



Turning the tide: Consumers and clinicians increasingly move towards virtual healthcare

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Executive summary

In the past two years, Australia's health sector has rarely been out of the headlines. Suddenly everyone seems to have an opinion about health institutions and services. But amidst all the media frenzy and noise, there's a danger that the most important voices of all get drowned out.

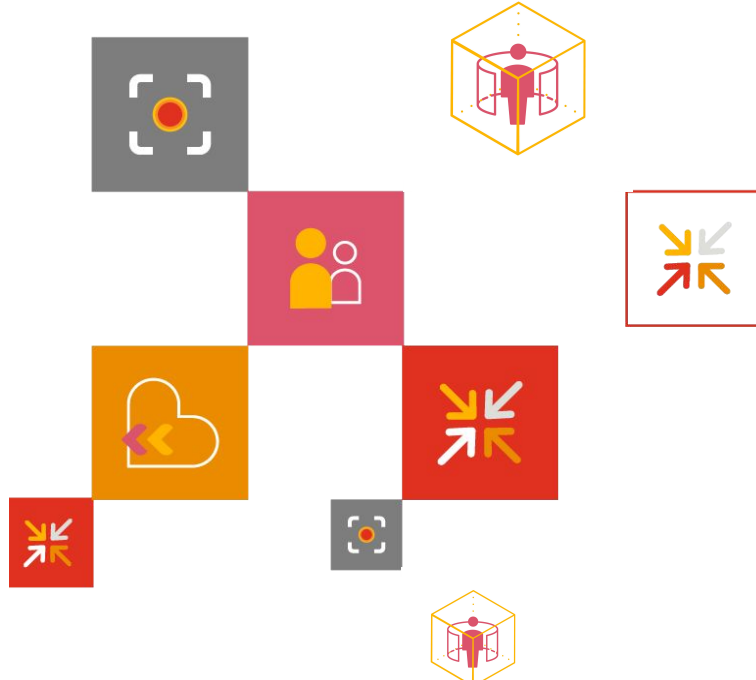
Health leaders know that it's the views of patients and clinicians that really matter. And that's especially so when it comes to virtual care and digital services, which require patients and clinicians to 'opt in' and actively choose them. Only by listening to the voices of patients and clinicians can we design and deliver virtual care solutions that achieve the best possible patient outcomes.

In this report, we reveal how consumer and clinician attitudes to virtual healthcare have evolved over the past year. And we highlight the strategic implications for health leaders.

Our surveys of Australians in May 2021 and March 2022 found a growing number of consumers want the option to access healthcare virtually. They also believe that virtual care offers them unique benefits (namely convenience and timely access to care), and are willing to receive virtual care from medical providers who they have not previously met.

Our surveys also suggest that virtual care could be a powerful tool in better enabling health equities with culturally and linguistically diverse (CALD) populations and that vulnerable populations have an especially high preference for virtual care, when compared with other consumer segments.

We also surveyed clinicians across Australia in March 2022 and the results indicated that for specific services and activities, clinicians see potential benefits in continuing/expanding virtual care. Also, health leaders still need to allay concerns among clinicians over certain aspects of virtual care.



Considered together, our survey findings suggest that health leaders should:

- Constantly focus on the experience of both consumers and clinicians, when designing and implementing hybrid (virtual and face-to-face) models of care
- Consider how virtual care can bolster clinical workforces across geographic locations, especially given the current and future workforce supply challenges
- Use virtual care to boost equity and access to healthcare across geographies and vulnerable populations.

Based on what consumers and clinicians have told us, virtual healthcare models could dramatically improve the lives of thousands more Australians. The past two years have proven how fast we can innovate, test, and introduce new solutions. Now is the time to build longer-term virtual care strategies, aligned with (and informed by) the views, data and experiences of clinicians and patients.



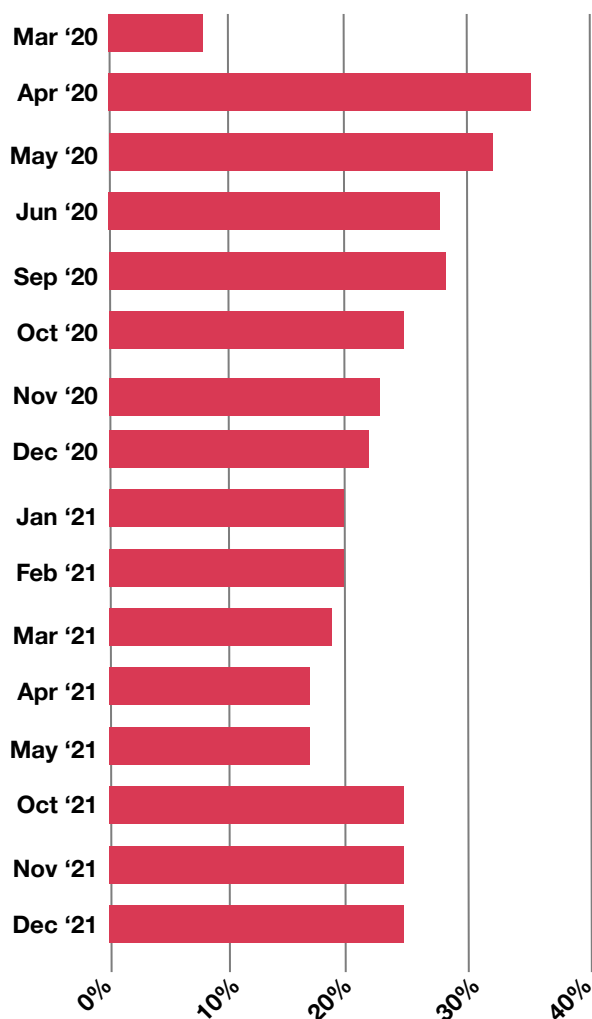
Introduction

Much has happened in a short space of time

Back in May 2021, many Australians hoped their lives were about to return to 'post-pandemic' normalcy. Instead, a tumultuous period followed. New COVID-19 variants prompted further lockdowns in several locations, as well as extended state and international border closures (and then re-openings). Many employers and workforces continued hybrid working experiments while, at various times and places, parents and teachers steered children through more home schooling (and then school re-openings). And even in the health sector, where COVID-19 presented enormous challenges, there were silver linings too. Chief among them: the increasing appetite among consumers and clinicians to access healthcare virtually.

That growing appetite was evident in March 2022, when we surveyed more than 2,000 consumers to understand how preferences and sentiment towards virtual care had changed since the year before. Our findings are outlined in this report, along with some notable conclusions and considerations for those who lead Australia's health organisations.

Figure 1: Percentage of Medicare Benefits Schedule (MBS) services delivered by telehealth¹

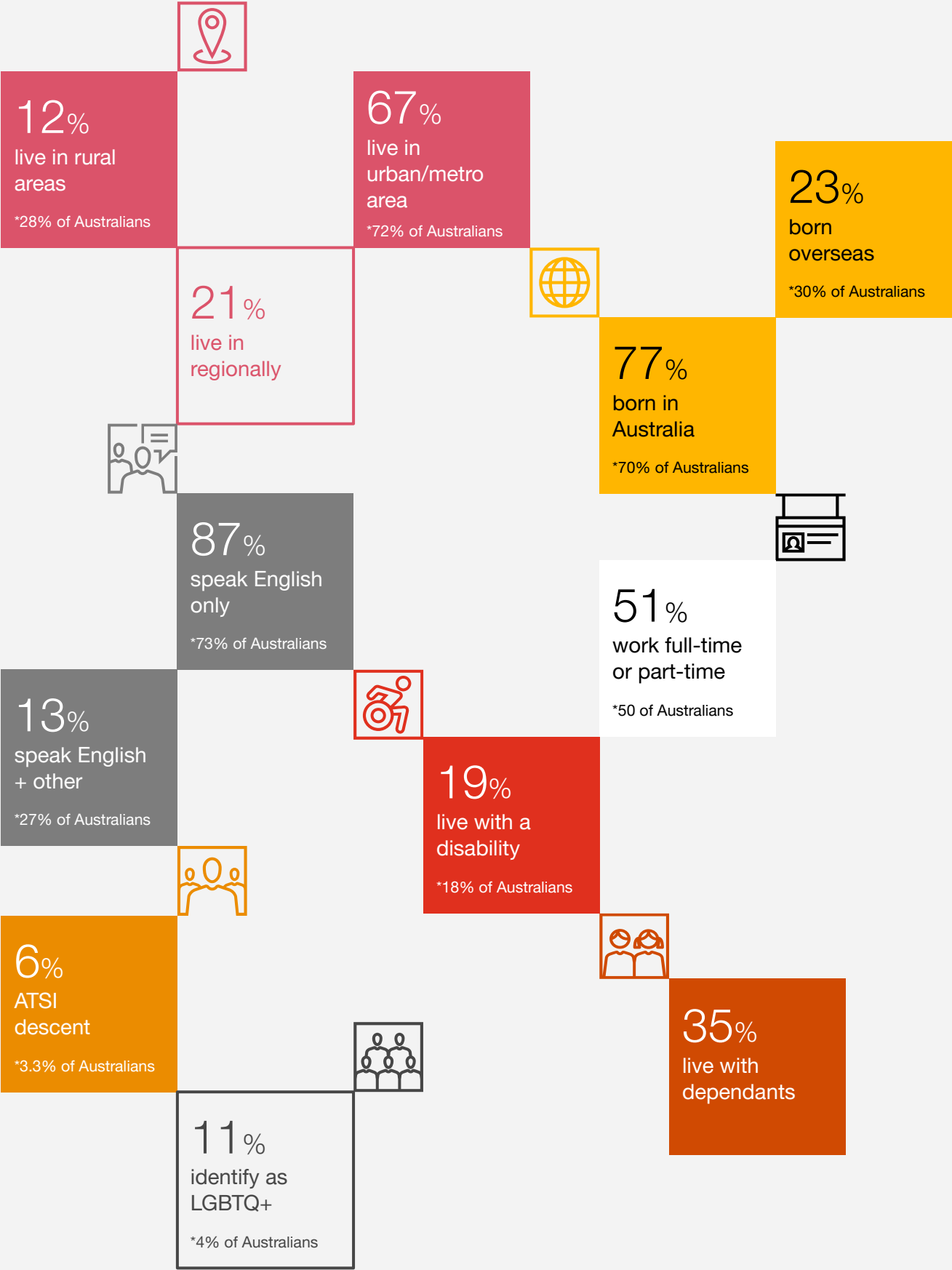


^[1]<https://coh.centre.uq.edu.au/telehealth-and-coronavirus-medicare-benefits-schedule-mbs-activity-australia>



Survey participants

Figure 2: Survey sample key demographics. Survey participants compared to Australians.





Consumer survey

Stand-out findings

Our consumer survey in March 2022 revealed how consumer attitudes towards virtual care had changed since May 2021. In this section of the report, we highlight four notable trends for health leaders to consider.

More consumers want to access their care virtually

The percentage of consumers who are 'likely' or 'very likely' to use care virtually (via video consultation, remote monitoring, or asynchronous communication with clinicians) has shown a statistically significant increase of 6 percentage points (up to 50% in March 2022, from 44% in May 2021). This may be driven by consumers' growing acceptance, capability, and positive experiences of using virtual care.

Preferences towards virtual care have shifted most markedly among the following consumer segments:

+10 percentage points

Aboriginal and/or Torres Strait Islanders

+9 percentage points

NSW/ACT residents

+9 percentage points

Married/de facto/ partner w/ dependents

+8 percentage points

18-44 year olds

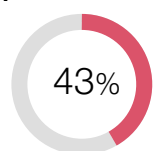
+6 percentage points

Culturally and linguistically diverse

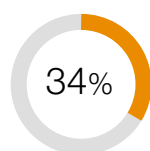
More consumers see the benefits of virtual care

As virtual care becomes more mainstream, a growing number of Australians acknowledge the upsides of it. In March 2022, 73% of respondents said they could see the benefits of accessing their care virtually (up 5% since May 2021).

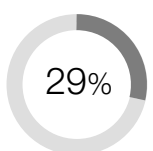
Consumers' top four perceived benefits of virtual health



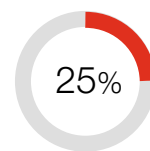
It will save time



Convenience of accessing care from home



Timely access to care



It will save money

In March 2022, there was a 10% increase in consumers stating that virtual care will save them time. This benefit will remain highly valued by all Australians, including the many thousands who are making the adjustment to hybrid working arrangements.

More consumers are open to receiving virtual care from medical providers who they have never met before

In May 2021, 30% of respondents were 'comfortable' or 'very comfortable' having a virtual care consultation with a medical care provider who they had never met before. By March 2022, there was a statistically significant increase, up to 36%.

The consumer segments who displayed the greatest increase in comfort levels were:

+13 percentage points
Single consumers with dependents

+12 percentage points
Consumers in rural areas

+10 percentage points
LGBTIQ+ consumers

+9 percentage points
NSW/ACT residents

This trend may be a signal that consumers are prioritising access to the right care – rather than prioritising the relationship they have with a particular provider. After two years of deferred elective care, consumers may be placing more urgency on timely access to care – rather than waiting for specific providers.

CALD and diverse consumers show a higher preference for virtual care

In both surveys (March 2022 and May 2021), CALD and vulnerable populations demonstrated a higher preference for virtual care options. Notable findings for health leaders include:

- Nearly 63% of CALD respondents prefer to access their health and wellbeing information via email or online resources (compared to 48% of all respondents).
- More than 55% of CALD consumers prefer 'regularly monitoring and measuring my vital statistics (e.g. blood pressure, weight, blood sugar, etc.) at home and sending the results to my doctor online' (compared to 43% of all respondents).
- To determine who to see about their health and wellbeing issues, many respondents prefer to research online (e.g. a trusted website, social media, speaking to someone via chat or email). This was particularly the case among Aboriginal and Torres Strait Islander (64%), CALD (62%) and LGBTIQ+ (59%) segments.



Consumer Survey findings





Clinicians survey

Stand-out findings

Most virtual care services require patients and clinicians to 'opt in' and actively choose to use them. It's therefore essential that clinicians understand and experience the benefits of virtual care. Unless they do, they won't recommend virtual care to their patients.

In March 2022, we surveyed clinicians in Australia to understand their views on virtual care. It was clear that clinicians saw many benefits in virtual models of care and are interested in using these. However, clinicians did express some reservations about virtual care and pointed to certain activities that they felt were not well suited to virtual delivery.

Clinicians are interested in virtual care – for certain activities

The clinicians surveyed spent the past 24 months providing care virtually through a range of platforms and models of care which were at varying maturity levels. Looking ahead, clinicians were most interested in using virtual models of care to:

- Consult a patient using video conferencing or phone to discuss symptoms and provide advice on further care management
- Follow up on a patient's pathology results via video conference or a phone call
- Share information resources with patients on a screen during a video conference (using screen share or a shared digital whiteboard)
- Send automated texts to patients via SMS or email at scheduled time intervals, containing information about their health and wellbeing
- Send information to a patient about their health and wellbeing via email or through online resources after a medical consultation
- Provide patients with information about their specific medical condition in a digital format (e.g. linking patients to a trusted website, sending bundled digital resources via SMS/email).

Clinicians were less interested in using virtual models of care to:

- Consult a patient with an interpreter service via video conference or phone to discuss a patient's medical condition
- Perform a medication review via video conference
- Demonstrate techniques or exercises to patients during a video conferencing consultation
- Direct patients on how to take diagnostic measurements
- Receive vital signs (e.g. blood pressure, weight, blood sugar, etc.) measured by the patient at home, and sent at scheduled intervals or in real-time through an online platform
- Monitor vital signs at home.

Clinicians and consumers differ when it comes to remote monitoring

The most notable divergence between clinician and consumer preferences is around remote patient monitoring. More than 43% of consumers prefer taking vital signs measured by themselves at home and sending them to a medical provider. However, 34% of clinicians do not prefer this.

In fact, 3 in 10 clinicians believe that one of the barriers to virtual care adoption is the reliability of the data patients supply when measuring their own vital signs remotely. Another concern for clinicians is that the funding structure isn't well articulated for remote patient monitoring for non-admitted patients in hospital settings.

Clinicians see the benefits of virtual care, but also have reservations

Clinicians are keenly aware of the current (and potential) benefits of virtual care. In our survey, many pointed to the ability to:



63%

Deliver care services to patients in the comfort of their own homes and surroundings.



48%

Provide patients with quick answers to simple questions.



41%

Better collaborate with primary carers and/or family members regarding the care of a patient.



41%

Provide more timely care for patients.

However, clinicians also raised some reservations about virtual care. These included perceived risks associated with:

- Clinical misdiagnosis due to missing information about a patient (48%)
- Privacy and confidentiality of patient data (43%)
- Difficulties for patients who are not comfortable with using technology to receive healthcare (45%)
- The ability of current funding models to subsidise the provision of virtual care services to patients (42%).



Conclusions





Conclusions

How health leaders can move with the turning tide

Our surveys suggest that there is a growing appetite among Australians to access health services via virtual channels. Below, we outline some considerations to assist health leaders and policy makers, as they seek to move services and organisations in alignment and consideration of consumer and clinician preferences.

Design and implement hybrid (virtual and face-to-face) models of care that are consumer-centric and provide excellent user experiences

Health services should continue to focus on building hybrid models of care that seamlessly integrate both virtual and in-person care offerings in a single model of care. To succeed, a hybrid model needs to be grounded in excellent experiences for patients and clinicians.

For health organisations, experience-led design requires a relentless focus on:

- easy onboarding
- simple navigation of technology
- training so that systems can be used effectively, confidently and reliably
- accessible, efficient troubleshooting and support
- ongoing measurement and monitoring of patient-reported outcome and experience measures.

Consider how virtual care could alleviate workforce and capacity issues

Consumers have growing confidence in receiving care from clinicians that they have never met before. This presents the opportunity for health services to use virtual care models to rebalance the workforce within certain locales — with appropriate specialists in low demand areas providing virtual consultations and support in places of higher demand. This may also help alleviate elective care backlog and waitlists.

Every health leader is keenly aware of the physical and mental toll their frontline workforces have suffered in recent years. Ongoing respite is needed, so supplementing exhausted health workforces with virtual ones can help provide essential recovery time and/or specialist advice, decision support and reassurance.

Boost equity and access to healthcare across geographies and vulnerable populations

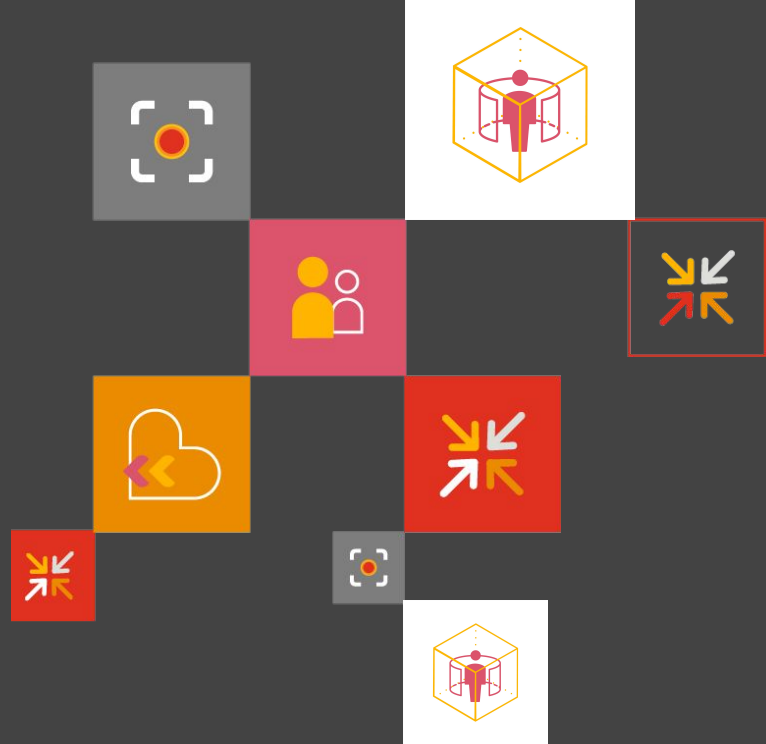
Survey respondents from rural/regional, CALD and LGBTIQ+ segments show a notably high interest and uptake of virtual care. This presents an opportunity for health leaders to design inclusive and accessible virtual models of care.

For example, there is anecdotal evidence that many people from CALD backgrounds value the opportunity to interact with clinicians via virtual care while being supported by friends and family members who can navigate language barriers and cultural sensitivities. CALD people's take-up of virtual care solutions will further increase when more services enable and support interactions with friends and family.

All of which serves to underline the importance of flexibility when designing and developing virtual care solutions. The ability to tailor virtual care to suit different consumer preferences will increase the rate of virtual care adoption and retention. And such flexibility can also enable virtual care services to adapt and remain relevant, as consumer preferences change over time.

To better understand your organisation's virtual health maturity, complete our **virtual health maturity diagnostic self-assessment**. This tool enables you to evaluate your organisation in nine essential elements of virtual health. Having considered your organisation's current virtual health maturity – alongside your vision for the future – you can identify steps to elevate and expand your virtual health models.





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