



Telehealth for kids: Experiences of Australian parents



Poll report

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Report highlights

- One in five (21%) Australian parents have not heard of telehealth appointments for their child.
- More than a quarter (27%) of Australian children have received health care via telehealth in the past year, with the majority being appointments with a general practitioner.
- Nine out of ten of parents (92%) who have used telehealth for their child would use it again.
- Parents are more likely to consider using telehealth for follow-up appointments with their child (81%) than for first time appointments (51%).
- The majority of parents find telehealth convenient for their family (69%), saying it means less time away from work and school.
- Some parents do not recognise it is important to have telehealth appointments in a quiet and private place, with a quarter saying they could take the appointment while driving (24%) or at the shops (26%).
- Despite wide uptake of telehealth some parents still hold concerns including that the health care may not be as good as that received in person (79%), worries about data security and privacy (61%), challenges finding a quiet or private place for the appointment (49%) and difficulties using the technology (44%).

In a survey conducted in February 2021, Australian parents were asked a series of questions about their views, behaviours and experiences on using telehealth for their children over the past year.

A nationally representative sample of 1,981 parents yielded data on a total of 3,440 children aged between one month and 18 years.

What do parents know about telehealth services for children?

While the majority of Australian parents (79%) had heard of telehealth appointments, a surprising proportion (17%) indicated they had not heard of telehealth and a further 4 per cent were unsure. Parent characteristics associated with not having heard of telehealth include: living in a major city (18%) compared to living in regional and remote areas (12%), parents with a single child (25%) compared to those with more than one child (14%), parents without a regular general practitioner (GP) providing care to their child (30%) compared to those with a GP (15%). Parents who were male, a sole parent or had an education level of year 12 or less were less likely to have heard of telehealth than parents who were female, partnered or had an education level higher than year 12. There was no substantial difference in level of awareness of telehealth across states, socio-economic status (Socio-Economic Index For Areas (SEIFA)) or by age of child.

Two thirds of parents (67%) thought their child would be able to get a telehealth appointment with a GP if needed. Parents were less likely to think they could get a telehealth appointment with other service providers including specialists (38%) and allied health services (29%) than with a GP. The majority of parents were unsure if they could use telehealth to access emergency services (53%) or dental services (50%).

What proportion of Australian children received care via telehealth?

One in three (36%) parents report they have accessed care for one or more of their children via telehealth in the past year. Overall, more than one in four Australian children (27%) received care via telehealth. Younger children (aged less than five years) were more likely to have received health care via telehealth (32%) than children aged 13 years and above (24%). This finding is likely to reflect increased use of all types of health care services in younger age groups, when compared to older age groups.^(1,2) It is also possible that teens have accessed telehealth without their parents' input or knowledge, and hence this use may not have been captured in the parent report of telehealth usage. Children in Victoria were substantially more likely to have received health care via telehealth in the past year (35%) than those

What is 'telehealth'?

In this study 'telehealth' was defined as having an appointment or consultation with a healthcare provider by phone or video call

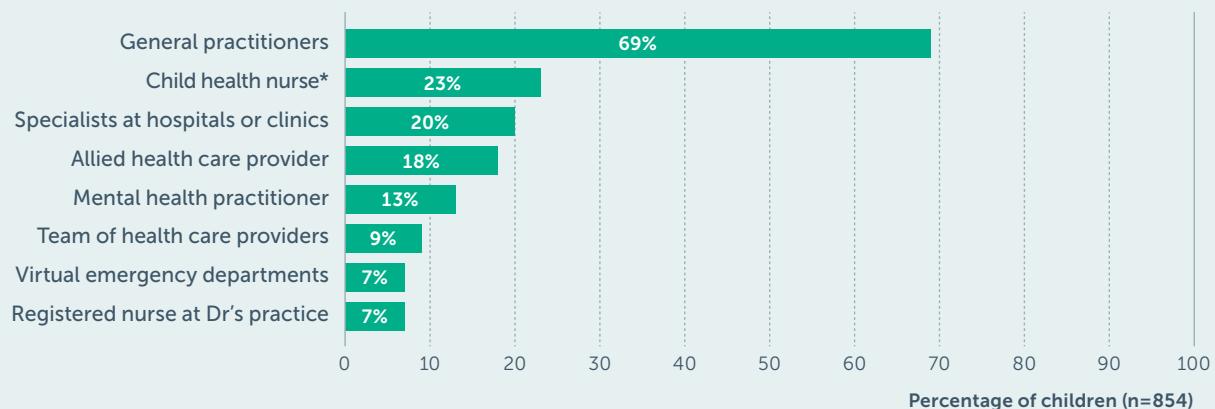


in all other states and territories (23%), reflecting the significantly longer period of stay-at-home restrictions experienced in Victoria in 2020. Children with parents with higher levels of education (undergraduate or more) were more likely to have used telehealth (29%) for their child than those with parents with education levels of year 12 or less (21%).

There was no meaningful difference in the reported use of telehealth for children across cultural background (language spoken at home), socio economic status based on SEIFA and rural vs urban location.

Among those children who had used telehealth in the past year (n=854), the most commonly accessed health care provider was the GP (69%), followed by child health nurse (23%) and specialist at hospitals or clinics (20%) (see figure 1 on page 3).

Child use of telehealth by type of provider



Note: Use of healthcare services over 12 month period: January 2020 – January 2021

*Child health nurses item was only offered to parents of children aged less than seven years (n=343)

Figure 1.

Would parents use telehealth for their child in the future?

The vast majority of Australian parents said they would consider using telehealth for their child in the future (87%). Parents were more likely to indicate they would use telehealth for a repeat or follow-up appointment for their child (81%) than for a new or first time appointment (51%) with a GP and/or specialist. Over half of parents (54%) said they would use telehealth for mental health care for their child and 58 per cent said they would consider using a virtual emergency department if available (see figure 2).

Parents who had used telehealth for their child in the past were more likely to indicate that they would consider using it in the future (92%) compared to those who had never used it (83%). This was consistent across all different types of care including mental health care, dental care, emergency services, allied health services, specialists and GPs.

The majority of parents (76%) said they would like to have the option of some appointments in-person and some appointments by telehealth for their children.

Telehealth services parents would consider using for their child, by type of provider

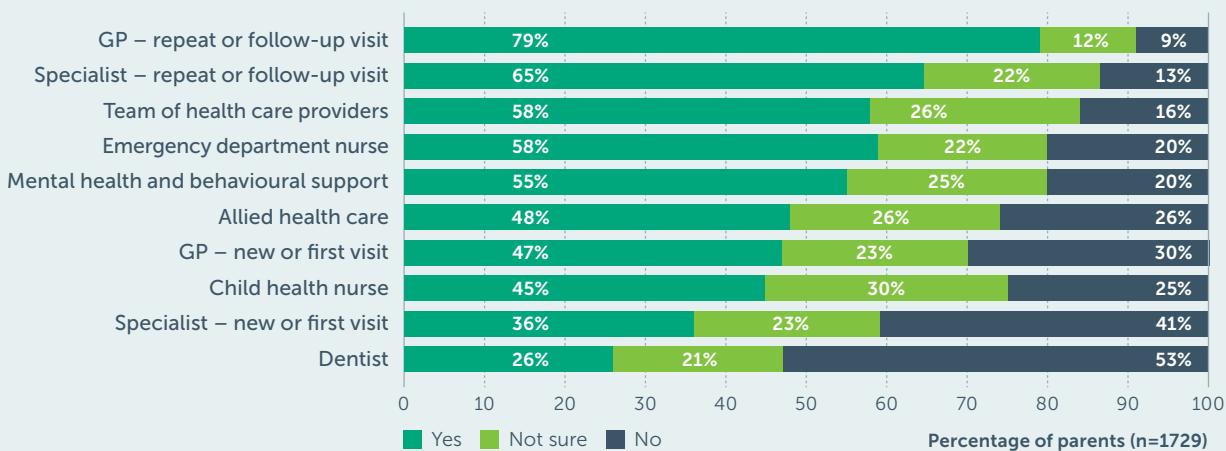


Figure 2.

What appeals to parents about telehealth for kids?

Convenience is the most cited advantage of telehealth for children, with 69 per cent of parents saying it is convenient for them and their family.

Two thirds (63%) of parents said they would like their child to have the option of telehealth appointments because it means they do not have to miss as much school, child care or other activities. Over half (54%) of parents prefer the option of telehealth for their children's appointments because they do not need to have as much time off work. Those parents who had used telehealth in the past for their child were more likely to cite the benefits of reduced time off work and/or school (92%) than those who had never used telehealth (71%).

Two in three (68%) parents also said that it would be helpful to have health care team appointments by telehealth, allowing the parents, child, GP, specialists and allied health providers to all join the consultation.

Most parents (67%) felt that telehealth is as good as in-person care for some but not all child health conditions.

Do parents know how to get the most out of telehealth?

There are a number of things parents can do to get the most out of a telehealth appointment for their child. These include ensuring they are well prepared with

instructions on how to use the telehealth platform (phone or video), finding a quiet, safe and private place for the appointment and making sure that the child is present during the appointment.

While most parents (85%) recognised that it is important to have telehealth appointments in a quiet and private place, a concerning one in four felt it was okay to have a telehealth appointment for their child while at the shops (26%) or while driving the car (24%). Eight-four per cent of parents agreed that it is important to have clear instructions on the technology used for telehealth.

What might stop parents from using telehealth for kids

Parents identified a number of reasons why they may not use telehealth for their children (see figure 3). The leading concern was about the quality of care, with 79 per cent of parents saying the health care may not be as good as that in person. Almost two in three parents (61%) said concerns about data security and the privacy of their child's health information would be likely to stop them from using telehealth. Half of parents (52%) felt telehealth was too hard to use and that it would be easier to take their child to the doctor or the hospital. Younger parents (aged <30 years), sole parents, those speaking a language other than English at home and those with pre-school aged children were more likely to indicate that telehealth was too hard to use and it would be easier to attend the doctor or hospital than older parents, partnered parents, those speaking English at home and those with school aged children. Half of parents (49%) said it is too hard to

Reasons parents may not use telehealth for their child

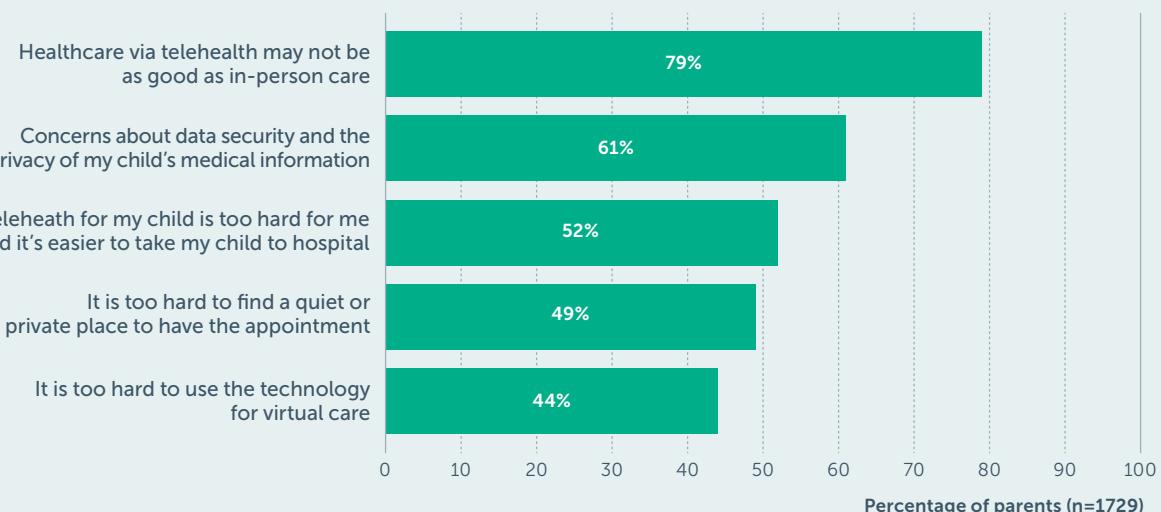


Figure 3.

find a quiet or private place to have the appointment and 44 per cent said the technology is too hard to use. Forty-one per cent of parents said it was easier to forget about telehealth appointments compared to face-to-face appointments.

Implications

The COVID-19 pandemic has transformed the way health care is delivered in Australia, with changes in Medicare funding making virtual visits more accessible across the country since March 2020. This study shows that one in four children used telehealth to access health care in the past year. As we move forward, it is important to consider the use and benefits of telehealth. Importantly, this study's findings indicate that parents who have used telehealth for their child's care are confident and positive about using telehealth in the future. Most parents report benefits such as less time off work, less missed school and the ability to bring different health care providers together for one appointment.

This study highlights some inequity in access to telehealth, with parents of lower education levels less likely to access telehealth for their children. Of note, we did not see a difference by country of birth or home language. Many parents indicated that challenges with technology and difficulties finding a private and quiet space for an appointment may stop them from using telehealth. Many also expressed concerns about data security and privacy of their child's health information. Support for parents to navigate these barriers through targeted education may improve the equity of access to telehealth for children.

A concerning number of parents believed it was okay to attend a telehealth appointment for their child while driving or at the shops. Improved education and support for parents on how to best use telehealth will optimise the quality and safety of this form of health care for their children.

Overall, the results of this study provide strong evidence that parents see telehealth as a desirable way to get health care for their children. The majority of parents would prefer a mix of telehealth and face-to-face care for their child, depending on the problem and the provider. Federal funding has made Medicare Benefits Schedule (MBS) telehealth items temporarily available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers. At present, availability of these MBS items does not extend beyond June 30, 2021. Consideration should be given to ongoing funding of telehealth visits for children in both metropolitan and regional areas beyond the period of the pandemic. The benefits of more efficient delivery of health care are experienced at an individual child and family level and less time off work for parents may reap broader economic benefits.

Data source

This report presents findings from a nationally representative household survey conducted exclusively by the Online Research Unit for The Royal Children's Hospital, Melbourne. The survey was administered from February 2 to February 16, 2021, to a randomly selected, stratified group of adults aged 18 and older (n=1,981). All respondents were parents or caregivers to children aged between one month and less than 18 years. Respondents provided data on a collective total of 3,440 children and the average number of children per family was 1.7. The sample was subsequently weighted to reflect Australian population figures from the Australian Bureau of Statistics. Among Online Research Unit panel members contacted to participate the completion rate was 60 per cent.

References

1. LSAC Annual Statistical Report 2017, Vol 8. Published by the Australian Institute of Family Studies, Dec 2018. Available at: <https://growingupinaustralia.gov.au/research-findings/annual-statistical-report-2017/childrens-use-health-care-services>
2. Dalziel KM, Huang L, Hiscock H, Clarke PM. *Born equal? The distribution of government Medicare spending for children*. Social Science & Medicine. 2018 Jul 1;208:50-4.

For a full list of references please visit www.rchpoll.org.au

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