

# Telehealth in Australian general practice – what have we learned from GP registrars?

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May 24<sup>th</sup> 2023



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# Why telehealth?

- Rapid expansion of telehealth in 2020 in response to COVID-19
- Limited knowledge of how telehealth would impact on GP training
- GP registrars had to adapt quickly!
- My own experiences as GPT1 in 2020
- ?physical examination via telehealth – *more on this later*



# ReCEnT Project

- “Registrars Clinical Encounters in Training”
  - 60 consecutive consultations per 6-month term
  - Clinical and educational details recorded
  - Medicare item numbers used to determine telehealth consults
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- Aim: to assess the prevalence and associations of telehealth versus face-to-face (F2F) consultations amongst Australian GP registrars

# Methods

- Consultations recorded during term 1 2020 to term 1 2021 (3 x 6-month terms)
- GP registrars from:
  - GP Synergy (NSW/ACT)
  - General Practice Training Tasmania
  - Eastern Victoria GP Training
- Univariable and multivariable logistic regression
- Outcome factor: whether the consultation was conducted via telehealth (phone and videoconference) or F2F

# Results

- 1,168 GP registrars
- 102,286 consultations
- 21.4% telehealth:
  - 97% phone vs. 3% videoconference
- Telehealth shorter on average, 13 mins vs. 19 mins for F2F
- Telehealth addressed fewer problems on average, 1.3 versus 1.5 for F2F
- Registrars less likely to seek help from supervisors during telehealth

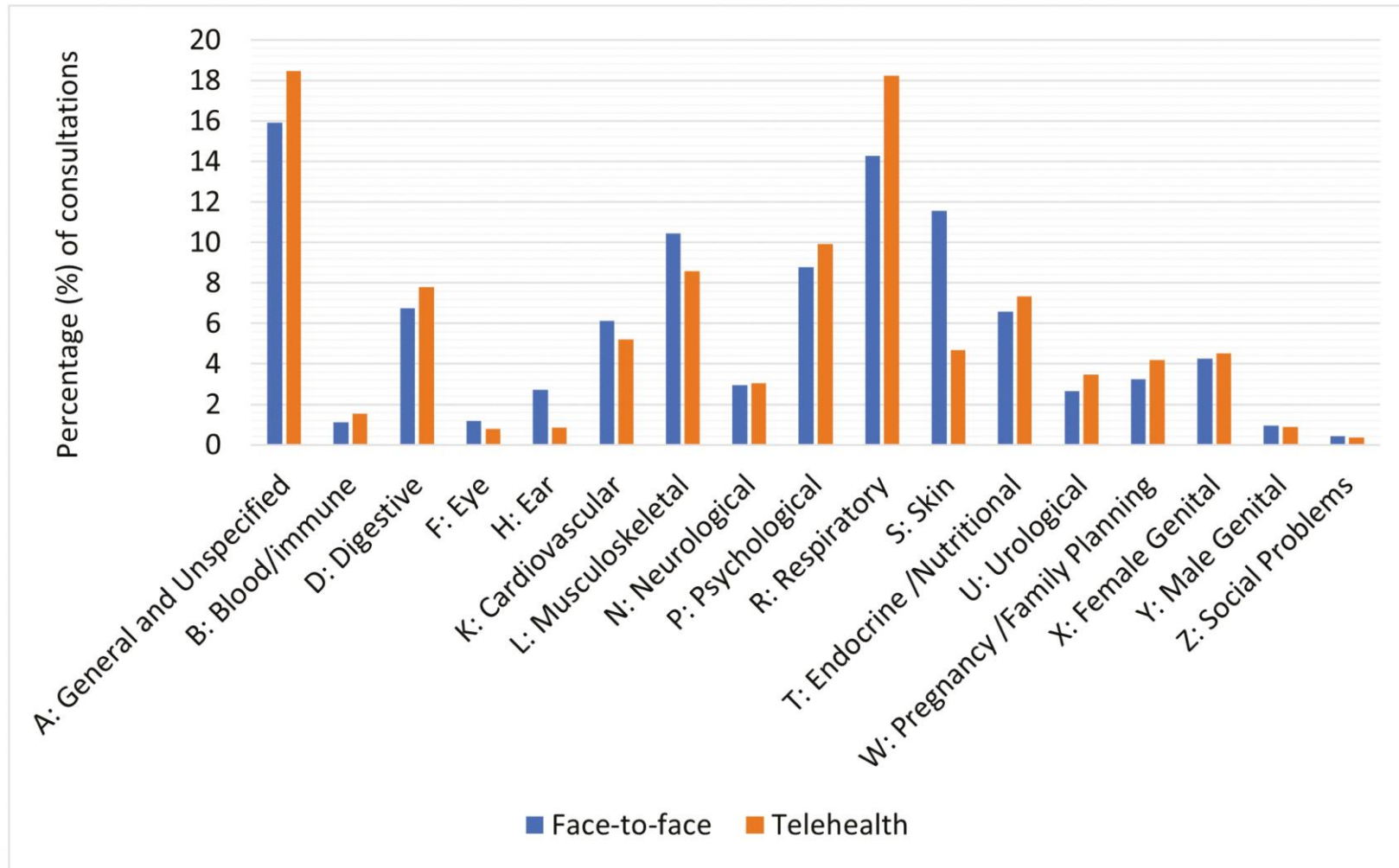


# Results

- Positive associations:
  - Female patients
  - Existing patients
  - Existing problems
  - Registrars generating learning goals
  - Arranging follow-up consultations
- Negative associations:
  - <15yo and >64yo
  - Culturally & linguistically diverse
  - Aboriginal and/or Torres Strait Islander
  - Prescribing medications
  - Ordering investigations



# Percentage of consultations by ICPC-2 disease chapters



# Key Messages

- Low uptake of videoconferencing (<4% of telehealth consultations)
- Telehealth tends to be shorter with higher rates of follow-up
- Registrars less likely to seek supervisor support during telehealth, but more likely to generate a learning goal
- These findings prompted more research questions...

**Fisher K**, Tapley A, Ralston A, Davey A, Fielding A, van Driel M, Holliday E, Ball J, Dizon J, Spike N, Clarke L, Magin P. General practice trainees' telehealth use during the COVID-19 pandemic: a cross-sectional study. 2023. *Family Practice*. Advance online publication.













# 'Remote' physical examination via telehealth



# The Telehealth Ten

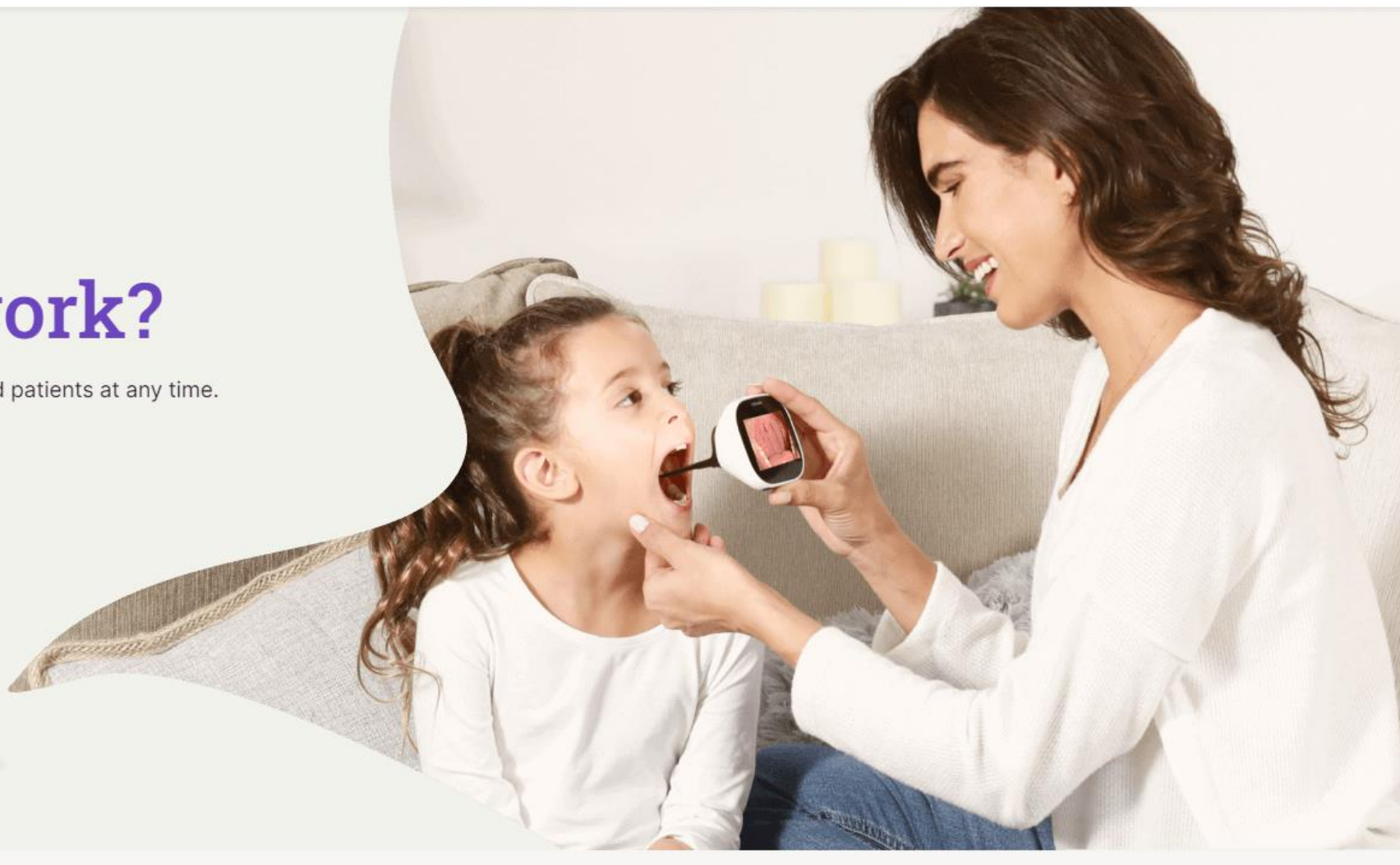
Benziger CP, Huffman MD, Sweis RN, Stone NJ. The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination. Am J Med. 2021 Jan;134(1):48-51. doi: 10.1016/j.amjmed.2020.06.015. Epub 2020 Jul 18.

	<p><b>Step 1: Vital Signs</b> -Weight, blood pressure, pulse, oxygen saturation, temperature</p>
	<p><b>Step 2: Skin assessment</b> -New bruises, rash, swelling</p>
	<p><b>Step 3: Head, Eyes, Ears, Nose, and Throat</b> -Assess vision, hearing, sense of smell; observe throat, swallowing</p>
	<p><b>Step 4: Neck</b> -Assess pain with rotation, jugular venous distension, Corrigan's pulse</p>
	<p><b>Step 5: Lungs</b> -Deeply inhale and hold; observe wheezing and tachypnea</p>
	<p><b>Step 6: Heart</b> -Assess pulse; incorporate data from wearables</p>
	<p><b>Step 7: Abdomen</b> -Assess if abdomen is firm, tender, or distended</p>
	<p><b>Step 8: Extremities</b> -Press thumb into pre-tibial area and assess edema; perceived temperature</p>
	<p><b>Step 9: Neurological</b> -Speech, gait, Romberg, stand from seated position</p>
	<p><b>Step 10: Social Determinants of Health</b> -Diet, physical activity, sleep, stress, housing, transportation, safety, mood</p>

# How does TytoCare work?

Remote physical exams for members and patients at any time.

▶ Watch video



# Questions?



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