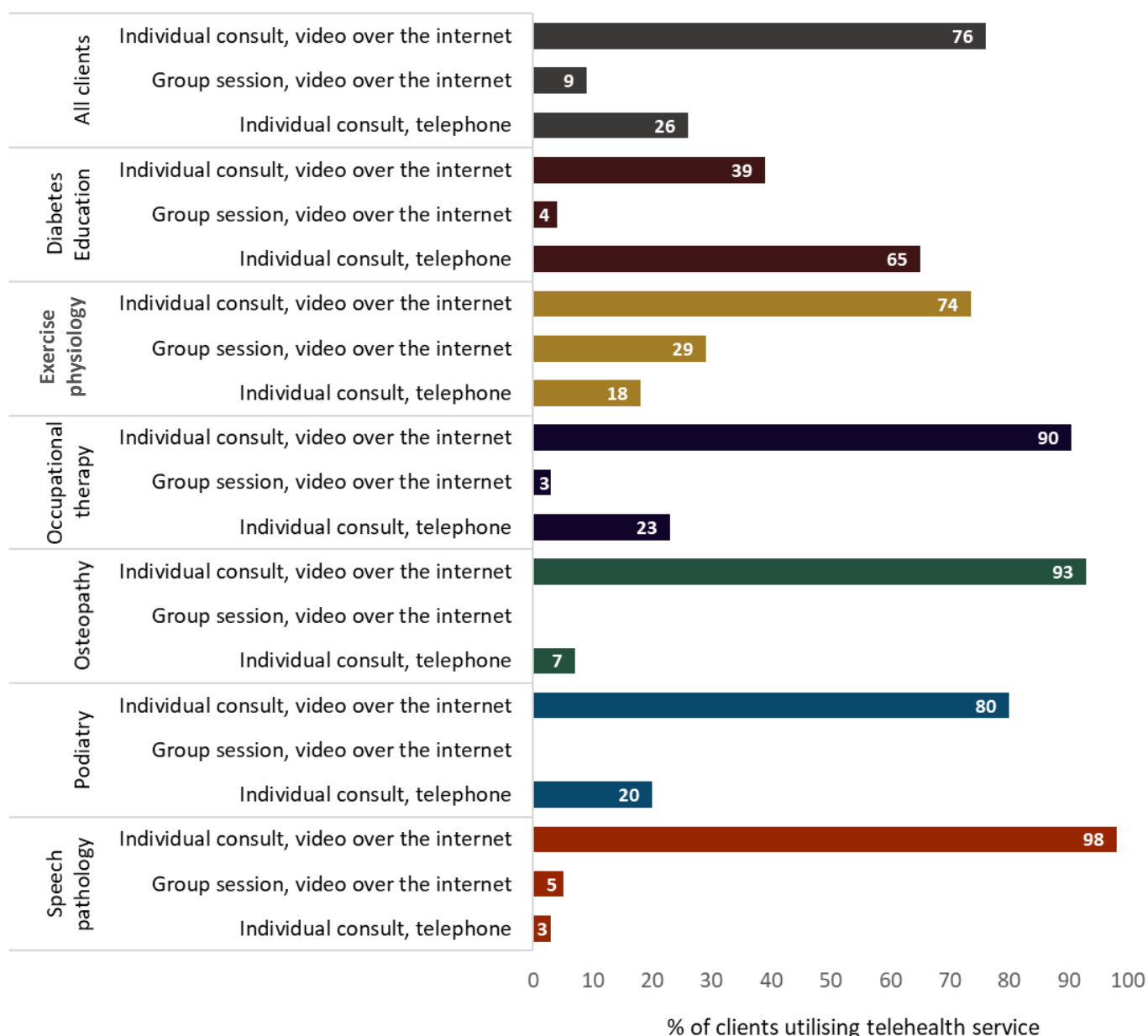


Figure 4. Telehealth service use during the COVID-19 pandemic

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## In-person allied health consults prior to telehealth services

Prior to telehealth consultations, 74% of all clients had an in-person consultation with their allied health clinician (Table 3). This was less common amongst diabetes education (66%) and exercise physiology (63%) clients, compared with other allied health professions (ranging from 80-86%) (Table 3).

Table 3. In-person consult(s) with allied health clinicians prior to telehealth consult(s)

	All clients (n=388)	Diabetes education (n=100)	Exercise physiology (n=72)	Occupational therapy (n=62)	Osteopathy (n=28)	Podiatry (n=15)	Speech pathology (n=111)
In-person consult(s) with clinician prior to telehealth consult(s)	277 (74)	65 (66)	45 (63)	49 (82)	24 (86)	12 (80)	82 (82)

Data represent count (%)

## Telehealth consults with allied health clinicians prior to COVID-19 pandemic

Most clients (90%) had no consults via telehealth with their clinician before the COVID-19 pandemic (Table 4). The allied health services that were most often accessed via telehealth before the COVID-19 pandemic were diabetes education (19% of clients) and occupational therapy (15%).

Table 4. Telehealth consults with allied health clinicians prior to COVID-19 pandemic

	All clients n=370	Diabetes education n=100	Exercise physiology n=70	Occupational therapy n=60	Osteopathy n=28	Podiatry n=15	Speech pathology n=97
Individual video consult/s	20 (5)	7 (7)	3 (4)	5 (8)	2 (7)	1 (7)	2 (2)
Individual telephone consult/s	12 (12)	9 (14)	1 (8)	2 (14)	0 (0)	0 (0)	0 (0)
Group sessions via video	2 (.5)	1 (1)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)
No telehealth consults	333 (90)	81 (81)	66 (94)	51 (85)	26 (93)	14 (93)	95 (98)

Respondents could select more than one response, so proportions may exceed 100%; Data represent count (%)

## Preferred way to access allied health care

Most clients (81%) preferred in-person allied health consults instead of video or telephone consults (Figure 5). Video consults were most popular amongst speech pathology and occupational therapy clients, where this was the preferred method of accessing care in 28% and 29% of clients, respectively. Telephone consults were the most popular form of telehealth amongst diabetes education clients, where one-in-four reported that telephone was their preferred way of accessing services (Figure 5).

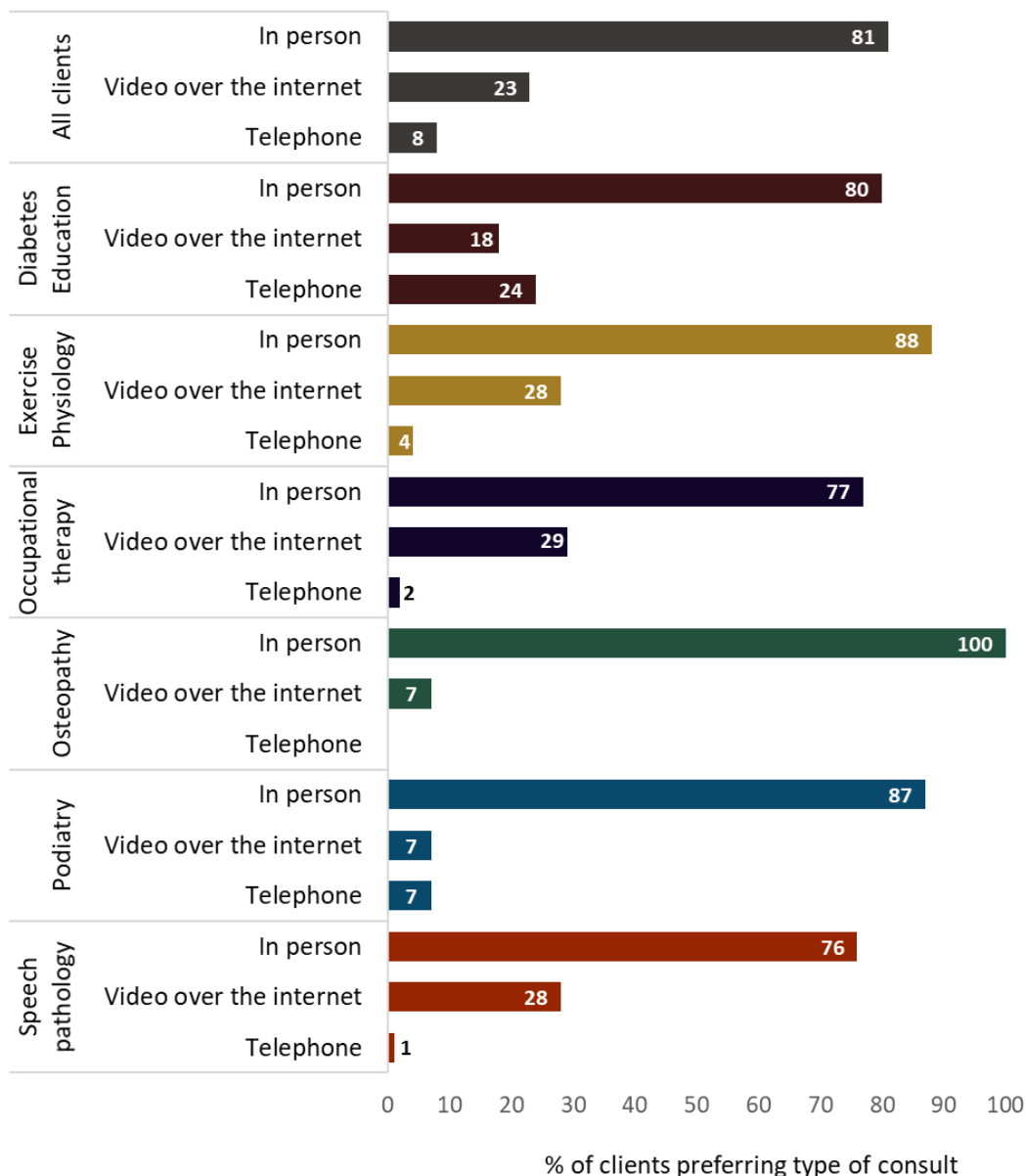


Figure 5. Preferred way(s) to consult their allied health professional

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## Characteristics of telehealth services accessed during the COVID-19 pandemic

### Video consults

Almost half (45%) of all clients had between 1-3 video consults since March 1<sup>st</sup> 2020. The clients who were most likely to have 1-3 video consults accessed diabetes education (89%), osteopathy (88%) or podiatry (91%) services (Table 5). In contrast, one-in-five clients had 10 or more video consults, and this was most common amongst exercise physiology (38%) and speech pathology (28%) clients (Table 5). The average length of the initial video consult was 47 minutes (ranging between 23 minutes for podiatry to 56 minutes for diabetes education), and the average length of the review video consult was 45 minutes (ranging between 19 minutes for podiatry to 53 minutes for occupational therapy). Clients reported that the average

cost of the initial consult was \$108 (ranging from \$51 for osteopathy to \$201 for diabetes education) and the average cost of a review consult(s) was \$88 (ranging from \$45 for podiatry to \$112 for speech pathology) (Table 5). One-in-four clients paid the entire cost of the video consult themselves, and people accessing osteopathy or podiatry services were most likely to pay all costs or to claim some of the costs on private health insurance (Table 5). Other common sources of funding for both initial and review consults were Medicare or the National Disability Insurance Scheme (NDIS) (Table 5). Medicare was the most common source of funding for diabetes education clients, and all clients funded by the Department of Veterans' Affairs (DVA) accessed exercise physiology services (Table 5).

Table 5. Characteristics of allied health consultations delivered using video over the internet

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
<b>Video over the internet</b>							
Number of video consults during COVID-19 pandemic: (mean, SD)							
1-3 consults	117 (45)	31 (89)	20 (42)	17 (35)	22 (88)	10 (91)	17 (18)
4-6 consults	75 (29)	4 (11)	10 (21)	20 (42)	3 (12)	0 (0)	38 (41)
7-9 consults	16 (6)	0 (0)	0 (0)	3 (6)	0 (0)	1 (9)	12 (13)
10+ consults	52 (20)	0 (0)	18 (38)	8 (17)	0 (0)	0 (0)	26 (28)
<b>Initial consult</b>	<b>n=260</b>	<b>n=31</b>	<b>n=48</b>	<b>n=48</b>	<b>n=25</b>	<b>n=11</b>	<b>n=93</b>
Initial video consult length, minutes (mean SD)	47 (24)	56 (47)	44 (17)	50 (16)	39 (11)	23 (11)	47 (18)
Initial telehealth consult cost, dollars (mean SD)*	108 (91)	201 (252)	96 (64)	126 (47)	51 (16)	54 (16)	125 (51)
<b>Who paid for the initial consult via video?</b>							
Client paid all costs	68 (26)	9 (29)	13 (27)	9 (19)	11 (44)	6 (55)	20 (22)
Client + private health fund	21 (8)	0 (0)	6 (16)	1 (2)	8 (32)	3 (27)	3 (3)
Client + Medicare	8 (3)	2 (6)	1 (2)	2 (4)	0 (0)	0 (0)	3 (3)
Private health fund	2 (1)	1 (3)	0 (0)	0 (0)	1 (4)	0 (0)	0 (0)
Medicare	27 (10)	14 (45)	3 (6)	5 (11)	1 (4)	1 (9)	3 (3)
Workers compensation	2 (1)	1 (3)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)
NDIS	17 (7)	1 (3)	1 (2)	5 (11)	0 (0)	0 (0)	10 (11)
DVA	10 (4)	0 (0)	10 (21)	0 (0)	0 (0)	0 (0)	0 (0)
TAC	1 (0.4)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)
<b>Review consults</b>	<b>n=221</b>	<b>n=25</b>	<b>n=42</b>	<b>n=45</b>	<b>n=12</b>	<b>n=7</b>	<b>n=90</b>
Review video consult length, minutes (mean SD)	45 (25)	42 (24)	46 (39)	53 (30)	32 (9)	19 (11)	45 (11)
Review telehealth consult cost, dollars (mean SD)*	88 (48)	53 (47)	74 (57)	104 (32)	58 (13)	45 (13)	112 (44)
<b>Who paid for the review consult via video?</b>							
Client paid all costs	52 (24)	4 (16)	12 (29)	9 (20)	4 (33)	4 (57)	19 (21)
Client + private health fund	11 (5)	2 (8)	1 (2)	2 (4)	2 (17)	4 (57)	4 (4)
Client + Medicare	11 (5)	4 (16)	2 (5)	1 (2)	0 (0)	0 (0)	4 (4)
Private health fund	1 (1)	1 (4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Medicare	15 (7)	8 (32)	1 (2)	3 (7)	0 (0)	0 (0)	3 (3)
Workers compensation	2 (1)	0 (0)	1 (2)	1 (2)	0 (0)	0 (0)	0 (0)
NDIS	15 (7)	1 (4)	1 (2)	4 (9)	0 (0)	0 (0)	9 (10)

DVA	10 (5)	0 (0)	10 (24)	0 (0)	0 (0)	0 (0)	0 (0)
TAC	1 (1)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)

\* consultation costs are only reported for respondents who indicated that they paid all of the consultation costs; Data represent count (%) or mean (SD); discrepancies between overall n= and counts for a given item represent missing data or don't know / can't remember responses; NDIS = National Disability Insurance Scheme (NDIS); DVA = Department of Veterans' Affairs; TAC = Transport Accident Commission

### Telephone consults

The majority of clients (89%) had between 1 and 3 telephone consults (Table 6). The average length of the initial telephone consult was 33 minutes (ranging between 28 minutes for exercise physiology to 45 minutes for occupational therapy), and the average length of the review video consult was 25 minutes. Clients reported that the average cost of the initial telephone consult was \$14 and the average cost of a review telephone consult(s) was \$23 (Table 6). No client paid the entire cost of the initial telephone consult themselves, and the most common funding source was Medicare for both initial (44%) and review consultations (46%) (Table 6).

Table 6. Characteristics of allied health consultations delivered via telephone

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
Number of telephone consults during COVID-19 pandemic (mean, SD)							
1-3 consults	86 (89)	57 (90)	9 (75)	13 (93)	1 (50)	3 (100)	3 (100)
4-6 consults	7 (7)	4 (6)	1 (8)	1 (7)	1 (50)	0 (0)	0 (0)
7-9 consults	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
10+ consults	2 (2)	0 (0)	2 (17)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Initial consult</b>		<b>n=65</b>	<b>n=13</b>	<b>n=14</b>	<b>n=2</b>	<b>n=3</b>	<b>n=3</b>
Initial telephone consult length, minutes (mean SD) n=41	33 (16)	34 (16)	28 (16)	45 (21)	NR	NR	NR
Initial telehealth consult cost, dollars (mean SD)	14 (42)	15 (47)	13 (33)	28 (39)	NR	NR	NR
Who paid for the initial telephone consult?							
Client paid all costs	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Client + private health fund	2 (4)	1 (2)	0 (0)	1 (7)	0 (0)	0 (0)	0 (0)
Client + Medicare	2 (4)	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Private health fund	1 (2)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Medicare	22 (44)	14 (22)	5 (39)	1 (7)	0 (0)	1 (33)	1 (33)
Workers compensation	1 (2)	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	0 (0)
NDIS	1 (2)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
DVA	1 (2)	0 (0)	1 (8)	0 (0)	0 (0)	0 (0)	0 (0)
<b>Review consults</b>		<b>n=36</b>	<b>n=5</b>	<b>n=12</b>	<b>n=1</b>	<b>n=1</b>	<b>n=3</b>
Review telephone consult length, minutes (mean SD)	25 (16)	25 (16)	24 (9)	27 (19)	NR	NR	NR
Review telehealth consult cost, dollars (mean SD)	23 (63)	7 (31)	27 (46)	69 (118)	NR	NR	NR
Who paid for the review telephone consult(s)?							
Client paid all costs	4 (7)	3 (9)	0 (0)	1 (7)	NR	0 (0)	0 (0)

Client + private health fund	1 (2)	1 (3)	0 (0)	0 (0)	NR	0 (0)	0 (0)
Client + Medicare	1 (2)	0 (0)	0 (0)	0 (0)	NR	1 (100)	0 (0)
Medicare	25 (46)	18 (69)	4 (80)	5 (42)	NR	0 (0)	2 (100)
NDIS	2 (4)	2 (6)	0 (0)	0 (0)	NR	0 (0)	0 (0)
DVA	2 (4)	1 (3)	1 (20)	0 (0)	NR	0 (0)	0 (0)

NR = Not reported, or data from ≤1 respondent; NDIS = National Disability Insurance Scheme (NDIS); DVA = Department of Veterans' Affairs; TAC = Transport Accident Commission; n= represent the number of respondents indicating that they had an initial or review consultation via telephone, discrepancies between overall n= and counts for a given item represent missing data or don't know / can't remember responses;

### Other people present during telehealth consults

During video consultations, 39% of clients reported that they had one or more person present other than their clinician (ranging from 12% of osteopathy clients to 60% of speech pathology clients). This was less common during telephone consults (18% had another person present). The most common person present during video or telephone consults was a carer/parent/support worker (Table 7).

Table 7. Other people present during telehealth consult(s)

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
<b>Video over the internet</b>	<b>n=255</b>	<b>n=35</b>	<b>n=48</b>	<b>n=47</b>	<b>n=25</b>	<b>n=9</b>	<b>n=91</b>
Other person present during video consult?	100 (39)	10 (26)	8 (17)	22 (47)	3 (12)	2 (22)	55 (60)
Carer/parent/support worker	73 (29)	4 (11)	4 (8)	19 (40)	1 (4)	2 (22)	43 (47)
GP / doctor / surgeon	7 (3)	7 (20)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Nurse	2 (1)	2 (6)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other clinician(s)	8 (3)	1 (3)	2 (4)	2 (4)	0 (0)	0 (0)	3 (3)
Other	29 (11)	2 (6)	4 (8)	5 (11)	2 (8)	0 (0)	16 (18)
<b>Telephone</b>	<b>n=95</b>	<b>n=62</b>	<b>n=11</b>	<b>n=14</b>	<b>n=2</b>	<b>n=3</b>	<b>n=3</b>
Other person(s) present during video consult?	17 (18)	13 (21)	1 (9)	3 (21)	0 (0)	0 (0)	0 (0)
Carer/parent/support worker	6 (6)	4 (6)	0 (0)	2 (14)	0 (0)	0 (0)	0 (0)
GP / doctor / surgeon	4 (4)	4 (6)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Nurse	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other clinician(s)	2 (2)	2 (3)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Other	5 (5)	3 (5)	1 (9)	1 (7)	0 (0)	0 (0)	0 (0)

Data represent count (%); Differences between n= and number of respondents utilising each telehealth modality represents missing data; GP = General Practitioner

## Clients' views on telehealth services

### Overall experience with telehealth services

Most clients reported that their overall experience with telehealth was very positive (56%) or somewhat positive (31%). More negative experiences were associated with occupational therapy services, where 10% of clients reported a somewhat negative experience (Figure 6).



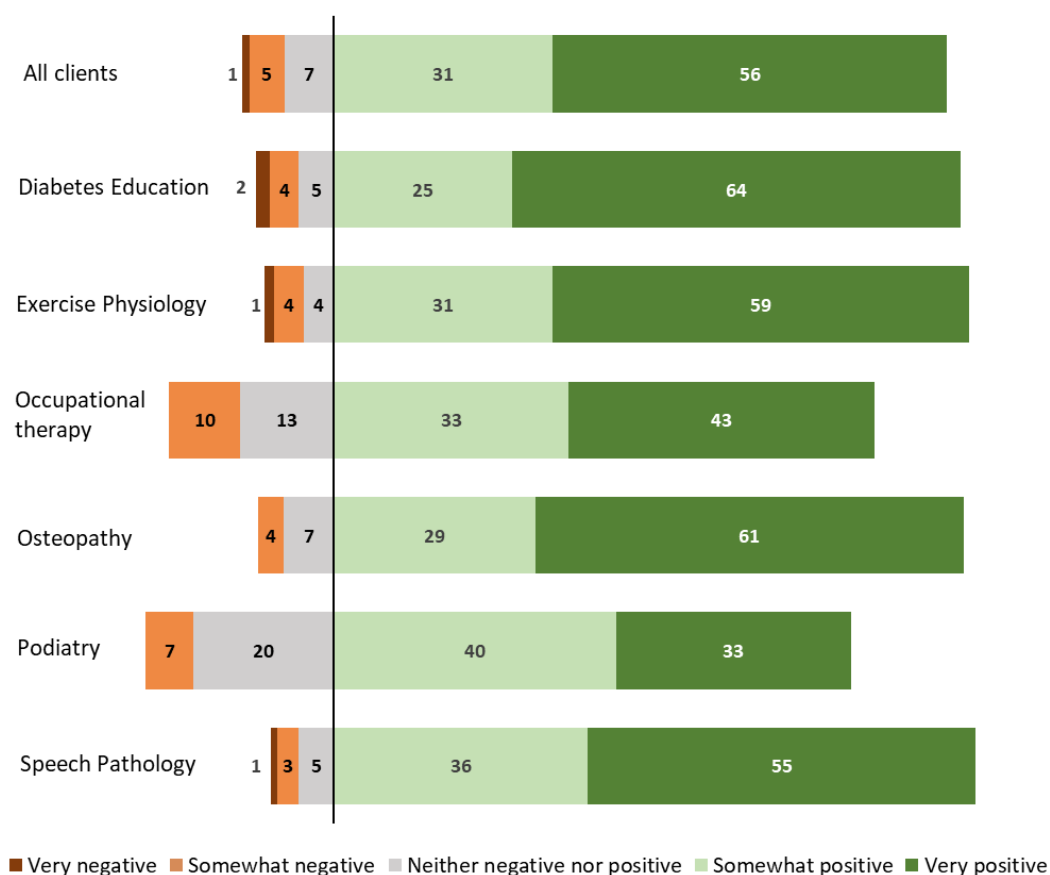


Figure 6. Overall experience with telehealth services (n=373)

Numbers represent the percentage of clients reporting each response

### Satisfaction with telehealth services

Similarly, most clients were somewhat/very satisfied with allied health services via video (89%) or telephone (80%). Dissatisfaction was more common amongst occupational therapy clients, whereby 15% were somewhat dissatisfied with the care they received, although around half (53%) were very satisfied with services (Figure 7). Satisfaction with telephone services was more variable. Dissatisfaction was most common amongst exercise physiology clients whereby 27% were somewhat dissatisfied and 9% were very dissatisfied (Figure 7).

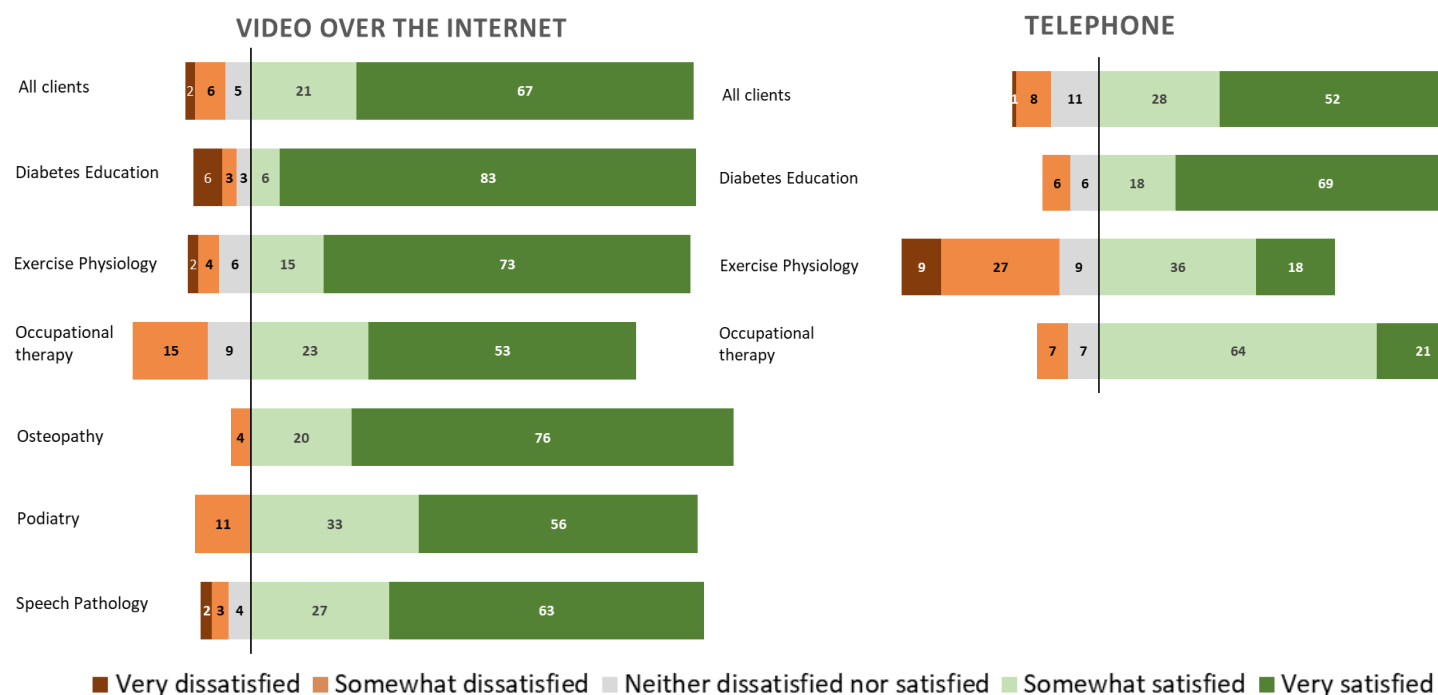


Figure 7. Satisfaction with care received from allied health clinician(s) via telehealth

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Effectiveness of the care received via telehealth

Overall, most clients perceived the care they received via telehealth to be somewhat or very effective (Figure 8). This was similar with video (87%) and telephone (86%). The only profession with greater than 10% of clients reporting that the services were somewhat or very ineffective was exercise physiology delivered via telephone (18% were somewhat dissatisfied and 9% were very dissatisfied with services) (Figure 8).

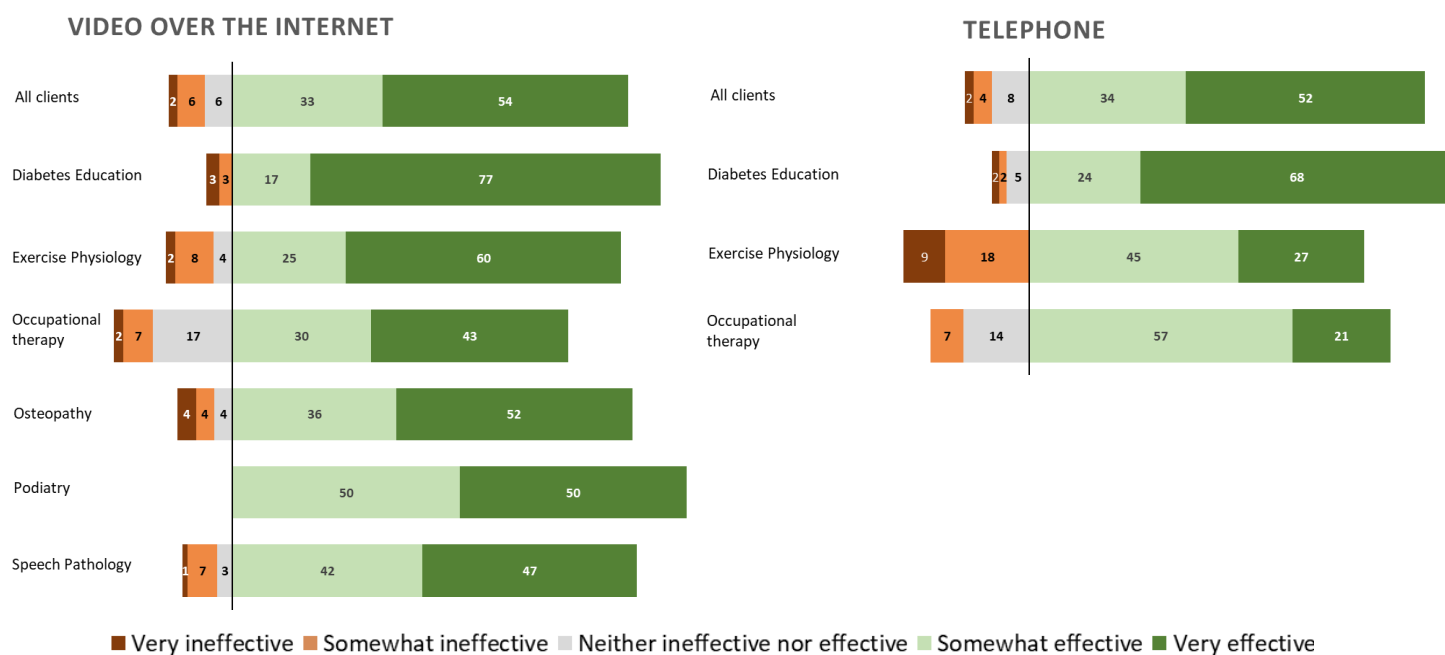


Figure 8. Effectiveness of the care received from the allied health clinician(s) via telehealth

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Telehealth compared to prior expectations

The proportion of clients reporting that the video consult(s) were somewhat or much better than expected ranged from 44% (podiatry) to 76% (osteopathy) (Figure 8). Perceptions that video consults were somewhat or much worse than expectations were uncommon, this ranged from 6% (diabetes education and exercise physiology) to 13% (occupational therapy) of clients (Figure 8). In relation to allied health delivered over telephone, the most common perception was that the services were similar to prior expectations (Figure 9). Exceeding expectations was most commonly reported by diabetes education clients, whereby 27% of clients accessing diabetes education services via telephone believed these services were much better than expected.

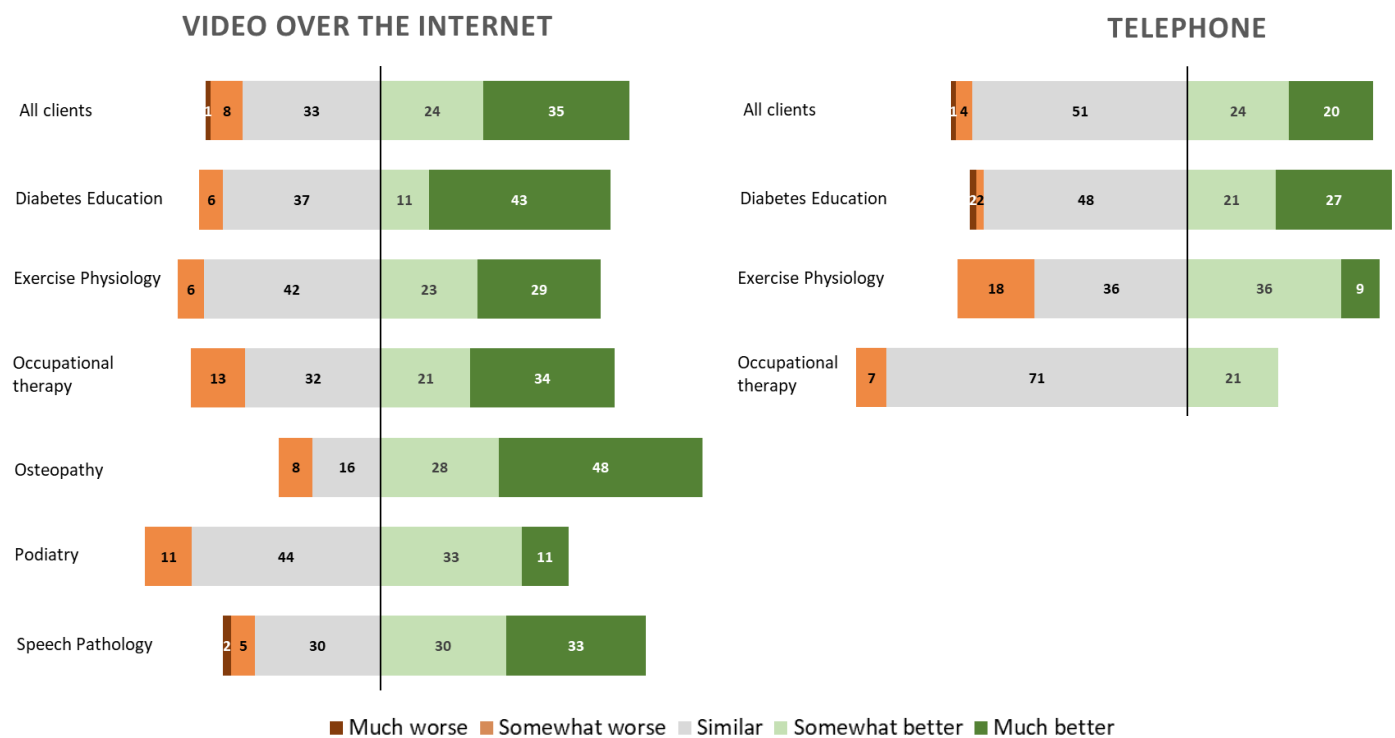


Figure 9. Telehealth consult(s) compared with prior expectations

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Ease of using technology

Using the technology required for video consults was somewhat or very easy for 83% of clients. Speech pathology clients were most likely to report that the video technology was somewhat or very difficult (13%) (Figure 10). Similarly, most clients (86%) found the technology required for telephone consults somewhat or very easy to use (Figure 10).

## VIDEO OVER THE INTERNET

## TELEPHONE

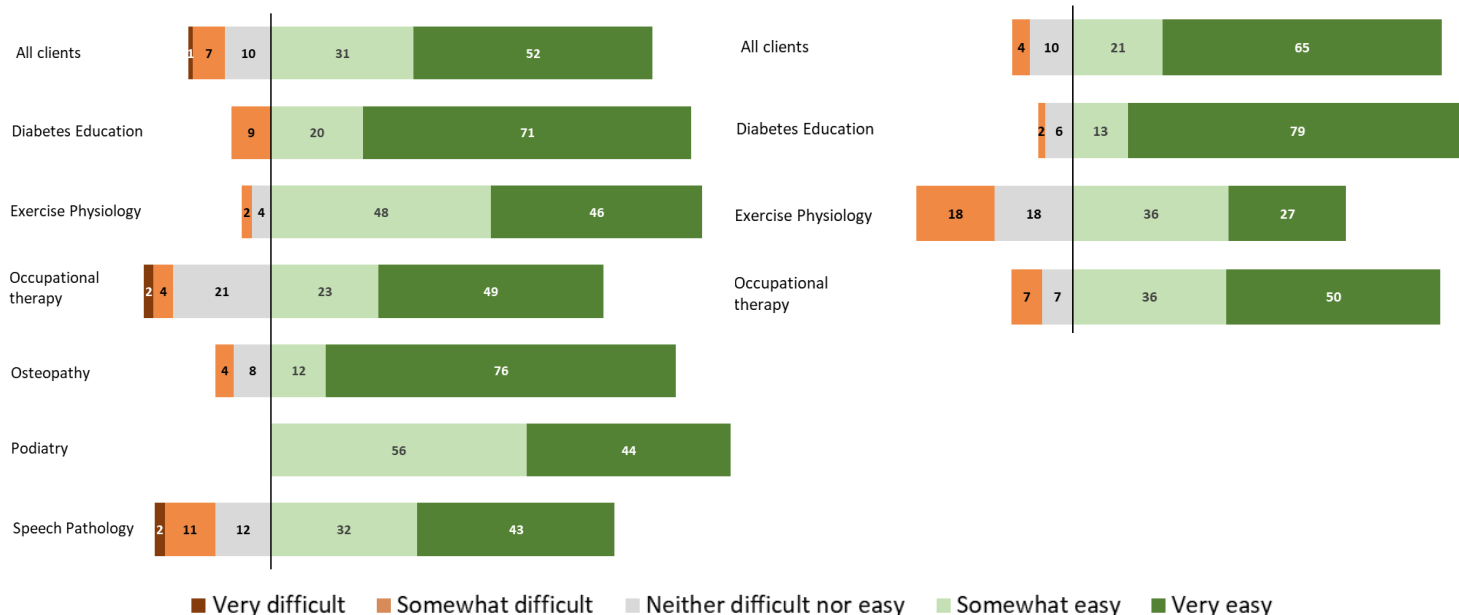


Figure 10. Ease of using the technology required for a telehealth consult

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

## Comfort communicating via telehealth

Most clients were somewhat (27%) or very comfortable (58%) communicating with their allied health clinician via video. Feeling somewhat or very uncomfortable communicating via video was most common amongst occupational therapy (17%), speech pathology (12%) and podiatry (11%) clients (Figure 11). Likewise, a majority of clients (80%) were somewhat or very comfortable communicating with their allied health clinicians via telephone (Figure 11).

## VIDEO OVER THE INTERNET

## TELEPHONE

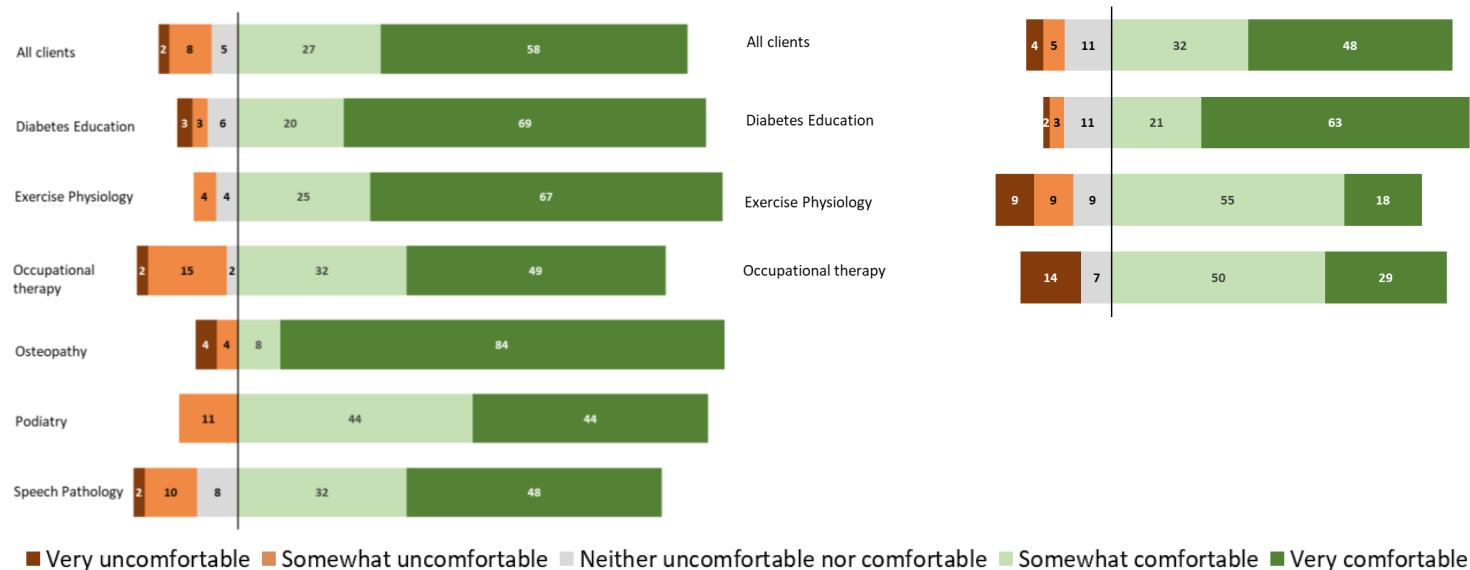


Figure 11. Comfortability communicating with allied health clinician(s) via telehealth

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Satisfaction with privacy/security during telehealth consults

A majority of clients were very satisfied with privacy and security during their telehealth consults, delivered via video (69%) or telephone (74%). Dissatisfaction with privacy/security was most common amongst diabetes education clients accessing video consults (12%) and exercise physiology clients accessing telephone consults (9%) (Figure 12).

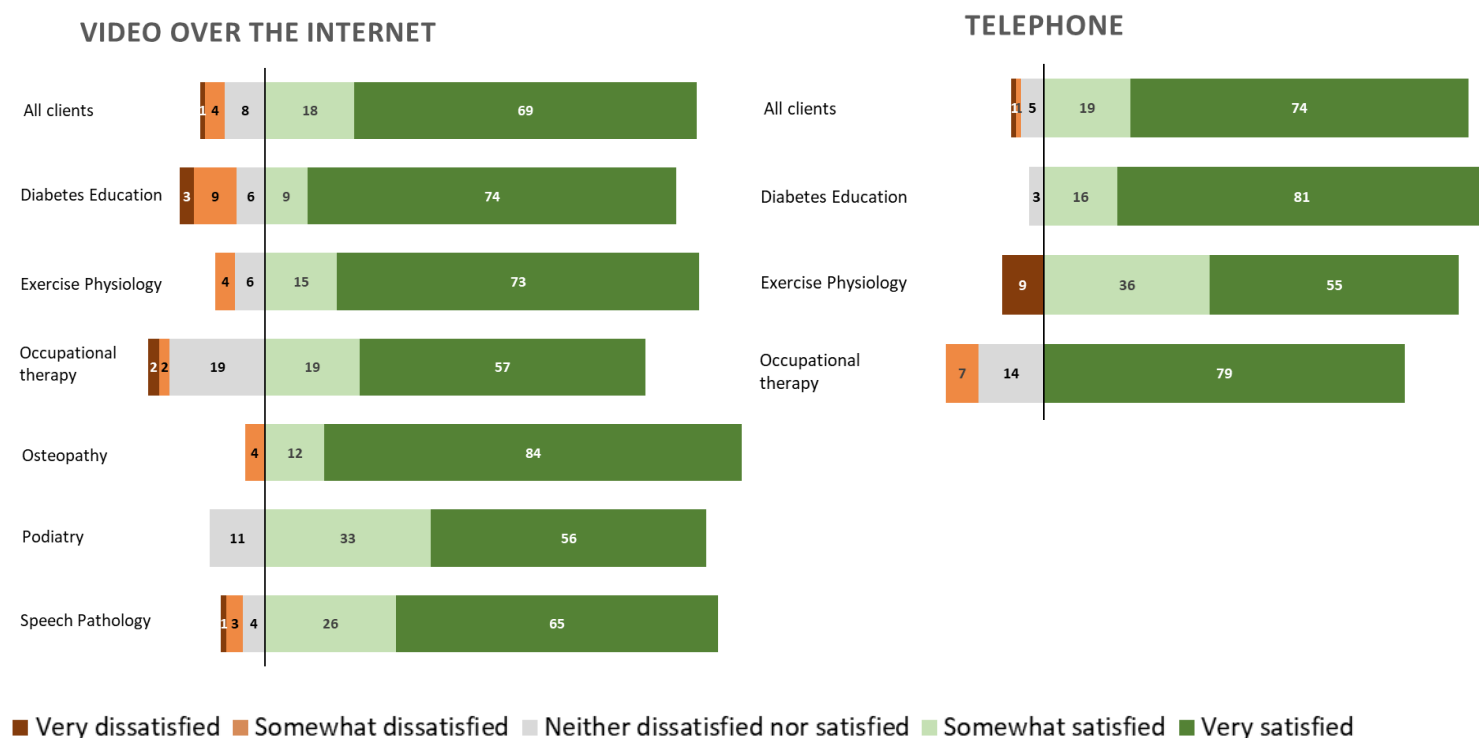


Figure 12. Satisfaction with privacy/security during the telehealth consult(s)

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Perceptions of safety during the telehealth consults

Perceptions of safety during telehealth were positive, whereby 80% of clients felt very safe during video consults and 77% felt very safe during telephone consults. No clients felt very unsafe during video consults and only 1% of clients felt very unsafe accessing care via the telephone (Figure 13).



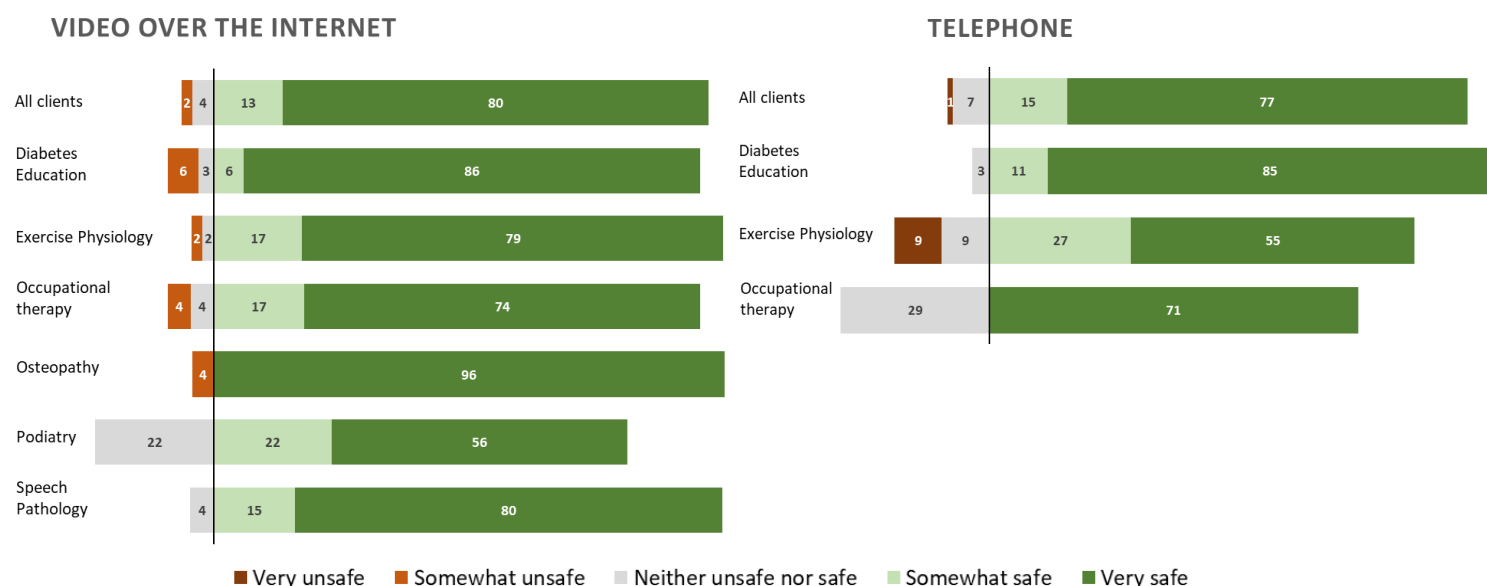


Figure 13. Perceptions of safety during the telehealth consult(s)

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Likelihood of choosing to use telehealth once the COVID-19 pandemic has ended

Clients reported mixed views when asked about the likelihood of choosing to see their allied health clinician via telehealth if they needed to see them once the COVID-19 pandemic has ended (Figure 14). In relation to video consults, 42% of clients felt that it was very or somewhat unlikely that they would choose to use telehealth, compared with 44% who felt this was somewhat or very likely. Osteopathy clients most often reported that it was very unlikely (44%) that they would choose to see their clinician via video. On the other hand, diabetes education clients most often reported that they were very likely (40%) to choose to use video consults once the COVID-19 pandemic had ended. Perceptions of telephone consults were similar, whereby 40% of clients were very or somewhat unlikely to choose to access care via telephone once the COVID-19 pandemic had ended, and 40% were somewhat or very likely to choose to access care via telephone (Figure 14).

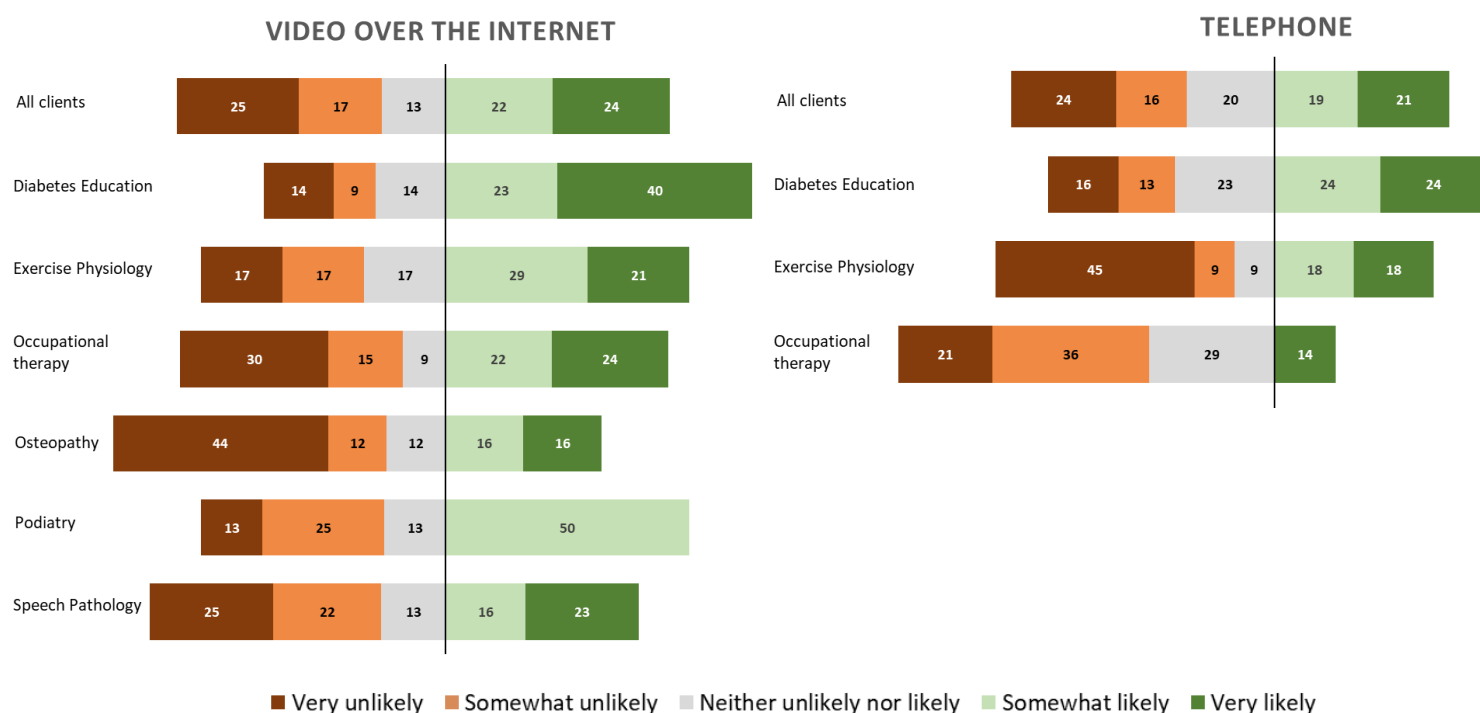


Figure 14. Likelihood of choosing to see the allied health clinician(s) via telehealth, if they needed to see them once the COVID-19 pandemic has ended

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### Likelihood of recommending the allied health clinician to others based on the telehealth consult experience

Overall, most clients accessing telehealth services via video were somewhat likely (20%) or very likely (64%) to recommend that clinician to others based on their telehealth experience (Figure 15). The proportion of clients who would recommend their clinician to others was slightly lower following telephone consults (Figure 15). Exercise physiology clients most often reported that they were very unlikely to recommend their clinician based on their telephone consult experience (36%).

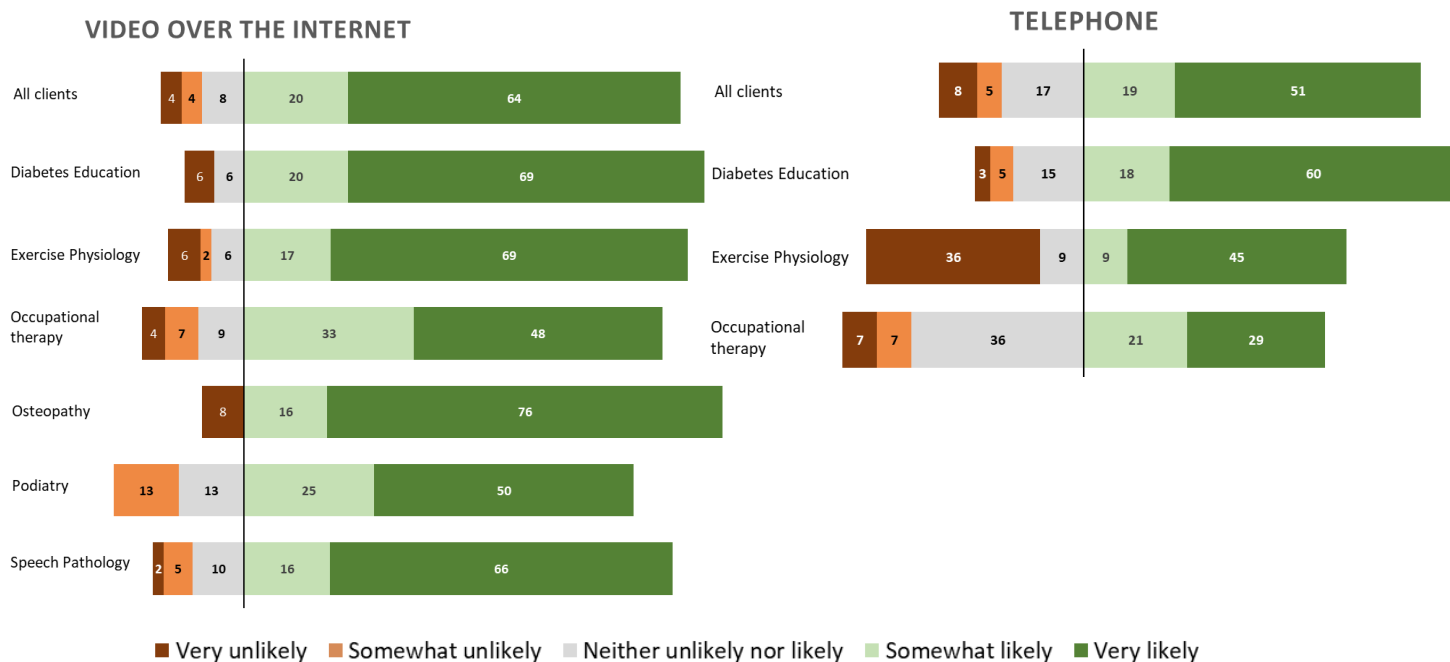


Figure 15. Likelihood of recommending the allied health clinician to others based on the telehealth consult experience

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### The quality of care received via telehealth compared to in-person consults

When compared to in-person consults with the same clinician, most clients felt telehealth consults were of similar quality (Figure 16). However, clients were more likely to perceive the telehealth consults as somewhat lower or much lower quality (video: 40%, telephone 44%), compared to somewhat better or much better quality (video: 12%, telephone 9%). The clients most likely to perceive the telehealth consults to be better quality than in-person consults accessed diabetes education services (Figure 16).

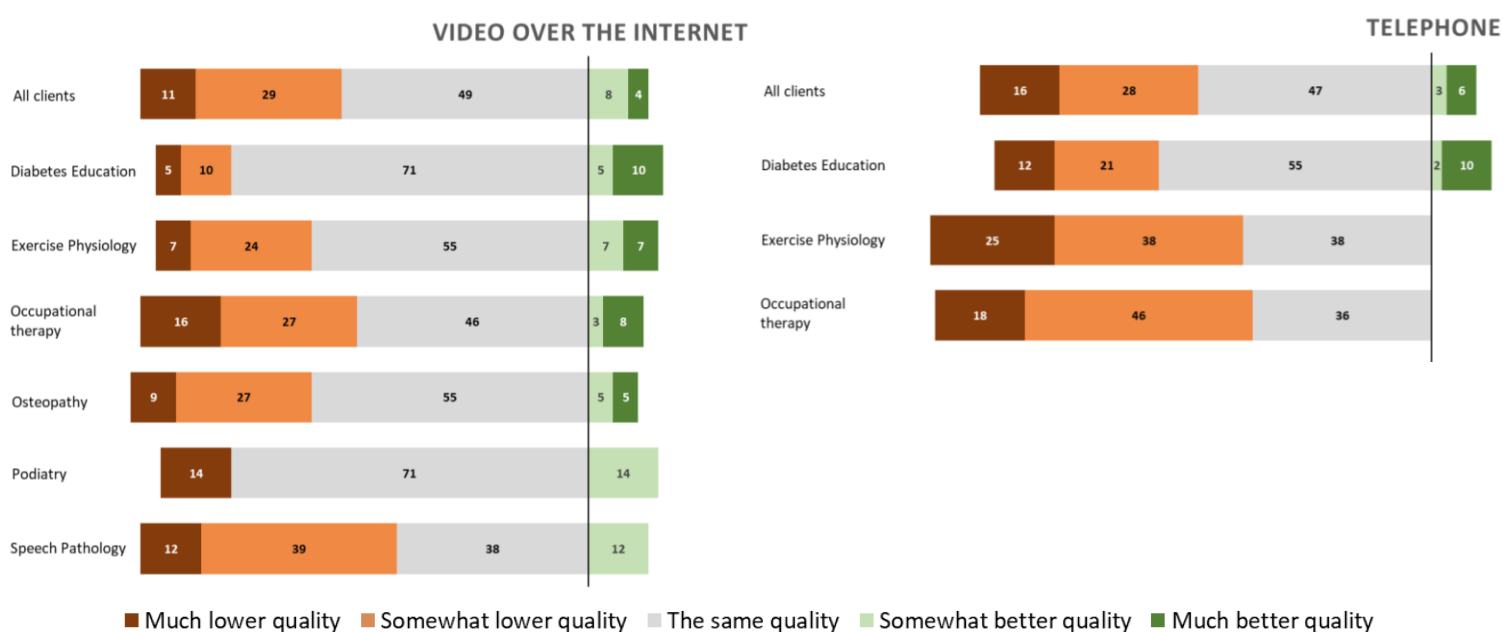


Figure 16. The quality of care received via telehealth compared to the quality of care received during in-person consults with the allied health clinician

Numbers represent the percentage of clients reporting each response; Telephone data for Osteopathy, Podiatry and Speech Pathology clients are not reported due to  $\leq 3$  respondents

### The perceived benefits of telehealth consults

Convenience was the most cited benefit of having consults via video (64%) or telephone (75%). Less waiting time was also a common perceived benefit, especially for diabetes education (video: 59%, telephone 46%) and occupational therapy (video: 41%, telephone 57%) clients (Table 8).

Table 8. The perceived benefits of telehealth consults

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
<b>Video over the internet</b>	<b>n=295</b>	<b>n=39</b>	<b>n=53</b>	<b>n=56</b>	<b>n=26</b>	<b>n=12</b>	<b>n=109</b>
Convenience	190 (64)	28 (72)	38 (72)	34 (61)	17 (65)	5 (42)	68 (62)
Privacy	35 (12)	8 (21)	11 (21)	7 (13)	2 (8)	0 (0)	7 (6)
Undivided attention of clinician	51 (17)	14 (36)	18 (34)	8 (14)	2 (8)	1 (8)	8 (7)
Treatment/education effectiveness	50 (17)	10 (26)	13 (25)	7 (13)	7 (27)	0 (0)	13 (12)
Cost savings	40 (14)	9 (23)	5 (9)	8 (14)	6 (23)	2 (17)	10 (9)
Less waiting time	97 (33)	23 (59)	14 (26)	23 (41)	6 (23)	3 (25)	28 (26)
I do not see any benefits	36 (12)	5 (13)	4 (8)	7 (13)	4 (15)	1 (8)	15 (14)
<b>Telephone</b>	<b>n=100</b>	<b>n=65</b>	<b>n=13</b>	<b>n=14</b>	<b>n=2</b>	<b>n=3</b>	<b>n=3</b>
Convenience	75 (75)	51 (79)	8 (62)	9 (64)	2 (100)	3 (100)	2 (67)
Privacy	15 (15)	10 (15)	3 (23)	0 (0)	1 (50)	0 (0)	1 (33)
Access	43 (43)	30 (46)	4 (31)	6 (43)	1 (50)	0 (0)	2 (67)
Undivided attention of clinician	26 (26)	19 (29)	3 (23)	2 (14)	0 (0)	0 (0)	2 (67)
Treatment/education effectiveness	10 (10)	7 (11)	2 (15)	1 (7)	0 (0)	0 (0)	0 (0)
Cost savings	18 (18)	9 (14)	2 (15)	4 (29)	1 (50)	0 (0)	2 (67)
Less waiting time	47 (47)	30 (46)	5 (39)	8 (57)	2 (100)	0 (0)	2 (67)
I do not see any benefits	12 (12)	8 (12)	1 (8)	3 (21)	0 (0)	0 (0)	0 (0)

Data represent count (%)

### Concerns experienced during telehealth consults

Concerns were relatively uncommon during telehealth consults (Table 9). The most common concerns with video consults were technical/internet troubles (27%) and a lack of hands on or physical treatment (24%) (Table 9). The most common concern regarding telephone consults was a lack of visual contact (36%) (Table 9).

Table 9. Concerns experienced during telehealth consults

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
<b>Video over the internet</b>	<b>n=295</b>	<b>n=39</b>	<b>n=53</b>	<b>n=56</b>	<b>n=26</b>	<b>n=12</b>	<b>n=109</b>
Technology wasn't safe	3 (1)	2 (5)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)
Technology wasn't private	8 (3)	4 (10)	2 (4)	1 (2)	0 (0)	0 (0)	1 (1)
My location wasn't private	10 (3)	1 (3)	2 (4)	4 (7)	1 (4)	1 (8)	1 (1)
The lack of physical contact	56 (19)	4 (10)	17 (32)	13 (23)	5 (19)	2 (17)	15 (14)
The lack of physical/hands on treatment	70 (24)	4 (10)	12 (23)	17 (30)	16 (62)	4 (33)	17 (16)
It was difficult to communicate	41 (14)	2 (5)	3 (6)	9 (16)	1 (4)	0 (0)	26 (24)
My condition / concerns could not be adequately addressed	24 (8)	3 (8)	6 (11)	6 (11)	3 (12)	1 (8)	5 (5)
My issues / concerns could not be adequately monitored	32 (11)	3 (8)	8 (15)	12 (21)	3 (12)	1 (8)	9 (8)
The technology was hard to use	8 (3)	1 (3)	1 (2)	2 (3)	0 (0)	0 (0)	4 (4)
Technical/internet troubles	80 (27)	5 (13)	19 (36)	17 (30)	2 (8)	1 (8)	40 (37)
I did not experience any concerns	82 (28)	19 (49)	17 (32)	12 (21)	6 (23)	2 (17)	26 (24)
<b>Telephone</b>	<b>n=100</b>	<b>n=65</b>	<b>n=13</b>	<b>n=14</b>	<b>n=2</b>	<b>n=3</b>	<b>n=3</b>
The lack of visual contact	36 (36)	22 (34)	6 (46)	4 (29)	1 (50)	1 (33)	2 (67)
The lack of physical/hands on treatment	13 (13)	5 (8)	2 (15)	3 (21)	2 (100)	0 (0)	1 (33)
It was difficult to communicate	7 (7)	2 (3)	2 (15)	3 (21)	0 (0)	0 (0)	0 (0)
My condition / concerns could not be adequately addressed	15 (15)	5 (8)	3 (23)	4 (29)	1 (50)	1 (33)	1 (33)
My issues / concerns could not be adequately monitored	13 (13)	7 (11)	1 (8)	5 (36)	0 (0)	0 (0)	0 (0)
Technical/reception troubles	7 (7)	4 (6)	0 (0)	3 (21)	0 (0)	0 (0)	0 (0)
I did not experience any concerns	40 (40)	30 (46)	3 (23)	5 (36)	0 (0)	1 (33)	1 (33)

Data represent count (%)

### Additional resources provided to support telehealth consults

Additional resources used to support telehealth consults are reported in Table 10. The most common resources used to support video consults were written instructions, diagrams or booklets (37%) and text message reminders (35%). The most common resources used to support telephone consults were text message reminders (27%) and follow-up phone calls (23%). One-in-three clients reported that they did not receive any additional resources during their telephone consult(s) (Table 10).

Table 10. Additional resources provided to support telehealth consults

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
Video over the internet	n=295	n=39	n=53	n=56	n=26	n=12	n=109
Text message reminders	103 (35)	14 (36)	17 (32)	21 (38)	5 (19)	1 (8)	45 (41)
Follow-up phone calls	37 (13)	7 (18)	7 (13)	9 (16)	5 (19)	1 (8)	8 (7)
Apps for smart phone / tablet	46 (16)	4 (10)	18 (34)	6 (11)	10 (39)	1 (8)	8 (7)
Education material about condition	49 (17)	9 (23)	6 (11)	10 (18)	5 (19)	2 (17)	18 (17)
Written instructions, diagrams, booklets	110 (37)	7 (18)	25 (47)	15 (27)	12 (46)	0 (0)	51 (47)
Videos	36 (12)	0 (0)	16 (30)	5 (9)	8 (31)	0 (0)	7 (6)
Website suggestion	35 (12)	7 (18)	5 (9)	12 (21)	2 (8)	1 (8)	8 (7)
Log books / diaries	17 (6)	6 (15)	5 (9)	1 (2)	1 (4)	1 (8)	3 (3)
Exercise equipment	9 (3)	0 (0)	6 (11)	1 (2)	1 (4)	0 (0)	1 (1)
Other equipment / devices	12 (4)	1 (3)	0 (0)	6 (11)	2 (8)	0 (0)	3 (3)
No additional resources were provided	37 (13)	9 (23)	6 (11)	8 (14)	1 (4)	2 (17)	11 (10)
Telephone	n=100	n=65	n=13	n=14	n=2	n=3	n=3
Text message reminders	27 (27)	17 (26)	6 (46)	1 (7)	2 (100)	1 (33)	0 (0)
Follow-up phone calls	23 (23)	15 (23)	6 (46)	1 (7)	0 (0)	0 (0)	1 (33)
Apps for smart phone / tablet	5 (5)	4 (6)	1 (8)	0 (0)	0 (0)	0 (0)	0 (0)
Education material about condition	13 (13)	10 (15)	1 (8)	0 (0)	0 (0)	0 (0)	2 (67)
Written instructions, diagrams, booklets	11 (11)	6 (9)	4 (31)	0 (0)	0 (0)	0 (0)	1 (33)
Videos	3 (3)	0 (0)	3 (23)	0 (0)	0 (0)	0 (0)	0 (0)
Website suggestion	10 (10)	7 (11)	1 (8)	1 (7)	0 (0)	1 (33)	0 (0)
Log books / diaries	10 (10)	7 (11)	2 (15)	0 (0)	1 (50)	0 (0)	0 (0)
Exercise equipment	1 (1)	0 (0)	0 (0)	0 (0)	1 (50)	0 (0)	0 (0)
Other equipment / devices	1 (1)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
No additional resources were provided	35 (35)	20 (31)	2 (15)	11 (79)	0 (0)	1 (33)	1 (33)

Data represent count (%)

### Reasons for using telephone instead of video over the internet

Approximately one-in-three clients reported that they preferred to use telephone instead of video for telehealth consults. Analysis of 'other' responses, revealed that 22% were not offered a video consult or given a choice (Table 11).

Table 11. Reasons for using telephone instead of video over the internet for allied health consult(s)

	All clients	Diabetes education	Exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
Telephone	n=100	n=65	n=13	n=14	n=2	n=3	n=3
I requested using video but the clinician doesn't offer it	6 (6)	1 (2)	3 (23)	1 (7)	0 (0)	0 (0)	1 (33)
I prefer the telephone	34 (34)	26 (40)	5 (39)	1 (7)	1 (50)	1 (33)	0 (0)
I do not have the technology for a video consult	9 (9)	5 (8)	1 (8)	2 (14)	1 (50)	1 (33)	0 (0)
I am unable to use the technology for a video consult	2 (2)	1 (2)	0 (0)	1 (7)	0 (0)	1 (33)	0 (0)
Other reason:	1 (1)	23 (35)	4 (31)	5 (29)	0 (0)	0 (0)	1 (33)
COVID-19 restrictions	1 (1)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
No choice / video not offered	22 (22)	17 (26)	2 (15)	3 (21)	0 (0)	0 (0)	0 (0)
Had used phone previously	1 (1)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
unreliable internet / video issues	5 (5)	2 (3)	2 (15)	1 (7)	0 (0)	0 (0)	0 (0)
Phone was easier / video unnecessary	2 (2)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)	1 (33)

Data represent count (%)

## Client feedback on telehealth

### Client feedback on allied health video consultations

At the end of the survey, clients were given the opportunity to provide further feedback about their experiences accessing allied health via video over the internet (see all responses in Appendix 1, stratified by allied health profession). Qualitative analysis of 103 responses revealed common themes. A number of concerns related to telehealth were expressed. The most common view expressed was that some aspects of assessment or treatment cannot be done, or are very challenging to do, via video over the internet. This included hands-on treatments, requirement for on-site facilities or equipment, blood tests, assessing injection sites and assessing a range of physical and functional capabilities (Appendix 1). Most osteopathy clients believed hands-on therapy was essential, except for one client, who found it empowering to be treated with education alone and required no further treatment. A common concern expressed by parents/caretakers was that maintaining a child's attention and minimising distractions when a child is in their home environment (and is required to sit still and focus on a screen) was very difficult. In contrast, although much less common, telehealth suited the needs of some children who benefited from remaining in their home environment. For these children, their home environment was more familiar and less distracting than the clinical environment (Appendix 1).

Multiple clients felt that video consults were less effective than in-person consults and poor value for money, particularly when these cost the same as in-person consults. Additionally, clients expressed that they would have been more satisfied with their telehealth experience if they had better access to technology (e.g. a better-quality web camera), higher-quality internet, or were more familiar with the video conferencing software. Some clients perceived telehealth as being impersonal, and emphasised the importance of

establishing a relationship with the clinician in-person. Similarly, clients felt that having established a strong relationship with the clinician prior to telehealth was beneficial, and that having the first consultation with a clinician in-person was particularly valuable in establishing this relationship. Clients described a range of benefits in communicating in-person with a clinician, rather than via video over the internet (Appendix 1).

Four main benefits of telehealth were described. The most common was related to reduced travel time and convenience. This was especially the case for clients who were previously required to travel long distances to consultations or those with very busy schedules. Other clients highlighted the value in the increased availability of appointment times and reduced wait times, allowing more frequent consultations. Some clients with specific needs felt that telehealth was preferable as it allowed them to stay at home where they were most comfortable. This included clients with mental health conditions, low energy levels, chronic pain, and immune deficiency (Appendix 1). A common view expressed by clients was that telehealth was a very useful means of providing continuity of care during the COVID-19 pandemic, which was seen as being of great importance.

### **Client feedback on allied health telephone consultations**

Qualitative analysis of responses from 27 clients who provided additional feedback on telephone consults revealed that most concerns aligned with those expressed by clients who used video over the internet to access care. These included the modality being impersonal, less effective, the importance of access to technology, the limitations of assessment via telephone (e.g. the inability to assess the home environment and function in activities of daily living), the benefits of communicating in-person, and the value of an initial consult being in-person (Appendix 2). Similar benefits to video consults included less travel time, convenience, and a useful means of offering continuity of care during the COVID-19 pandemic. Additionally, clients who felt safer in their home environment due to mental health conditions or a compromised immune system, preferred telephone consults to in-person care (Appendix 2).

Feedback specific to telephone consults included the benefit of being prepared for the consultation (e.g. having notes and questions prepared in advance). Issues specific to telehealth via telephone included concerns regarding privacy, difficulties demonstrating without video, and insufficient language to adequately communicate concerns over the telephone (Appendix 2). Despite most clients perceiving the impersonal nature of telehealth as a disadvantage, one client perceived the impersonal nature of a telephone consult to be advantageous, as it saved time by avoiding 'small tangents which made the conversation more personal' that occurred during in-person consults (Appendix 2).

## **Telehealth group sessions**

Of the 33 clients who accessed telehealth group sessions during the COVID-19 pandemic, 20 accessed exercise physiology services, 6 accessed speech pathology services, 4 accessed diabetes education services and 2 accessed occupational therapy services. Of these, one in two clients had accessed in-person group sessions prior to the COVID-19 pandemic, and one-in-three had accessed 10 or more in-person sessions. Similarly, one in three had 10 or more telehealth group sessions during the COVID-19 pandemic.



Most clients (58%) believed that group sessions via telehealth were somewhat or much better than expected, 85% were somewhat or very satisfied with the care they received during group sessions, and 81% believed the group sessions were somewhat or very effective. The most common benefits of group sessions via telehealth were convenience (67%), less waiting time (36%), treatment/education effectiveness (18%) and cost savings (15%). The most common concerns were difficulty communicating (18%), technical/internet troubles (18%), a lack of physical contact (15%) or hands-on treatment (18%). One-in-three clients did not report any concerns with telehealth group sessions.

Most clients (69%) felt somewhat or very comfortable communicating with their clinician during group sessions, whilst 23% felt somewhat or very uncomfortable doing so. Most clients (81%) found the technology some or very easy to use, 77% were somewhat or very satisfied with the privacy/security during group sessions, and 92% felt somewhat or very safe during group sessions. Similarly, most clients (91%) felt very safe doing prescribed activities after the group session.

If required to participate in a group session after the COVID-19 pandemic had ended, 46% of clients would be somewhat or very likely to choose to have the session via telehealth, compared to 31% who would be very or somewhat unlikely to choose this option over in-person group sessions. Most clients (39%) perceived group sessions delivered via telehealth to be the same quality as in-person group sessions, whilst 33% perceived them to be somewhat or much lower quality. Based on their experience with telehealth group sessions, 85% of clients would be somewhat or very likely to recommend their clinician to others.

# Clinician Survey Results

## Clinician recruitment

Of the 1,064 clinicians who consented to participate in the study, 176 (17%) were ineligible. The reasons for ineligibility were: not reading the plain language statement (n=6); not an eligible health clinician (n=49), not accredited with AHPRA or a self-regulating professional body who is a NASRHP member (n=58), no telehealth consultation since March 1<sup>st</sup> 2020 (n=34), or not responding to all eligibility questions (n=29). Additionally, 20 individuals were eligible, but did not commence the survey. Data from 868 clinicians were available for analysis. The number of participants per allied health profession is presented in Figure 17.



Figure 17. Clinicians stratified by allied health profession

## Clinician characteristics

### Clinician demographics

A very high proportion of diabetes educators (92%), occupational therapists (97%) and speech pathologists (98%) completing the survey were female (Table 12). Overall, clinicians had an average of 10 years of clinical experience, and this ranged from 6 years (exercise physiologists) to 14 years (podiatry) amongst professions. One-in-two clinicians had a postgraduate qualification, and this was particularly common amongst diabetes educators (95%), exercise physiologists (61%) and osteopaths (57%). The most common postgraduate qualifications were a master's by coursework (25%) or a diploma (14%).

The most common practice setting for all professions was private practice (Table 12), this was especially common amongst podiatrists (90%) and osteopaths (95%). Other common practice settings included GP clinics for diabetes educators (35%) and community or home-based practice for exercise physiologists (25%), occupational therapists (43%) and speech pathologists (29%). Clinicians from all states and territories in Australia completed the survey (Table 12). Most clinicians practiced in Victoria (48%), followed by New South Wales (23%) and Queensland (13%).

Table 12. Clinician demographics, stratified by allied health profession

	All clinicians (n=868)	Diabetes educator (n=134)	Accredited exercise physiologist (n=175)	Occupational therapist (n=103)	Osteopath (n=94)	Podiatrist (n=39)	Speech pathologist (n=323)
Gender (% female)	743 (86)	123 (92)	124 (71)	100 (97)	57 (61)	23 (59)	316 (98)
Years of clinical experience	10 (9)	12 (8)	6 (6)	11 (10)	12 (7)	14 (11)	11 (11)
Postgraduate qualification	463 (53)	124 (95)	107 (61)	30 (29)	54 (57)	16 (41)	132 (41)
PhD	20 (2)	3 (2)	5 (3)	3 (3)	0 (0)	3 (8)	6 (2)
Masters - research	36 (4)	6 (5)	7 (4)	4 (4)	11 (12)	2 (5)	6 (2)
Masters - coursework	217 (25)	21 (16)	60 (34)	10 (10)	30 (32)	5 (13)	91 (28)
Diploma	121 (14)	49 (37)	31 (18)	6 (6)	11 (12)	5 (13)	19 (6)
Other (e.g. certificate)	79 (9)	52 (39)	4 (2)	5 (5)	8 (9)	2 (5)	8 (3)
Practice setting(s)							
Aged care facility	49 (6)	8 (6)	13 (7)	3 (3)	1 (1)	4 (10)	20 (6)
Community health centre	115 (13)	32 (24)	21 (12)	11 (11)	2 (2)	3 (8)	46 (14)
Community/home based	190 (22)	7 (5)	43 (25)	44 (43)	1 (1)	1 (3)	94 (29)
GP clinic	71 (8)	47 (35)	10 (6)	0 (0)	5 (5)	8 (21)	1 (.5)
Gym	59 (7)	0 (0)	53 (30)	0 (0)	5 (5)	1 (3)	0 (0)
Private hospital	25 (3)	6 (5)	11 (6)	1 (1)	2 (2)	2 (5)	3 (1)
Private practice	503 (58)	56 (42)	90 (51)	45 (44)	89 (95)	35 (90)	188 (58)
Public health outpatients	55 (6)	25 (19)	8 (5)	6 (6)	0 (0)	2 (5)	14 (4)
Public hospital	82 (9)	31 (23)	12 (7)	6 (6)	0 (0)	4 (10)	29 (9)
Sports club	10 (1)	0 (0)	7 (4)	0 (0)	3 (3)	0 (0)	0 (0)
Other	100 (12)	12 (9)	18 (10)	14 (14)	3 (3)	1 (3)	52 (16)
State/territory of practice							
NSW	196 (23)	24 (18)	50 (29)	21 (20)	8 (9)	3 (8)	90 (28)
ACT	19 (2)	3 (2)	6 (3)	1 (1)	1 (1)	0 (0)	8 (3)
VIC	418 (48)	65 (49)	57 (33)	57 (55)	82 (87)	25 (64)	132 (41)
QLD	110 (13)	20 (15)	36 (21)	10 (10)	0 (0)	1 (3)	43 (14)
SA	49 (6)	12 (9)	10 (6)	4 (4)	1 (1)	7 (18)	15 (5)
WA	48 (6)	6 (5)	9 (5)	8 (8)	1 (1)	3 (8)	21 (7)
TAS	22 (3)	2 (2)	7 (4)	2 (2)	1 (1)	0 (0)	10 (3)
NT	6 (1)	2 (2)	0 (0)	0 (0)	0 (0)	0 (0)	4 (1)

Data represent count (%) or mean (SD)

## Client characteristics

### Predominate focus of clinical caseload

The focus of the clinicians' usual clinical caseload is reported in Figures 18.1 to 18.6. Most diabetes educators worked with clients with Type 2 diabetes (91%), Type 1 diabetes (71%) and gestational diabetes (52%), and most worked in adult care (87%) (Figure 18.1). Exercise physiologists most commonly worked with clients with musculoskeletal concerns (74%), pain (46%), cardiorespiratory concerns (43%), mental health (42%) or obesity (39%) (Figure 18.2). Occupational therapists most often worked with paediatric clients (51%), clients with a disability (46%) and individuals with autism spectrum disorder (45%) (Figure 18.3). Almost all osteopaths worked with clients with musculoskeletal concerns (94%), other common concerns were headaches and migraines (48%), persistent pain (47%) and concerns related to sport and exercise (45%) (Figure 18.4). Podiatrists most often worked with general podiatry clients (72%), sports and exercise (51%) or musculoskeletal/orthopaedic (46%) (Figure 18.5). The most common focus of speech pathologists'

caseloads were language and learning (80%), speech sound/articulation (76%), autism spectrum disorder (67%), literacy (54%) and disability (48%) (Figure 18.6).

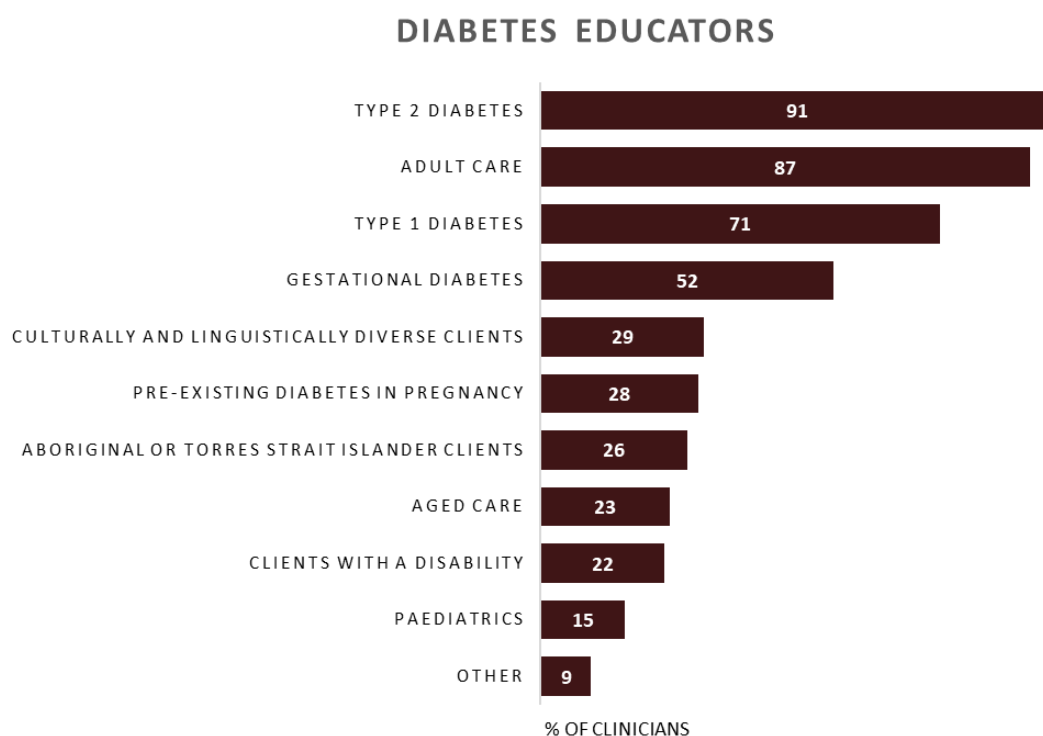


Figure 18.1 Diabetes educators' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

### ACCREDITED EXERCISE PHYSIOLOGISTS

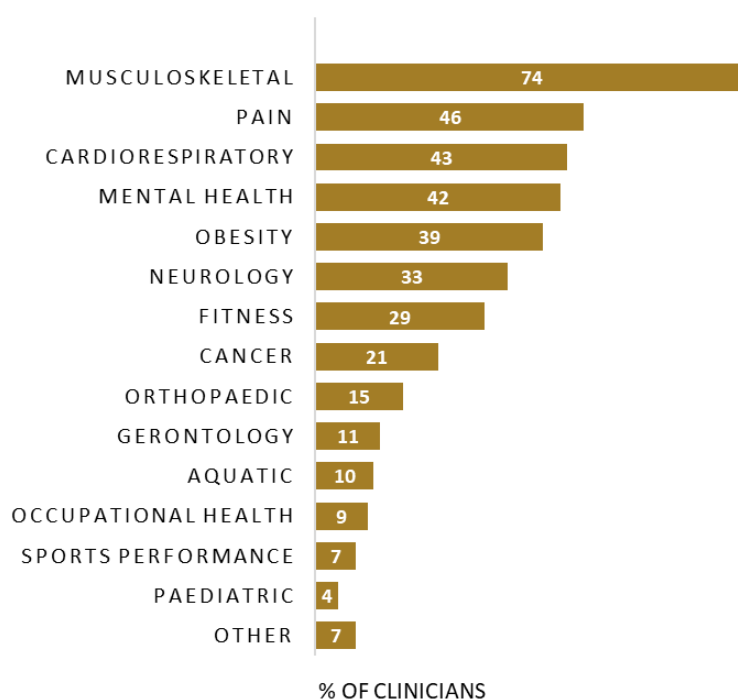


Figure 18.2 Accredited exercise physiologists' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## OCCUPATIONAL THERAPISTS

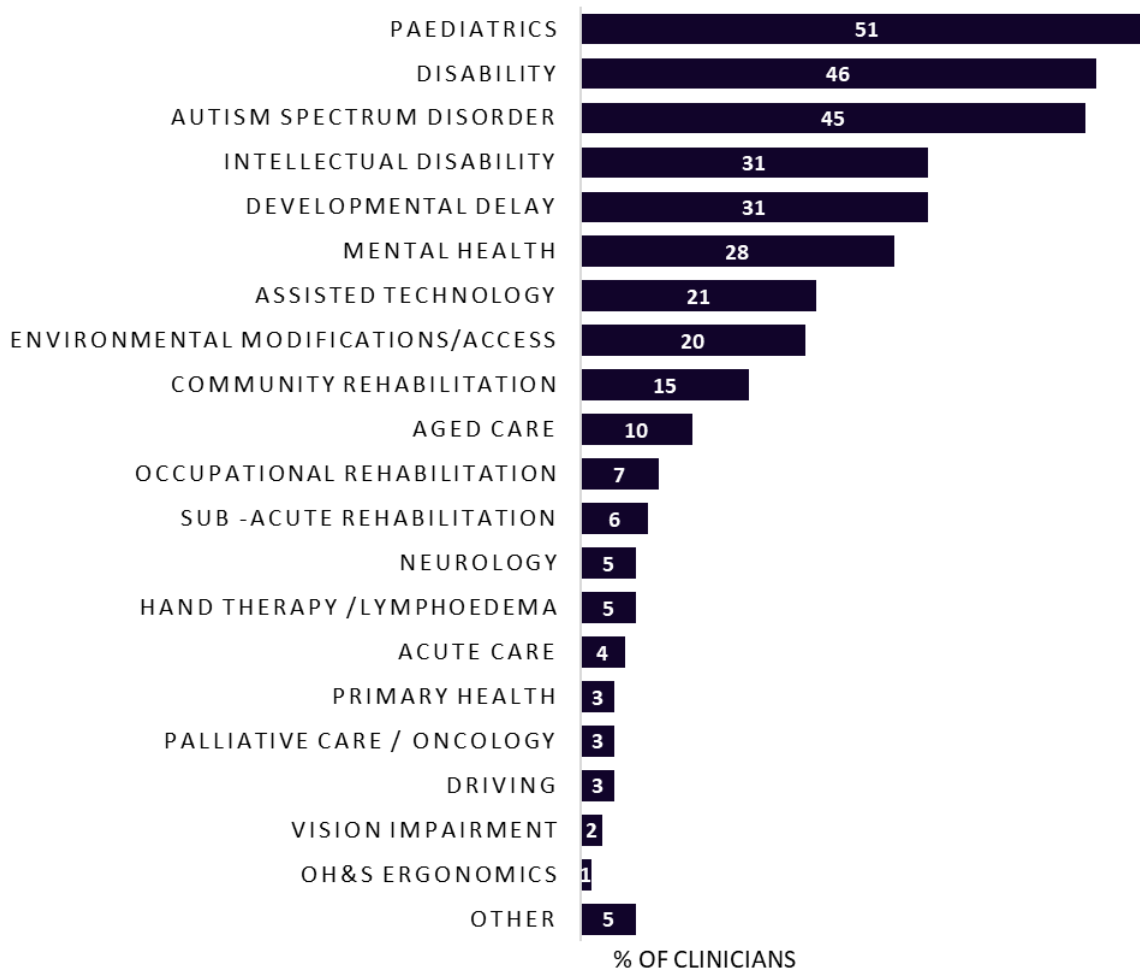


Figure 18.3 Occupational therapists' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## OSTEOPATHS

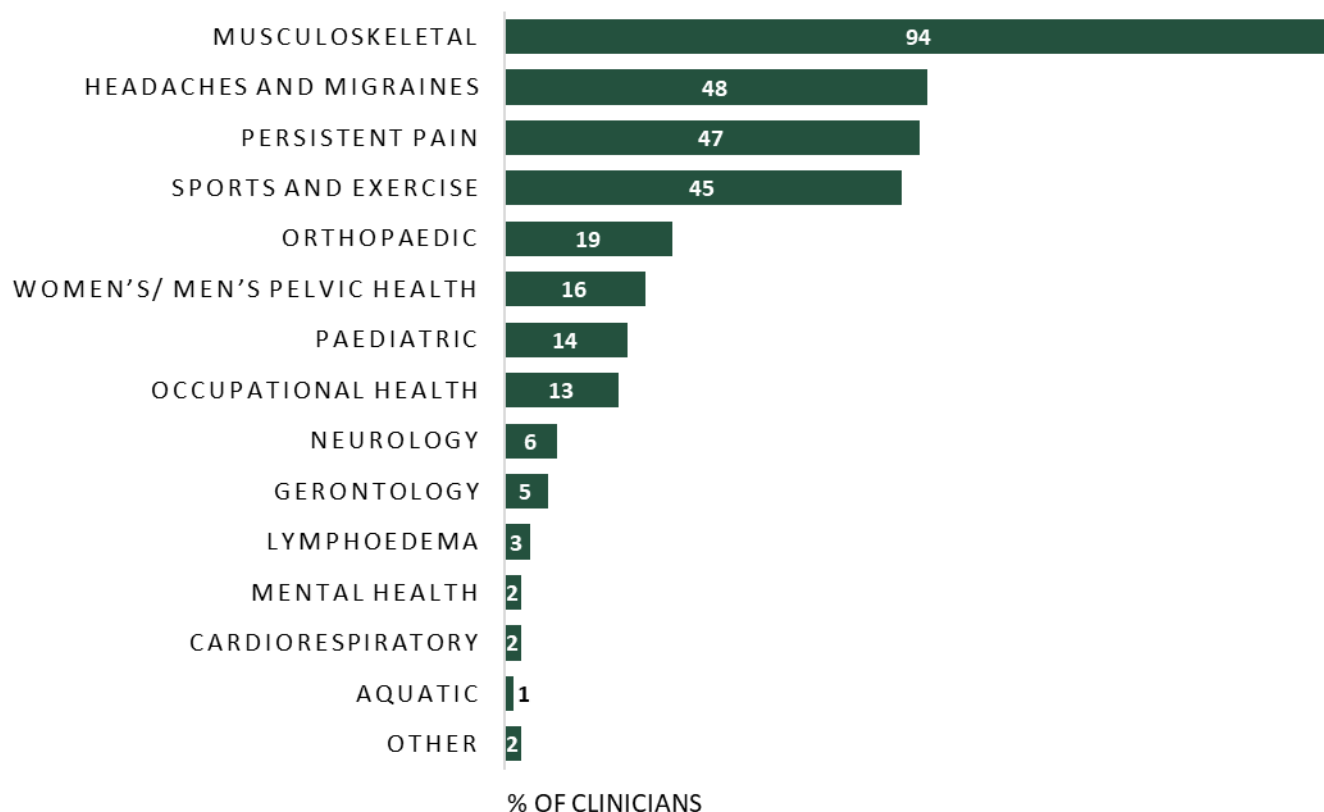


Figure 18.4 Osteopaths' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## PODIATRISTS

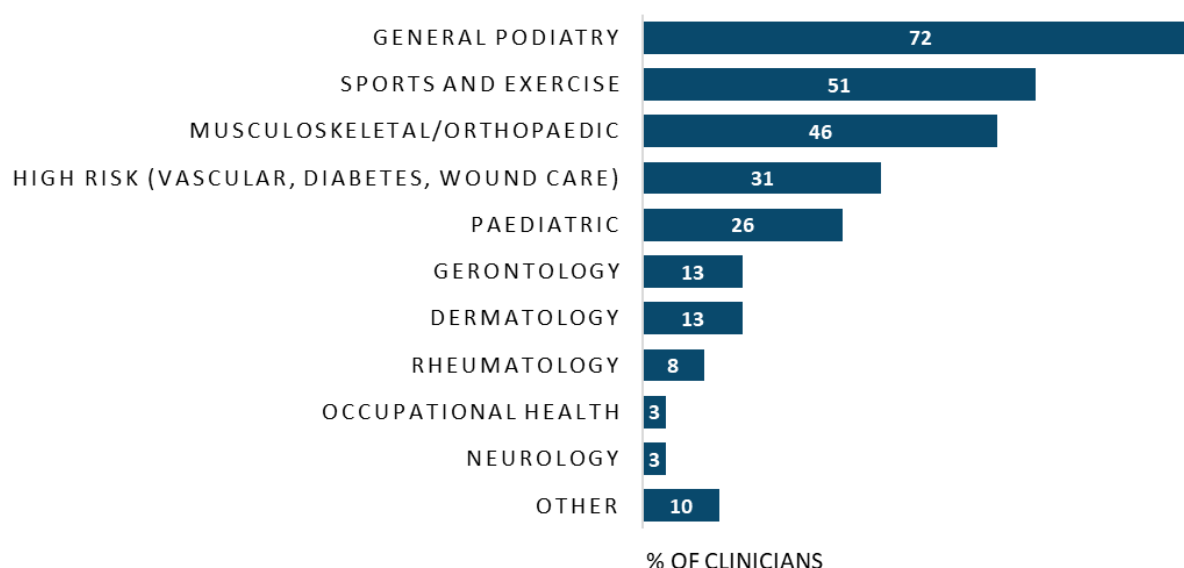


Figure 18.5 Podiatrists' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## SPEECH PATHOLOGISTS



Figure 18.6 Speech pathologists' predominant focus of clinical caseload

Respondents could select more than one response, so proportions may exceed 100%; Numbers represent the proportion of clients reporting each response

## Age of telehealth clients

Collectively, clinicians managed clients of all ages via video and telephone (Table 13). Occupational therapists and speech pathologists most commonly used telehealth on children. In comparison, clients aged 60 years and above, were most likely to access diabetes education and exercise physiology services via telehealth (Table 13).

Table 13. Count (proportion) of clinicians using telehealth services with clients of specific age groups

	All clinicians	Diabetes educator	Accredited exercise physiologist	Occupational therapist	Osteopath	Podiatrist	Speech pathologist
<b>Video consults</b>	n=782	n=97	n=158	n=95	n=84	n=28	n=320
Age of clients							
Less than 1 year old	46 (6)	1 (1)	1 (1)	4 (4)	5 (6)	1 (4)	34 (11)
1-3 years	188 (24)	7 (7)	3 (2)	18 (19)	4 (5)	3 (11)	153 (48)
4-6 years	271 (35)	8 (8)	2 (1)	33 (35)	3 (4)	3 (11)	222 (69)
7-9 years	270 (35)	9 (9)	4 (3)	40 (42)	3 (4)	4 (14)	210 (66)
10-19 years	290 (37)	23 (24)	24 (15)	46 (48)	16 (19)	8 (29)	173 (54)
20-39 years	366 (47)	71 (73)	90 (57)	47 (49)	61 (73)	18 (64)	79 (25)
40-59 years	382 (49)	76 (78)	121 (77)	38 (40)	60 (71)	21 (75)	66 (21)
60-79 years	289 (37)	64 (66)	119 (75)	23 (24)	36 (43)	6 (21)	41 (13)
80+ years	98 (13)	26 (27)	40 (25)	10 (11)	4 (5)	0 (0)	18 (6)
<b>Telephone consults</b>	n=490	n=115	n=84	n=68	n=48	n=21	n=154
Age of clients							
Less than 1 year old	33 (7)	2 (2)	0 (0)	4 (6)	4 (8)	0 (0)	23 (15)

1-3 years	74 (15)	7 (6)	0 (0)	10 (15)	3 (6)	0 (0)	54 (35)
4-6 years	88 (18)	7 (6)	0 (0)	13 (19)	3 (6)	0 (0)	65 (42)
7-9 years	65 (13)	7 (6)	0 (0)	15 (22)	3 (6)	0 (0)	40 (26)
10-19 years	101 (21)	21 (18)	3 (4)	22 (32)	9 (19)	2 (10)	41 (27)
20-39 years	207 (42)	82 (71)	27 (32)	29 (43)	25 (52)	6 (29)	38 (25)
40-59 years	237 (48)	91 (79)	48 (57)	29 (43)	27 (56)	11 (52)	31 (20)
60-79 years	220 (45)	90 (78)	54 (64)	17 (25)	24 (50)	11 (52)	24 (16)
80+ years	145 (30)	74 (64)	28 (33)	10 (15)	12 (25)	4 (19)	17 (11)

Data represent count (%)

### Parent/carers assistance during telehealth consults

One third of clinicians reported that fewer than 5% of their clients required a parent or carer to assist them during video consultations, and 59% of clinicians reported that less than 5% of their clients required assistance from a parent or carer during telephone consults. The allied health clinicians who most frequently reported their clients needing parent or carer assistance during telehealth consults were occupational therapists and speech pathologists (one-in-four occupational therapists and one-in-two speech pathologists reported that 81-100% of clients required a parent/carers to assist them during telehealth consults) (Figure 19.1 and 19.2).

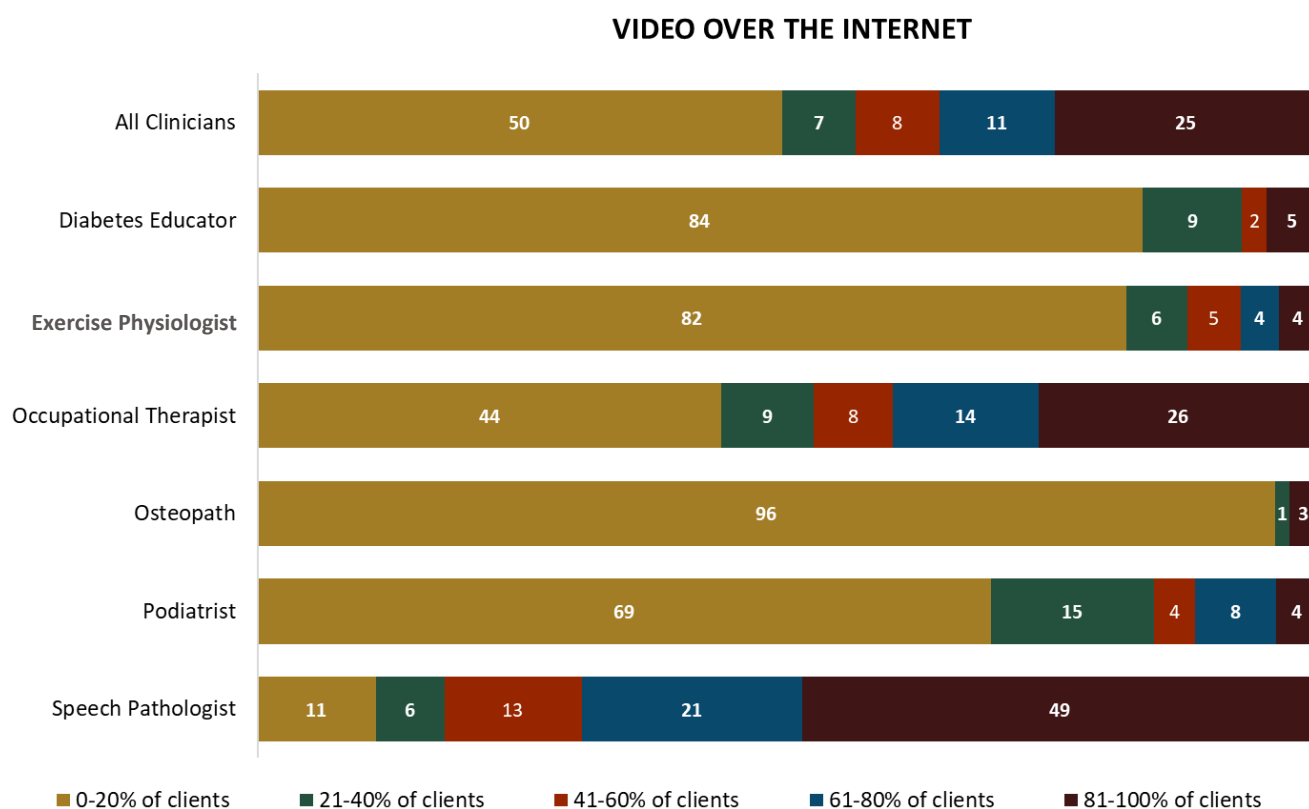


Figure 19.1 Percentage of clients who required a parent/carers to help them during a video consult

Numbers represent the percentage of clients reporting each response



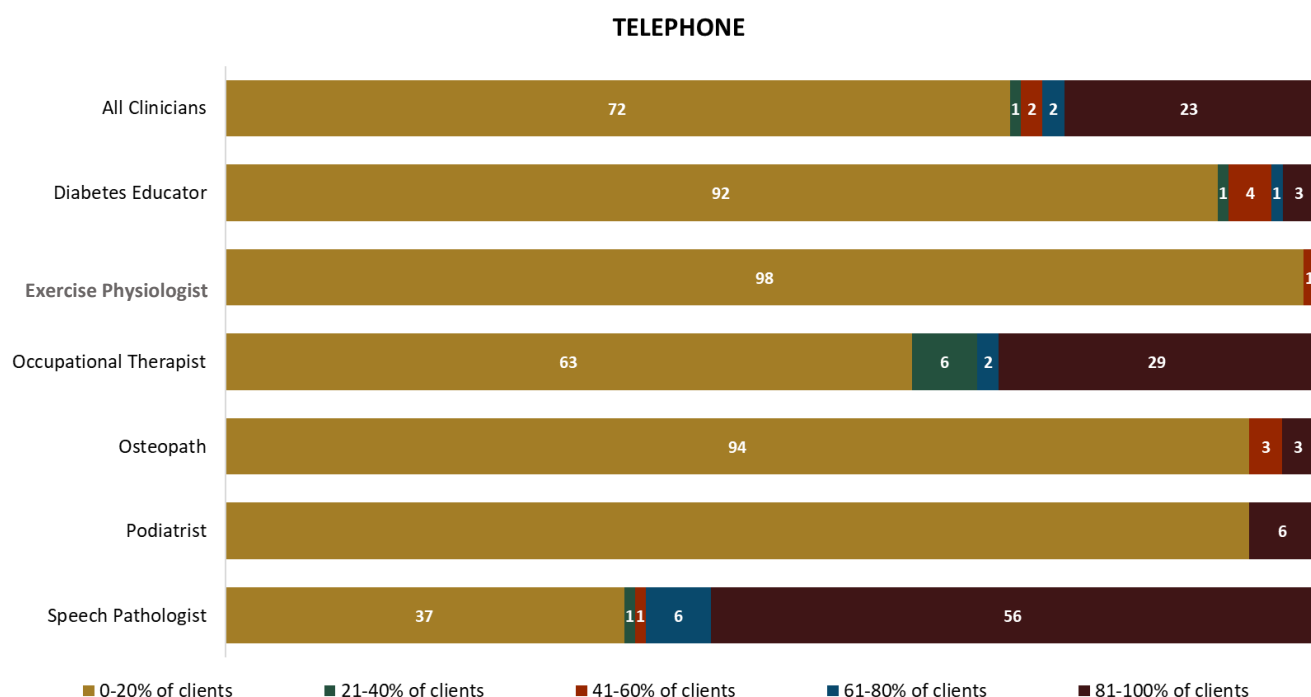


Figure 19.2. Percentage of clients who required a parent/carer to help them during a telephone consult

Numbers represent the percentage of clients reporting each response

### Clients unsuitable for telehealth services

Of the clinicians using video consults, 85% had deemed one or more client unsuitable for video consults (Figure 20). This was most common amongst speech pathologists (93%) and occupational therapists (91%), and least common amongst osteopaths (71%). However, podiatrists and osteopaths were most likely to report that 61-100% of clients were unsuitable for video consults (Figure 21.1). Fewer clinicians deemed clients unsuitable for telephone consults (60%). This was most common amongst speech pathologists (70%) and diabetes educators (69%), and least common amongst exercise physiologists (42%) and occupational therapists (47%) (Figure 20). Podiatrists and speech pathologists were most likely to report that 61-100% of clients were unsuitable for telephone consults (Figure 21.2).



Figure 20. Percentage of clinicians who deemed at least one client unsuitable for commencing or continuing with telehealth consultations

Numbers represent the percentage of clients who deemed a client/s unsuitable for commencing or continuing with telehealth consultations

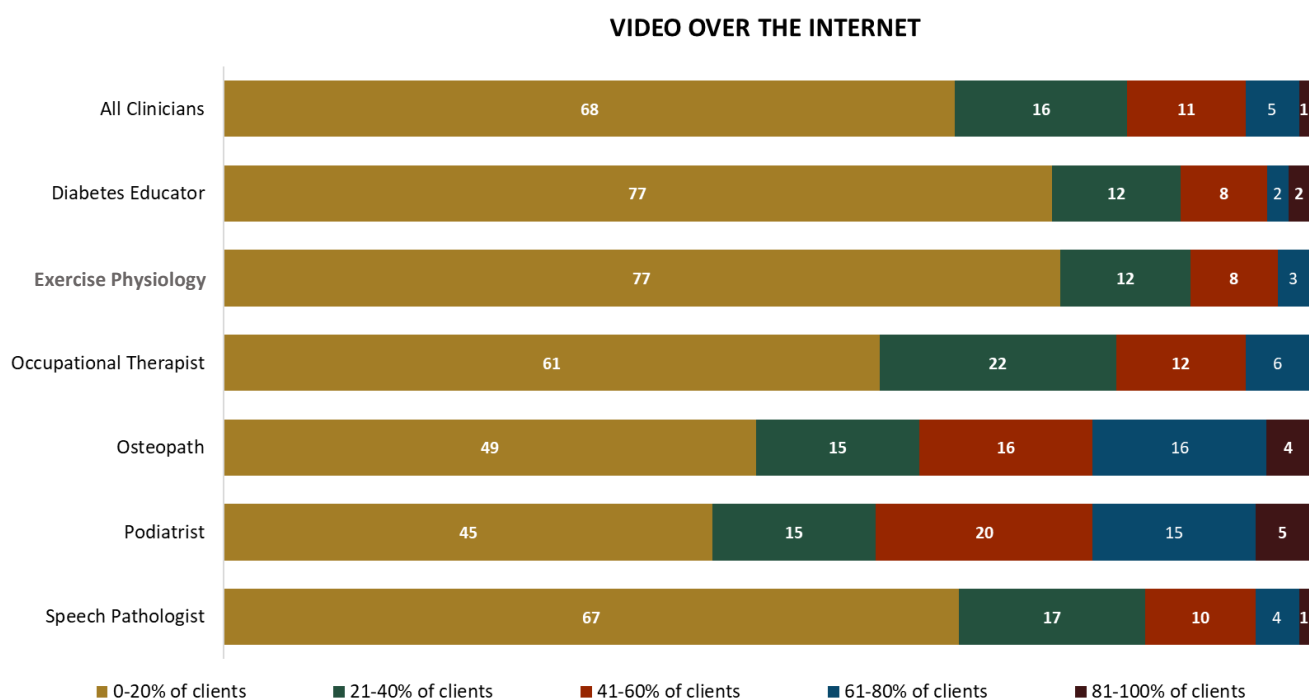


Figure 21.1. The proportion of clients deemed unsuitable for video consults  
Numbers represent the percentage of clients reporting each response

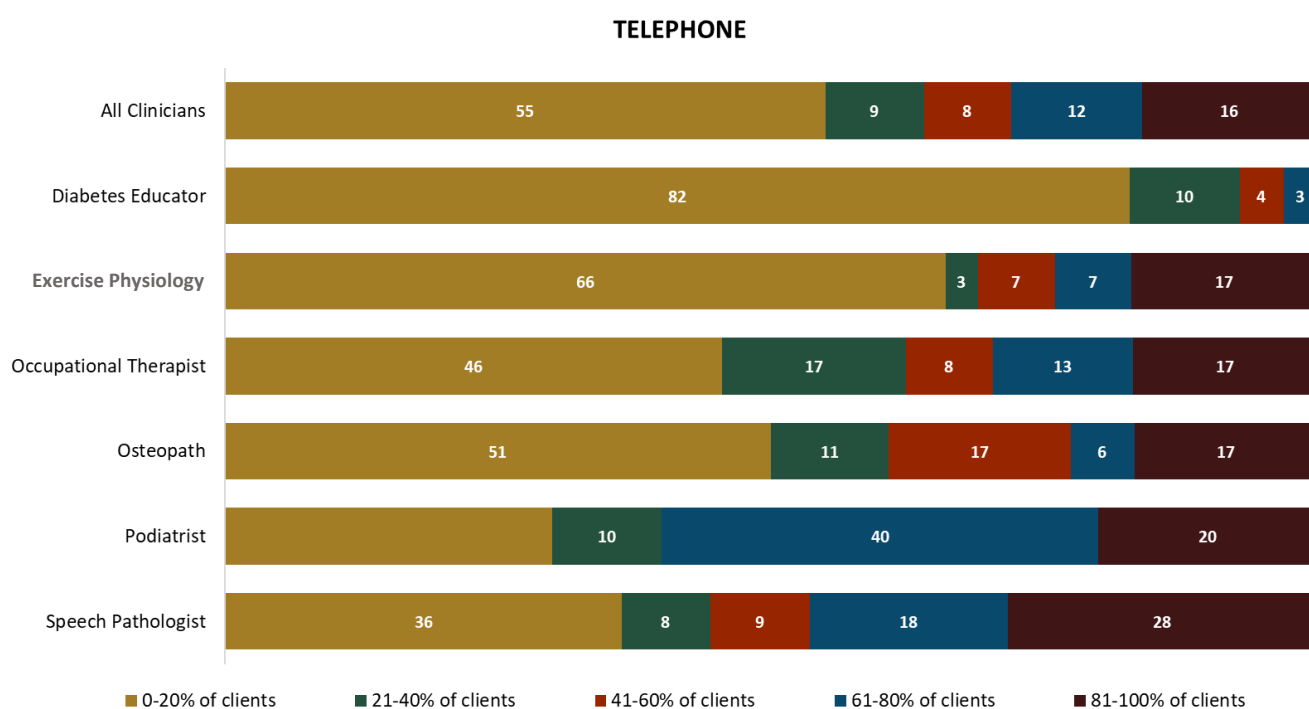


Figure 21.2. The proportion of clients deemed unsuitable for telephone consults  
Numbers represent the percentage of clients reporting each response

## The reasons why clients were deemed unsuitable for telehealth services

The reasons why clinicians deemed clients unsuitable for telehealth services are reported in Figures 22.1 to 22.7. Regarding video consults, client complexity was a common reason amongst occupational therapists (55%) and speech pathologists (55%), and no access to technology or technical issues was a common reason amongst diabetes educators (61%), exercise physiologists (54%), occupational therapists (60%), and speech pathologists (55%). The most common reasons that clients were unsuitable for osteopathy and podiatry video consults was the requirement for hand-on treatment (63% and 68% respectively). Overall, the most common reasons for deeming clients unsuitable for telephone consults were client complexity (29%), the clients requiring hands on treatment (28%) and an inability to assess or diagnose accurately (27%) (Figure 22.1).

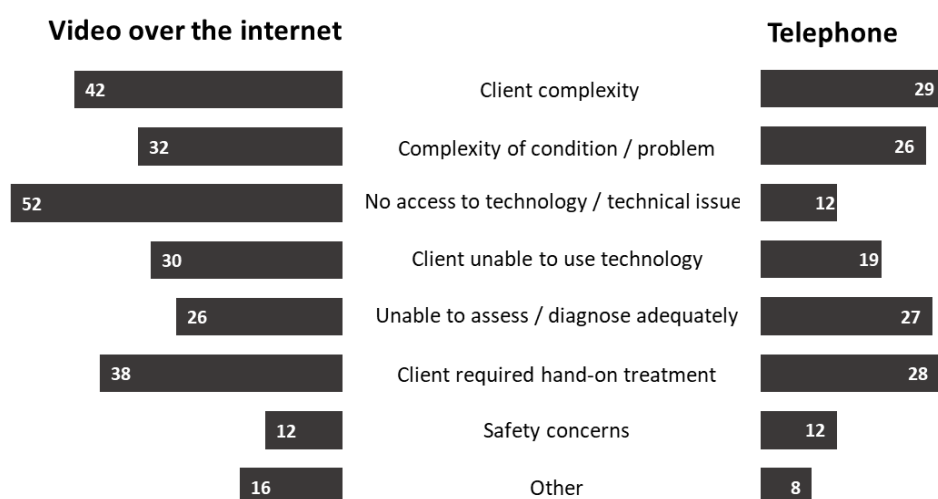


Figure 22.1. The reasons why allied health clinicians deemed clients unsuitable for telehealth consults

Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

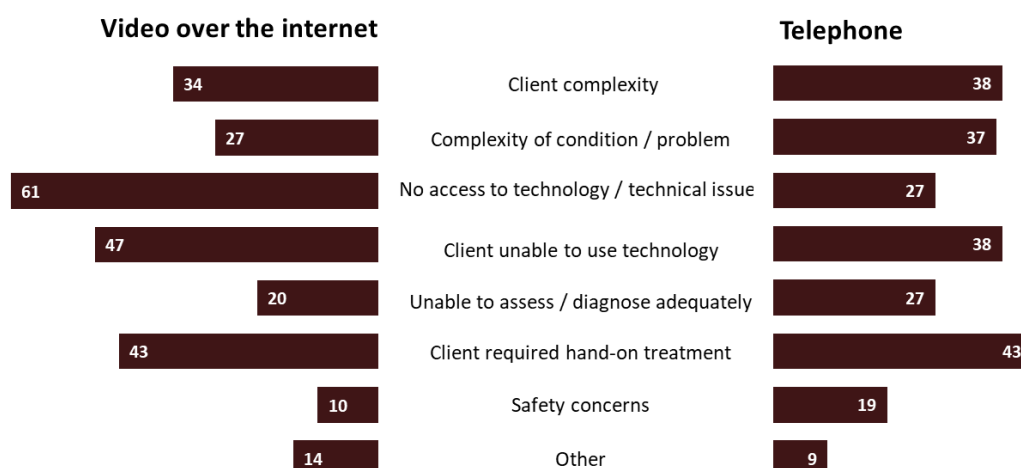


Figure 22.2. The reasons why diabetes educators deemed clients unsuitable for telehealth consults

Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

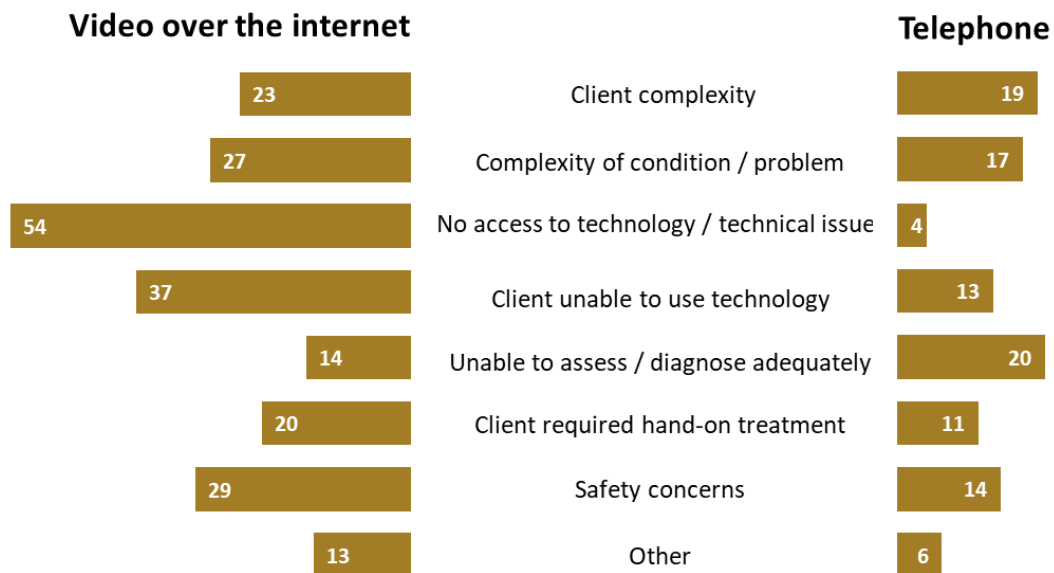


Figure 22.3. The reasons why accredited exercise physiologists deemed clients unsuitable for telehealth consults

Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

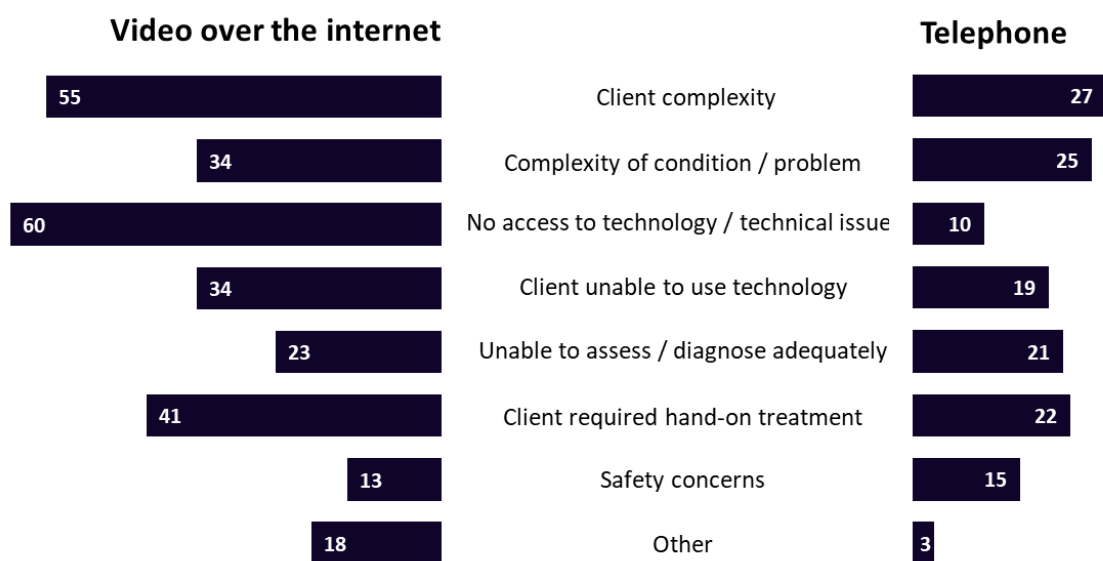


Figure 22.4. The reasons why occupational therapists deemed clients unsuitable for telehealth consults

Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

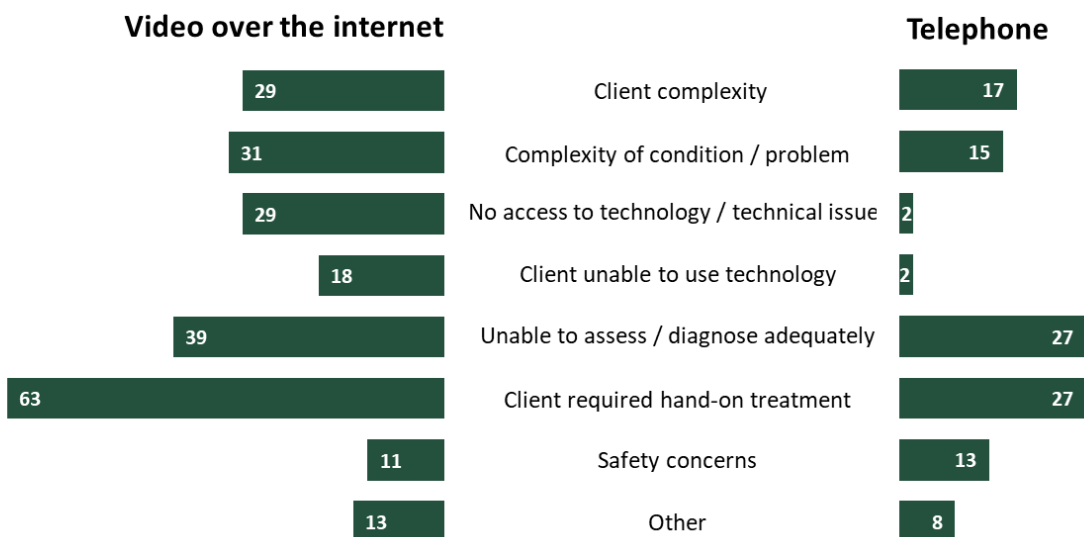


Figure 22.5. The reasons why osteopaths deemed clients unsuitable for telehealth consults  
Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

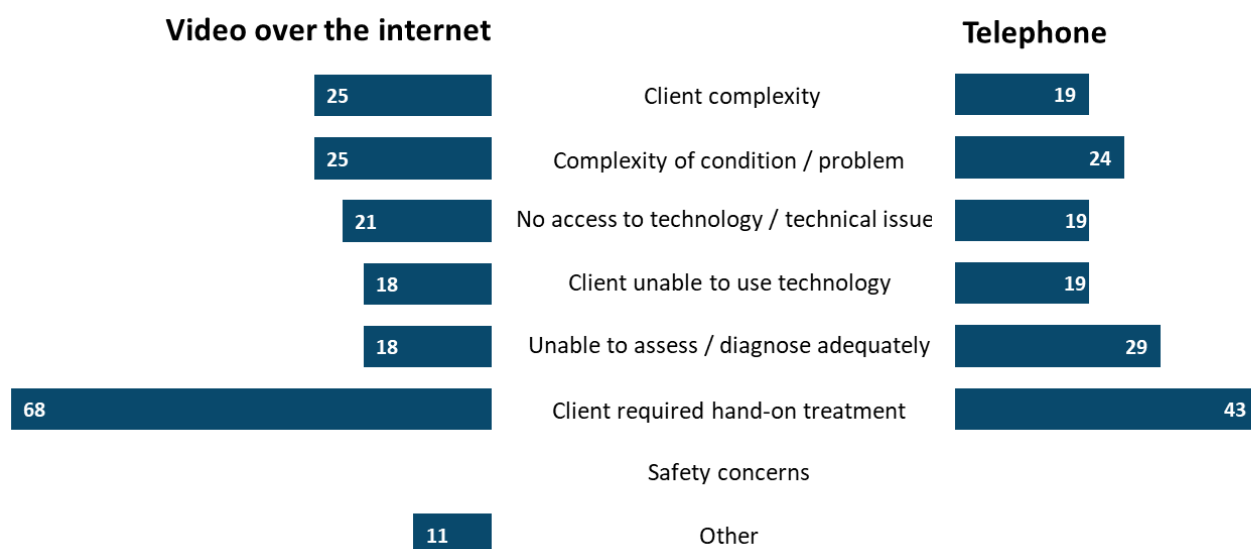


Figure 22.6. The reasons why podiatrists deemed clients unsuitable for telehealth consults  
Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

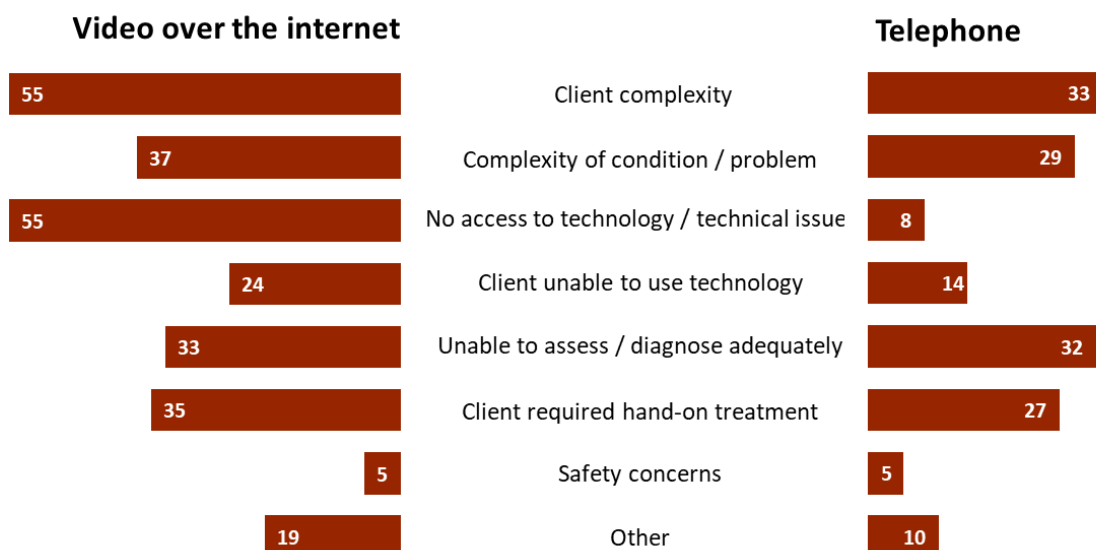


Figure 22.7. The reasons why speech pathologists deemed clients unsuitable for telehealth consults

Numbers represent the proportion of clinicians selecting each response; clinicians could select multiple responses

## Clinicians' training and use of telehealth services

### Telehealth training

Overall, 42% of clinicians had undertaken training in the delivery of telehealth (Table 14). This was most common amongst speech pathologists (50%) and least common amongst diabetes educators (30%). The most frequent formats of telehealth training were educational webinars (75%), online resources (63%) and self-directed learning (61%) (Table 14). One-in-five clinicians who undertook telehealth training had less than 2 hours of training, and one-in-five had undertaken one day or more of telehealth training (Table 14).

Table 14. Telehealth training

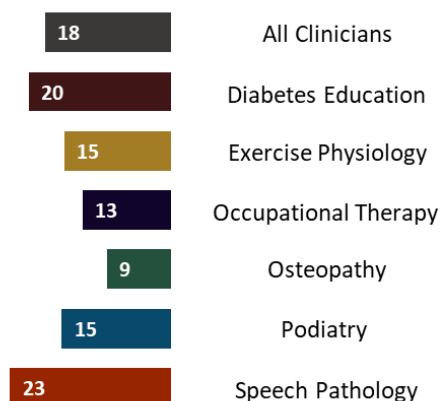
	All clinicians	Diabetes education	Accredited exercise physiology	Occupational therapy	Osteopathy	Podiatry	Speech pathology
Undertaken training or course/s in the delivery of telehealth	328 (42)	38 (30)	56 (35)	30 (34)	43 (48)	17 (49)	144 (50)
If yes, type of training/course:							
Self-directed learning	199 (61)	23 (61)	27 (48)	15 (50)	25 (58)	8 (47)	101 (70)
Informal learning	81 (25)	8 (21)	12 (21)	13 (43)	9 (21)	4 (24)	35 (24)
Educational webinar	245 (75)	25 (66)	49 (88)	23 (77)	36 (84)	12 (71)	100 (69)
Online resources	205 (63)	26 (68)	28 (50)	19 (63)	24 (56)	9 (53)	99 (69)
Specific telehealth course	47 (14)	6 (16)	10 (18)	5 (17)	6 (14)	1 (6)	19 (13)
Other	11 (3)	1 (3)	0 (0)	2 (7)	0 (0)	1 (6)	7 (5)
If yes, total amount of time spent in telehealth training/courses							
Less than 2 hours	65 (20)	6 (16)	13 (23)	4 (13)	11 (26)	10 (59)	21 (15)
2-4 hours	129 (39)	16 (42)	24 (43)	14 (47)	16 (37)	4 (24)	55 (38)
5-8 hours	72 (22)	9 (24)	9 (16)	6 (20)	10 (23)	1 (6)	37 (26)
1-2 days	26 (8)	3 (8)	6 (11)	3 (10)	2 (5)	1 (6)	11 (8)
3 days or more	36 (11)	4 (11)	4 (7)	3 (10)	4 (9)	1 (6)	20 (14)

Data represent count (%)

### Frequency of telehealth use prior to the COVID-19 pandemic

Prior to the COVID-19 pandemic, only 18% of clinicians had used telehealth via video over the internet, and this was most common amongst speech pathologists (23%) and diabetes educators (20%) (Figure 23). Prior to the COVID-19 pandemic, most clinicians used video consultations on 0-20% of clients (Figure 24.1). In comparison, one-in-two clinicians who used telephone consultations during the COVID-19 pandemic had also used telephone consultations prior to the COVID-19 pandemic. This was most common amongst occupational therapists (69%), speech pathologists (59%) and diabetes educators (54%) (Figure 23). Most clinicians (93%) who used telephone consultations before the COVID-19 pandemic did so with 0-20% of clients (Figure 24.2).

#### Video over the internet



#### Telephone

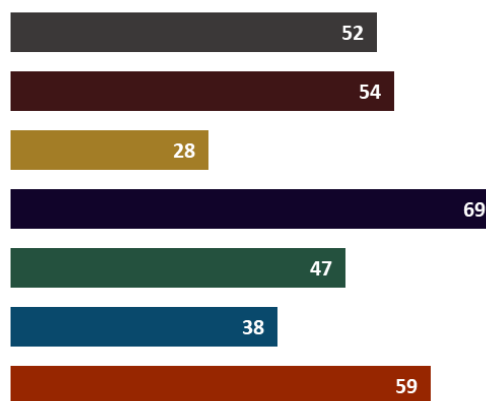


Figure 23. Percentage of clinicians providing telehealth consultations prior to the COVID-19 pandemic

Numbers represent the percentage of clients providing telehealth consultations prior to the COVID-19 pandemic

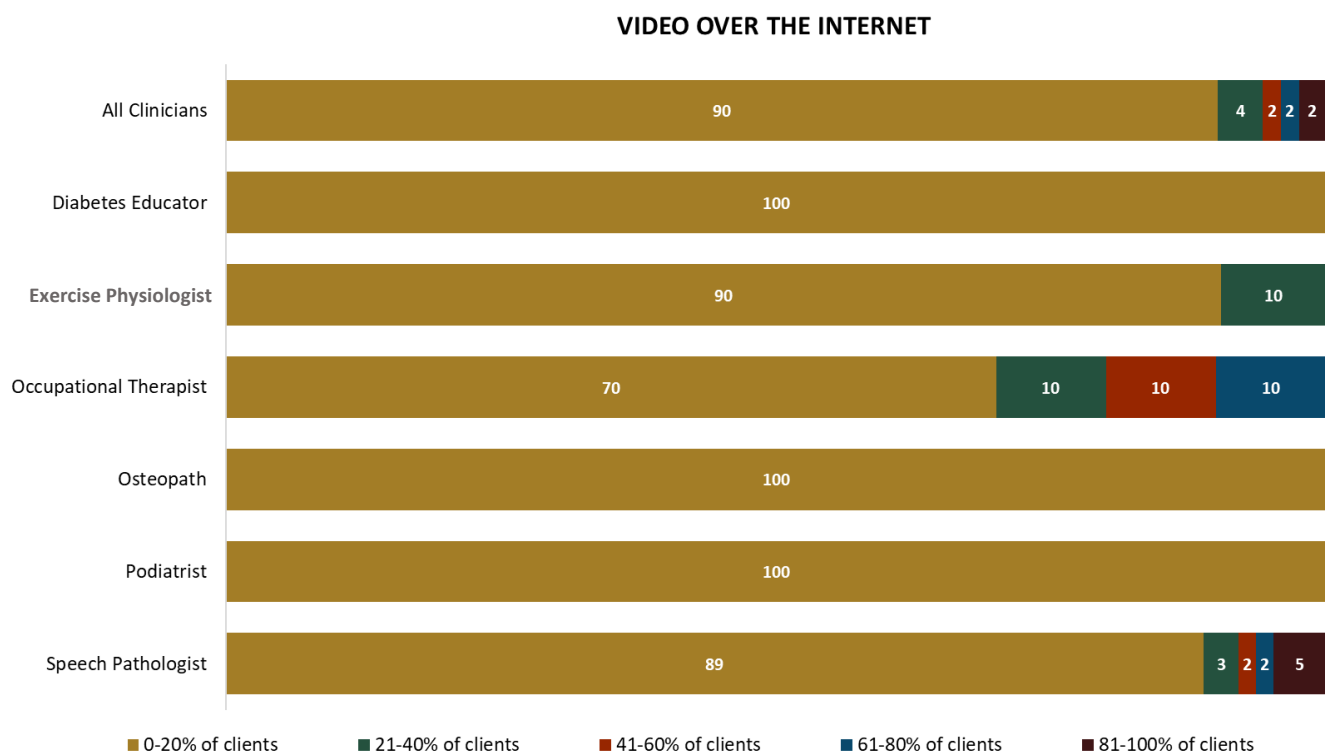


Figure 24.1 The percentage of clients managed using video consults prior to the COVID-19 pandemic\*

\*Only clinicians who reported using video consults prior to the COVID-19 pandemic responded to this question; Numbers represent the percentage of clients reporting each response

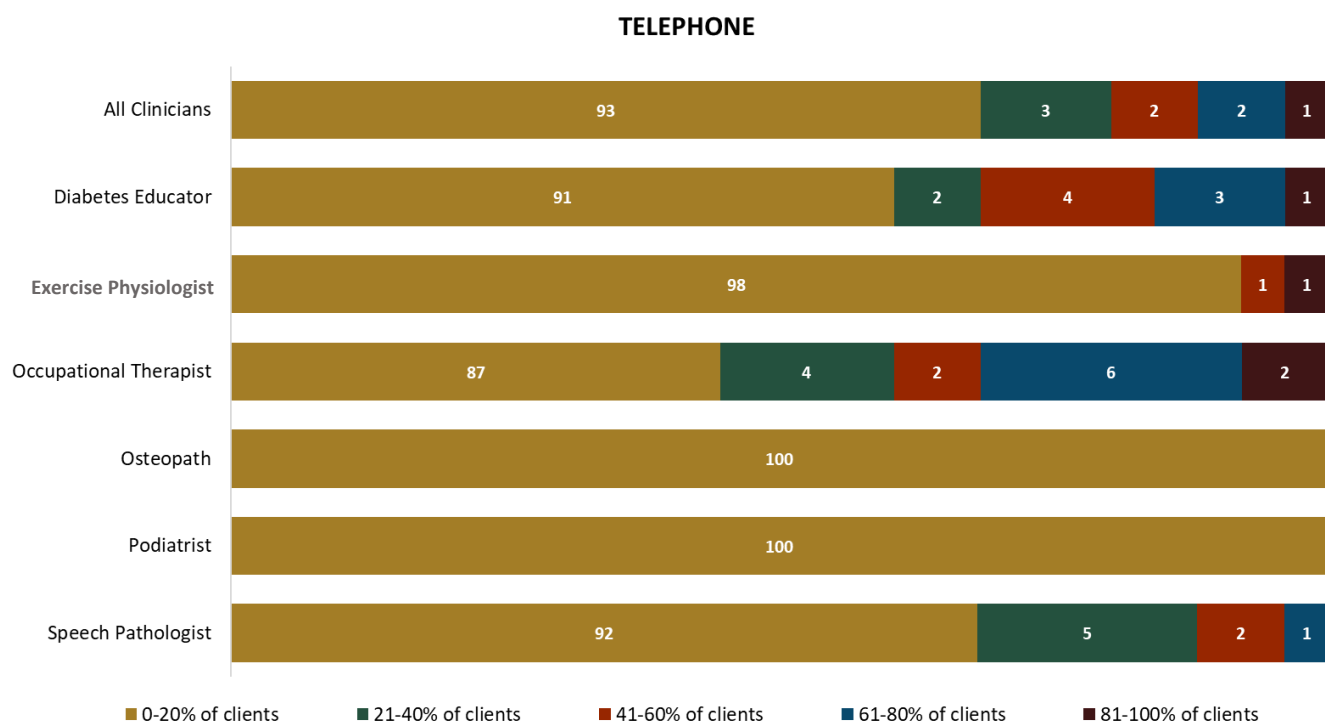


Figure 24.2 The percentage of clients managed using telephone consults prior to the COVID-19 pandemic\*

\*Only clinicians who reported using telephone consults prior to the COVID-19 pandemic responded to this question; Numbers represent the percentage of clients reporting each response



## Frequency of telehealth use during the COVID-19 pandemic

More than one third of clinicians had managed at least 20 clients using video over the internet, during the COVID-19 pandemic (Figure 25.1). Diabetes educators managed the greatest number of clients using video consults; 21% of diabetes educators managed 51-100 clients and 19% managing more than 100 clients via video during the COVID-19 pandemic. On the other hand, 46% of podiatrists managed fewer than 5 clients via video consults during the COVID-19 pandemic (Figure 25.1). Most clinicians who used telephone consults during the COVID-19 pandemic managed fewer than 5 clients over the telephone (Figure 25.2). Diabetes educators used telephone consults on more clients than other allied health professions (Figure 25.2). 22% of diabetes educators managed 51-100 clients and 31% managed more than 100 clients via telephone during the COVID-19 pandemic.

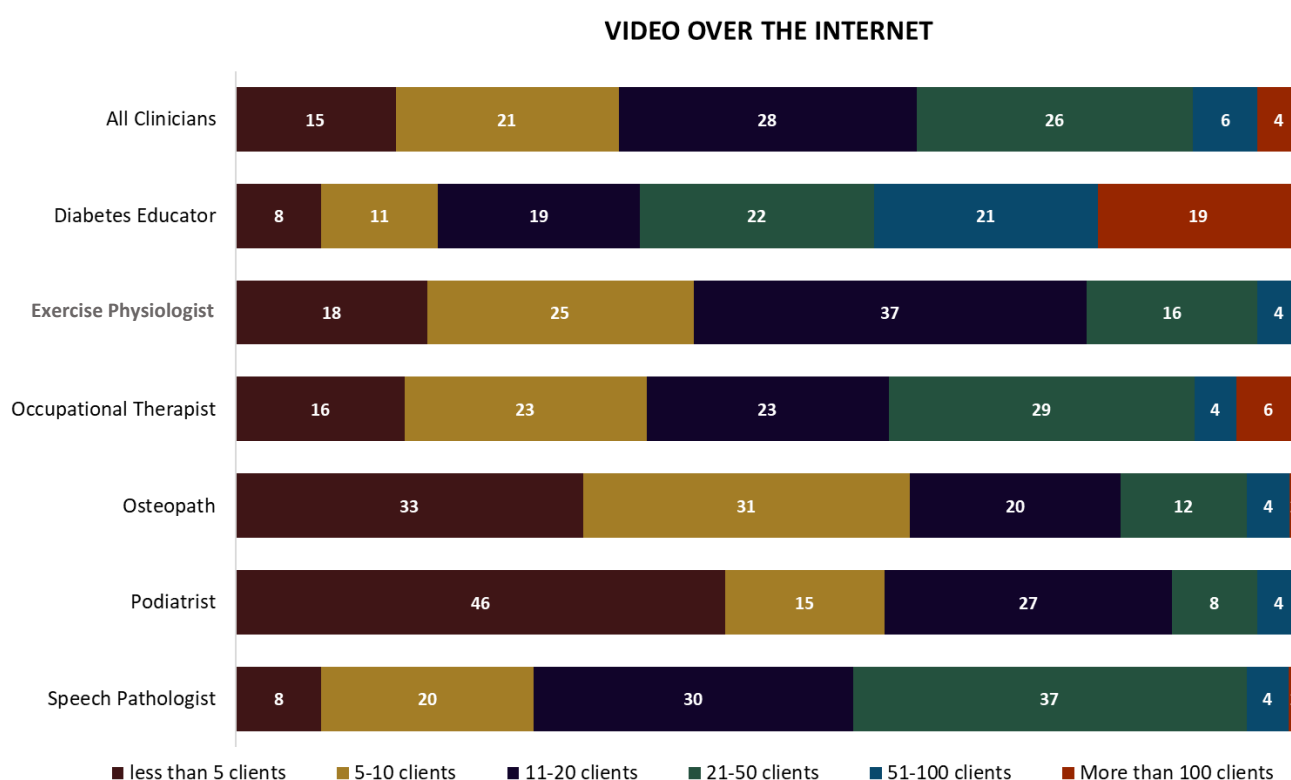


Figure 25.1. The number of clients managed via video over the internet during the COVID-19 pandemic (since March 1<sup>st</sup> 2020)

Numbers represent the percentage of clients reporting each response

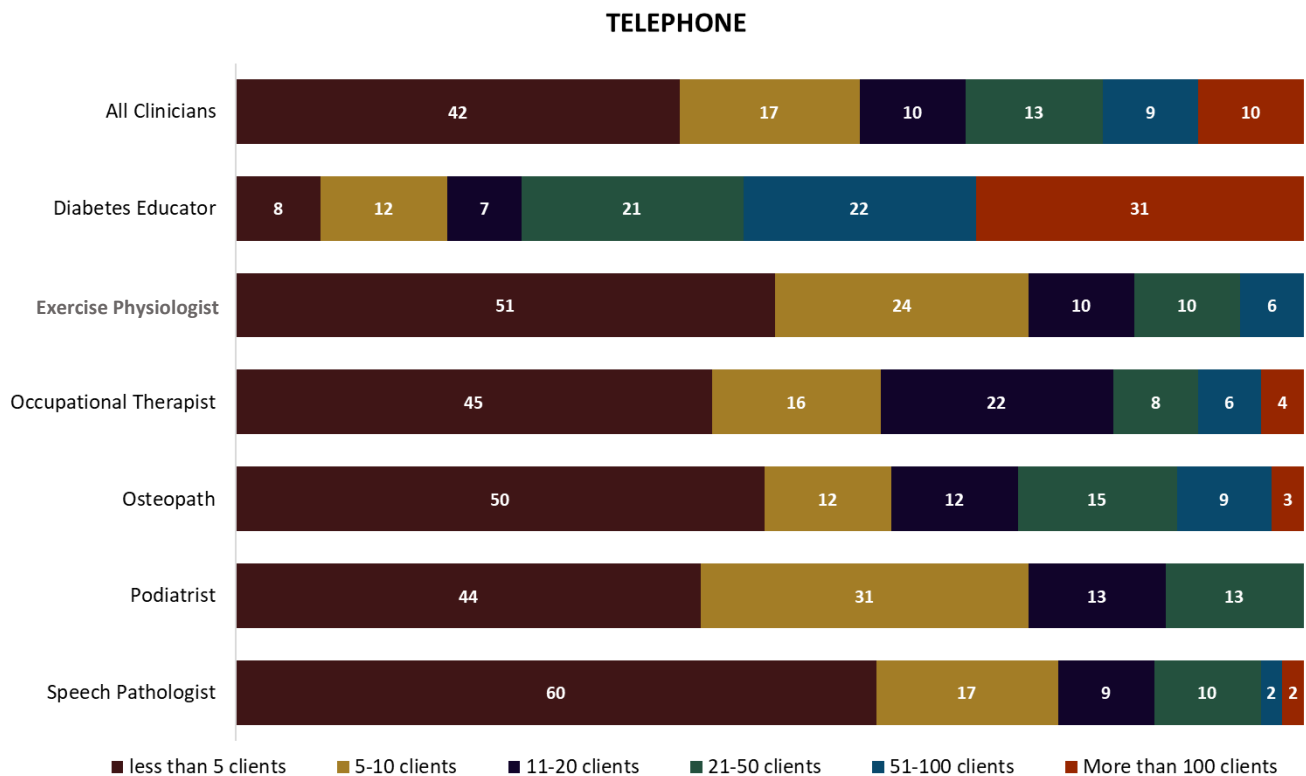


Figure 25.2 The number of clients managed via telephone during the COVID-19 pandemic (since March 1<sup>st</sup> 2020)

Numbers represent the percentage of clients reporting each response

### Clinicians' experience delivering telehealth services

Clinicians rated their experience providing telehealth services on a scale from 0 (no experience) to 10 (extensive experience) (Figure 26). For video consults, the clinicians rating themselves as most experienced were diabetes educators (7/10) and exercise physiologists (6/10). Regarding telephone consults, diabetes educators (8/10) and occupational therapists (8/10) rated themselves as the most experienced (Figure 26).

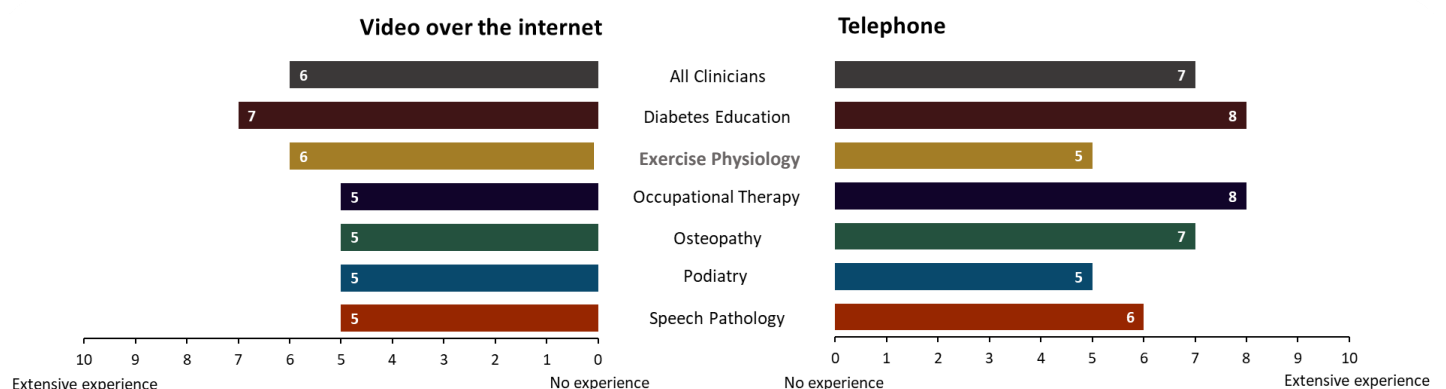


Figure 26. Experience providing telehealth consultations

Numbers represent the mean score for each subgroup

## Video platforms used for telehealth consultations

The video platforms used for allied health consultations are reported in Table 27. The most common platform was Zoom (56%), followed by Facetime (15%), Microsoft Teams (13%), Cliniko (12%) and Physitrack (10%). The popularity of platforms varied amongst professions (Table 15). The most common platforms used that are not reported in Table 15 (i.e. clinicians responded 'other') included Cisco Jabber, Google Meets, GPNOW, Health Direct, My Virtual Care, Pexip and WeBEx. The majority of clinicians intended to use the same video platform for video consults in the future (Figure 27).

Table 15. Platform/s that clinicians use for consultations via video over the internet

	All clinicians	Diabetes educator	Accredited exercise physiologist	Occupational therapist	Osteopath	Podiatrist	Speech pathologist
Cliniko	96 (12)	3 (3)	13 (8)	3 (3)	57 (68)	7 (25)	13 (4)
Coviu	64 (8)	3 (3)	7 (4)	10 (11)	0 (0)	5 (18)	39 (12)
Doxy.me	6 (1)	3 (3)	0 (0)	0 (0)	2 (2)	0 (0)	1 (0.3)
Facebook Messenger	27 (4)	8 (8)	8 (5)	2 (2)	4 (5)	0 (0)	5 (2)
Facetime	118 (15)	21 (22)	31 (20)	19 (20)	10 (12)	2 (7)	35 (11)
Health Connect	24 (3)	10 (10)	4 (3)	3 (3)	0 (0)	3 (11)	4 (1)
Microsoft Teams	104 (13)	20 (21)	17 (11)	16 (17)	5 (6)	4 (14)	42 (13)
Physitrack	78 (10)	0 (0)	51 (32)	1 (1)	22 (26)	4 (14)	0 (0)
Skype	66 (8)	17 (18)	12 (8)	10 (11)	5 (6)	2 (7)	20 (6)
Whats App	46 (6)	12 (12)	10 (6)	7 (7)	7 (8)	0 (0)	10 (3)
Zoom	440 (56)	45 (46)	89 (56)	58 (61)	29 (35)	8 (29)	211 (66)
Other	145 (19)	25 (26)	31 (20)	18 (19)	5 (6)	2 (7)	64 (20)

Data represent count (%)

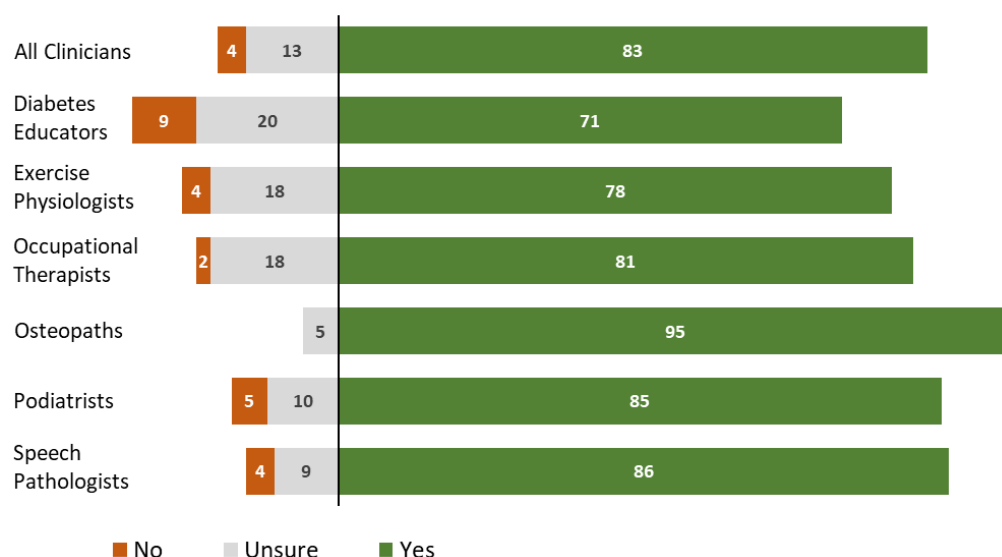


Figure 27. The percentage of clinicians intending to use the same platform for video consultations in the future

Numbers represent the percentage of clients reporting each response

## Clinicians' perceptions of telehealth

### Clinicians' confidence providing telehealth services

Most clinicians were confident delivering telehealth via video (8/10) or telephone (8/10), whereby 0 represents not at all confident and 10 represents extremely confident (Figure 28). Diabetes educators were most confident in delivering telephone consults, scoring an average 9/10 (Figure 28).

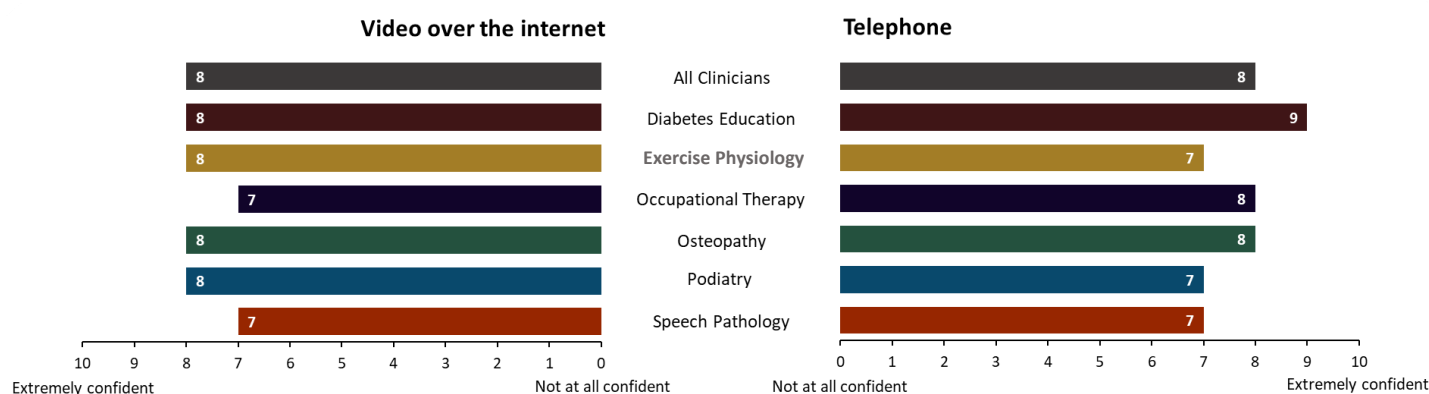


Figure 28. Clinicians' confidence providing telehealth consultations

Numbers represent the mean score for each subgroup

### Clinicians' perceptions regarding effectiveness of telehealth care

Clinicians rated the effectiveness of the care they provided via telehealth for client outcomes, ranging from 0 (not at all effective) to 10 (extremely effective). On average, clinicians rated video consult effectiveness 8/10 (Figure 29). Diabetes educators rated the care they provided via video as the most effective (9/10) and occupational therapists rated the care they provided via video as the least effective (7/10) (Figure 29). On average, clinicians rated telephone consult effectiveness a 7/10. Diabetes educators rated the care they provided via telephone as the most effective (9/10) and speech pathologists rated the care that they provided via telephone as the least effective (6/10) (Figure 29).

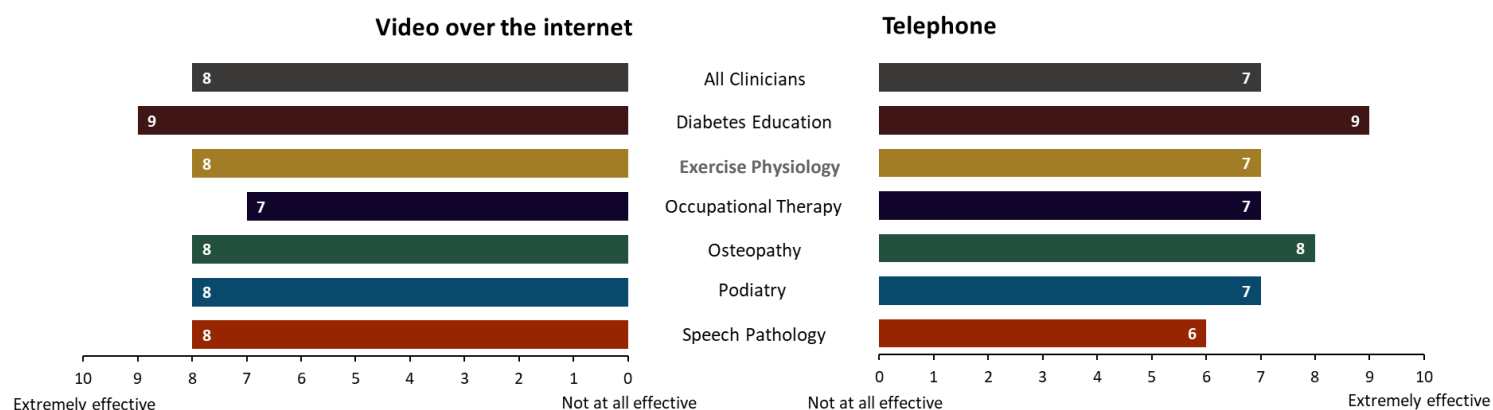


Figure 29. Effectiveness of care provided via telehealth for client outcomes

Numbers represent the mean score for each subgroup

### Satisfaction with care provided via telehealth

The average scores for satisfaction with care provided via telehealth (Figure 30) were the same as those reported for effectiveness of care, whereby 0 represented extremely dissatisfied and 10 represented extremely satisfied.

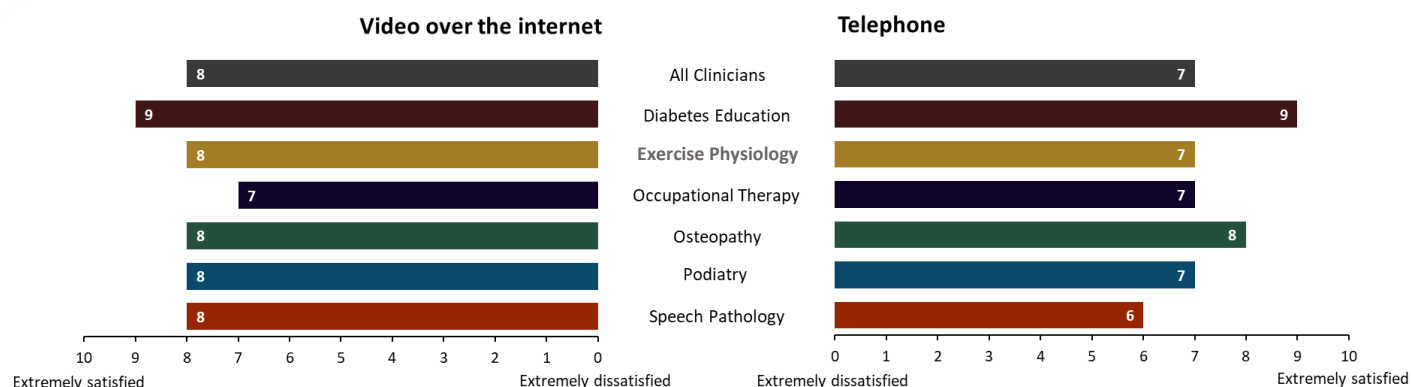


Figure 30. Satisfaction with care provided via telehealth

Numbers represent the mean score for each subgroup

### Telehealth complaints and negative feedback

Overall, complaints or negative feedback was more common for video consults than telephone consults (Figure 31). One-in-four clinicians had received negative feedback or complaints about telehealth provided via video, and this was most common for speech pathology (30%) and occupational therapy (28%) services. In comparison, only one-in-ten clinicians had received negative feedback or complaints about telehealth provided via telephone, and this was most often reported by osteopaths (18%) and diabetes educators (13%) (Figure 31).

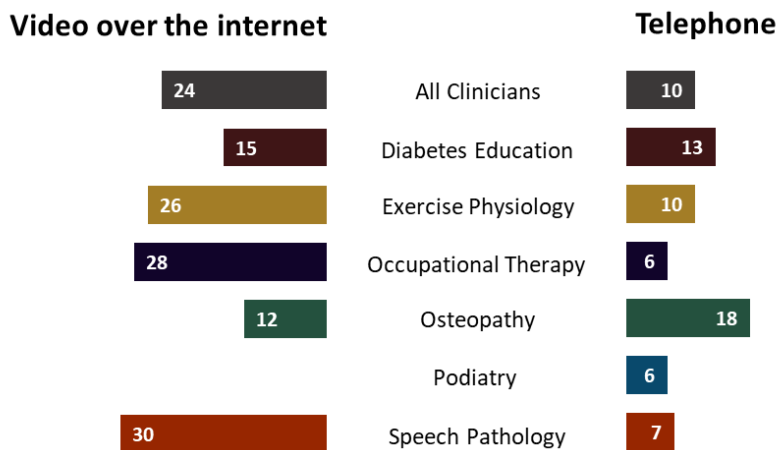


Figure 31. Percentage of clinicians that received any complaints or negative feedback from clients about telehealth consultations

Numbers represent the percentage of clients that received any complaints or negative feedback from clients about telehealth consultations

#### *Complaints and negative feedback about telehealth consults via video over the internet*

In total, 160 clinicians provided information regarding complaints or negative feedback that they received from clients regarding video consults (see Appendix 3). The most frequent complaint was related to issues with internet connection resulting in video and audio disruptions. Another common complaint was issues with the video conferencing platform and difficulty accessing technology. Many clinicians reported that they had difficulty engaging young children via video over the internet, and that children were often more distracted in their home environments placing increased pressure on the parent/carer to facilitate therapy. Clients frequently expressed that they preferred in-person consults, felt that video consult were less effective and provided sub-optimal care, and believed that video consults should be cheaper than in-person consults. Clinicians highlighted various aspects of assessment and management that was not possible via video. The impersonal nature of video consults compared to in-person was a common complaint, reducing rapport between the clinician and client. Additionally, a number of clients experienced difficulty understanding instructions and communicating with the clinician via video (Appendix 3).

#### *Complaints and negative feedback about telehealth consults via telephone*

The complaints or negative feedback that 39 clinicians received from clients regarding telephone consults are presented in Appendix 4. The most common feedback was that clients preferred in-person (or video consults) to telephone. Other common complaints were that telephone consults were impersonal and made it difficult to build rapport, that telephone consults often resulted in miscommunication or misunderstanding, poor sound quality, that the clients needs could not be addressed via telephone, and that hands-on practice was not possible (Appendix 4).

## Adverse effects/events related to delivery of telehealth

Adverse effects or events related to the delivery of telehealth were reported by 4% of clinicians using video consults and 2% of clinicians using telephone consults (Figure 32). Adverse effects or events related to video consults were most commonly reported by speech pathologists (6%) and adverse effects or events related to telephone consults were most commonly reported by diabetes educators (4%) (Figure 32).



Figure 32. Percentage of clinicians with client/s that experienced an adverse effect/event related to delivery of telehealth

Numbers represent the percentage of clients that experienced an adverse effect/event related to delivery of telehealth

### *Adverse effects/events related to delivery of telehealth via video*

Details regarding adverse effects/events related to telehealth delivered via video were reported by 22 clinicians (see Appendix 5). Four exercise physiologists reported that clients experienced falls, low blood glucose levels, shortness of breath, hypotension or vertigo during video consultations. An occupational therapist described some children experiencing extreme reactions, including meltdowns, anxiety and aggressive behaviour, as a result of ceasing home visits. Additionally, an inability to do home modification measurements and quotes resulted in a client experiencing reduced participation in daily activities. Another occupational therapist reported worse outcomes including ongoing oedema and reduced range of motion, and an osteopath reported acute pain after a client performed an exercise. The most common adverse effects described by speech pathologists were related to the video consults inducing distress, meltdowns, anxiety and behavioural issues in clients. Additionally, speech pathologists described worse outcomes due to reduced engagement and slower progress when care was delivered via video compared to in-person. Speech pathologists also described disruptions to treatment due to unstable internet connections and clients missing out on treatment due to not having the technology required to deliver video consults (Appendix 5).

### *Adverse effects/events related to delivery of telehealth via telephone*

Six clinicians provided details of adverse effects/events during or following telephone consults (Appendix 6). Diabetes educators reported missed changes to insulin dosing, clients not understanding instructions, directions or treatments, issues related to a lack of visual examination, and clients forgetting or choosing not to disclose information. An occupational therapist also reported the importance of clients providing accurate reports, to enable the clinician to identify concerns early. A speech pathologist also felt clients were less inclined to share information via telephone and reported that an inability to view non-verbal behavioural

cues resulted in delayed referral to appropriate health professionals for an individual with acquired brain injury (Appendix 6).

### Safety concerns related to the delivery of telehealth

Safety concerns were reported by 13% of clinicians providing video consults and 10% of clinicians providing telephone consults (Figure 33). Safety concerns in relation to video consults were most commonly reported by exercise physiologists (24%). Whereas concerns with safety during telephone consults were most commonly reported by osteopaths (18%).

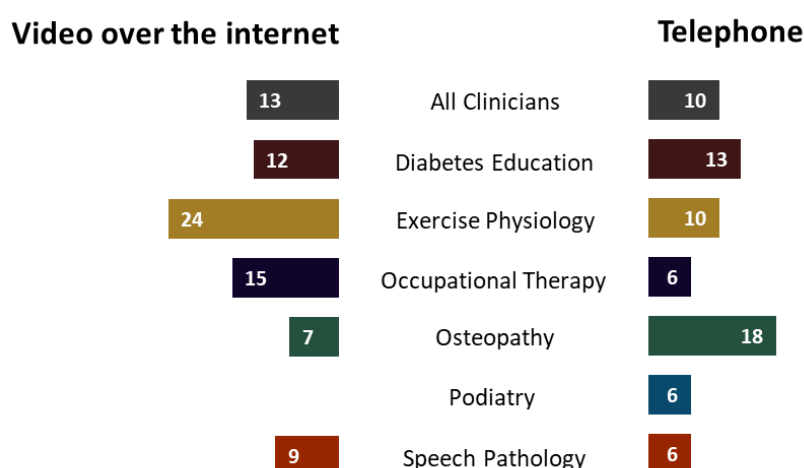


Figure 33. Percentage of clinicians that experienced safety issues with client/s during telehealth consult/s

Numbers represent the percentage of clients that experienced safety issues with client/s during telehealth consult/s

### Safety concerns related to the delivery of telehealth via video

In total, 76 clinicians described safety concerns related to the delivery of telehealth via video (see Appendix 7). The most common safety concerns related to telehealth delivered via video, were an increased risk of injury, falls and safety concerns related to an inability to supervise exercise and treatments (Appendix 7). Clinicians were concerned with an inability to assess whether the clients environment was safe, and with unsafe environments. A common issue expressed by clinicians was a lack of parent supervision of children during video consults, or the parents leaving the room during the session. Clinicians prescribing exercise were concerned with an inability to monitor heart rate, blood pressure and blood glucose levels when treating clients via video. Another common concern was an inability to determine if the client had misunderstood instructions or treatments. Privacy and confidentiality was a safety concern, as the consult was not always performed in a private place. Additionally, there were some concerns related to clients' mental health and abuse within and from families observed during video consults (Appendix 7).



### *Safety concerns related to the delivery of telehealth via telephone*

Safety issues related to telephone consults were described by 34 clinicians (see Appendix 8). The most common safety concerns were related to an inability to adequately assess clients without seeing them, and an inability to supervise exercises and treatment resulting in a risk of injury or falls. Other concerns were related to clients misunderstanding information or treatments, and issues with privacy related to phone calls occurring in public places or the clinician sharing their phone number with the client (Appendix 8).

### **Positive client feedback related to the delivery of telehealth**

Positive client feedback was more frequently received in relation to video consults, compared to telephone consults (Figure 34). Between professions, 80-90% of clinicians had received positive feedback from clients about video consults, whereas 22-74% had received positive feedback about telephone consults. Only 29% of speech pathologists and 39% of occupational therapists performing telephone consults had received positive feedback from clients (Figure 34).

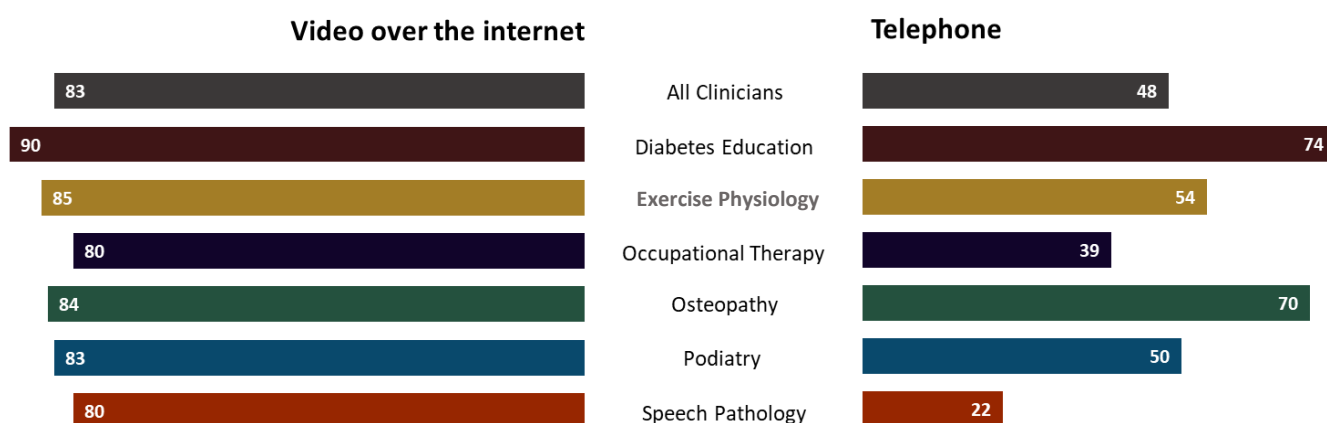


Figure 34. Percentage of clinicians that received positive feedback from client/s about telehealth consultations

Numbers represent the percentage of clients that received positive feedback from client/s about telehealth consultations

### *Positive client feedback related to the delivery of telehealth via video*

Analysis of responses from 551 clinicians indicates that a wide range of positive feedback was provided by clients regarding video consultations (Appendix 9). Very common feedback was that video consults were convenient and easy, that some clients liked performing the consults from home, and that they did not need to take time off from work or school. This also meant that they did not need to travel, arrange childcare or pay for parking and fuel, which were required for in-person consults. Clinicians reported increased attendance, and the clients appreciated the reduced wait times and flexibility with appointments. Many clients were surprised that video consults exceeded their expectations, and multiple clients felt it was as good or better than in-person appointments. Clinicians reported that clients (often children) were more engaged, and their parents more involved, when the sessions were delivered via video. Clinicians reported that a number of clients had improved outcomes with video consults. Clinicians also reported that being able to adapt exercises for use at home and being able to see the client in their home environment was

advantageous. Some clients felt more empowered and had greater confidence in their ability to self-manage their health following video consults. Video consults especially suited clients who preferred not to leave home (e.g. clients with chronic pain, fatigue, mobility issues, anxiety issues, immuno-compromised) and those in rural areas or requiring long travel for in-person appointments. Clinicians reported that clients were very grateful to have continuity of care during the COVID-19 pandemic and to reduce the risk of infection by remaining in the safety of their home (Appendix 9).

#### *Positive client feedback related to the delivery of telehealth via telephone*

Analysis of responses from 191 clinicians demonstrates that most of the positive feedback received from clients about the delivery of telehealth via telephone was similar to the feedback received regarding video consultations (Appendix 10). Common feedback included convenience, ease of use, flexibility of appointment times, reduced travel time and cost, not having to take time off work, the benefit of staying at home, continuity of care during the COVID-19 pandemic and the reduced risk of contracting COVID-19 in the community (Appendix 10). Many clinicians used telephone consults for quick follow-up and check-in appointments, and they believed telephone consults were very efficient and effective for this purpose. Less common feedback included reduced feelings of isolation for rural clients, telephone being as useful as in-person appointments, telephone being preferred to video consults by some clients, and clients feeling more comfortable to talk about sensitive issues over the telephone (Appendix 10).

### **Telehealth compared to in-person care**

#### *More telehealth consults required to achieve desired outcomes*

Clinicians were asked to compare the number of telehealth consults required to achieve desired outcomes compared to usual in-person delivery. Osteopaths were most likely to report that a high proportion of clients required more video consults compared to usual in-person consults, to achieve desired outcomes (Figure 35.1). In comparison, one-in-two diabetes educators reported that fewer than 5% of clients required more video consults compared to in-person consults, to achieve desired outcomes. In relation to telephone consults, occupational therapists, speech pathologists and osteopaths most frequently required more telephone consults compared to in-person delivery to achieve desired outcomes (Figure 35.2)

### VIDEO OVER THE INTERNET

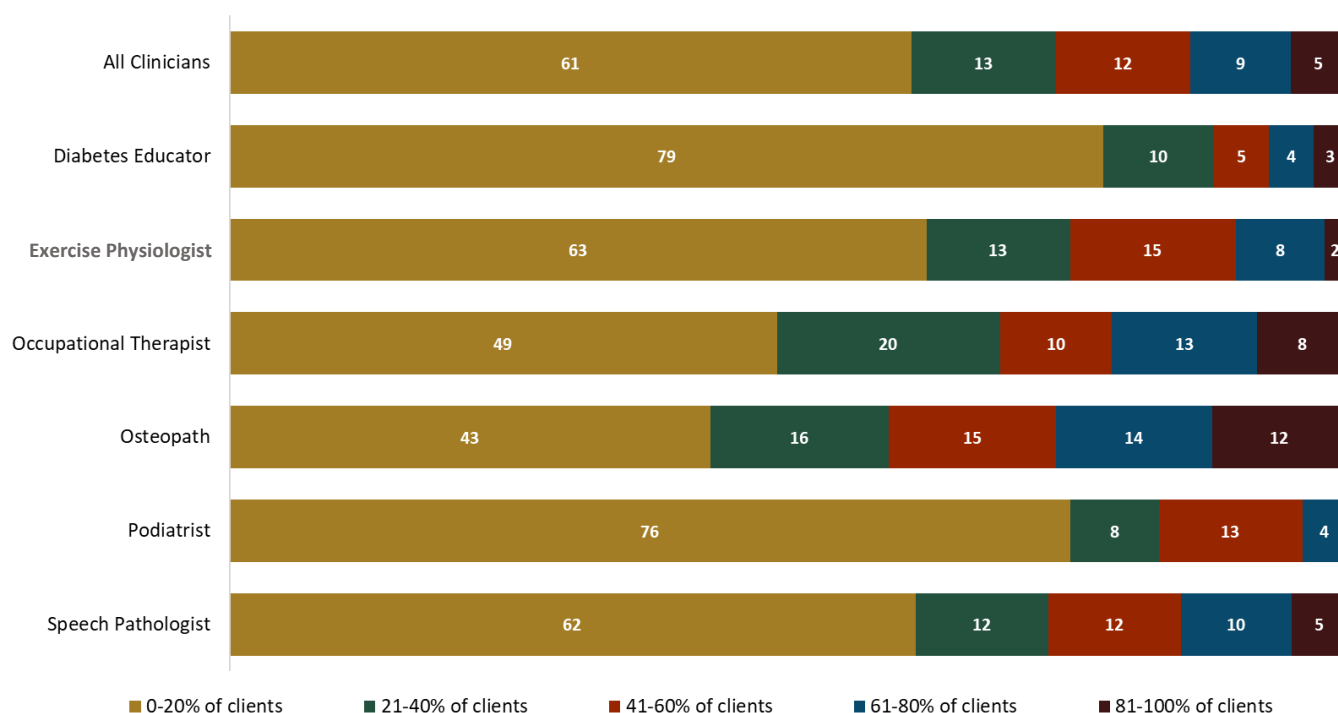


Figure 35.1. The percentage of clients who required more video consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

### TELEPHONE

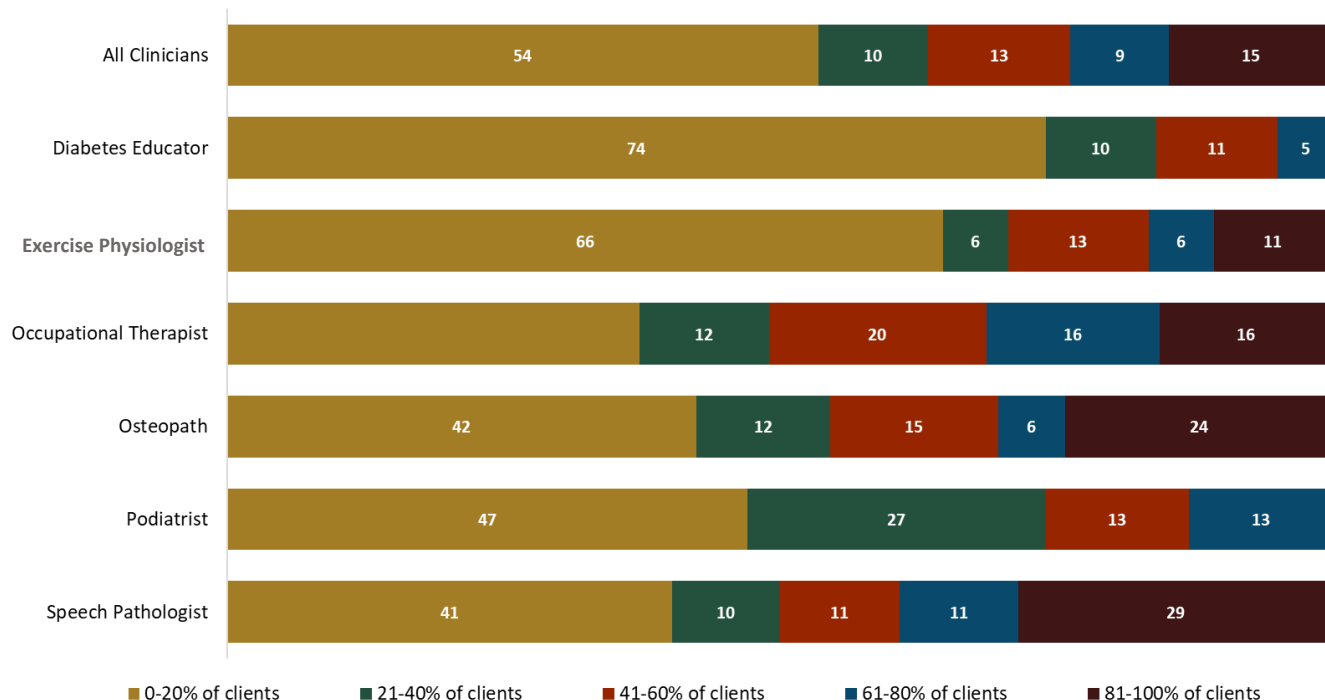


Figure 35.2. The percentage of clients who required more telephone consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

### *The same number of telehealth consults required to achieve desired outcomes*

Between 25% (osteopaths) and 67% (diabetes educators) of clinicians reported that 61-100% of clients required the same number of video consults (compared to usual in-person consults) to achieve desired outcomes (Figure 36.1). For telephone consults, between 15% (osteopaths) and 56% (diabetes educators) of clinicians reported that 61-100% of clients required the same number of telephone consults to achieve desired outcomes (compared to usual in-person consults) (Figure 36.2).

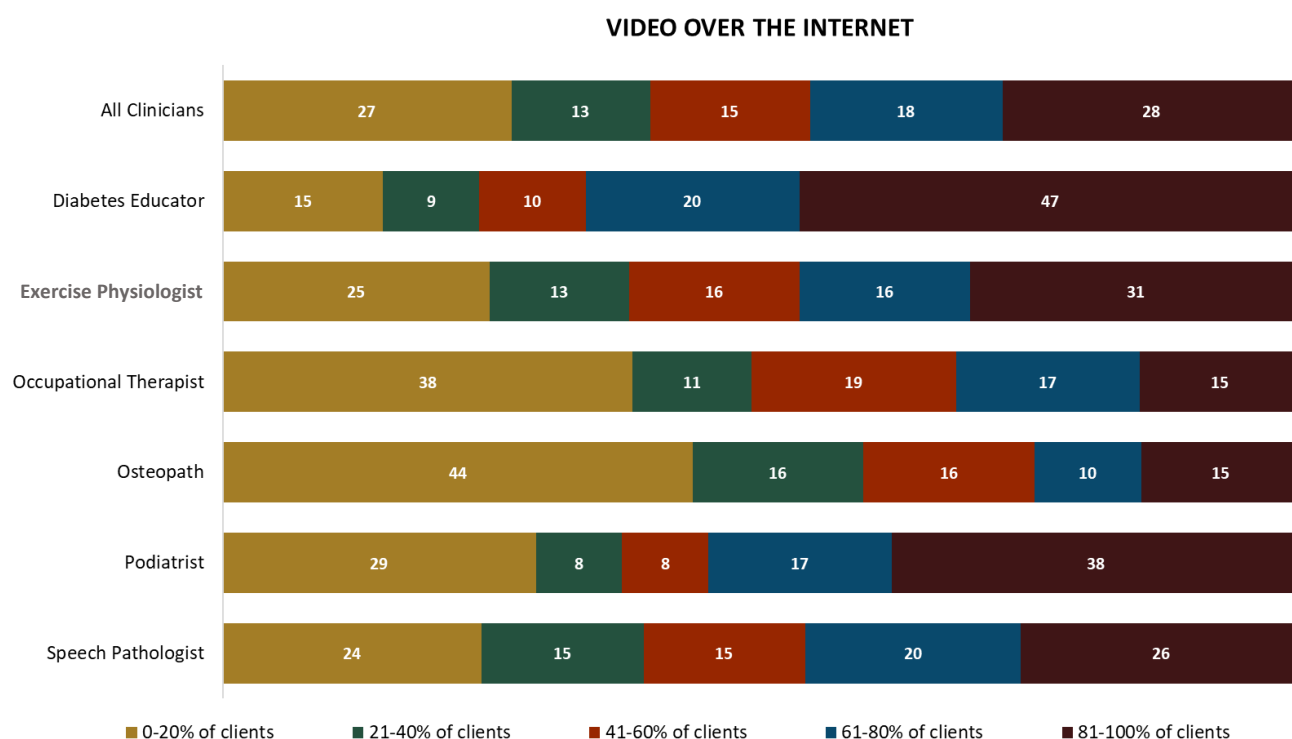


Figure 36.1. The percentage of clients who required the same number of video consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

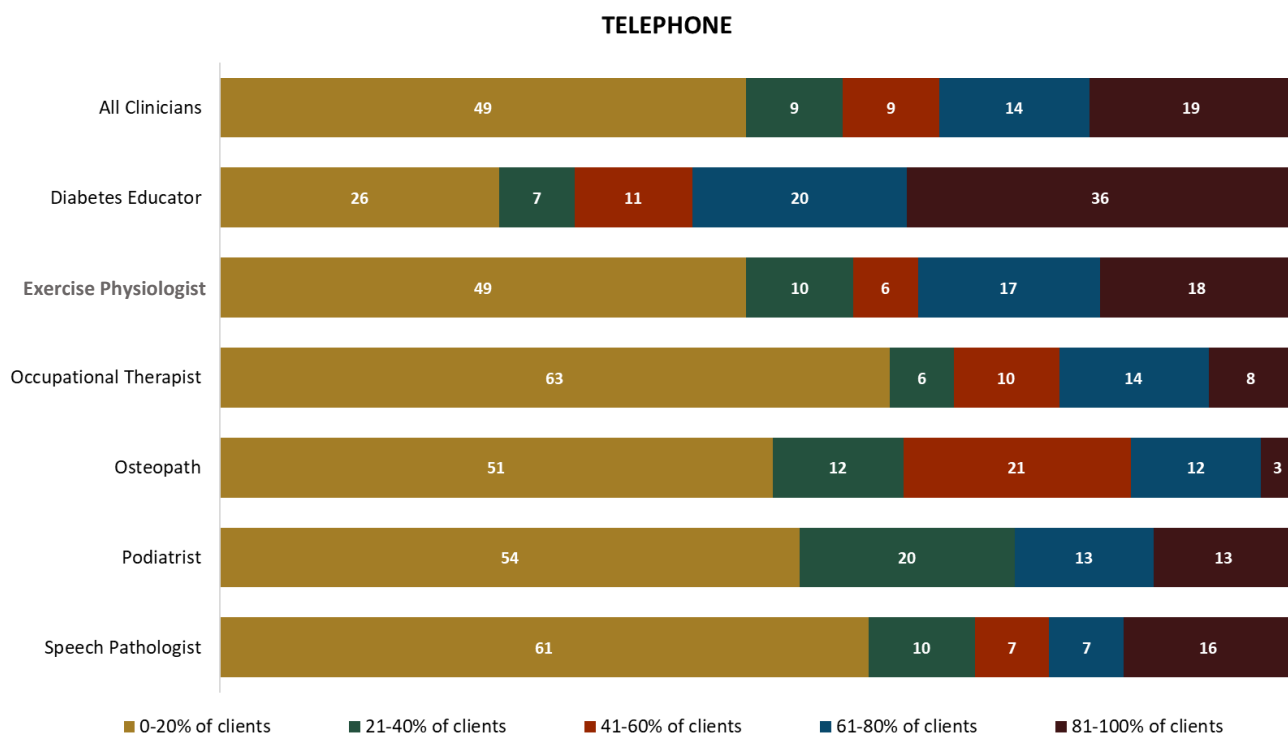


Figure 36.2. The percentage of clients who required the same number of telephone consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

#### *Fewer telehealth consults required to achieve desired outcomes*

A small proportion of clients required fewer telehealth consults to achieve desired outcomes compared to in-person consults (Figure 37.1 and 37.2). Between 62% (osteopaths) and 83% (podiatrists) of clinicians reported that less than 5% of clients required fewer consults when delivered via video and 58% (osteopaths) to 77% (speech pathologists) of clinicians reported that less than 5% of clients required fewer consults when delivered via telephone.

### VIDEO OVER THE INTERNET

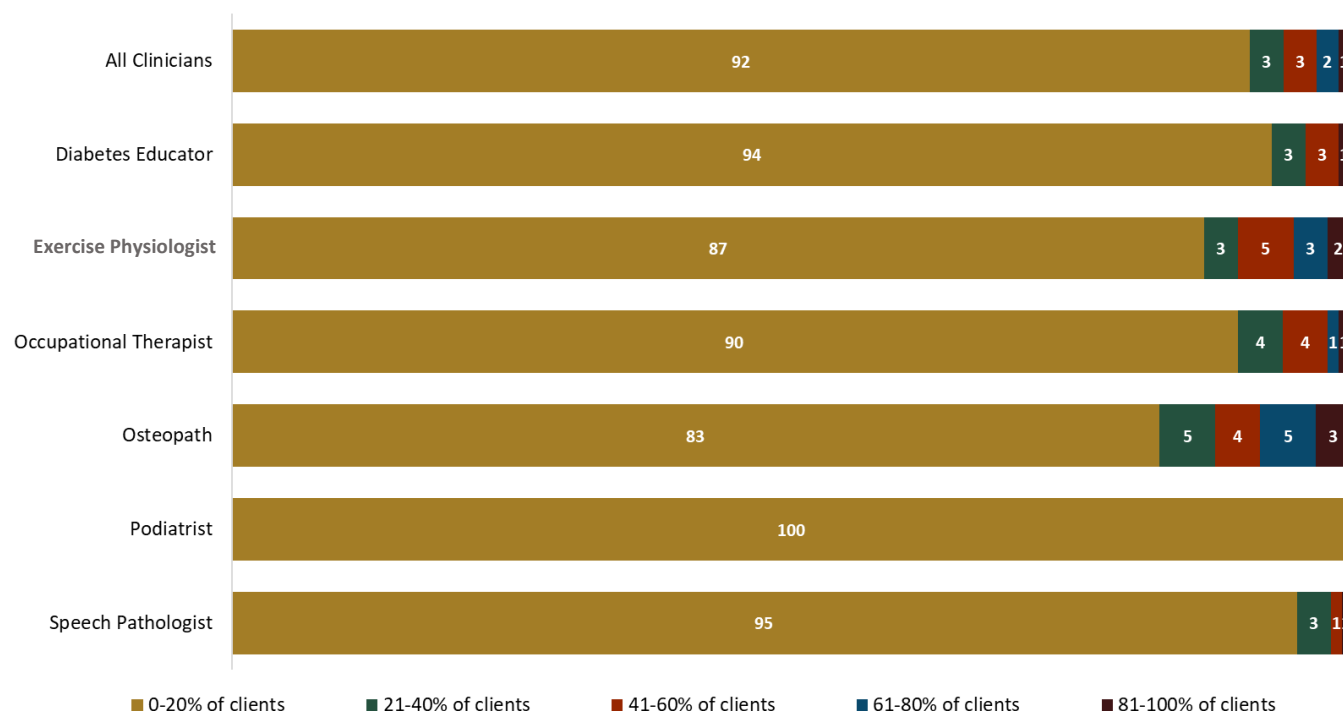


Figure 37.1. The percentage of clients who required the fewer video consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

### TELEPHONE

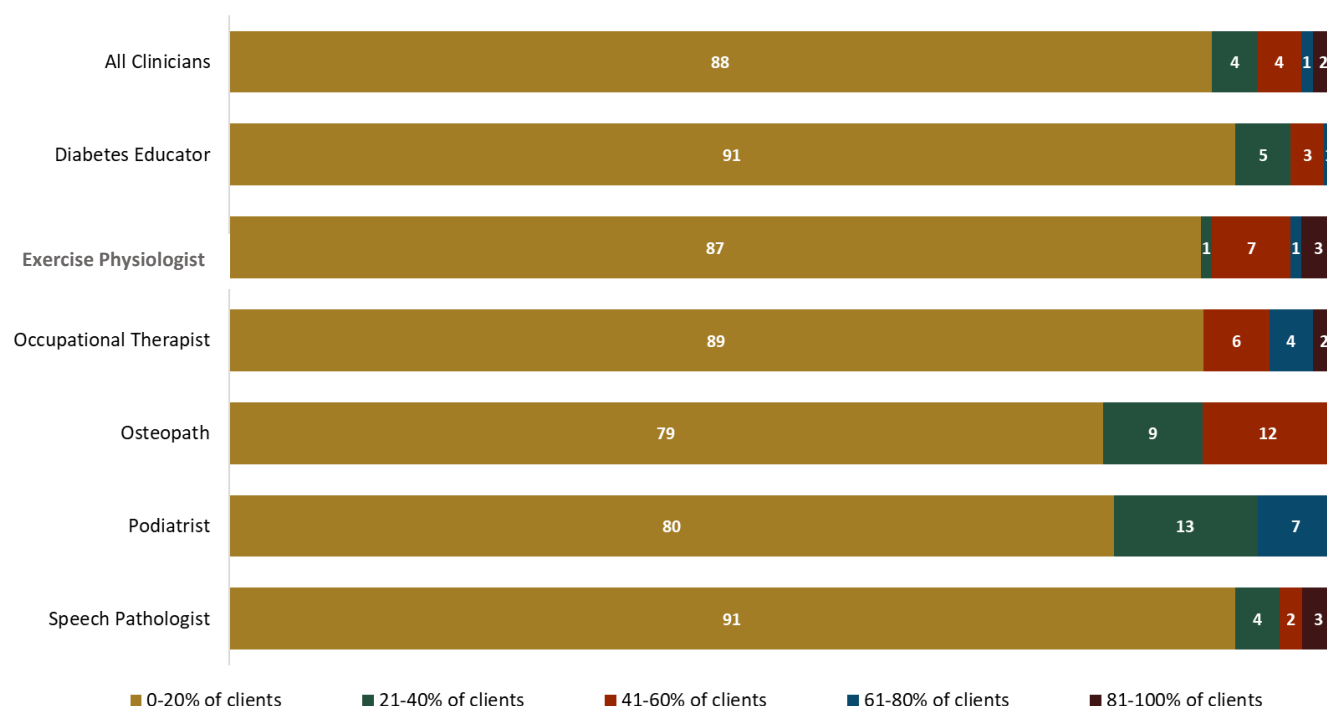


Figure 37.2. The percentage of clients who required the fewer telephone consults to achieve desired outcomes, compared to in-person consults

Numbers represent the percentage of clients reporting each response

## Plans to offer telehealth once the COVID-19 pandemic is over

Of the clinicians who used video consults, 81% intended to continue offering these services after the COVID-19 pandemic, and this response was similar across professions (Figure 38). In contrast, 63% of clinicians intended to offer telephone consults after the COVID-19 pandemic, and this ranged from 52% (exercise physiologists) to 73% (diabetes education / occupational therapy) amongst professions (Figure 38).

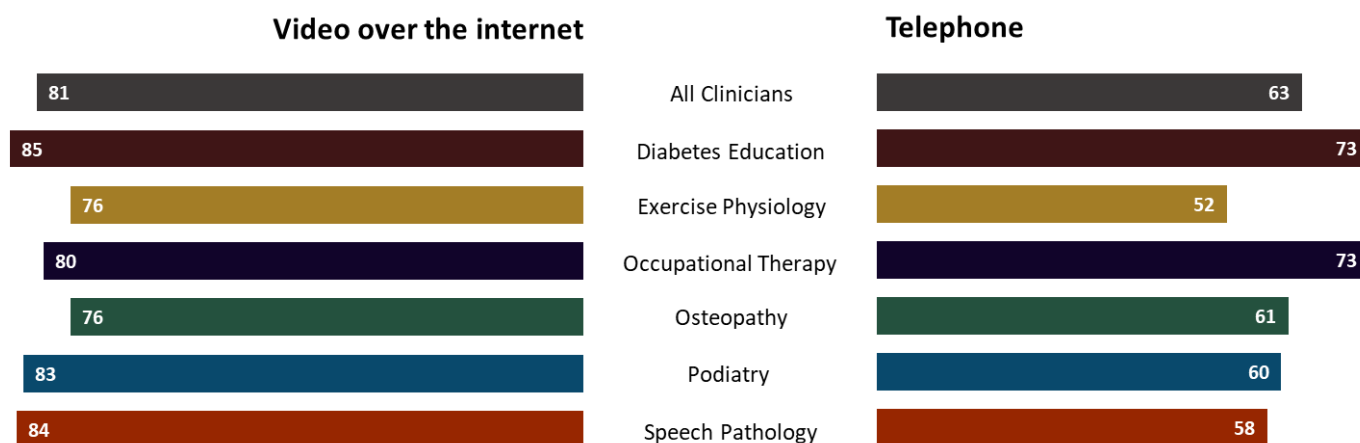


Figure 38. Percentage of clinicians who plan to offer telehealth once the COVID-19 pandemic is over

Numbers represent the percentage of clients who plan to offer telehealth once the COVID-19 pandemic is over

### *Reasons for not continuing video consults after the COVID-19 pandemic*

Only 38 clinicians provided reasons for why they did not intend to continue using video consults after the COVID-19 pandemic (Appendix 11). The most common reasons were that outcomes were worse compared to in-person consults, the clinician preferred in-person consultations, that not all aspects of care can be delivered via video, and it is not suitable for children who are distracted and not engaged via video. Although less common, some clinicians identified funding issues (e.g. telehealth not being funded by private health insurers) as the reason that they intended to cease telehealth services (Appendix 11).

### *Reasons for not continuing telephone consults after the COVID-19 pandemic*

The reasons clinicians provided for intending to discontinue telephone consults after the COVID-19 pandemic are presented in Appendix 12. The most common reason was that telephone consults were an ineffective way of delivering care. Clinicians reported that a range of assessment and management options were not possible via telephone consults. Clinicians often perceived telephone consults as a last resort and would prefer to use in-person and/or video consults. Some of the reasons provided for this preference included safety reasons, the impersonal nature of telephone consults, reduced rapport with clients, an inability to see the clients, impractical and difficult, the client being less engaged, and no reimbursement for the session. Some clinicians believed telephone consults were only appropriate for follow-ups, triaging,

checking-in with the client, advice, consulting with parents or as an adjunct to in-person sessions (Appendix 12).

## Telehealth group sessions

Of the 151 clinicians who provided group session via telehealth during the COVID-19 pandemic, 98% had been providing these services for no longer than 8 months, and only 6% offered group sessions via telehealth prior to the COVID-19 pandemic. On a scale of 0 (worst possible rating) to 10 (best possible rating) clinicians rated a mean (standard deviation) 5.3 (2.8) for experience providing telehealth group sessions, 7.4 (2.2) for confidence delivering telehealth group sessions, 7.8 (2.1) for effectiveness of care and 7.9 (2.0) for satisfaction with the care provided.

75% of clinicians had received positive feedback about group sessions delivered via telehealth. 17% had received a complaint or negative feedback about telehealth group sessions and 11% encountered safety issues with clients during the group sessions.

The most common platforms used for group sessions were Zoom (58%), Microsoft Teams (10%), Cisco Webex (8%) and CoviU (5%). Most clinicians supplemented group sessions with text message reminders (51%), written instruction or diagrams (37%), follow-up phone calls (36%), educational materials (36%), videos (34%), referral to websites (31%) or mobile phone apps (21%).

One in two clients intended to continue offering group sessions via telehealth once the COVID-19 pandemic had ended, whilst 38% were unsure and 13% did not intend to offer this service.

## Discussion

Most clients (90%) and clinicians (82%) used telehealth for the first time during the COVID-19 pandemic. Despite this, the majority of clients and clinicians reflected positively upon their experiences with telehealth. Additionally, 4 in 5 clinicians intended to continue offering telehealth services after the COVID-19 pandemic and 1 in 2 clients were somewhat or very likely to choose to access allied health care via telehealth after the pandemic. One-in-two clients reported that video and telephone consults were very effective, and clinicians rated video consults an average 8/10 and telephone consults 7/10 for effectiveness (ranging from 0 (not at all effective) to 10 (extremely effective)). This aligns with systematic review findings suggesting that rehabilitation delivered via telehealth results in equivalent or better outcomes on average, than in-person care.<sup>5</sup> However, analysis of open text responses revealed mixed views on the effectiveness of telehealth. Whilst some clients and clinicians felt that telehealth was more effective than in-person consults, others believed it was less effective and experienced inferior outcomes. These mixed views may be explained by the contrasting needs and preferences of clients. Our findings suggest that telehealth should not replace in-person care by allied professionals. Instead, telehealth should be an option for clients, and some clients may in fact prefer telehealth or a blended model of both in-person and telehealth care.

Our study shows that some clients may be less suited to telehealth. This includes young children who are disengaged and distracted during home-based telehealth consults, clients with limited access to technology



or internet connection issues, those requiring assessments or treatments that cannot be performed remotely, clients who have difficulty communicating or understanding instructions, and people with a strong preference for in-person social interactions. On the other hand, some clients appear to be better suited to telehealth and were very satisfied with these services. This included clients in remote areas, those who needed to travel long distances or to make complex arrangements to attend in-person consults, people with very busy schedules and those who needed to take time off work or arrange childcare to access in-person care, and clients who benefit from or prefer to stay at home (e.g. clients with fatigue, mobility issues, social anxiety issues, immuno-compromised). These findings align with a recent systematic review identifying facilitators of satisfaction with telehealth services including ease of use, the potential for improved outcomes and communication, decreased travel time, increased access to care, increased self-awareness and self-management of conditions, a reduction in missed appointments and decreased wait times.<sup>7</sup>

Although 42% of clinicians had undertaken some form of training in the delivery of telehealth, this often comprised self-directed learning, an educational webinar or online resources. Few clinicians had completed a course in telehealth delivery, and only 19% had spent one day or more completing training for telehealth. Due to the unprecedented restrictions on in-person health consults during the COVID-19 pandemic, many clinicians rapidly provided these services for the first time. Consequently, clinicians may have been less experienced in the delivery of telehealth compared to clinicians offering these services on a regular basis. Nevertheless, this provided a unique opportunity to evaluate telehealth services on a larger scale than would have been previously possible, including services that would not typically be provided via telehealth and clients who may not have been open to these services under usual circumstances. Importantly, even clients who would not choose to use telehealth services under usual circumstances, were very grateful for the continuity of care these services provided during the COVID-19 pandemic. Upskilling clinicians in the delivery of telehealth could have important implications for continuity of care in the future, whereby changes in client or societal circumstances could inhibit access to in-person allied health care.

Identifying barriers to telehealth is necessary to inform decision-making processes to increase service delivery to the client and achieve optimal care. A review by Standing, et al.<sup>13</sup> found that many of the initial barriers to telehealth 15 years prior were still currently present. Technology is often cited as a barrier to telehealth, including internet speed<sup>14</sup> and infrastructure<sup>15</sup>, as well as the clients' and clinicians' competency for using the required technology.<sup>16</sup> This was the most common barrier to telehealth services reported by both clients and clinicians in our study. Additionally, reduced access to internet is a barrier that could change in the future as technology advances, and could be facilitated by policy makers and government. Education and training in using telehealth technology may be implemented to upskill clinicians, clients and caregivers to improve competence and usability.

Safety is an important concern for the delivery of telehealth services and differs with the services offered. A qualitative study by Shulver, et al.<sup>15</sup> assessed safety concerns for older clients using telehealth services, from the perspective of healthcare workers. Inexperienced clinicians were concerned for adverse events throughout telehealth consultations, where they were not present to mitigate risk or provide assistance, often returning to in-person therapy.<sup>5</sup> In contrast, experienced clinicians planned and managed risk and client safety, adapting approaches in a manner that produced an effective but safe consultation.<sup>5</sup> Adverse

effects or events related to the delivery of telehealth were reported by only 4% of clinicians using video consults and 2% of clinicians using telephone consults. Additionally, safety concerns were reported by 13% of clinicians providing video consults and 10% of clinicians providing telephone consults. Advanced training in telehealth delivery and greater experience in delivering services may further improve the safety of consultations for clients. Additionally, the adverse events and safety concerns highlighted by allied health clinicians in this study may inform improved standards of practice to mitigate these risks.

## Conclusion

This study demonstrates the important role that telehealth played in providing access to allied health care during the COVID-19 pandemic and that the perceptions of clients and clinicians were generally positive. Most clients and clinicians used telehealth for the first time during the COVID-19 pandemic. Despite this, most clients and clinicians were satisfied with the care they received or provided via telehealth. Additionally, 4 in 5 clinicians planned to continue offering telehealth services once the COVID-19 pandemic had ended and 1 in 2 clients were likely to choose to access allied health care via telehealth after the pandemic.

The mixed views reported by clients and clinicians supports the notion that telehealth should not replace in-person care but should be offered to provide clients with increased options for accessing allied health care. These findings may be used to inform decision making around future funding of telehealth services. Irrespective of client preference, there will be times where in-person consultations are not feasible relying on telehealth services to provide continuity of care. This study has provided information that may be used to improve the quality of allied health care delivered via telehealth to better meet the needs of clients and clinicians.

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# Appendices

## Appendix 1. Client feedback on allied health consultations delivered via video over the internet

### Diabetes Education

Face to face appointments do not compare to Telehealth. 10 mins a few boxes ticked and she signed off. \$70 for 10 mins was very poor.

Fortunately, I use zoom technology almost daily, so am familiar with the process. I have also been using CGMs and Insulin Pumps for a number of years and am highly involved in managing my diabetes (and widely read about it). However, I could imagine the prospect of starting a new pump over Zoom could be quite daunting for many and even more so for anyone recently diagnosed.

Great system but can't use it every time. Need face to face to be checked out for injection sites. Also I already knew my educator and had an established relationship, if I was seeing for the first time it would be harder to build confidence, read the body language etc

I found it a lot easier. Especially because I live quite far away from my educator if we can continue to do video consults post pandemic it would be handy and save me a drive.

I have had more appointments with my endocrinologist since video conferencing became available. I am also more willing to upload my data and give a quick call or email to my endo to help me make adjustments when my sugars become unstable, instead of waiting months until my next actual appointment to discuss it and adjust it then.

I thought I did very well after talking with my educator.

In such unusual times it is difficult to evaluate such actions.

It is a lot more convenient, I don't need to take time off work or if I did have to it is only a small amount of time as I don't have to travel. It allows me to have my appointments regardless of where I am.

It works well, maybe a good thing to have every second or third consult a physical visit.

It's nowhere as good, they are very quick short. Care is not same.

Only that I had a problem with my computer and the telehealth programme of the Tasmanian Dhs any its ability to allow me to communicate. Visual was OK. Used visual on computer and phone combined for telehealth. When offered telehealth to expedite commencement of my Medtronic 670 G closed loop insulin pump I was a bit concerned. It had been booked for 25/3 but was cancelled due to "lockdown". I was already using a pump but this new one is the Ferrari/Rolls Royce of systems and takes 6-8 weeks to have it finally bedded in. My older pump was an early simple version of a Hyundai Getz.

Overall, it is easier and less costly to have a video meeting rather than having to travel to the appointment. But I believe some of the appointments would normally involve a on the spot blood test, which can't be done during a video meeting. I'm yet to find out how they will get this test result (perhaps through a pathology visit later on?).

Very convenient – especially being from the country and usually having 1 hour each way drive to appointments.

Very convenient to not have to park at the hospital

### Exercise physiology

Exercise physiologist was extremely caring and inventive and helped with all sorts of ways of continuing my treatment.

Fantastic idea and good use of resources. However using my own equipment was different to using my physiologists. I hurt my upper back whilst doing a row motion.

Good alternative to no consultation during COVID but prefer face to face consultations Telehealth is impersonal.

I had a very good experience with my exercise physiologist over the internet but prefer hands on face to face consults which we have been able to do recently with the relaxing of rules regarding gyms in QLD.

I have an excellent EP whether it is through Telehealth or in the gym.

I prefer the one on one approach.

I suffer from PTSD and found this method of delivering care to be beneficial to supporting my mental health in that I didn't have to travel nor interact with other people, thereby exacerbating my injury.

I think it is entirely daft to expect a hands-on practitioner to be effective over a video call. I also think that charging normal in person rates for Telehealth is a complete rip-off.

It was a great experience to be able to access this service faster than normal with less wait times.

Much appreciated having the chance to talk over issues etc and receiving advice on further exercises.

My EP also met with me and my physiotherapist via video for consultations throughout the COVID period being studied. This was to ensure that we developed a team approach and shared our knowledge to improve outcomes for me. Telehealth has made it much easier for me to continue to have appointments that I need while also reducing the toll that physically attending these appointments (pre-COVID and with other health professionals) has taken on me in the past. I didn't realise how socially and organisationally challenging such appointments were until I had the opportunity to have appointments via Telehealth. It's made a huge positive difference to my life because being able to have appointments from home enables me to use the time and energy normally expended on external appointments in more beneficial ways. Thanks for asking. 😊

My exercise physiologists were wonderful and made a difficult time more tolerable for me since I live alone and have anxiety after the cancer last year.

My health problems were related to an injury I received on my back, hips, knees and ankle. I felt that it was difficult for them to gauge the way I walk/limp, offer me constructive criticisms on how I perform my exercises as well as any other more hands on therapy over the video call. Eg, at one point there were suggestions I needed a lower back massage to help ease my muscles, but I can't do it myself of course. However, I am a firm believer in technology and, if we have better technology and equipment in the future, I am sure this would no longer be a problem. Eg if I could have had access to a tens machine to help with the massage, or a wide angle quality camera.

Overall I found it to be a very positive experience and would recommend it to others with similar physical understanding of their own injuries and capabilities. Keen knowledge of the platforms used certainly would make it a more positive experience for other users also.

This has been a very helpful experience both physically and mentally.

Very pleased, reduced travelling time to the Gym, group classes allowed some social contact with fellow participants.

While the video is beneficial to keep my rehab going, it is a poor substitute for face to face. We have had cases where the face time call has dropped out. Due to the variety of exercises I need to do and use different equipment at home, it is challenging to frequently move the position of the iPad so the Physiologist can see my exercises.

## Occupational therapy

For children it is harder to keep them on task and to fully assess what is going on in the whole being i.e seeing them sit properly and keep on task with staying by the computer when they just want to move. Hands on therapy is quite often required which was trickier during COVID. Therapists did as best they could during this time.

For the services that we use, it would be definitely be more beneficial to have face to face physical contact, just due to age of my son and his attention to a computer screen.

I believe a combination of both would be beneficial. Cheaper, with no travel costs (under NDIS 30mins travel can be claimed at \$200p/h) but nothing beats face to face with some conditions.

I felt more comfortable using the video over internet consultations for the follow ups. No one was doing hands on so that wasn't a possibility – although my therapist managed to assist me with exercises that definitely had an impact on relieving the pain I was experiencing.

I felt my O/T was not age appropriate and used tools that were consistent with children and young people. I have asked to see another O/T who may better understand my needs. Note: My mother/carer/co-guardian assisted me with this survey and my brother/carer/co-guardian attends all appointments – in-person and virtual – with me.

I have found this to be an easy way to have an appointment with my Occupational Therapist, highly recommend this way to have an appointment.

It is much more realistic given our full and busy lifestyles to be able to see therapists via videoconference from our own home rather than travel and wait to see one.

It puts the onus of keeping a child engaged on the carer instead of the therapist so takes a lot more work to complete, wouldn't be sustainable long term. Child also got much less out of the sessions without someone there to demonstrate activities.

It was difficult to conduct a functional assessment over video – hard for her to see what I was doing and I needed someone to hold the phone to record my movements.

It was nice to see my OT even if over FaceTime. I could see she was not distracted or doing something other than speak to me or write notes for me.

It was too challenging for my child. We kept it up only because continuity and routine are essential to his mental wellbeing. The OT quit her job at the end of lockdown, she had a crisis of conscience and a breakdown from trying to support families with autistic children online. She had no support other than the temporary 10% Ndis increase. Our therapists need support too!

My daughter likes the sessions via Zoom far better than she ever has in person. It also allowed for her support workers who weren't working at that time to zoom in or watch the video after.

My son has fortnightly speech therapy and occupational therapy, plus quarterly psychology appts. Due to my recovery post cancer treatment, and his anxiety/ transition issues re autism, and complex medical issues, the opportunity to access therapy via telehealth during COVID19 has been invaluable, and I have chosen to continue with telehealth, even though centres have reopened, to reduce risk of general infection re winter (and COVID19). As a working/studying single parent, recovering from cancer, the less transitions after school, (school doesn't offer therapist access during school time) the less burden on myself re ongoing health, and MUCH less stress for son. Having multiple transitions in a day is extremely hard on children with ASD, therapy from home via telehealth is much more relaxing, therefore more positive and productive experience. Much less avoidance, anxiety and distraction. Negative: not as effective than in person, but definitely a very useful positive alternative. Son was struggling with our new OT who had replaced a beloved mentor. Working with new OT online has actually contributed to better bonding due to the way communication is centred on trust, active listening, etc, and is less distracting than at centre with other clients. Overall extremely positive experience and hope we have telehealth as an ongoing option.

OT via the internet has enabled us to source help when we couldn't before because of time commitments. 60mins compared to a lot longer if having to physically attend.

Our OT has a gym for gross motor skills and core strength development, these opportunities are missing when using Telehealth sessions.

Some difficulty with art therapy as I didn't have all materials I would have had if I'd gone to the studio.

The OT did a great job under very difficult circumstances given that they also had to work from home with children present. It wasn't easy for anyone.

Video consult enabled my son to continue his weekly sessions uninterrupted, he needs consistency in his daily life, he enjoys the OT sessions and has made good progress.

## Osteopathy

I believe my experience was so easy and beneficial because I already knew the practitioner well, and am used to the process of receiving exercises and self-directed rehabilitation. I wonder, if I was not used to this rehab process, whether the lack of hands-on treatment (and perhaps a lack of experience or trust in the rehab exercises) might have made it less satisfactory.

I did not really know what to expect as I love hands on treatment. I felt that it was so valuable, educational and empowering to be able to get treatment without anyone touching me. The treatment was so successful that I did not need another consult.

I need my back cracked and massaged into place so online doesn't help my rib pain. My ribs have been dislocating for weeks I need treatment in person ASAP so it is very difficult during the pandemic.

I really appreciated the exercises she gave me for my condition and that she did this session free of charge. I was in a pretty bad state and when I found out it was very difficult to see the osteo in Stage 4 of the crisis it was the second best thing.

I'm in such immense pain but don't qualify for treatment until stage 4 is over. I am very upset that I cannot get physically treated as I am no longer able to walk properly or sleep.

Internet kept dropping out which was frustrating.

Obviously this is no replacement for a physical treatment but reassuring. You have to have a telehealth consult to ascertain whether or not you need a GP visit or a hands on visit.

The app they provided me with afterwards has been incredibly useful. However, I know I would have been able to have my issue resolved quicker if I had been allowed to visit him in person and receive hands on treatment.

The appointment itself was fine, I was given exercises to do daily (which doesn't always happen). But they only do so much and are no way near as effective as in person appointment. I was disappointed to find I had to pay the same price as I would for an in person appointment.

The video / internet consultation was excellent, but with follow up treatments I realized that the hands on treatment is also of enormous benefit. The osteopath can actually feel tension in areas often remote from the problem. However, I felt very safe in my own environment.

The video teleconsult gave me more details of the exercises I could do to assist...in a one-to-one, massage is possible, and I missed that aspect. However, both have advantages too.

Whilst the quality of care provided was excellent, the treatment was much less effective in alleviating my problems than hands-on treatment. In saying that, I was pleasantly surprised that it did help a little bit (I was expecting it not to help at all).

## Podiatry

Initial confusion as he requested face-time but I didn't know how to do that, so I requested zoom. He was prepared to investigate zoom, but then my 10 yo daughter showed me that I have facetime.

Mine might be different to others as it was part of a trial.

Quality of care was the same as in person. Technology in terms of internet quality was a concern as it has been throughout the COVID19 period for home based computers and laptops, nothing to do with the Podiatrist's ability.

Software worked well. Good to be able to continue progress while unable to attend in person due to COVID lockdown. Also, felt safer as no need to go out and therefore possible exposure to COVID.

## Speech pathology

A lot more responsibility from the care giver to motivate child, maintain their attention, reinforce strategies, follow through, have materials ready, have technology ready and yet cost of therapy is huge! Telehealth would not be my preferred option at all and I am looking forward to being able to receive direct 1:1 face-to-face therapy again.

As a carer, I have felt increased pressure to implement therapy. My son has challenging behaviour so it's almost impossible to get him to engage in therapy activities without hands on help. I do however understand that some therapy is better than nothing. I want to keep everyone safe and telehealth is the best option at the moment.

Caleb prefers face-to-face therapy and even though he participated the first few times we had an online appointment, he soon became distressed and upset as they continued to be via video.

Extremely difficult to engage a toddler via Zoom for a consultation. I felt it was a waste of time as the in clinic consults were more engaging and hands on with my son the focus. Zoom was more about educating me. Once we met up post lock down the diagnosis was changed after 6 frustrating weeks of trying to teach the wrong things.

For my son being autistic it has been an excellent service. It kept routine for him to continue to work with his speech therapist through the pandemic. Limiting anxiety when everything else had changed (school and extra curricular activities). He continues to look forward to his weekly sessions.

Found ourselves repeating words for child to then say. Lots of time wasted setting up zoom meeting.

Having my daughter to continue speech during COVID 19 was amazing. More skills and adaptation was developed. It was very convenient.

I loved it as my son could receive his therapy still in a safe environment.

I think at times it was difficult for the S/P to assess me but I much prefer this type of consultation, not because I don't want to go in person but I have severe immune deficiency and difficulties with travel.

I was surprised at how effective the virtual speech therapy session has been. I found my son was far more interactive and focused as he wasn't distracted by all the fun things that are normally in his speech therapists room. We are doing some follow up therapy after an 18 months break to fix articulation issues and we have seen a marked improvement after 4 sessions and in home practice.

I've been dealing with various people from Allied Health in Morwell, in person, via video & over the phone. They have all been very professional & the level of care has been excellent.

In the home setting the Child was easily distracted so therapy felt less effective and to find a suitable quiet and separate space was very challenging. Also the personal and social interaction with a real person is a very important part of therapy. It might also be hard for the therapist to gauge the



mood of the child without access to the full range of body language as well as half is usually hidden under the table which is very important and affects the whole session. Also the direct in person social interaction rather than a “screen personality” can make the therapy seem “unreal” and less personal. For young children it can make the line between real and fictional become blurry.

Internet let us down. We missed 73pprox. half sessions due to internet issues.

It has been helpful in enabling us to continue therapy during a pandemic. My son misses seeing his speech pathologist in person, and gets a little more distracted using video over the internet at home, than in person, but overall has continued improving. I appreciate the speech pathologist making the effort to consult in this manner.

It has been wonderful to have the option to continue the speech therapy sessions for my son during the pandemic. Very grateful for technology. However, nothing beats the real thing (especially for something so reliant on good communication).

It was an effective way to continue vital services when face to face was not possible. It allowed for continuity of treatment.

It's so helpful that they share their screen to share educational material during the consultation, to help me understand. I didn't have this with my in-person provider.

It's all good though and I would like to continue doing my speech.

Living in a rural / regional area enabled up to continue our sessions during COVID and also cut out 3 hours travel time which was great.

My son adapted very well to online therapy. It was convenient and he felt comfortable. Previously with face to face sessions my son would occasionally experience anxiety about going to the session.

My son enjoyed talking to the speech pathologist but got distracted in the home environment.

Normally the speech pathologist comes to my home for one to one sessions. I think using video over internet is more efficient for her too.

Our speech pathologist is wonderful, but my child just can't concentrate when he is not in her office. He has been seeing the same speech pathologist for 2 years and the break in routine from office to computer is difficult for him. Video therapy is much better than nothing and we will use it when we travel, but it is not preferred.

Please continue to offer telehealth. I have multiple chronic illnesses and being able to do phone/video appointments had been amazing!!!!

Please organise a better camera - it makes it easier to see you.

Reminders by text to mobile phone would have been helpful as we missed a couple of appointments by accident.

Speechy was great at sending us resources that we discussed during each session and set goals etc. preferred remote access as was less time consuming for the family. Speechy was good at facilitating but you could tell she preferred face to face.

Telehealth offered benefits for busy people who have time constraints. Only on speech pathology where parents or carers have a great role.

The activities were more generalised, not specific to needs... Felt like she was doing the online games with all her clients. Lots of background noise at the speech therapists house, she had bad lighting too.

The sound was not always as clear, and the camera angle could sometimes make it harder for the speech pathologist to assess, but the benefits far out weighed these minor issues. There was no travel time, no waiting, children are comfortable in their environment (own home) more flexible availability (no school absence or work interference). This meant that we were able to attend speech pathology weekly instead of fortnightly/monthly.

The speech pathologist found it difficult to accurately assess the sounds being made/mouth shape and placement and relied on the parent/carer for feedback. The speech pathologist/s were students on placement and so they changed over the sessions, although the supervisor was the same

The speech pathologist was unable to provide the information I required to satisfactorily complete the tasks I required answers for.

Therapist obviously tries to connect with my child to continue the relationship that was established during in-person appointments pre-COVID19.

This is a hard method when having an active child.

This is excellent and really important. I hope Telehealth continues to be an option, as retaining Telehealth post COVID will assist our most isolated and vulnerable members of the community. For example, my daughter suffers chronic pain and often is unable to get out of bed, usually this would mean missing her very important speech therapy, but with Telehealth, I can set up her ipad and we can adapt her therapy session to suit her. This has been life changing for us. Music therapy via Telehealth has also been indescribably helpful.

Though it is convenient to see any consultant through video conferencing, the quality of service remains very poor as there is no substitute for human touch, their physical presence and hands on.

Very difficult to engage with 5 year old. Good for parent only interaction.

Very hard to motivate wriggling or shy children remotely. Parent had to stay nearby to help stay on task much more than for in home visits.

## Appendix 2. Client feedback on allied health consultations delivered via telephone

### Diabetes Education

Absolute importance of being prepared for the interaction. I sent blood glucose level overview for the previous 3 months and the intensive data for the previous two weeks to the educator before the telephone call. I also had a page of notes and questions I wanted to talk about prepared.

Although I felt the session was good I did feel that an in person appointment would have been better as this was my first appointment. I would have liked to have had education on using my blood glucose monitor, and feel that I could have been given some fact sheets etc at the time of the appointment. To register for NDDA I have to go online and print the form, then take it to my Dr at my next appointment. A slower process than it could have been.

Excellent way to access diabetes educator services.

Face to face is preferable but virus concerns meant this was a great alternative.

Great way to be revised.

He often is busy and can't take my call, but he phones me by end of day. I can text a request for sooner help.

I emailed my diabetic educator my test results copied from my book.

I found that face to face consultation was so much better because I knew that I was more confident that I had 1:1 physical contact and direct eye contact with my educator/ nurse. Despite the excellent consultation I received via telephone, it was still impersonal.

I found that we got straight to the point surrounding the diabetes. In person, we would sometimes go off on small tangents which made the conversation more personal. Via telephone, that didn't really happen, and so that saved on time for her and myself.

I would prefer group sessions. Privacy is not guaranteed.

It was excellent. The DE was thorough, professional and engaging. For 5 years I have eaten a very low carb, higher protein diet. The DE made excellent suggestions for fine tuning basal and bolus insulin. In addition, the DE sent an email at the end of the session with all the recommendations they had made - I was very impressed with this follow up! I plan to continue 3-4 sessions per year with DE to maintain my focus on tight glycaemic control.

People who cannot afford this technology are disadvantaged.

The appointment was in conjunction with the specialist by Dr I didn't know he was listening in until the end of the session. The educator began the process of applying for a swipe device and said to call back for instructions for use when I received it.

The experience was non beneficial the Educator was not particularly knowledgeable and just reliant on reading brochures and generalizing my chronic systemic hyperglycemia. Totally out of her depth and more comfortable diverting conversation to her personal life.

Very convenient and easy.

Very helpful - took time to explain blood results and suggestions to lower blood sugar levels.

Was excellent- would prefer this to face to face!

### Exercise physiology

After 3 consultations a personal visit was required to assess additional pain. Very happy how these consultations went. I have improved my health and lost weight. I became much more focused doing visits this way.

As stated above, they only gave me one telephone call and I heard nothing more again. I have recently commenced hands on treatment with a different physiotherapist provided by the hospital I was in for pneumonia in early August 2020. My second hands on appointment is Monday 21 September 2020

I found it hard to explain physical condition over the phone as I don't have the language for all the particular muscles, tendons etc. and without video it was hard to show exactly what I meant.

I have also had telehealth calls with my doctor, respiratory physician, diabetes educator, community nurse and pharmacist during COVID19. I find it very convenient and everyone takes great trouble to ensure you understand new treatments or directives. Also it is helpful as I live about 60km each way to the town where they are based, and I don't always feel like driving. The respiratory physician is based 3.5 hours away. Plus I love that I can still be in my pjs while I have my appointment!!

I was able to stay at home and not affect my mental health injuries by travelling and attending the EP in person at a gym with other people present.

### Occupational therapy

I can see that phone consult may work for some people - and may even be preferable - but not for my family member and for the reasons I was wanting an OT appt for him. How can I adequately describe the difficulty he has trying to get out of bed if she can't see the bed and hasn't met him before/doesn't have access to his full medical file to see details of his stroke etc? How do I adequately convey details of mice, insect infestation, mould, damp, uneven floor surface, smell, lack of a working fridge in the kitchen, inadequate furniture/storage, difficulties using the toilet because of the state of the bathroom, the fact that there's no heating or cooling in the flat and no glass whatsoever in one of the windows because it fell out years ago, the difficulty of him getting up the stairs to his first floor flat etc etc. OT needs to do a home visit to see this in person. I wonder if this doesn't impact on what she will write in her report for NDIS and whether lack of a home visit will disadvantage his application.

If my initial meetings with the OT were via phone I feel it would have been harder to do things like desk set up, seat ergonomics etc. I was lucky that this was all done prior to COVID so the phone calls were just checking in.

The only thing I can think of since reading these questions, is the choice of video or voice call. That would be great if I had been given the option.



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Whilst I had no choice if I had not seen clawing in another person I would have had trouble describing it. I also have been unable to keep physical appointments as I have had non stop colds since September 2019, due to my immune response to visiting hospital weekly for 3 months. My asthma is exacerbating this. I am still worried about going to see Orthopaedic surgeon for review.

### Speech pathology

It was good to discuss how I was implementing the changes discussed in our initial video consultation. It made no difference to the effectiveness of the session being over the phone versus in person.

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## Appendix 3. Complaints and negative feedback about telehealth via video over the internet

### Diabetes Educators

Drop out of internet and interruption of interview

Face to face consults are preferred. Many patients have expressed concerns about the non-personal approach telehealth provides

Just preferred face to face

No complaints as such but some clients have preferred to wait until a face to face service was available.

Patients have said they preferred face to face consultations.

Person with Gestational Diabetes unable to understand instructions both verbally and emailed. Required face to face consult. Referred to another practitioner

Preferred face to face

Pregnant women requesting face to face reviews as they are feeling concerned and worried about their health and that of their baby

Quality of calls

Some patients - mostly 45+yrs did not feel the experience was the same as face to face

Want face to face

Wanted to see me face to face to upload technology

### Exercise physiologists

Don't have technology/confidence to make it work.

"Not the same" "less superior to face to face" "internet delay/lag" "sound quality"

Clients own Internet connection

Connection too slow or lag or screen keeps freezing.

Didn't feel personal. Poor connection heavily impacts as well

Difficulties in operating various video platforms due to lack of software, poor internet connection, connecting at the specified time

Difficulty using and setting up

Difficulty with internet connection only

Doesn't feel as though the sessions are as well supervised.

Few patients have indicated they look forward to return to face to face however have been very glad to have the alternative of telehealth. Technology troubles have made it difficult for some patients and others have missed particular areas of their usual care that occurs only in face to face.

Internet connection

Internet service dropping in and out

Just due to some technical issues, for example issues with internet connection, rather than the video call itself.

Mainly for technical issues and the fact that the EP unable to be there in person, but otherwise all positive feedback.

Many patients only want face to face treatment, not "some silly video" Some patients feel they should not have to pay for a video consultation

Most did not like it, less personal, many struggled with the technology

Negative feedback has predominantly related to technological issues e.g. video but no sound or visa versa

Negativity about the process eg they prefer face to face as they get more out of the session.

Not beneficial, ceiling of service with equipment at home

People just preferring face-to-face. Therefore wanting to wait until we reopened compared to getting started via Telehealth.

Poor internet connection

Positive - clients enjoy easy access, felt safe in current climate - majority good up take of therapy recommendations and prescription - running groups so clients can connect socially. Negatives - some find overwhelming and distressing - communication difficulties - connectivity issues - issues with interpreters

Some issues with connectivity

Tech difficulties

Technology issues at the start

Technology issues with the platform use. Poor internet connections

The platform we used was initially complicated and had a lot of tech issues.

The platform we were using was not stable to begin with and had many issues which became frustrating for clients. It has since been rectified

The unreliability of the Physitrack software.

Therapy for kids was difficult to achieve over Telehealth, we brought most people back to home visits or into clinic as soon as possible

They only wanted face to face sessions which were not allowed due to restrictions

Unable to complete adequate assessment

Usually technology issues.

Weren't motivated when they were by themselves

Would prefer face to face disliked trying video conference as they could not get what they wanted e.g hands on treatment

### Occupational Therapists

Bad internet connections, technical issues impacting therapy time, clients would prefer to receive face to face therapy.

Client advised they missed being able to connect face to face.

Client did not feel sufficiently connected to me; that rapport was difficult to establish and maintain; client felt isolated; technical difficulties interrupted the flow & rapport of session

Difficult to engage regarding complex issues

Difficulty with internet

It doesn't work for the said client

It's hard for the same quality of service to be provided, it can cause the child to become upset and have meltdowns, you can't assess the home environment fully through Telehealth, can't provide physical adjustments/measure clients for equipment

Mostly that they really wanted face to face sessions and were glad to be able to resume face to face

Not as effective as hands on.

Not person centred enough, can't read body language, feels awkward, doesn't allow for conversation flow and pauses to think - too much pressure to constantly speak

Not very personable, hard to talk when they are mindful about other people in their house overhearing them

Parents did not feel Telehealth appointments were adequately meeting therapy needs of their child. When child's behaviour was very complex- very difficult to manage behaviours on a video call

Patients disappointed they cannot come in for a face to face or prefer not to use the internet

Poor connection, person preferred face-to-face and/or hands-on treatment, issues with email reminder with link not being sent through due to technical issues.

Poor quality of internet connection affecting communication

Reduced engagement from early intervention clients.

Relied heavily on carer involvement for successful therapy

Requesting hold of service until face to face. Their children not engaging as well with Telehealth

Specially from clients who were not suitable or did not have access to internet. They feel left out and reported been worried about missing out on therapy and concern about their NDIS budget.

That it didn't suite/wasn't working for their child. Family chose not to receive coaching or participate in a home program as alternative method to direct Telehealth with the child.

That it is hard to explain and demonstrate through the computer

The child did not engage as well as in face to face sessions.

## Osteopaths

Didn't meet needs or expectations

Difficult for parent to follow exercises given without being shown in person

Its just not the same as a face to face consult.

Mainly difficulty with internet connection/ speed. A couple of people who just wanted hands on / face to face appointments and have since decided to wait until they can come back in.

Patient desired hands on treatment in addition to video consult. Still considered video consult helpful.

Patient finds it less valuable than face to face

They prefer face to face

They would like hands on treatment

Too expensive

## Speech pathologists

Child not engaged, too hard

Difficulties accessing technology/technology unreliable - Perception of suboptimal assessment/management in comparison to face to face

"Too hard with other siblings at home"

1 paediatric client did not continue telehealth due to attention difficulties and her Mother questioned why it cost the same when they felt it was less effective. They resumed face to face when possible.

A family complained that the child receiving telehealth was not able to attend for over 15 minutes.

Challenges with connection, limited/less goals

Child found it harder to relate to me and didn't want to participate.

Child unable to concentrate

Child unable to focus, Zoom technical problems

Client more easily distracted during therapy at home. Audio quality poor at times. Unable to adequately assess in some cases i.e. for an oromotor exam

Client not behaving/ engaging well. Poor connection, slow video, poor audio

Clients parents felt that the nature of therapy wasn't the same when delivered via teletherapy. Their children found it more challenging to stay focussed and attend. They said they preferred face to face and wanted to save their money for when this was possible again.

Connectivity/access issues.

Difficult for clients to hear specific speech sounds / for therapist to hear specific speech sounds; difficult to engage clients to same degree as face-to-face

Difficult to engage in therapy as well via video, not as personal/facilitative of treatment practice

Difficult to hear high frequency speech sounds so the flow of articulation therapy is impacted

Difficult to keep the attention of her daughter on a small screen, and distractions at home compared to in the clinic. Difficulty with internet connections.

Difficulties with engagement/attention. Difference in effectiveness of therapy. Technical difficulties.

Difficulties with use of technology platform
Difficulties with using the technology, difficulties with managing child's behaviour
Difficulty with using interpreters, difficulties with observing children during initial sessions when I had not met them before
Dissatisfaction with the technology
Distractions from being on the computer/ipad
Do not think it's "as good"
Doesn't work as well. Child not as engaged. Internet not good enough (client's internet).
Family don't feel it is as effective
Felt their child would benefit more from face to face- be able to concentrate and remain engaged for longer.
Felt they were not benefiting. Specifically wanted face to face with clinician providing hands on therapy not parent education
Hard to maintain their child's attention at times. Some parents complained about having to remain with the child during therapy when they had other children to look after.
I work with people with ASD some who experienced extremely high levels of anxiety associated with COVID who found the changes in service delivery difficult to manage - as well as the other sudden changes. They have associated return to face to face as a sign that things will be ok.
Internet connectivity issues, parents unhappy that supports focused mainly on parental education and not working "directly" with the child
Internet connectivity. Clients wanting to come back into clinic.
Less engagement due to child's typical environment
Lots of parents reported that it was stressful to keep the child engaged over a screen. They often had difficulty getting their children to stay in the room because they had access to the full house compared to be restricted to a single room in a clinic setting.
More around that they don't think that Telehealth is a good fit for their child and that they do better in face to face therapy. I've also had comments about the limited amount of things you can do on teletherapy as opposed to face to face therapy.
Most clients did not like Telehealth as activities were not as fun or engaging. Difficult to hold attention and far too many distractions at home.
Most clients prefer Telehealth - in terms of their child's ability to engage
Mostly related to poor quality of coviu/Pexip - freezing, not able to share images, poor sound quality
Not as good as face to face, not as much actual therapy time in the hour session, hard to engage the child
Not related to my practice specifically, just that they preferred in person visits and found Telehealth less effective.
Not suitable for client, could amount to a waste of funding, client not able to access the service delivery method and lead to increased stress on parent
Not suitable for young children; negative feedback usually from technical issues
Not working for them, hard to engage.
Occasional technical issues - typically related to access to technology and internet service in the home. For very young clients, attention and behaviour management have required a lot of coordination between me and the carer. There have been varying degrees of success with this. Also, some clients working on social communication (particularly those with autism) would benefit from onsite and group sessions.
One felt it wasn't comparable to do face to face. She continued but she kept requesting face to face and said she wasn't happy. Although didn't take offers to see another therapist face to face
Only from clients for whom it didn't work. Mostly this was due to the child refusing to engage due to their disability. We continued via telepractice and tried different activities with the child; or we did parent coaching/training/discussion. As soon as face to face was allowed, these 4 clients returned to face to face while all my other clients continued telepractice for longer. Later sometimes scheduling telepractice was challenging as it didn't fit in school hours- for a few clients.
Parents are tired, they were home schooling and being the therapy assistant during sessions also
Parents concerned therapy would not be as beneficial and that their child was missing out on rapport/connection with therapist
Parents don't feel their child is getting as much benefit from it
Parents expectations not met and prefer face to face
Parents felt the therapy was too onerous for them as they now felt the responsibility to be the therapist. This was a family who didn't complete the homework prior to COVID19 nor during. They disengaged in preference of a clinic still providing face to face appointments.
Parents found it too difficult to facilitate given family circumstances particularly with other changes to routine eg home schooling.
Parents have reported it to be challenging engaging their child to sit in front of the screen for sessions & to manage their child's attention to task, also to coordinate the different materials required for the session to run smoothly (eg. picture stimuli, rewards, technology set up)
Parents of young children concerned that the child will not engage over Telehealth, despite many conversations that parent coaching is evidence based
Parents report that their children don't get as much benefit from telehealth as they do from face to face sessions where conditions can be controlled better. Young children can have difficulty developing rapport with a stranger over a screen
Parents reported that their child was unable to stay seated at computer/iPad for duration of session (clients 3-5 years old)
Patients with cognitive impairments have difficulty using teleconferencing platforms and computers/iPads
Poor audio quality and at times lag in video means it is difficult to provide feedback for clients with speech sound difficulties.
Poor audio/ visual due to internet capability
poor connection difficult to keep child engaged
Poor internet connection Lack of engagement Not able to hear clinician or client Difficult behaviour management
Poor internet connection - issues with vision and sound
Poor internet connections and less hands on games
Poor internet connections, lagging
Poor video/audio quality due to internet connections. Inability to accurately assess via telehealth e.g. speech sounds
Prefer face to face sessions due to clinician assisting with behaviour management and engaging child.

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Prefer face to face; child not as engaged via Telehealth; problems with technology

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Preference for face to face services

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Some children have difficulty maintaining concentration and motivation via video

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Some families find the technology and internet reliability frustrating. Some families feel the service should be cheaper. Some families find it too hard to keep their child engaged or feel that they need to do more now that I'm not seeing the child in person. Some feel it doesn't work for their family.

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Some parents recognised it was less than optimal for their child, but persisted knowing it was the best we could do at that point. A couple of parents were scared by the technology, but I guided them through. One child didn't like seeing himself online, so slid under the table and wouldn't talk.

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Sound and video quality. Maintaining engagement over period of months.

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Technical problems e.g unable to share screen, audio delay.

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Technology

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Technology issues

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Too challenging for cognitively impaired client to attend

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Too difficult for parents. Boring. Too much screen time for kids.

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Too much organisation in their part. Didn't feel like it was the same experience for the same cost as a face to face

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Unstable internet resulted in dropping out and less than ideal audio/visual quality

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usually internet related (drop outs etc), or resources not working well, wanting to do things face to face

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Very mild feedback from the clients who I deemed unsuitable for teletherapy, once seen face to face - the parents/caregivers have said "see, isn't this better than a screen", etc. Two clients refused to be seen for telehealth services at all, and one client left the service to find a face-to-face provider. The other client has not re-presented to the clinic yet.

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Video consults were inappropriate for the client

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## Appendix 4. Complaints and negative feedback about telehealth consults via telephone

### Diabetes Educators

Complaints that over the telephone consultations are not satisfactory related to hearing impairments, complexities of health issues and not a personal approach to care.

Many prefer face to face, particularly if they are socially isolated, but are happy to have telephone consults during the pandemic.

Missed information/understanding

People stated they prefer face to face consultations

Poor quality of phone line/unclear sound. Client prefers to be at clinic for face to face.

Prefer face to face

Prefer to be seen face to face.. often have a longer consultation face to face than on the phone & cover more information.

Prefer to see in person, difficulty with repairing issues with meters and showing BG numbers

Some clients prefer and need face to face consults

Some people would just rather face to face, visual learners, etc

Unable to use technology. Prefer face to face

Unable to visualise teaching aides or learn to use equipment

Unclear of instructions and unable to apply hands-on practice without supervision.

### Exercise physiologists

Not as good as via video or in person

Lack of video/visual feedback

Not as good as face to face option

Older clients prefer face to face

Prefer zoom, but not able to use

Some issues with call quality & signal loss

Some people struggled to hear over the phone or were not able to understand what I was explaining

### Occupational Therapists

Difficult to connect without face to face contact.

Not very personable

Wanting to be seen in person

### Osteopaths

Didn't meet needs/ expectations

Prefer face to face

That clients expect hands on and don't believe a phone call is/ can be the same

They don't like it

They want hands on treatment

Tough to understand without a visual

### Podiatrists

Too difficult and didn't feel adequate not being face to face with practitioner (me)

### Speech pathologists

"not the same as face to face"

Difficulty communicating with me, difficulty expressing their needs and feeling unsatisfied with service. Client doesn't feel comfortable with this form of service but doesn't have internet access

One parent did not feel that the phone consult was as useful as face to face therapy. This same client is requiring much education around the idea of best practise in early intervention.

People don't understand the client over the phone

Prefer face to face, due to clinician being able to develop greater rapport and support.

Sound quality can be poor when working with children who wander away from the phone, making it difficult to hear them well. Parents can have difficulty concentrating on discussion with the clinician while also managing the child's behaviour.

They didn't feel like they received the support they felt they needed (modelling, seeing the therapy in action, etc)

They'd prefer to do consultation face to face

Unable to adequately assess and provide therapy for dysarthria with no face-to-face service

## Appendix 5. Adverse effects/events related to delivery of telehealth via video

### Diabetes Educators

Just needed extra support and education

### Exercise physiologists

Fall over telehealth.

Falls, low BGLs, SOBOE.

Hypotension

Technology did not always work, or sometimes they had trouble using it.

Vertigo episode

### Occupational Therapists

Some children have had extreme reactions to not having clinicians do home visits. Meltdowns, increase in anxiety and aggressive behaviours - unable to complete home modification measurements and quotes, reducing ability of client to participate in daily activities

Poorer outcomes i.e ongoing oedema, reduced ROM

### Osteopaths

acute soreness or pain after performing an exercise.

### Speech pathologists

Becoming distressed at not coming into clinic, extreme meltdowns. Confusion at situation.

Children who has ADHD cannot stay focus for the whole 50 min session.

Difficult to support families when children became too disregulated and families were still learning about their child's sensory needs.

Increased anxiety reduced engagement in the intervention

Internet connections too unstable to continue with SP sessions via telehealth which disrupted service provision.

Many missed out (no device, internet)

Not sure - but some clients did not enjoy telehealth, some engaged less, some did not progress

One client became upset when being told off by his mother for not paying attention and ran away to his room. One client locked himself in the bathroom at home refusing to commence the session, due to reduced transitioning time and being asked to stop playing in the backyard.

One client did not maintain previously achieved outcomes in her production of sounds, and actually mixed up sounds she had been saying correctly before the telehealth sessions.

Only 1 client who started withdrawing more and more - but this was across the board in all situations for him. He had autism and wasn't coping with all the changes. He was the main client I changed back to face to face when we were able to later. I noticed only about 20% of my clients it did not work for.

Progress for some has not been as rapid as it would have been in person, but it has at least moved forward in a challenging time.

Some children became fixated on technology and engaged in behaviours of concern when unable to play on devices like they wanted to

Some had less progression with goals.

## Appendix 6. Adverse effects/events related to delivery of telehealth via telephone

### Diabetes Educators

Missed changes to insulin dosing

Mistaken instructions and directions.

Not understanding treatments.

They forgot things they wanted to say - normal visual triggers of being in a room with you are not there. Unable to look at peoples feet - and see the real issue and take action. Unable to look at BGLs - can only know what the patient wishes to share.

### Occupational Therapists

Therapist not picking up concerns early, as all based on patient reports

### Speech pathologists

Patients were less inclined to share information, unable to view non verbals or behaviours which meant patients who had complex ABI often didn't receive as quick onward referrals to e.g psych or their GP due to their behaviours presentation or mood.



## Appendix 7. Safety concerns related to delivery of telehealth via video

### Diabetes Educators

Did client have proper technique for insertion of cannulas? Did client understand the change to insulin dosing? Written info sent after apt.  
Difficult for clients to be present during consult when home life is chaotic and child care demands  
Had to ensure private mobile phone number remained private Eg-Facebook FaceTime video shows mobile number  
In Private Practice unable to access Health Direct, have contacted PHN as suggested and had NO reply to emails or support to provide / not keen on using Zoom  
Not always able to "lock the room" for a private conversation  
Some follow up patients for reviews  
Some require a follow up in person if high risk  
Unsuitable and poor understanding of use of devices, concerns re dosage errors, engaged home visit services

### Exercise physiologists

Assessing balance and falls risk - mobility concerns - observations such as HR, BP, BGL in the case they didn't have equipment  
A client, after completing radiation to neck area, experienced a probable hypotensive response to exercise with therabands, the event was resolved safely in this instance.  
Acute exercise rehabilitation that required greater feedback in person to facilitate best technique.  
Cardiac concerns and symptoms. falls. inability to check BGLs. no-one else being in the home in case of assistance required.  
Client might lose their balance or not quite understand what I needed the client to do.  
Concerned for falls risk.  
Concerns re completing exercises correctly/falls risks  
Confusion during instructions leading to incorrect use of equipment  
ct who were working on standing and walking - some were not suitable or carers/family were able to support.  
Difficulty with body posturing for MS client. Increased risk of flare up of reoccurring injuries/joint displacements.  
Episodes of hypotension "Near miss" - i.e. lose balance and almost falling over  
Essential to provide environmental checks to ensure patient safety - especially prior to any group sessions.  
Exercise participation when they are not monitored. Heart failure symptom monitoring  
Fall risk clients, needed to alter program to a seated program as they were home alone  
Falls risk, cardiac patients exercising without extensive obs being taken  
Falls risk, Potential for Autonomic dysreflexia  
Falls risks, some required a partner or carer or family member to be home  
For the elderly-falls risk  
High falls risk and balance. Inadequate technique and poor movement with external weights. (All happens in person)  
Lack of space to complete movements can cause safety concerns  
Making sure that when the client was doing exercise that they were in a safe place and minimising the risk of injury  
Making sure they were doing exercises correctly  
Manipulating patient positions, furniture in order to adequately assess/guide etc often had to be bypassed as a result of safety.  
Many of my patients have progressed disabilities therefore affecting their transfers, walking and balance. Client would perform unsafe transfers and commence activity when advised not to for safety reasons.  
Mental health related risks  
Potential falls, leaving camera frame  
Prosthetic on tiles  
Safety of patients completing exercises at home.  
Some participants only given chair based exercise due to falls risk. Required to have another person present to assist and for safety during video consults.  
Trip hazards, fans, risk of falls  
We stipulated that they would have to have another person present during their consultation to ensure their safety

### Occupational Therapists

Adolescents having individual sessions without parents present in the home  
Client burnt self on stove top  
Difficult to be fully aware of the environment client is in. Unable to properly assess transfers & home set up.  
If parent is not around, who is supervising the child?  
Incorrectly competing therapy techniques  
Only happened on two occasions - one for mental health reasons - high risk of suicide; and the other was a risk of falling.  
Patient with tendon condition needed hands on support to change their splint as the finger needed constant support, and the call quality was quite bad. We deemed it safest to leave the splint on and have the patient come in the next day to physically demonstrate safe splint changing.  
Risk of tendon rupture during telehealth session  
Schools have requirements that made it impossible to have sessions.  
Tricky to assess risk of harm to self and others

### Osteopaths

Confidentiality

Falls and lack of equipment. Unable to properly assess and examine

I felt I couldn't cue and correct as well as face to face. Trying to modify exercise and movement without touch proved challenging.

Privacy

Some patients only wanted hands-on therapy.

## Speech pathologists

A couple of parents set their child up and then left the room. In both cases the child was older (9 and 12), and the families had been working with me for years, but I was still a little uncomfortable that the child was left with me unsupervised and discussed it with the parents. In both cases they hadn't thought about it potentially setting a precedent, or how the child may perceive it.

Swallowing/feeding assessment difficult via telehealth, particularly with complex clients. - Concerns re vulnerable clients being unable to access face to face services.

At times people were in their homes that I did not know and this meant I had to be careful what I said some parents left their children unattended, assuming I was 'babysitting' them

At times, needed to remind parents to stay with their child in front of the screen for the whole duration of the session. Children not to be left alone on screen without parents present and visible to SP.

Clients with swallowing disorders it was not recommended as clinician could not accurately see or hear what was happening.

Concern regarding risk assessment and management in adolescent mental health

Concerns about safe networks (e.g. zoom not having appropriate encryption etc. Concerns about child clients not having a parent in the room with them during sessions.

Did not feel confident that I could assess complex swallowing or speech sounds due to sound quality

Dysphagia management does not feel as 'safe' via telehealth as you cannot visualise client clearly.

I was brought into verbally abusive event from my clients father, directed towards myself and the clients mother.

Incomplete , inaccurate findings/observations may lead to aspiration or choking events, more difficult to build relationship with neurodegenerative client and at risk family

Internet connection on clients end

Limited ability to control environment

Mental health deterioration for parent of one client; during another client's sessions, I could hear significant frustration and fighting of parent with another sibling.

No video recording sessions. Must be a school staff member present in the session. During remote learning parent must also be present.

Not having parent present

One very firm on requesting skype not zoom

Safety issue if parents leave room without therapists knowledge.

Sensitive/private topics broached by teenage client (who did not want parent involved in session) which they have never done in person.

Swallowing assessment, concerns of coughing with diet and fluids. However family member present so all okay.

Swallowing can't be well assessed this way.

When parent would leave the room during a video consultation and the child and myself would be left alone, meaning that there was no line of sight.

## Appendix 8. Safety concerns related to delivery of telehealth via telephone

### Diabetes Educators

Disability and hearing impairment not understanding treatments.

Had to ensure mobile number was private

Many elderly clients are hard of hearing. Also difficult to assess patients without seeing them.

Missed information/understanding/skills missing changes to insulin dosing

No evidence of Blood Glucose Levels (suspected false readings being read out on many occasions). Lack of perceived understanding, sending of scripts to their home address. Inability to physically assess.

Phone line service in few areas like Mickleham, Craigieburn and Greenvale.

Some people in cafes / clubs to accept call for conversation and saw no issue with that!

Some telephone appointments were in public places, making healthcare discussion inappropriate.

Unable to assess the retention of understanding, knowledge, and safety, to apply into self practice.

Unable to observe and assess how the patient is performing insulin admin and BGI monitoring etc

Unable to watch practice insulin delivery into practice ball. Relying on client to explain steps on how they deliver insulin

You haven't got their whole attention/You can't see body language - it is easier for patient to tell you what they think you want to hear.

Confidentiality and confidence to share social issues effecting management of their diabetes/Not a holistic approach - more measured and not allowing the truth to flow/very impersonal and the list goes on

### Exercise physiologists

A lot of our elderly patients took up the phone consults so it was often just chatting about their health and exercises as it was too dangerous to ask them to move when we were not there and could not see them

Being unable to view exercise technique. Clients seem less likely to do the prescribed work properly.

Clients presenting with risk of harm to self - management strategies different by phone to ensure client safety. Could not prescribe exercises to some clients due to fear of incorrect technique and thus risk of injury

Falls

Falls risk Injury risk

Falls, cognitive impairment

Hard to establish if safe at times as purely subjective

### Occupational Therapists

Case load consists of the aged population (65+). If they live alone & have poor mobility, I am trying to assess their functional capacity so ask them to give me a description of their ability, if they try to do the movement on their own & have a fall I am not there to assist.

Not able to assess the patients or review the technique they are using for exercises etc

Without being able to see the client, it was hard to see how they were doing physically/mentally and I needed to gauge that on the tone of voice.

### Osteopaths

Some needed visual cues to correct self-management techniques

Falls risk - unable to accurately assess

Informal discussion rather than informed consent consult that would occur if formal, paid consult.

It's very difficult to determine diagnosis and provide adequate assessment. High stress levels for me as their practitioner.

Not knowing if they have understood and / or taken advice

Unable to see the area of pain, make a suitable diagnosis

### Speech pathologists

A client with mild intellectual disability wanted to develop their social skills via. telephone sessions. As they rely on visuals to aid their comprehension but didn't want to access resources sent to them via. email for sessions, they became frustrated with the sessions and saw an increase in their presentation of behaviour of concern.

Having my phone number

Not being able to confirm that the parent was with the child to ensure child safety protocols were adhered to.

Unable to assess adequately over phone.

Unable to fully assess and treat dysphagia and Laryngectomy

You can't see what the child looks like which can have big consequences particularly for at risk families

## Appendix 9. Positive client feedback related to the delivery of telehealth via video

### Diabetes Educators

Ease of attending consultation/ reduced appointment burden/ reduced time taken off work - Ability to share information over the screen
Appreciate being able to do consult from home. Time saved not having to travel to consultation. Less DNA's
Appreciating the service I deliver
Availability of time and place that suits without having to travel for hrs.
Child care - as children unable to come to the hospital and or usual child care closed / unavailable women find it convenient to stay at home
Client was happy to re book a telehealth appointment
Clients found the platform easy to use and were happy to be able to see us rather than just speak on the phone.
Clients happy for continuity of service - Commented on positive contact as limited contact due to lock down
Clients loved being able to remain safe in their homes and receive education and support
Clients reported easy access particularly in relation to avoiding risk if COVID
Clients very grateful to have access to my services - without telehealth they would not have been able to receive my advice or reassurance regarding their diabetes
Convenient
Convenient and safe with COVID 19 restrictions
Convenient Safe during pandemic
convenient. better engagement. able to focus on the appointment as not running from one thing to the next. clear information. feeling engaged and focus on them
Convenience. avoid hospital or transport to hospital
Ease and quality of technology - benefits of not having to travel to appts - either for DE locally in regional Victoria or up to 2 to 5 hours to specialist appt
Ease of access especially remote settings
Ease of appt - no need to travel to clinic, more convenient, flexibility with appt times
Ease of use. Patients do not need to travel for their appointments. Felt they still received same standard of care
Easier than travelling to appointments Reduced time needed to travel to appts so less time away from work/study. More flexibility with appointment times. Most have indicated they would prefer to continue telehealth appts rather than F2F
Easier to attend appointment can be at work and not have to travel and take time off work
Easier to attend while remaining at home. Easier than the phone as able to see the device as part of the consult.
Elderly not having to leave home and mums with small babies and rural and remote areas
Flexibility and convenience
Flexibility, ease of use, more available for video chat compared to face to face, and couldn't get into see me in my monthly clinic face to face so instead of waiting for next month was able to book in via Health Direct
Flexibility.
Glad not to have to travel to appointment feels more confident of avoiding possible infections
Good, worked well and effective appreciate the provided educational resources
Grateful of contact during COVID
Grateful to be able to connect with others during COVID, able to started injectables without any unnecessary delay.
Happy they didn't have to travel 8 hours and no risk of infection by accessing services
Having access to education and support during a pandemic and having to self isolate
I work in a rural area so some of my clients appreciate not having to take the day off of work to attend and older clients do not have to find someone to drive them to appointments - we have no public transport. Clients also appreciate the flexibility of appointments e.g. I can do them after hours or if urgent can see them quickly outside of normal clinic hours.
Less travel and time off work for appointment
Lots and lots of positive feedback with the common themes of convenience of virtual consultation, ease of access and easier than attending a physical location. One client reported feeling more supported because she could speak to me on the phone when needed.
Lots of thanks for good service.
Love ease and been at home
Majority of clients have been happy to be able to continue to have a service offered/ delivered, particularly regional clients where access can be difficult due to availability or lengthy wait times.
Many clients preferred this as it reduced their need to come into the hospital or their risk for illness
Many people are happy they do not have to put themselves at risk and leave their homes for a consult
More convenient. Like the format
No need for travel, time efficiency, no need for babysitting
No requirement to travel
No travel. Have education in their home - safe environment
No travel, more relaxing at home, no other distractions, no parking issues, saves time, could access while for example truck driving, by stopping where were,
Not having to travel, saving time, convenience, comfort (from home), safety, ie not having to leave home
Not needing to travel or take time off work

One client prefers to ring me via messenger instead of phone call so he can see my face when we talk. It helps him feel connected to a person whilst he is in isolation. It also helped him to show me things he wanted me to see. He has some degree of learning difficulties so visual cues are normally important to him. He was happier when talking via messenger and thanked me for allowing him to call me that way.

Patient confidence during pandemic, not having to increase risk going out but still being able to access quality health education when needed. Convenience for those with mobility issues and difficulty in obtaining travel.

Patient had consult in timely manner rather than waiting for clinic. Client didn't have to travel.

Patients carer unable to attend hospital for education due to visitor restrictions. Video conference allowed for carer to begin education on patients diabetes management while unable to attend hospital

Patients happy not to leave home travel to appointment No need to take time, extended time off work

People could avoid contacting COVID 19. Convenience. No traveling .People with difficulty of coming to the clinic due to impaired mobility

Pleased they remain in contact without having to leave home

Preferred acopia over vc as Scopia felt more personal

Quick easy. No parking fees. Does not need to take days off work

Reassurance to see a face and be able to interact with someone person to person (Albeit via video)

Reduced time - could have in office, at home and only took the time of the consult - no travel or waiting time. Found just as useful as face to face

Regional patients have preferred telehealth and so have many of our young adult patients. They prefer it because it means no travel and is easy to schedule due to work and study commitments.

Remote clients do not have to travel which means cheaper, more timely, more available health care is available to them. Clients, especially older clients, are not afraid of breaking their self-isolation to attend a health consultation with the CDE.

Save travel time

Saved travel time to appointment Felt comfortable in their own home

Saves time, can do at work , cheaper as do not have to take day off work, pay travel and parking. Find just as useful as face to face. Feel safer

Saves travel and time away from work. Can schedule mutually suitable times.

So much easier to be seen at home then come into the clinic. No traffic, less stress, everything still discussed as needed.

Some of the clients really love the flexibility and comfort of doing appointments from their home.

Some want to continue once isolation is over as it is more convenient for them and they don't need to take much time off work they can do consults in lunch time at work

They are able to take 1 hour off their work time for consultation, convenient, save travel time

They love the convenience, flexibility, not having to drive anywhere, not having to find a park, being able to see me on any day at times that work for them not having to fit into a clinic session. Being able to wear their pyjamas 😊 and eat their breakfast while talking to me. No stress rushing to appointments.

Time saving for patient as he doesn't need to take time off from work to see me

Time saving with travel and parking for appointments. Can do the session from home/work

Timeliness of consults and the ability to be more flexible for consult times

With many parents attempting to multitask during the day eg home schooling, undertaking work from home, the ability to attend / discuss to their own health needs over the internet saved them time++.

## Exercise physiologists

Satisfied

After experiencing a telehealth consultation many of the parents realised that it was an actual therapy session and not just a check up/ chat with the parents - the children were able to engage and complete activities

Convenience. - My patients have carers/drivers who take them to the clinic for treatment, patient felt they save a lot of time not dealing with transport. - My patients are immunosuppressed and felt via telehealth they were still getting good treatment without risking their health. - Patients have expressed that they would like to continue tele-health services in future.

- Loved the convenience of being able to have consult from home - Loved the ability to have exercise options tailed to their own home environment  
- Surprised at the lack of drawbacks to telehealth - Surprised at how easy and effective the technology is to use - Less anxious for initial consult via telehealth than having to go to a clinic and wait in waiting rooms - Reduced cost of having to drive and pay for fuel and parking, or pay for public transport

- Not having to leave home - Increased compliance of program - Ease of program

- Still get good results from comfort of own home

- useful - good change in interim - another tool for exercise

+ don't have to travel to attend appointments. + feels comfortable/confident to complete exercises in own home. + able to adapt exercises for ongoing use at home as clinician can see the home environment.

85% positive feedback, especially in older clients who were more at risk of COVID. Also if client could not make it to clinic due to pain or minor illness, can still use Telehealth

A huge thank you to all the amazing staff for all your time and hard work over the past weeks. It has been challenging at times, but we are so grateful that we could continue to work on my child's skills and goals even though we were home. To see him continue to make progress and enjoy this different way of doing therapy has been so great. We have really appreciated the positive encouragement, adaptability and patience of his team as we fumbled around at home getting everything set up, dropping or moving the I-pad, and the attempts to keep a cheeky little guy from escaping :). Thanks for including the older kids too during their home schooling - the break from school work was welcome! My child and I have missed seeing you all in person and will be so happy to be back to face to face next term

Ability to continue with their rehab with some guidance rather than being left completely on their own

Able to continue with management in the comfort of own home; did not feel as though injury progressed during this time

Able to provide services to people in rural areas who would otherwise be unable to obtain services.

Accessibility, ease of use.

Adaptable service and convenience from home

Allowed them to continue in a monitored session

Appreciated that they could still get help and continue to progress their program

Assisted patients who find it difficult or are affected negatively by travel; time commitments; increased compliance as easier to access the service. Especially behaviour change and lifestyle modification, chronically ill, injured or pain patients benefit very well from this type of service.

Beneficial to maintain services and reduce travel

Can keep appointments when extremely fatigued

Chronic fatigue patients can save energy for the consult rather than wasting it on travel. Patients with anxiety are more comfortable at home

Client happy they could continue receiving treatment and having contact even though the gyms were closed.

Clients found it helpful to have direction while at home

Clients found the access easier. Convenient. Safe. Familiar environment

Clients have reported that they are more comfortable attending a TeleHealth appointment due to anxiety issues that often arise when coming into the clinic or having to be around different people. Clients feel more at ease at their own home. Other clients have liked not having the commute to the clinic.

Clients reported good experience

Clients very happy that they could receive care, liked being able to see me (the clinician), felt rapport was very similar to face-to-face.

Clients were pleased to have an alternate option when COVID prevented F2F sessions.

Comfort of own home, can wear pjs, no travel required, more flexibility with appointment times

Continue treatment, getting great results, reported results to their neurologist

Convenience for clients

Convenience from own home, and am able to provide same level of therapy at home

Convenience of no travel, home environment. Group classes have created accountability and motivation

Convenience to exercise at home.

Convenience, less travel, better accessibility.

Convenience. Reduction in travel time reducing a barrier for sessions.

Convenient

Convenient and don't have to leave home

Convenient, safer for high risk patients

Convenient, saves travel time. Can reach people interstate/overseas/while on holiday.

Didn't expect it to work so well so happy with the outcome

Don't have to leave the house. Still able to exercise with help from AEP

Ease of access and flexibility

Ease of service and convenience

Ease with demonstrating exercise, being able to feel safe and get the same service as face to face delivery, quick and efficient delivery

Easier to fit appointment into the day by reducing commute time and parking. Worked well for parents with kids at home

Easily accessible, more convenient

Easy access

Easy and accessible

Easy and don't have the stress of leaving house

Easy communication and relate my consult and treatment with their environment

Easy of access, cost of access, time efficient

Easy to use, flexible in nature, less stressful going into the clinic, less travel into the clinic for appointment face to face.

Easy, follow up, direction.

Efficient, convenient, effective

Enabled continuity of care and kept them connected

Engaging, professional, still able to benefit

Enjoyed at their own home, safer

Enjoyed sessions still felt like a workout

Enjoyed the risk reduction of COVID while able to still exercise. Loved the social engagement and flexibility.

Enjoying the sessions and being able to complete in their own home

Feedback suggested that people were surprised how well it worked and that they could still get individualized care and technique feedback.

Felt as good as f2f, just no equipment

Found that they were helpful due to not having to leave home

Found the consult almost as good as face to face. Much better than expected. Able to do all exercises that would be completed in a normal face to face consult.

Freedom to review via video without having to travel to me (especially important for chronic fatigue and busy clients). Also, I have been able to work with clients from interstate. Ability to share screens and provide online and digital resources instantaneously.

Gave clients some routine during tough times enjoyed the variety of exercises provided

Glad to be able to continue services while COVID restrictions in place

Good to be able to keep up the exercise during isolation

Good to stay connected to regular treatment

Grateful for guidance and contact over such a long period of otherwise stagnant business services.



Great option for those that are immuno-compromised or that have to travel.

Great to be able to continue guided rehab/exercise during pandemic

Great to continue exercise and keep mobility as opposed to go back to where they began

Happy to continue treatment in the safety of their own home. They don't have such a feeling of isolation and can continue to be in control of their own health.

Happy to be able to have treatment without the risk of contracting COVID19 from being out in public

Have been happy to be able to access service rather than having to wait for face to face session to resume after COVID restrictions ease.

Improves confidence in exercising independently. Ability to easily implement media (learning resources). Ease of communication during longer periods without appointments

Individual consult was helpful with health guidance. Group exercise enabled exercise, motivation and social engagement with a lot of fun

It was easier to do as it didn't require travel.

Just that it was still happening! For so many our ongoing services have been a real lifeline. Many have also said that they will continue online as it cuts out travel time and they have found it to be fantastic.

Less travel, comfort of own home, less risk being out in the open, pleasant experience even though not face to face

Made it easier to stay on track with the management of their pain.

Maintaining routine during restrictions, decrease in commuting time

More flexibility around fitting appointments in with their schedule and also more convenient for patients in rural areas

Most clients really enjoyed the convenience and were very grateful to have this service provided.

My patients that were receptive to telehealth were pleased to have social contact/interaction over video and felt like they now had a new skill.

No matter where the client is, is easy for them to have the session with me.

Pain reduction. Safety from home. Ability to see health professional without organizing taxis and public transport. Home environment allows greater self efficacy for self management. Able to assess suitability of home equipment and safety. Less pressure, less social pressure, lower expectations. More casual, forced to listen more to the patient.

Patients felt secure in their own home. Patients were happy not to travel for the consults. Patients felt the experience was adequate and satisfying.

Patients have been thankful for the service.

Patients improving and happy with convenience of service and not having to leave home

Pleased to still be able to receive support during this time.

Positive - clients enjoy easy access, felt safe in current climate - majority good up take of therapy recommendations and prescription - running groups so clients can connect socially

Provided a chance to exercise and social element when the client was isolated at home.

Reduced travel time - easy for them to continue exercise sessions and fits better around their life.

Reduced travel time via public transport. Benefits of therapy, increase strength, endurance. Reports reducing isolation during COVID

Safety from being able to stay home and reduced travel costs

Sessions were still reported to be effective and provided good motivation, increased sense of self-accountability

Similar to treatment at the clinic. Easy access. Takes away the issue of driving/parking.

So happy could continue services during lock down. Invaluable to maintaining their health and well being. Able to maintain connections with practitioner / other clients. Practitioner able to ensure the safety of home exercise programs. Able to reduce the anxiety and physical exertion required for CFS clients to attend sessions. Decreased risk of COVID exposure.

Some clients have continued on with video telehealth even though our face to face services have resumed. They felt that they preferred this option as it suited them and their treatment option.

Some sessions felt even better over the Internet than face to face.

Still able to receive health care and programs despite everything going on. Helped keep clients physical and mental health good during this time

Surprised how well it worked, glad to have a connection to groups or individual services when so many others were closed.

That exercise could continue that they could do so much in their own homes giving them someone else to talk to/grateful for connection maintenance of healthy behaviours

They enjoyed being in the comfort of their own home

They love the constant support, they love that they are able to see us and we can see their wounds. They like the exercise demonstrations provided over Telehealth. They have allowed group education sessions which also allows for interactions between patients.

They were happy to be able to keep doing some form of exercise and have a social interaction

They were surprised at the level of intensity they could experience via TH compared to a session delivered in person, and felt as tired, if not more so than when they attend a face to face session.

Time efficient better as they did not have to try and find a car park. Found the education/ information better format.

Unique, different, helpful to keep going with exercise and accountability, felt safe

We were able to provide services outside of our local area, offering experience and expertise to a wider community

Working just as hard as in clinic wanting to stay on with TH due to no travel/taxi issues, not distracted by other people or other equipment - gone back to basics which has been really good.

## Occupational Therapists

Able to maintain contact with therapist - Supported to use new technology

Happy to still be able to have access to services despite the current circumstances. - Have something to look forward to. - Happy to be able to have contact with others/feel less isolated. - Happy to not have to travel for reasons such as feeling safe not having to use public transport, can still access service when they are in pain or feeling anxious, etc. - Feel like the services provided are still as beneficial.

More convenient

'I am receiving a service in my home' - client - improves clinical decision making - therapist

Able to continue sessions
Able to maintain services.
Able to maintain support otherwise not accessible
Adapting to COVID restrictions in a creative way. Using technology in a fun way to engage children
Almost all feedback was regarding the unexpected ease and positive experiences that both the child and their families were feeling. Almost everyone was worried that it would be "disastrous", but 5 months down the line it has all been good so far. Fingers crossed it stays the same!
At least we're able to see client have some sort of follow up.
Being able to provide advice/solutions promptly
Better than no input
Children who live a lengthy distance away from the clinic have preferred the convenience of therapy at home.
Client liked that they could access services
Client praised innovative therapy techniques
Client was satisfied with service delivered via video-conference. Was more comfortable with this type of service delivery due to being immunocompromised.
Clients have reported that they love the efficiency of telehealth and the prompt service I have provided. In this crisis I have found my clients are happy to hear from me at anytime as often I am only person contacting them
Clients surprised how interactive the session was
Clients who are immunosuppressant have been relieved at being able to stay home and receive Therapy via Internet Video, decreasing their risk of getting COVID-19 by being out in the community
Comments like 'that session went well'
Convenience
Convenient and more flexible with times
Convenient for families who are time poor or working adults that struggle to get time off
Convenient, easy to link with different parties in different locations at the same time, good for rural patients
Easier for therapy - no travel and more convenient
Easier than expected, takes less energy eg clients participating from their couch in pjs, not needing to travel
Easier to open up over telehealth RE: anxiety
Easy. Reduced travel was easier
Easy to set up and use
Family pleased they can still access therapy.
Flexibility, no care for other kids required, no travel time, value for service
Flexibility. Parent perceived increased engagement over Telehealth for their son, compared to face to face. Shared screen and interactive worksheets useful
Fun and enjoyable. Saves cost (on travel)
Glad to be able to keep going during pandemic
Glad to still be able to engage in some form of support
Good to see him engaged in sessions. Nice to have different options for screen based therapy. Good for parent to SEE the session content. Easy for parent to manage during day. Glad they could continue building therapeutic rapport.
Great not having to travel. Can access help from safety of home. Better for fatigue.
Greater engagement and ease of service
Increased performance outcomes for the child. Increased attendance to appointments. Increased understanding of their child
It has supported the participant to have flexibility over their day. It has also provided the opportunity for little and often therapy, rather than the usual 1.5 hour blocks. These shorter sessions, say 30 minutes, more often, are very beneficial for some participants depending on their goals, engagement levels and motivation.
It was nice to "see" my clients during this time when we were not doing face to face servicing.
Less travel time. Easier to fit in their day
Lots of people saying it worked better than they expected it would
More convenient, suits my clients who live a few hours away, safer with the virus.
More flexible, easier to attend
Much easier for families to organise, cheaper to fund as not paying for provider travel
No travel. Convenience at this time. No infection risk. As all of my clients are very established, they were very grateful to be seen in this crisis.
Parent saying that their child was more engaged in Telehealth vs previous face to face consults
Parents better engaged in sessions- more easily able to translate interventions into home environment- greater outcomes for clients.
Participants were happy to still be able to access therapy through online services. This allowed them to continue working towards their goals
Prefer telephone consult over video. Glad to continue treatment towards goal. Able to share resources.
Really useful for a client in a remote community that was locked down for longer than other areas. Good for those who might have >30min to travel to us. Good for those that might have to travel for work or whose doctor is at a distance and we could join them in too.
Saved travel time
Saving money as not needing to bill for travel to home
Some children engage really well by increasing the use of technology, using screen sharing etc.
Some clients do not want a clinician visiting them at home at the moment, they are glad they can still receive therapy.
Some clients really enjoy being able to stay in the comfort of their home and not have to drive to the clinic.
Some parents surprised by the easy transition to Telehealth.



That sessions were fun and quite engaging

They are glad we could get some kind of therapy via telehealth rather than nothing

They have enjoyed some of the online tools that have been used for therapy activities.

We were able to continue care at same intensity and frequency. We have been a mental health support during crisis. Video is a powerful tool enhancing accuracy of therapy delivered in the clinic environment. Clients can demonstrate their occupational performance in their own environment. Clients felt better heard and understood. It did not delay service provision. We were able to run group programs and connect clients with other clients with shared experiences.

Went well, really enjoying zoom sessions

## Osteopaths

Being able to assist remotely without them needing to leave home. - being able to assist with exercise and supervise them in their own environment/equipment. - feel more empowered with the focus on self-management skills

Ability to diagnose and provide movement therapy to alleviate the pain

'We were able to achieve way more than I expected'

"It was so good to be able to continue and update my exercise program" "It was very beneficial to have someone there to reassure me and listen"

Ability to help despite not being face to face or providing hands on treatment

Able to have exercises and management prescribed

Accessible

Appreciative of professional help still available during lockdown from a provider who was familiar with their history.

Avoidance of travel. I work in a region center and many patients travel from remote areas. While telehealth doesn't replace hand on appointments all the time, it can quite often replace every second consult or more.

Beneficial to continue advice around exercises. Very convenient. Easy

Better outcomes/don't require hands on treatment

Better than being left with no alternative. Felt the exercise prescription and guidance was useful.

Clients found it helpful to continue treatment when unable to travel due to restrictions. Also, happy that they could complete consultation from home.

Clients have found it to be a good alternative to face to face treatments when they live more than 45 minutes from the clinic.

Clients still gained insight into their condition, how to manage, expectations/prognosis

Consultation provided reassurance and clarity thereby reducing anxiety and medication use, use of other services such as GP or Psychologist. Patients found it more useful and convenient than they thought and had some sense of agency and control which improved their mood and confidence

Ease of access for review, modification of exercise plans when hands on treatment not required advise on how to deal with acute complaints where hands on treatment was not likely in a face to face consult

Ease of use. Safety at home under COVID. Surprise and pleased how it can be achieved

Easy process, and rehab program easy to use

Effective for rehab, without having to leave home.

Enjoyed being able to ask questions from distance (interstate), enjoyed stretching and breathing exercises able to be delivered

Felt got advice and benefit from safety of their home from practitioner they trust

Felt safe to be able to stay at home and still receive treatment and a management plan.

Felt similar to normal session

Good functional outcomes measured by improvements in ePPOC scores. Good rapport Good support where alternative support not available for persistent pain/complex needs.

Good to get advice

Grateful they could get care and advice.

Helpful at a time they weren't able to attend for in person consultation.

Helpful to still access support

Helpful.

Impressed that I can teach self treatment simply and effectively. Video much better than a phone call as the connection and learning is greater.

It was very helpful and supportive during this time where face to face treatment wasn't readily available for non-urgent cases.

It was very helpful for pain management, exercise prescription while face to face consults were not appropriate

It's helped keep them afloat in stage 4 while they are waiting for hands on treatment. From a psychological point of view face to face via Telehealth reassurance has been great.

It's nice to be able to still have access to you and advice on my complaint while the clinic is closed because of the stage 4 restrictions

Keeping in contact with patients, able to ask questions easily

Loved it. Ease of questions

Management and progress assessment

Many clients like being seen to in the comfort of their own homes.

Patient was being tested for COVID at the time, so appreciated advice provided for neck pain management.

Patients reported they were surprised how helpful it was and how well the strategies I gave them helped their symptoms

Patients responded that they greatly appreciated the Telehealth consultations and found that their pain and conditions were greatly improved. They deemed the Telehealth consultations a great way to maintain treatment until they could return to hands on treatment

Patients surprised at how much can be done in online appointment. Most pleasantly surprised and would do it again

Patients were surprised at how much we could accomplish. Ease of use - especially using cliniko. Safer than venturing out for immunocompromised patients

Pilates classes are great for personalisation, Osteopathic treatments not as great  
 Pt felt that exercise advice given helped with presenting complaint  
 Really insightful  
 Reassurance, education and exercise helpful  
 Reassuring, had been concerned as unfamiliar pain.  
 Safety / infection control  
 Satisfied with the assessment outcome and management plan that was able to be provided.  
 Surprised how helpful it was  
 Surprised how much we could do with them online. Felt better post session. Mental / emotional support on top of dealing with their physical complaints. Felt more connected to the outside world. Could continue their management plan without coming in.  
 Surprised that they didn't need to have hands on to get results. Comforted by education and explanation. Patient centred approach - "I can do it"  
 That the process was better than expected and they had huge benefit using this method. Getting great results and saving an hour in travel  
 That they learnt many things to help themselves. That the session was very thorough. That they enjoyed not having to leave the house. That we were able to look at things we wouldn't usually be able to like desk set up, sitting positions in the home, equipment available etc. That they felt really supported and made great progress!  
 The feedback was that it was convenient if the issue was not major.  
 The patient gained peace of mind from the reassurance that strategies provided over telehealth helped with their symptoms  
 The reassurance provided after taking a case history was helpful. The advice given helped them manage their pain.  
 They loved it.  
 Verbal advice better than none, personalized advice based on visual and verbal cues  
 Very helpful and informative  
 Very helpful given hands on not an option  
 Very helpful, good to be in touch and see faces and have recognition of the problem as well as tools to help manage the problem they present with  
 Was useful to learn self help strategies, was useful to get reassurance and have questions answered from the safety of their home. Was helpful for them for their musculoskeletal complaint

## Podiatry

Able to access advice during COVID  
 Amazed by the technology  
 Beneficial that Tele health was offered for podiatry care  
 Clients were surprisingly happy with the results. We could still achieve their goals with online treatment.  
 Convenient. Thorough. Simple to use. Safe.  
 Ease of access for clients who live remotely from the clinic  
 Easy to use, achieved desired outcome through online appointment  
 Feedback has been good as patients have appreciated connection and advice esp during stage 4 restriction in Melb. I always follow up with a detailed email which patients find helpful.  
 Happy with safe practice. Would prefer face to face but very understanding of current situation.  
 In both cases the patient was happy to have been seen in their own home. One was because of juggling parenting and difficulty finding times that were suitable to come to the clinic. One was from the other side of town and working from home and found it more convenient. Both were during the early stages of the pandemic  
 It was easy to access and complete. Less travel time and parking etc.  
 Parents were very happy to not have to attend consults during COVID restrictions.  
 Patient felt that her care over video consultation was just as good as being in person  
 Patients happy to avoid a hospital visit during COVID  
 Reduced travel (costs and time) Safety re coronavirus Easier access  
 Safer during COVID-19, patients are happy that they do not need to travel for their appointment.  
 That it was very easy and saved time/travel - especially for certain things that just required a "quick check".  
 The punters are loving it! The overwhelming feedback is a complete surprise at how much, the scope and breadth of podiatry can be delivered via telehealth.  
 They were impressed with how much I could help them with their condition  
 They were thankful that they could receive treatment without having to travel

## Speech pathologists

Similar effectiveness to face-to-face  
 Being patient - being creative -providing resources to parents - being flexible and accommodating  
 Ease of access for some clients - Convenient i.e. reduces travel time (in rural areas) - Interactive features of platform  
 Easier to attend sessions - Less school time missed - More enjoyable  
 More flexibility in scheduling session with SP - increased frequency of sessions because of reduced travel time and increased flexibility in scheduling from both ends - Ease of set up and delivery - Ease of rapport building with SP  
 Surprised by how engaged children were - found it just as effective -easier to attend/get to  
 Able to continue therapy. Concentrated better  
 Able to have therapy more regularly/for longer as funding isn't spent on travel  
 Able to keep therapy going. Still making progress.  
 Able to provide services during lockdown. Client progress has increased Client engagement has increased

Access services
Accessibility to the session
Allows for reduced travel fees and very successful if kid is able to engage
Allows increase in intensity for rural patients where services weren't continuing due to COVID, less travel, not having to pay for parking. Convenient.
Appreciated continuity, fun, have unskilled and kept sessions as fresh as can.
Appreciated still being able to access services during lockdown. Parents felt involved in child's therapy
Assisted children who have difficulty communicating face to face
Believe the sessions were similar to face to face. Happy with Organization of sessions.
Better accessibility. Good engagement due to technological platform of therapy
Better engagement. Better reach of services.
Better than no therapy. Child coped. It was fun
Better than no therapy. Not having to travel. Great for country patients
Child concentrated on screen better. More convenient
Child engaged well, child gained technology skills
Child has to use specific language to communicate, can't just point and say "that one"
Child very engaged
Children are enjoying the sessions and still find it engaging and interactive. Parents are enjoying not having to factor in travel time to get to appointments.
Children enjoy and look forward to sessions
Cleft parents were very happy that they did not have to travel for consultation - sometimes it is a 200km car trip each way
Client engagement
Client has received both face to face therapy as well as telehealth and reported that telehealth sessions have been going well
Client made progress
Client who showed avoidance behaviours during face to face sessions was very compliant and happy to engage in telehealth
Client's parent was happy to receive intervention during the pandemic; a different client's carer liked the convenience of having sessions at home and not coming in to the health centre.
Clients do not have to travel to clinics or pay for therapist to travel to home, more flexible timeframes for appointments
Clients enjoyed ease of appointment within own home once set-up with device. Clients assisted to use device before discharge home.
Clients felt supported during the pandemic, but it's not been their preferred model of service delivery.
Clients grateful for the option; found it easier to not have to travel as some travel long distance; percent of clients improved therapy outcomes via Telehealth not observed in the clinic;
Clients have commented that it's easier to not have to commute to therapy. Some parents have been impressed with how their child has taken more responsibility over their therapy when it's been online.
Clients liking the convenience
Clients pleased to have continuity of therapy
Clients with anxiety. Reduced travel fees
Coaching empowered them to make changes and feel more confident in supporting their child. Flexible nature of teletherapy. No travel required.
Concentrated better, easier to get to appointment.
Continued engagement with clients I had one family who was overseas and wanted to continue therapy, so it was a plus for them to be able to provide teletherapy
Continued service through COVID 19
Convenience
Convenience
Convenience for families, client heavily interested in technology and telehealth as a result, reduces travel time in afternoons for clients who see multiple therapists after school.
Convenience of being at home. Good interactive treatment. Better than having to wait for face to face.
Convenience of therapy at home. Development of different skills in child e.g. organising their therapy materials. Development of pragmatic and language skills to suit service delivery.
Convenience, appointments not restricted to times they can manage to commute and physically get into the clinic.
Convenience; home based; increased parental involvement in therapy. Surprise at how engaged and cooperative children were in format of telehealth sessions.
Convenient.
Convenient. Saved time. Saved travel/ money. Less tiring travelling to in person session. Less tiring for carer. More realistic to conduct session in clients home.
Convenient - don't have to leave home.
Convenient - don't have to leave home. Using toys that they have at home makes it easy for parents to continue therapy outside of session. Geographical location not an issue anymore.
Convenient (not having to drive to appointment/find parking). Some clients have preferred Telehealth
Convenient not needing to travel; doing better with Telehealth
Convenient, appreciate me checking in with them regularly during COVID restrictions, families don't get charged for travel to their home or their child's education setting.
Convenient, can be engaging, different skill types learned.
Convenient, interactive, goals and progress still being achieved. Child has engaged better than anticipated.

Convenient, quicker to access therapy, can choose it if running late, don't have to travel
Convenient
Convenient and engaging
Don't need to leave home which is great. More engaged as they like using technology
Ease of access. More regular appointments
Ease of access, quality of activities.
Ease of attending appointment Able to continue to receive a service during COVID 19
Ease of use. Increased participation in some cases. Easier for parents. Less driving, family disruption,
Easier for families as they do not have parking difficulties and babysitting difficulties. More flexible times available.
Easier for single parents to attend appointment for one child while also looking after sibling/s.
Easier for travel
Easier on the family in terms of travel
Easier than expected
Easier to access and fit in
Easier to attend sessions, fun and engaging
Easier to attend, more flexibility with appointment times, child attending better than F2F sessions
Easily accessible. No travel charges
Easy and good to see for feedback
Easy to get to, learnt new skills, don't need to spend NDIS money on travel,
Easy to use and accessible
Easy to use, convenient, allows visual feedback for the child
Effective and more convenient
Effective, comfortable in their home, beneficial and easy
Eliminates travel time
Engaging for child. Able to continue working on goals. Nice for child to keep some routine and see a familiar face. Some children/parents prefer Telepractice
Engaging, convenient
Enjoyed being able to continue and some want to keep going
Enjoyed session liked activities
Families appreciated the flexibility and lack of travel costs.
Families have been so pleased with being able to continue services, and being able to stay at home during this pandemic.
Families have loved the flexibility. Many clients are more engaged and will continue on zoom as appropriate for their future goals
Feed back has generally been positive. These have also been more straight forward therapy kids with mild delays.
Feedback about reduced burden of care/convenience of Telehealth
Feedback has been positive from the client end - surprisingly positive I might add! All the clients I have used Telehealth with - ranging from swallowing in a hospital setting to paediatric fluency in a private practice setting- have had positive reports. Where it is most challenging is for the clinician- a) to engage the participant & achieve a seamless, face to face equivalent experience b) get a reliable Ax (a trained assistant or parent at the client end is helpful for this.) c) have good tech knowledge & training at both ends.
Feedback that sessions were very successful and able to do a lot more via video over the internet than expected. Parents reported SLP connected well with their child and interesting activities to their child.
Feedback that the sessions have been running very similar to face to face. They are easy to engage with for both parents and clients.
Feels safer to stay at home, not risking COVID infection. Easier to get to appointments.
Felt the child responded better. Less negative behaviours. Parents felt more confident and able to use skills throughout the day
Flexibility, more time to work with parents
Flexibility, spontaneous and ability to adjust
Frequency and the way it fit into the family's life better
Fun. Client more settled. Saves on travel time. More flexible to needs of the family
General feedback about structure of sessions and client's reaction to them (via parents)
Glad that they could continue therapy during lockdown, more convenient
Glad to see progress being made during this time and grateful for effort put in by myself to make the sessions as engaging as possible
Goals still achieved. No need to travel to clinic
Good to keep going easy to do from home less travel feel more at ease
Grateful to at least still have some sort of service during COVID
Great for clients who usually travel
Great service
Great to be able to continue to access services when face to face appointments were not available
Greater focus for my client.
Happy to be able to access services and parents attend sessions when they wouldn't be able to in other circumstances
Happy to be continuing service
Happy to be provided support at this time. Some children have engaged better with telehealth than face to face. Amazed with the range of activities that can be completed through the screen.
High quality of speech pathology service
Home programs working well, speech sounds improving. Enjoying flexibility of appointment times, liking reduced travel time.

How surprised they were re how successful it was

I have had positive comments about convenience and engagement, about positive feelings of the client (enjoyment, feeling comfortable and relaxed). I have had comments about my creativity and time/effort/money invested.

I have mostly relied on a parent consultation model, where parents provide recent video segments prior to the Telehealth appointment, we have the session on line and I follow up with written notes/recommendations as a summary, via email. It has been extremely successful with rural clients who have no close access to SP clinics and had been attending my city based practice.

In some instances children have enjoyed sessions more due to the use of technology

Increased independence from teenage clients reported by parents and the client's themselves. For those living in outreach areas therapy is cheaper and less stressful (neither they or I need to travel)

Increased parent interaction in sessions. Increased parent awareness of goals and intervention.

Interactive games that can be played while sharing screen are useful to retain attention and engagement of the child and to motivate them to continue work

It has been positive that students are able to see someone to provide support for them over the online learning period

It's provided a complex listening environment and lots of opportunities for communication breakdown and hard listening situations which a few kids needed.

Kids engaging pretty well

Less driving for the parents. Able to conduct service even if parent is sick.

Less travel fees, some clients more comfortable at home

Less travel, clients prefer being at home, they miss less school, parking issues reduced, better for families with siblings, like the use of interactive technology.

Less travel, missing less school, prefer therapy from home, prefer interactive technology, better for families with small children

Less travel/ ease of access, child enjoys the sessions more online

Made sessions easy to access, less travel cost,

Many of my clients will continue being seen by telehealth after onsite services resume. They appreciate the convenience of and time-saving by not having to physically go to our clinic. The majority of our goals can be targeted remotely. By and large, the technology has worked well. It's also created the opportunity for different client carers and stakeholders to participate in sessions and learn strategies.

Many parents found it much more convenient. Some clients were better focused at home and using screens.

More effective & enjoyable than expected

More convenience and accessibility for families with busy schedules.

More convenient and time efficient- don't have to look for parking or leave the house. Better for some anxious children who were happier to interact

More convenient not to have to leave home, find a carpark etc

More engaged

More parental involvement and understanding of techniques/strategies fits in with family routines

Multiple parents of children with ASD felt that their child were better able to attend online, compared to in person.

No parking/ site access issues.

No travel required to come to the clinic

Not having to travel to see me worked as well or better than in person sessions. Taught the child how to do online chats so they were subsequently able to engage with interstate family members in a way they had never been able to do before. Some parents liked that I was able to coach their interactions with their child without them feeling like they needed to focus on me, as they would if I were in the room physically.

One particular parent found this method of service delivery much more beneficial than before.

Overall parents were initially happy to still be provided a service, then surprised that it could be affective.

Overall, many have been pleased with how well it has gone

Parent stated that this was very useful, and wasn't aware that this service was available. Parent and child lived on a remote cattle station, and stated that "school kids always miss out, so [she's] so excited that this therapy is working!"

Parents enjoyed coaching style of therapy

Parents enjoyed the flexibility of running sessions from home so they didn't have to travel. This was mainly for parents who didn't have to supervise their child

Parents feel more comfortable practising strategies via telehealth

Parents felt that it was convenient, and they enjoyed being able to continue therapy during lockdown

Parents happy to not have to travel into the clinic (time saving). Siblings didn't need to attend the clinic. Parents who had children that previously received school services could see intervention practices and were more engaged in therapy and goal setting.

Parents have commented that, because they had to lead sessions and support their child, they have a better understanding of the strategies used and were more confident using these strategies, and applying to new situations between sessions.

Parents said it was a good alternative and user friendly

Parents were surprised at the ease and interaction that was possible via teletherapy. They liked the ease of doing it from home in their comfortable environment. Their children also responded well to this.

Participants pleased that they could continue accessing services safely.

Particularly good for clients with anxiety around infection of COVID

People surprised how successful it has been

Pleased therapy could still continue, clients still preferred face to face.

Really pleased with how engaged the client was and the fact that the parent could participate in the therapy due to the after school time slot when the client had previously been seen at school.

Reduced client anxiety, increased family involvement.

Reduction in travel time and being able to run sessions during a sibling's nap time were positives. Some children were still able to attend sessions over telehealth that they wouldn't have been able to attend in person due to having mild cold symptoms.

Remote families like being able to access services. Parent and preschool staff can be present in same session even if parent at a different location - reduced time off work

Responding well to screen sharing, watching videos, picture description, accessibility

Saved travel time and they are able to access the sessions more readily

Saved travel time, saved baby sitting for other children, easy to stay home, safer during COVID,

Saves on travel time. Child is really engaged. Can stay at home. Child doesn't need to get out of pjs. Something different and exciting.

Saves travel costs, reduces risk, more flexible times

Shorter session

Smooth transition for most families, able to use mostly the same resources as face to face, good to have sessions continue as a constant to make lockdown less weird, generally positive experience, nice to see a friendly face

Some children have worked more effectively via telepractice. They argue less (ie don't avoid work as much), and persist for longer. Some parents have appreciated the: saving of petrol; time saved from not travelling; enjoyed not needing to get OSHC/care for siblings. It has worked well for my clients who travel 30 mins or more to get to the clinic. Also worked well because it limits who they are exposed to since they (parent) may work in aged care. Clients have said they appreciate still being able to do a telepractice appt when they or child have a mild cold and can't attend the clinic because of it. That way their child doesn't miss therapy appointments cos they can do telepractice instead of clinic appt in that situation.

Some children more keen due to love of technology and use of favoured games

Some children were more engaged via video. Families were also happy with the flexibility of video sessions which allowed them to continue to access therapy during the pandemic.

Some clients are more engaged

Some clients have found it very convenient, especially due to reduction in travel to consults. Some parents who were previously disengaged in therapy sessions have commented about the games and activities being "fun".

Some clients liked not having to go anywhere for therapy. Reduced travel time. Some clients complex medical needs and at risk of COVID19 so felt much safer at home.

Some families feel their child is less intimidated and more attentive with screen

Some families find the telehealth approach convenient and a good opportunity to show more naturalistic contexts for their child's performance

Some families have reported that sessions can be delivered at later times in the work day due to provider travel not being required. Further feedback has related to a child's interest in screen-based activities.

Some families have warmed to it and now see it as suitable option if they cannot come in (ie because a sick sibling), also some outreach families are interested in continuing to save the long drive.

Some of my clients give more responses via telepractice than they do face to face. One client has chosen to continue telepractice even though face to face is now available as it fits in with her lifestyle better.

Some wish to continue as they have found it very effective and saved on time and energy in travel to and from sessions.

Still able to target goals; client found session fun and engaging

Surprised at the level of focus the child had. Flexibility in still being able to continue services whilst all in isolation.

Surprised by engagement and effectiveness

Surprised by how well it worked

Telehealth just as successful as face to face therapy (generally clients receiving literacy or language supports)

Telehealth works just as well for the family as face-to-face consults did

Telepractice has been highly successful for a number of adult beginning AAC users in supporting staff to take a more active role in modelling their AAC system. Parents and staff have reported feeling supported and more confident. Some families have found the convenience helpful around their other commitments. Some people have found it easier to focus via video.

Thanks for trying but we understand it is not the best option

That her son was making improvements while receiving online sessions. Families don't have to travel.

That it is working well for their children. Has taken travel time to nil

That it was easy to do at home

That it worked better than expected. That the child worked better via tele therapy than face to face.

That it worked well. Child was engaged. Happy to keep going with it.

That the service provided was more thorough and beneficial then they had expected. However, this is because I took up to 1 hour to prepare each session to be telehealth suitable and individualised to the client's needs.

That therapy could continue despite face-to-face not being available

Therapist kept client engaged throughout and client enjoyed sessions.

Therapy has continued as usual despite the format change. For some clients, their progress has accelerated with Telehealth.

They were simply happy to have some sort of service during the temporary stop to face to face sessions. All parents preferred face to face.

They were surprised how well it worked.

They were thankful we could keep in touch. They thanked me for teaching them a new skill

Time effective

Time efficient. Less traveling time.

Very appropriate activities fun rewarding working on target skills still

Very convenient. Surprised at their child's ability to attend to the content

Very flexible and 'safe' for families due to concerns re: COVID-19. Have been told my sessions are very engaging and clients look forward to coming to my 'Zoom Room'.

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Very happy with parent coaching methods and results. Excited to commence aac trials with Telehealth support.

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Video sessions allowed continued access to services during lock down. Some clients were able to amend therapy goals to target more clinically significant areas with access to video session which changed the dynamic of the therapeutic relationships and engagement. Some clients chose to engage in intensive session blocks to support literacy and language, which is particularly amenable to intensive instruction - this was important when access to school was lost in the lock down period. Many clients have opted to continue working in this delivery modality due to ease of access, and will do so indefinitely.

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Works well for social skills clients who find face to face interaction difficult

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Works with family schedule, easy to attend and arrange, makes services available in remote locations and for clients who do not have face to face in their area or have been waiting for more than 12 months for services, access to staff trained in complex areas (AAC) that are not present in home location



## Appendix 10. Positive client feedback related to the delivery of telehealth via telephone

### Diabetes Educators

Ability to have consult at time that suits them

Able to contact follow up with any concerns

Able to stay in own home. No travel time. No parking costs.

As for video consultations I have had consistently good feedback along themes of convenience and increased access to services. People are very pleased to have access to phone support and report feeling their time is used more wisely when the subject of the consultation requires a short appointment or is straightforward (such as reviewing blood glucose levels and adjusting insulin).

As with video consultations - patients very appreciative of access to the service

Avoid any treatment delay and promote communication within health care provider

Can continue to work or be at home

Clients felt reassured that we were able to maintain contact during the lockdown. In fact, we had more frequent contact than when we were only offering face to face consultations with occasional follow-up phone call.

Clients found it more suitable for them especially if concerned about protection from possible infection, difficulty getting to appts

Clients like not having to come in to see me for every appointment. Phone review works for quick follow up reviews or easily answered questions.

Clients x 2 stated that they were happy they did not need to come into the clinic.

Commenting on ease of process

Convenience

Convenience in rural areas

Convenience of having consultation not at the hospital

Convenience, safety

Convenient follow up. no travel. not missing appointments due to time issues

Convenient Safe during pandemic

Convenient to have phone call. Not needing to arrange transport or ask family members to drive them to appointment. Not needing to take half a day off work.

Convenient, quicker, use of email is very handy, we could send blood test request, prescription and other things via email.

Convenient, safe, accessible

Convenient. Patients have been enjoying just being able to talk helping with their feelings of being extremely isolated

Ease of consult while patient was at home, more convenient, better time spent, no travel.

Ease of use. The person can be contacted at any time and return to the call if missed at the scheduled appointment.

Ease of use. No travel in for the patient

Easier

Easier not leaving home feel safe during COVID lock down to stay home and better to have ap from home more convenient

Easier than attending appointments. More convenient. Excellent for FIFO workers

Easier, less waiting, no need to travel. Just as useful as face to face

Easy access to information without travel and interruption to family life

Easy for patients

Easy to chat without needing to attend in person. Also handy for those who forgot their appointment and appreciated a call instead.

Easy to organise

Easy, accessible, safe, just like seeing you!

Easy. accessible, same charge, preventing infection, providing safety education, no extra cost

Efficient use of time, convenient

Flexibility of appointments - same feed back as for Teleconferencing

Flexibility of appt

Flexibility, don't need to attend clinic due to high risk, ease, more available, don't need to organise transport.

Flexibility.

Gave easier access to health professional at this time, felt it less intimidating to talk about certain issues

Good for quick review such as response to a medication change. Very convenient

Grateful, for service especially when need regular follow up for temporary issues eg. prednisolone start / insulin adjust great can still go to work and less time taken off work

Great mode of follow up

Happy, they do not have to travel. Spending more time

How helpful and informative the consultation was. The follow-up information including applicable links sent to the patient immediately post telehealth consultation were extremely helpful

In light of COVID, the Aboriginal community have embraced phone consultations as they feel unsafe being out during the pandemic given the high level of chronic disease they experience. Many reluctant to attend clinic but do like phone calls.

In the convenience within their own home and environment. Saving traveling time and road traffic.



It is just as helpful as a face to face consult but would prefer video if their internet allowed it.

Less cost and time required by patients to receive healthcare. Patients, especially older patients, do not have to leave the house for health consult and increase their exposure to potential COVID.

Maintenance of contact through stabilisation and general management - general support

More convenient

More convenient, less travel, less time away from work/study Most would like to continue

More likely to attend appts as easier more likely to book review feel safer in their own home on phone rather than coming in liked not having to wait in a waiting room with 'sick' people

No need for travel, time efficient

No need to take days off work

No time off from work. Can be more open during consultation. Save time on traveling to clinic

No travel, seen in a timely manner

Ongoing support during COVID

Patient feels more comfortable to stay home while having the consultation he needed because he doesn't want to get any virus while attending the GP clinic

Patient in remote are felt less isolated

People report feeling very supported. They report feeling more confident following revision of self management plans for sick days . Most people are grateful not to have to attend physically, though people are also happy to attend if face to face is more practical.

Reduced time required. As good as face to face

Some clients too old to drive or are too ill to drive

Some find it difficult to manage the logistics of attending a face to face appointment.

Speed of reply / issue sorted immediately rather than waiting for appointment . Can take place at any time of day .

The elderly didn't have to come to the clinic and felt safer at home

Time saving. More accessible. Easy to catch up in between appts

Time saving. No transport to attend OPD

Usually younger clients find telephone consultations convenient.

Working people love it. safe at home

Worried about leaving the house due to COVID

Younger client more engaged due to increased technology

## Exercise physiologists

Great to still be able to ask questions or get information and advice, without having to attend clinic

... in an ongoing case where patient is compliant program updates/technique modifications/progressions are easily communicated ...

"Feel looked after when being checked in on through follow up phone calls"

Able to get feedback back verbally was helpful with the aid of videos through physitrack

Accessibility of appointments (particularly those who work full time). Ease of appointment flexibility and follow up.

Appreciate the call and check in

Appreciative of adaptive efforts to provide care

Appreciative of guidance as live remote

Can stay at home

Clients pleased we are going out of our way to provide a service to them under difficult circumstances

Consult was helpful and client appreciated the contact

Convenience, access when video services unavailable.

Convenient

Ct is happy that she is still able to continue with exercise physiology sessions.

Ease of access. Bulk billing.

Easy and more direct communication

Enjoyed talking from comfort of home

Enjoyed the regular check in

Glad to be able to continue service due to COVID-19 restrictions. Happy for the contact & to be checked up on

Good alternative when they can't come in and don't want to use Zoom

Good communication

Good to have reinforcement regarding exercise routine at home

Grateful for contact when all asked to self-isolate and usual activities were non-existent. i.e. great support for emotional and mental health

Happy to be able to continue sessions safely and have extra motivation/reminder to exercise

Have appreciated the support provided to keep them on track with health and wellbeing goals, plus assistance with action plans to address new issues as they arise

Helpful to problem solve and keep them active when barriers show up

Kept them on track

Love the support and the easy access to us. Grateful for the individualised information provided both regarding health condition and exercise prescription

Maintained access to supports despite lock down/social distancing to manage their health and reduce travel

More frequency of sessions and gradual progressions

Most clients really appreciated a call during the lockdown period to check up on the health and well being

Positive results from exercise prescription

Rural clients were happy they finally had access to EP services as prior to that it was a 3 hour drive to closest clinic

Safe, enjoyable, easy, flexible to schedule

Similar to video, they are grateful to have maintained contact and support ongoing despite restrictions

Some people just liked to have the opportunity to touch base with someone and have continued support to exercise at home

The ease of access. Being listened to.

They're enjoying it

Would not have continued to exercise if the contact wasn't regular (and via telephone)

## Occupational Therapists

Appreciated the focus on factors of concern

Attendance at appointments

Comments like 'that was helpful'.

Conveniences

Ease Travel time

Easier to access from home

Easy and convenient

Easy to access, don't have to pay taxi fares, less anxious, practical, less time consuming

Glad I could fit them in for talking through their child's presenting issues.

Glad to talk through challenging circumstances without increasing risk.

Good for follow up

Happy to still be able to access services and stay connected. Helped with feelings of isolation.

Immediate de escalation and this feel better now

It was helpful and better than waiting longer.

Makes the session more efficient. Easier to find a time that suits both parties.

My clients love this service. They do not have to wait for me to visit as I live in regional area. I often address their issue over the phone with 24-48hr and this results in more effective treatment. I have had so much positive feedback about my efficiency.

No infection risk. Convenient. Grateful telephone sessions were available. No travel time

Positive change in behaviour

Some clients preferred to maintain phone consultations and didn't like using video. We gave them client choice.

We used phone for a couple of clients who could not access Zoom for video consults. They appreciated the alternative. They were very reliable people who we had treated for some time prior.

## Osteopaths

Happy to receive advice to self manage in the absence of hands-on treatment

Ability to be educated and guided in what treatment to seek

Amazed how good it was

Appreciative I took the time to chat to them about their presenting complaint/condition, formulate a treatment and management plan moving forward and provide advice and reassurance!

Clients like the extra follow up phone call a few days post video call.

Convenient

Follow up and adjustment to treatment and advice given via video was welcomed to provide clarity and reassurance. Enabled the need for further treatment or review to be discussed. Enabled questions to be asked and answered by both parties. Continuing sense of care and connection

Good. Thankful.

Grateful to get care and advice when face to face is not possible.

Great service

Happy to touch base on management

Have only used when patient needed follow up but was unable to come in due to restrictions and did not have technology for video call. They were happy we were still checking in with them and could provide advice.

I don't charge. Gratitude.

Increased confidence in understanding their pain and self management strategies.

Info from trusted practitioner

Patients seem generally grateful for support and advice offered

Personal advice

Reduced anxiety. Appropriate referral based on urgency

Thanks for the advice and no fee but would rather hands on

The emotional support

Valuable check in/social contact. Assistance with adherence to exercise

Very grateful to receive advice and information either separately or alongside face to face consults.

Very helpful

## Podiatry

Appreciate the phone call

Convenient.

Glad someone who cared had rung them

Happy to access advice during COVID

If wound was healed and remained healed, then clients were happy to have a phone call checkup and an annual screen.

Patient are keen to talk over the phone and are happy to not need to travel for their appointment.

Patient was impressed the service has resolved her issue

They were thankful for treatment advise without having to leave home

### Speech pathologists

Another client was very happy with the support and solutions offered via telephone consult while they were waiting to get necessary equipment to engage in telehealth.

Appreciated ongoing support for young child & family

Convenience. Ability to check in and share information and updates about intervention.

Convenience of timing.

Convenient, quick (not time consuming)

Easy to access, reduced travel cost, flexibility of service

Easy, can be more regular than face-to-face.

Easy, reassuring to receive follow up call.

Elderly patients and their careers who were fearful about coming into the hospital for an outpatient appointment during the peak of COVID19 cases in NSW were extremely grateful to be able to maintain contact and support over the phone

Felt safer not coming into clinic but didn't have technology for video consult so grateful to still have assistance.

Good opportunity to follow up on home program goals and progress. Convenient.

Great to continue therapy

Happy to be able to chat about clinical issues over the phone without hassle of formal appointments.

Interim recommendations reduced choking/aspiration risk while neurodegenerative client waited for face to face assessment

It enabled a client to connect with me who could not access the internet that day.

It saved time and travel (mainly coaching sessions with parents)

More access to regular check ins for vulnerable families

Mothers found it effective with one on one parent training.

Often handy when a child is sick and the parent wants to discuss what to do next without a face to face consult

Parent consultations have been enormously valued.

Parents grateful for option in poor internet areas where video didn't work

Pleased with availability to plan/consult over the phone, especially when no access to internet.

Received good ideas to try at home

Sessions are parent consultations to discuss issues outside of our usual face-to-face therapy sessions and are usually offered to address an immediate concern where a face-to-face appt is not available

Suitable for clients where a full follow-up appointment is not needed, convenient way to check in, doesn't take up significant portion of day.

They were happy

Time saving

Went well

## Appendix 11. Reasons for not continuing video consults after the COVID-19 pandemic

### Diabetes Educators

Service delivery face to face is desired for funding

There are still things I can't do without being in the room, assessing a treating wounds, addressing private issues with someone else in the room, personal contact and physical interpersonal reassurance, dealing with technophobia - in the elderly especially.

### Exercise physiologists

Don't achieve nearly the same outcomes as we do in person

Less effective

Personal preference and better outcomes achieved with face-to-face

Too difficult due to technological issues, need for second person to be camera man, need to provide physical cues (including light touch) to assist technique

### Occupational Therapists

Additional length of service required for same outcomes, risk of adverse patient outcomes

I feel it has been ineffective with achieving positive outcomes compared to face-to-face

I prefer to see the whole person when assessing and treating as there is a vast amount of non-verbal information carried by the individual's body which cannot be seen via a small screen. The formation of the therapeutic relationship is critical in mental health & video makes this very much harder.

Nothing beats the power of real life interactions in effecting change and supporting people with their health

Prefer to deliver services face to face especially to engage support staff i.e. integration aide, teachers tc

### Osteopaths

I prefer face to face contact. If a patient requests it, I will offer it but otherwise we will revert back to face to face consults.

Not funded by private health insurers. Also, people prefer face to face care.

Not preferred

Not what our patients and looking for and not our primary focus of the clinic

Patients don't want to pay for telehealth

Prefer face to face consults

Too hands on when it comes to patient care

### Speech pathologists

Assessment is not accurate or sensitive enough via video alone due to complexity of neurodegenerative clients and their at risk families

Complexity of caseload

Far too difficult to hear correctly particularly with articulation. Children were far too distracted at home.

I did not enjoy it and found it very difficult to engage young children once the novelty wore off. Children with ASD struggled to engage with me via screen. It was much more difficult to clearly hear speech sounds produced by the child.

I do not enjoy them, there is less engagement with younger children in particular, I have found I need to talk more which impacts my voice, clients require more appointments for treatment, difficulty engaging children with behavioural challenges.

I don't enjoy the Telehealth platform

I prefer working with children face to face for effective therapy

I work in an acute hospital, we have only been using telehealth on the COVID wards when movement restrictions have limited Speech pathologists from attending the ward. An AHA has taken a device into the room to facilitate the assessment.

I work in education and school is likely to return

It has not been a valuable use of the person's time and funds

It is easier in person

Lack of personal connection. Extra work in preparation. Living with your work!

Not EBP, too many variables (internet connection, parents not attending, iPad battery), working with young children with disabilities

Not relevant to service

Not suitable for children with disabilities

Outcomes and interactions more positive and we are talking about communication

Scheduled days at my schools

The majority of my clients are non-verbal and have seen minimal to no progress through telehealth sessions as they don't have a support network at home that will work with me to help them meet their goals.

Time involved, can see less clients and currently have a two month wait list, numerous conditions I cannot adequately treat through the computer, age of clientele and being able to appropriately engage, increased time needed to achieve same outcome as that in clinic.

Unsure of private health insurance funding.

## Appendix 12. Reasons for not continuing telephone consults after the COVID-19 pandemic

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