

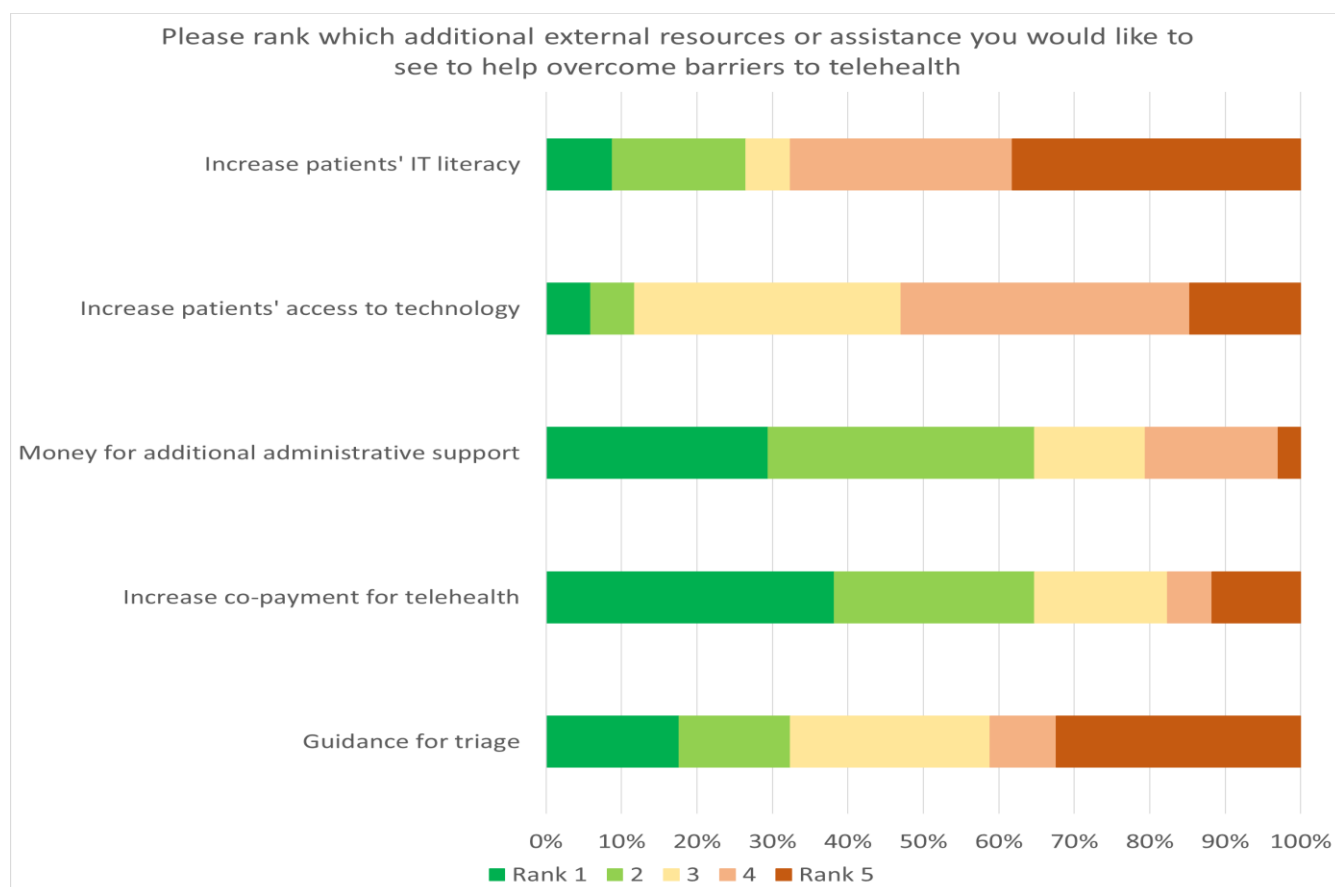
Series 12 – Quick COVID Clinician Survey Summary (Australia)

Series 12 of the Quick COVID-19 Clinician Survey was fielded from the 9th to the 17th of December 2020 and received 34 responses. Confirmed cases of COVID-19 in Australia increased by 85 over this period to 28,072, of which 54 were active cases. There were no deaths in Australia due to COVID-19 during the survey period.

Demographics Participants were all general practitioners (of whom 10 were practice owners). Eight participants (24%) worked in a rural practice. Responses were received from: NSW 24%; Vic 27%; Qld 21%; SA 15%; WA 3%; NT 3%; ACT 9%. There were no participants from Tasmania in this survey.

Consultations Face-to-face consultations was the predominant format, with 88% reporting that more than half conducted in this format.

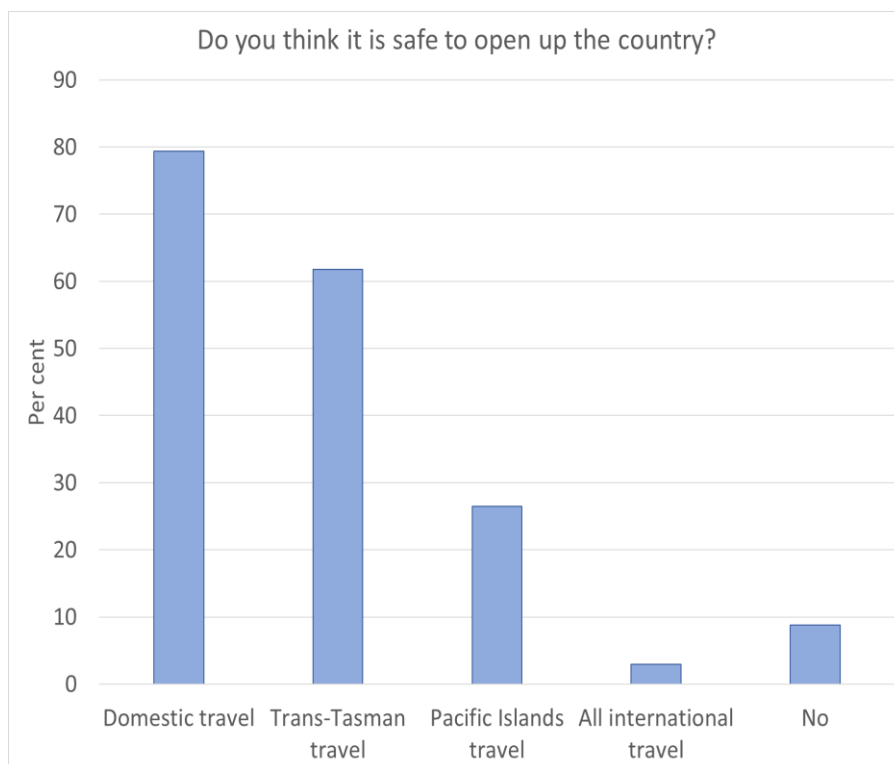
Incentives for telehealth We asked our participants to rank which additional external resources or assistance they would like to see to help overcome barriers to telehealth. The majority of respondents ranked financial support as priority 1 or 2: increasing the co-payment for telehealth, and money for additional administrative support.





Travel We asked respondents about whether they thought it was safe to open up the country. Domestic travel and trans-Tasman travel were generally considered safe (79% and 62% respectively).

Qualitatively, respondents echoed comments from previous surveys. Domestic travel and trans-Tasman travel was considered mostly safe due to low COVID-19 case numbers and minimal reports of community transmission. Still, respondents re-iterated ongoing monitoring, testing, quarantining, and rapid lockdowns to be necessary, even during holiday periods, to prevent COVID-19 spread. International travel remained 'unsafe' due to ongoing COVID-19 cases and community transmission.



Open Text Questions: We asked participants to justify their ranking of external supports or to provide other external supports that may be helpful to support long term sustainability of telehealth. Of the responses (n=16), most related to the desire of financial support to account for (i) telehealth equipment and set up, and (ii) increased time associated with telehealth.

Financial support was requested to cover the provider and practice costs of set up for telehealth, including laptops, video cameras and internet usage.

- *“Payments to cover practitioners’ costs or make it worthwhile for practices to cover practitioners’ costs for video...costs of setting this up and ongoing increased data costs etc which I would have to cover personally to say nothing of IT support etc make [telehealth] not really practical...”*
- *“A lot of staff have shared family computer which the kids use during home learning. They do not have exclusive use computer but rely on mobile phone. They also do not have multifunction printer with fax/scan capacity for home telehealth. Also cost of mobile calls and internet download is exorbitant. In the event of work from home primary care staff including GP/Nurse/Admin, the question then becomes who pays for the tech equipment/mobile phone bills and internet bills?”*

Financial supplement was requested to cover the extra time investment (administrative and practitioner time).

- *“There is an extra admin time burden from triaging patients, explaining booking options and taking payments. It is more time consuming to take payment over the phone than to tap a card in person.”*
- *“Patients very frequently do not pick up the phone for telehealth, leading to them trying to call through later, which is an extra administrative burden.”*
- *“Admin are doing lots more work and we are now being paid less.”*

Other suggestions for support included telehealth consultation guidelines and better internet quality.

- *“Clear guidelines for [telehealth] consults”*
- *“Helping patients and staff work out what can be done via Telehealth can be really tricky. I feel like I am forever answering questions about this.”*
- *“Improve upload speed on nbn - the difficulty with ALL online visual conferencing tools!!!!”*

For questions, comments, or to pose a “Flash question” please contact Professor Kirsty Douglas at

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