CHF

Consumers Health Forum OF Australia

Review of the National Digital Health Strategy

November 2021

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interest of Australian healthcare consumers and those with an interest in healthcare consumer affairs. CHF works to achieve safe, quality, and timely health care for all Australians, supported by accessible health information systems.

At the heart of CHF's policy agenda is consumer centred care with access to and delivery of clinically safe and high-quality health care as key areas of focus.

Digital Health – What Consumers Want

CHF has been an active participant and adviser in digital health initiatives, including the development of the original National Digital Health Strategy, the roll out of the opt out strategy for My Health Record and more recently the implementation of e-prescriptions and telehealth.

CHF has participated in and led extensive research and consultations with consumers over the past year, particularly as COVID has driven the introduction of digital innovations in terms of delivering healthcare. Overall consumers see the opportunities digital health offers but existing and new barriers to access are becoming evident.

There is concern among consumers that digital health innovations will further marginalise those already marginalised in access to healthcare. For these consumers, digital literacy and digital ability is increasingly a key focal point. For rural, remote, and regional consumers there is a real fear that digital health innovations will in fact reduce their already limited access to face-to-face healthcare, especially fears that it will discourage general practitioners from providing services in these areas.

With the expansion of telehealth items during Covid there is now a real desire among consumers to see improvement in how it is delivered and indeed extended for use for such things as multidisciplinary consultations. This is particularly the case for rural, remote, and regional consumers but importantly for consumers throughout the country with disabilities and/or chronic illness that currently reduce their access to healthcare.

Overall, the key message from consumers is they are largely happy with sharing their health information with their health providers but somewhat disappointed that My Health Record is not yet delivering this promise. They want providers to input their health information and want them to use it as they move across the health system and where they have multiple health providers. As they see the expansion of digital health their increasing frustration at consistently having to repeat their medical history to numerous providers is obvious.

Where We Are – The Path To 21st Century Design

As part of a collaborative research project involving CHF, Curtin University, the Digital Health Collaborative Research Centre and Deloitte a study titled "A Rapid Review of Virtual Health – Reimagining Healthcare in Australia – the Journey from telehealth to 21st Century Design" was produced and published on CHF's website together with a "consumer explainer" outlining the complex research and its findings.   A copy of the Consumer Explainer is at **Attachment 1**.

The Rapid Review broke the consideration of virtual health models into what can be simply described as 3 stages. We would argue that Australia is currently in the first stage. The first stage is basically looking at current practices in information sharing between health care providers and consumers, such as referrals, pathology results and decision making on care needs. The concept is not necessarily about changing current practices of information sharing but to improve how information is shared. The objective being to, in turn, improve the accuracy of information shared between both providers, and providers and consumers. The concept is that building on and improving current practices creates the building blocks for the introduction of further, and more complex, technology down the track. It also highlights that this will contribute to well developed and trusted provider and consumer relationships which is seen as essential for progressing virtual health innovations to the next stage.

We would encourage the Agency to take a similar three-stage horizon approach to its re-cast of the National Digital Health Strategy, while at the same time ensuring that there is much consolidation to be done to embed and leverage better utility from reforms introduced to date – see particularly our comments on the My Health Record (MHR) below.

My Health Record

In late July 2021, the Australian Digital Health Agency (ADHA) advised that 22.9 million Australians had an MHR.

At the core of what we seek to achieve in Australia in terms of a seamless health system is what the MHR potentially offers: a single place where a person's health story is curated and stored. However, with increased participation in digital health and interest in MHR, particularly because of COVID, consumers are consistently and somewhat loudly expressing a high level of disappointment at the absence of information in their MHR – especially records of diagnostic services and results, Emergency Department attendances and other specific health care events. Thus, the key value of MHR from a consumer perspective is absent when they view their MHR or realise their health providers do not or cannot access vital health information. Increasingly they are seeing that the tangible benefits of MHR to them and those they care for are not being realised.

With MHR at the core of most other activity aimed at building a seamless system we cannot afford to lose the "faith" of consumers and a priority focus must now be on activities that

indicate tangible benefits are being or on their way to being realised. In this regard, and in broad terms, it is about taking steps to put good data into MHR and making sure it is used.

The mandatory recording of Covid vaccinations in the Australian Immunisation Register, subsequently recorded in the MHR, and access to Covid vaccination certificates, has driven increased interest in and access to their MHR by consumers.

Consumer trust and confidence in digital health systems and sharing of their health information is growing but maintaining this momentum in consumer attitudes is critical.

Consistent themes in all research on consumer attitudes have significantly identified that

- Health providers are those most trusted by consumers in terms of maintaining the privacy and confidentiality of their health information and

- A significant willingness of consumers to share their health information with their health providers.

In the context of MHR, this willingness to share their data is linked to the stated purpose of the MHR where consumers readily identify a clear benefit to them as individuals and have significant trust that privacy and confidentiality will be maintained.

Research consistently illustrates that consumers see tangible benefits to themselves and those they care for in sharing the heath information with their providers. Thus, the value of MHR to consumers is the sharing of, and access to their health information, for and between their health providers. Access to simply view their own information, while important, is not the higher value.

Consumers have heard the commitment to the development of a "seamless" health care system and promotion of MHR has contributed to a perception that this is starting to happen. For many the ability to move across the health system, particularly for those with chronic conditions, disabilities and multiple health providers provide confidence and trust in the health system as a whole and importantly ease the current complexity. The continual requirement to repeat their health histories over and over to different providers is a consistent complaint from consumers which impacts on levels of trust in relation to their health care.

There is no doubt that provider access to up-to-date and critical health information will not only contribute to consumer trust and confidence but will improve quality and safety as they move across and in and out of the health system. Further, other benefits are well understood, including economic, arising for example from improved preventative health measures, early diagnosis, and reductions in duplication of care such as diagnostic services.

The success of digital health innovations depends wholly on consumer acceptance, as extensive research consistently demonstrates. MHR in Australia has the trust and willingness of the majority of consumers to share information and as such represents a strong basis for providing the opportunity on which to build a seamless health system.

Priority Issues

Noting our earlier comments about the next version of the National Digital Strategy adopting a future horizon construct and setting out aspirations for Australia's digital health future, CHF believes there are some pressing immediate-medium term priorities that should be reflected in and acted upon in next version of the Strategy as outlined below.

Input of Data and Use of MHR Data by Health Providers

A clear analysis of the barriers that are creating resistance to or apathy in primary care for use of MHR needs to be undertaken. Some barriers are already well known including the fact that MHR does not mirror practice workflows, thus creating additional work, the data that is important for primary care are not organised in an accessible manner. For hospitals it is clearly an issue of State vs Federal responsibilities.

For diagnostic/pathology service providers CHF is of the view that a strong and concerted effort must be made to bring this part of the health system into the MHR. We are aware that there has been low and slow uptake by diagnostic/pathology service companies. The absence of this information risks not only losing consumer confidence but improvements to safety and quality and savings to the health system. Where consumers access their MHR, it appears they highly value being able to see their test results and Emergency Department attendances. They see these elements as critical items in terms of sharing their health information with providers and clearly identify the value of continuity of care and improved safety and quality in their healthcare.

Ease of Access to and Navigation of MHR
With increasing interest and access in MHR by consumers the complexity of navigating the MHR has arisen as an issue for consumers in recent CHF digital consultations, including a large Kitchen Table Discussion (KTD) consultation. This had not been an issue raised in previous consultations on digital health. However, some consumers identifying themselves as digitally literate have indicated that even they find it complex. While we understand that setting up a My Gov account requires a higher level of complexity due to security considerations, once established the access and navigation of MHR should be easier. This is an area that may need some consideration in terms of consumer access to their health information – highlighted by COVID.

Interoperability

CHF welcomes and looks forward to participating in the ADHA's upcoming consultations on a National Interoperability Plan.

Interoperability links to the second stage of digital health progress as outlined in the "Rapid Review of Virtual Care". As the key to securely and efficiently transferring health information throughout the health system, outside MHR, in a manner that is consistent with clinical safety and quality.

Primary care, particularly through the GP Electronic Health components of the Practice Incentive Program have achieved much in terms of interoperability over some years. Incentives initially related to uptake of Public Key Infrastructure and Secure Messaging. It will be essential to address and avoid disruptions to these achievements, or unnecessary "re-invention" in primary care. While interoperability technology may have moved along significant changes to what primary care has achieved must be addressed with caution and care to prevent push back.

The introduction of more complex technology down the track requires a focus on how to improve current practices in terms of how information is shared across the health system and improvements in its quality and accuracy. The overall concept is building on and improving current practices which creates the building blocks for moving to the next stage of introducing new technological innovations

There are many new digital health innovations that have been or are being developed which can potentially feed into an individual's MHR. These include such things as linking of home health monitoring applications and mobile preventative and chronic health management applications to MHR.

Digital innovation is a priority area in preventative health measures and aligns with the national preventative health strategy. For this to be implemented in a way that is safe for consumers we believe there needs to be more reliable information available on which applications to use. In that regard we have been pleased to provide a submission to the consultation on Mobile Applications (mApps) Assessment Framework. CHF believes this framework is essential to provide consumers and providers confidence in the safety, quality, security of mobile applications. We believe the assessments should be located centrally but also available on health providers desktops. A star rating system against each assessment domain provides information on an mApp that a consumer or provider may have in front of them.

Consideration also needs to be given to publishing assessments in a central and public location. This provides ease of reference for providers and consumers when considering use of an mApp but importantly provides the ability to choose the most suitable and best quality mApp. Such a measure is likely to stimulate mApp developers to participate in the assessment process.

Multiple Platforms

Multiple platforms used by health providers has caused some angst among consumers. This has become most evident during Covid lockdowns especially for those with disabilities, chronic conditions etc. Where a consumer has multiple providers, they have indicated the complexity of linking in for video telehealth consultations where platforms are not consistent.

This became clear in various consultations in relation to telehealth experiences and most obvious outside primary care. Primary care largely used phone whereas specialists, hospitals and some allied health providers tended to use video. CHF research has shown there is limited consistency in the platforms used and consumers indicate that current platforms are "clunky" with common experiences in servers, platforms and websites being down. Additionally, communication systems are sub-optimal, particularly in rural, remote, and regional areas.

Broadband Service Guarantee

CHF welcomes the legislation that extends the Statutory Infrastructure Provider (SIP) regime which underpins the Universal Service Guarantee, meaning there is now a legislated framework for access to broadband as well as voice telephone services and payphones.

While the new Universal Service Guarantee expands the mandate to give Australians access to broadband and voice services and ensures maintaining fixed telephone and payphone services in rural and remote areas, CHF would want to see real "enforcement" of the legislation focussed on rural, remote and regional areas.

The recent release of the Telstra 2021 Digital Inclusion Index provides detailed data down to LGA level on issues related to access. It is our view that the quality of this data provides the basis for identifying priority areas for action in terms of improvement to digital access at a local level.

The Government's statements on the passing the legislation indicate a strong commitment to its aims with the Minister stating that "these historic laws mean that all Australians can access high-speed broadband, no matter where they live or work".

CHF believes that, to reflect this clear commitment and indeed "promise", a collaborative approach by Government and relevant industry partners to establish priority implementation or enforcement of the legislation in areas of highest need, is necessary and possible.

Rural, remote, and regional areas are the poorest served and are at the bottom in terms of equity of access to health care. The reality is that these limitations translate into costs to the health system. Establishing a clear map of priority locations for attention provide the opportunity not only for improved access to health care for these populations but deliver potentially significant cost savings for both these consumers and Federal, State and Territory Health Budgets.

Digital Exclusion

Research into access to digital health consistently highlights the fact that sections of the population that are already marginalised in terms of access to health care become increasingly marginalised as digital health systems become more widely used.

The Telstra National Digital Inclusion Index 2020-2021 illustrates this most vividly. While overall inclusion has increased in Australia, drilling down into the indicates that inclusion is anything but even with clearly identified sections of the Australian population experiencing significant drops in most of the inclusion measures. This is particularly the case for populations in rural, remote, and regional areas and across the board age and affordability are areas where digital inclusion falls rapidly. Of real concern was data on affordability which

indicates that those identified as excluded on the measure of affordability would need to allocate 10% of their income to access and the most included would only need to allocate 2%.

Rural, remote, and regional areas have much to gain from access to digital health systems and much to lose unless critical inclusion factors are not addressed. CHF is of the view that a significant focus must be placed on factors to improve inclusion in these areas. These are significant problems that start from stable internet and mobile phone coverage to digital literacy. CHF recommends the National E-Health Strategy cannot ignore the social, economic, and geographic factors that impact on digital inclusion in sections of the Australian population – most of which are either in higher need, due to age, disability, chronic health, specific population health vulnerabilities, or already marginalised in terms of access to healthcare simply by geographic location.

Digital Health Literacy/Digital Navigators

With the increasing expansion of digital health systems, the need to assure community digital health literacy directly links to the National Health Literacy Strategy which is one of eight immediate priorities under the National Preventive Health Strategy.

The revised National Digital Health Strategy must include measures to address digital health literacy. CHF strongly recommends implementation of a pilot program based on the use of digital navigators. Pilots should be undertaken in priority communities to support consumers to access and optimise their use of telehealth and other forms of digitally enabled health care. The latest Telstra Digital Inclusion Index highlights the importance of digital ability in terms of inclusion and, of concern, indicates that the most vulnerable groups in terms of health are lowest on the inclusion on the digital ability measure.

There is currently no role in primary healthcare or community sector that provides digital support for both provider and patient.

Equitable virtual health requires addressing overlapping issues of access to technology with literacy, health literacy and digital literacy. Trialling a 'Digital Health Navigator' role in primary care is an innovative approach to reducing this digital health divide. It would provide digital support to both provider and patient according to their specific health needs, and support providers to understand patient benefits and use of digital health.

CHF is fully committed to co-developing this concept as an opportunity to support consumers to benefit from digital technology and enhance preventative health care and consumer's ability to self-manage their health and care. CHF and Good Things Foundation were successful in obtaining an "in kind" grant through Today Design Group to develop a comprehensive strategy for a pilot of digital health navigators that will be submitted to a range of government and philanthropic organisations for funding.

We understand that the ADHA will be pursing activity in relation to digital health literacy related to use of Commonwealth systems such as MHR. It is our view that the CHF/Good Things proposal will ultimately represent an essential link in terms of widening digital health literacy beyond the narrower aim of ADHA's focus and extending digital literacy through a joint approach focussed on consumers and providers. The pilot will focus on a range of

approaches and links to "best fit" in terms of delivery in diverse areas of need, based in identified areas of low digital inclusion. This will include diverse collaboration with a variety of organisations including Primary Healthcare Networks and community organisations, based on capacity to "reach" low digital inclusion populations and cohorts.

Additional Key Issues

Affordability

The expansion of digital health must incorporate a recognition of and reflect a collaborative policy approach to the impact of digital health on overall health system affordability for the consumer.

There needs to be collaboration between the Department of Health and ADHA in relation to affordability of digital consultations. There are increasing complaints from consumers in relation to the high costs of specialist digital consultations. This has become even more apparent with the use of telehealth during COVID. Consumers are reporting significantly high costs for very short consultations, $250 -$300 for a 3–4-minute consultation with a specialist for example with low MBS rebates and/or no Private Health Benefits in some cases.

While outside the Agency's remit, it must be recognised that such high costs for what consumers view as low value consultations represent a strong deterrent to using digital health. During Covid this has become evident as a key issue in terms of access. Beyond Covid the ongoing and increasing need to use digital health in rural, remote, and regional areas is viewed as a risk to already limited access to health care. This has the potential to create even more significant inequities in access to quality care related to affordability, where the choice between telehealth and face to face health encounters are often limited.

Further rural, remote, and regional area consumers consistently express fear that, the increasing use of digital health, particularly using telehealth, will reduce access to primary care by increasing existing doctor shortages. They fear it will act as a deterrent for general practitioners to practice in these areas.

Measures need to be considered that ensure that the expansion of digital health innovations does not actively reduce access to what consumer's consider the higher quality, and indeed often necessary, face to face consultations. In this context rural, remote, and regional areas are already marginalised and the risk is high that further marginalisation will occur as a direct result of digital health.

Electronic Prescribing

While CHF has been pleased to be significantly involved in what has been a successful roll out to date of electronic prescribing, we believe more work is required in relation to the Active Script List (ASL).

CHF has become aware that while the electronic tokens process is proceeding well there appears to be some barriers to uptake for the ASL. Greater awareness of this option is required for consumers as well as additional training and information for pharmacies on how to implement the ASL.

The ASL is particularly important for consumers with multiple medications whose digital literacy and digital access is limited. The 2021 Telstra Digital Inclusion Index indicates that measures of digital access and digital literacy begin to decline significantly in the 55-64 age group and for those groups identified overall as highly digitally excluded for 9.6% their access was mobile only.

Linking data to these age groups including other demographic factors are likely to identify this population as increasingly those with more multiple health issues, including chronic health conditions, and in turn higher levels of multiple medications.

The ASL is an important and valuable innovation within the development of electronic prescribing, particularly to a significant portion of the population with higher health needs. It represents an access issue for these consumers.

To that end CHF intends to promote and explain ASL through its consumer networks as an option in e-prescribing. This strategy may potentially create demand for ASL for those who see it as a more accessible option. However, ADHA needs to address the apparent lack of awareness of ASL for both prescribers and pharmacies to not only meet demand but to offer it as an option for consumers, particularly those they feel may be better served with an ASL.

CHF believes that a joint approach in collaboration with ADHA is essential in this regard.

Telehealth

Policy recommendations arising from extensive research in which CHF has been involved are largely outside the remit of the Agency focus on embedding telehealth into the MBS.

However, key issues outlined in areas of MHR, affordability, multiple platforms, and interoperability must be taken into consideration as the government progresses embedding Telehealth as a component of ongoing care models using digital health innovations. Again, a collaborative approach is vital in developing telehealth into health system care models in terms of ensuring technical issues, linked to equitable and quality access, are addressed.

Importantly CHF holds to a commitment to patient choice in terms of how they access their health care – in this context choice also relates to the "means" in terms of video or telephone. This gives rise to a need for improvements in both mediums to provide consumer choice.

REIMAGINING HEALTH CARE IN AUSTRALIA: THE JOURNEY FROM TELEHEALTH TO 21 CENTURY DESIGN – RAPID REVIEW OF VIRTUAL HEALTH

A Consumer Explainer KEY MESSAGES OF THE RAPID REVIEW

- Virtual care is the next revolution in health care where consumers will play an active role in managing their care
- We can imagine three stages of development in virtual care
- Information sharing between health care providers is happening now: attention needs to be on improving how information is shared in the consumers' interest
- Trusted provider and consumer relationships are essential for progressing virtual health innovations
- Evidence for the benefits of virtual care is stronger for chronic disease prevention and management than acute care
- Realising the potential and benefits of digital health technology depends on user and consumer acceptance
- Regulation encompassing data sharing and data security to address consumer concerns about privacy and data control is a key element in achieving consumer acceptance and adoption
- The use of digital technologies mirrors existing social inequities: vulnerable people already experiencing difficulties in accessing health services can be further marginalised
- Involving consumers in virtual health co-design who are at particular risk of digital exclusion will help promote equitable access
- Equitable virtual health requires addressing overlapping issues of access to technology with literacy, and digital literacy requirements
- Successful implementation of virtual health solutions depends on a well-developed understanding of consumer needs and preferences involving consultation with a wide variety of consumers
- Poor uptake can be related to a misalignment with user requirements such as access, ease of navigation, complexity, and privacy concerns
- Readiness to adopt and engage with virtual health is vital to realising the benefits.
- Experts and some health systems have identified the need for 'digital health navigator' roles to support consumers and the workforce to use digital technology
- Health system organisation affects implementation. There is little or no coordination of digital health implementation across States' and Territories' care delivery systems
- Consistent with policy shifts to person-centred approaches, virtual health

BACKGROUND TO THE RAPID REVIEW

CHF has been working with the Digital Health Co-operative Research Centre, Deloitte, and Curtin University to undertake an overview of the international and Australian literature and research to identify virtual health models that might improve or change how health care can be delivered and to outline the issues that impact on successful implementation. Virtual health refers to a diverse range of technologies that consumers, service providers and organisations may use to support care provided across a continuum from prevention, acute to maintenance care.

The intention of the Rapid Review was to provide an overview of the literature and key themes and involved a critical appraisal of 81 peer reviewed articles and 51 grey literature reports from Australia and internationally.

The Rapid Review found promising evidence of a range of virtual health models that augment existing approaches and indications of a future that will be transformed by new models of virtual health. However, the evidence base is growing and at times contradictory reflecting the challenges of evaluating and comparing virtual health models, the lack of evidence of at scale implementation and the context specific nature of successful implementation.

The following provides a summary of some of the key outcomes in the Rapid Review. The full research paper can be found on the CHF website.

CURRENT AND FUTURE STAGES OF HEALTH MODELS OF VIRTUAL CARE

Virtual care is the next revolution in healthcare, where consumers play an active role in managing their care by generating their data in a fully digital health system. Today many of us already do this through tools such as wearables (Apple Watch, Fitbit etc) or perhaps integrating our weighing scales to applications on our smart phones. Other consumers might use remote monitoring devices to help record and manage their chronic disease. But very seldom do all these tools "talk" to each integrate with systems used by medical professionals.

The Rapid Review broke the consideration of virtual health models into what can be simply described as 3 stages.

1) The first stage is basically looking at current practices in information sharing between health care providers and consumers, such as referrals, pathology results and decision making on care needs. The concept is to not necessarily change current practices of information sharing but to improve how information is shared. The objective being to in turn improve the accuracy of information shared between both providers and providers and consumers. The concept is that building on and improving current practices creates the building blocks for the introduction of further, and more complex, technology down the

track. It also highlights that this will contribute to well developed and trusted provider and consumer relationships which is seen as essential for progressing virtual health innovations to the next stage.

2) The second stage involves more complicated technology that moves beyond current practices into new ways of delivering care and sharing health data. It might include remote monitoring of signs of symptoms and management or intervention and could extend to the use of mobile devices, to robots to smart homes and is linked to preventative health management and acute to maintenance care.   In this context the Review found that evidence for the benefits of models of care related to Stage 2 are stronger in terms of chronic disease prevention and management, with developing evidence in acute care. While there are gaps in available evidence at present technologies that are related to Stage 2, that is the introduction of new practices in health care delivery, are emerging rapidly.

3) The third stage looks at new and maturing technologies that will allow new models of care that are yet to be defined. This stage is characterised by a range of care provider and non-care provider data stored in "the cloud" and analysed by Artificial Intelligence with the objective of seamlessly providing a comprehensive range of services and information across the continuum of care including preventive, personalised and even predictive care.

Changes to how health care is delivered in Australia are going to accelerate at an unprecedented pace driven by digitalisation, consumer expectation and the advent of genomics and precision, personalised medicine. **The realisation of the potential benefits of digital health technology is ultimately determined by user and consumer acceptance.** While technical innovation represents enormous investment by governments, problems that arise with implementation of new digital health technologies often have little to do with the technology but overwhelmingly relate to user and consumer acceptance and adoption.

IMPLEMENTATION FACTORS

Implementation factors that can be both enablers and barriers are readily identifiable. However, barriers to virtual health appear to persist over time resulting in slow rates of adoption. This reflects the complexity of achieving successful technological implementation.

Equity

Although digital technology innovation has increasingly incorporated consumer input at different levels, the reality is that the diversity of consumers, particularly in terms of their locations, their backgrounds, experiences in the health system, and the various factors that determine their access to new digital technology, vary greatly.

Virtual health has the potential to increase access to services and reduce existing disparities. However, the Rapid Review research indicates that the uptake of digital technologies currently mirrors existing social inequalities meaning that vulnerable populations already

experiencing difficulties in accessing health services can be further marginalised. The key challenge is not finding the technological fix but navigating diverse stakeholder interests and structural barriers.

Access to digital technologies is increasingly seen as an important determination of health and wellbeing. The 2020 Australian Digital Inclusion Index showed a slowing of the rate of increase in digital inclusion with a clear gap for those with lower levels of education, employment, and incomes, those in rural and remote areas, adults over 65 and Aboriginal and Torres Strait Islander people

Equitable virtual health requires addressing overlapping issues of access to technology with literacy, health literacy and digital literacy requirements. The Review highlights the need to move away from technologically led development that tends to only bring consumers at the end of the process. Instead, there needs to be a move towards consumer driven collaborative approaches that, from the beginning, considers consumer needs and preferences.

The clear message arising from this Review is that understanding consumer experiences in a wide variety of contexts is key to broad acceptance. It is important to note that these issues are not new and in fact mirror what CHF has consistently heard from consumers over the years. If the objective of digital health technology is improved access to health care and in turn improved health outcomes, comprehensive consultation with a wide variety of consumers is essential.

Consumer Acceptance

While virtual health solutions abound, there is evidence that consumer dissemination and acceptance rates are sometimes low. However, Review notes that numerous studies and reports identify that **successful implementation is dependent upon a well-developed understanding of consumer needs and preferences. T**he research shows that poor uptake can be related to misalignment of initiatives with user requirements, such as access, ease of navigation, complexity, appropriateness, capacity and privacy and confidentiality concerns. Virtual health development needs to accommodate the preferences of consumers, the variability in the conditions they manage and the settings in which they live. Understanding consumer needs and preferences comes from close collaboration with and leadership by consumers. CHF in its 2020 Consumer Commission Report outlined the need for partnerships between consumers, researchers, policy consultants and technology start-ups in co-design process to highlight the lived experience. This requires involving consumers in virtual health co-design who are at particular risk of digital exclusion to promote equitable access.

Workforce Readiness and Change Management

Readiness to adopt and engage with virtual health is vital to realising the benefits of virtual health.

Skill shortages are a significant risk for digital transformation. A workforce skilled and supported in the use of digital technologies represents a key enabler of virtual health. Digital literacy needs to be embedded in initial training for health professionals as well as cultivating lifelong learning approaches to enable adaptation to ongoing technological advancements. New roles are anticipated in the areas of supporting consumers, care delivery and digital technology. A recent roundtable of Australian experts and stakeholders have expanded on this to identify the need for "digital health navigator" roles to support not only consumers but the workforce in the use of digital technology.

The Review emphasises that people's equality of access to digital care, equal quality of health care and equal health outcomes from virtual care must address the development of consumers' and digital skills and enable consumers to effectively engage in virtual health.

Health system Organisation

Importantly this review notes that the complexity of a health system with centralisation of some aspects of funding and regulation with organisation of delivery of care being a regional government responsibility may clearly be a key issue in the disconnect within the Australian health system. The Federal Government largely funds primary care and has over the years driven technical innovation through such things as primary care focussed incentive programs. **There is little or no coordination on digital health implementation across States' and Territories' care delivery systems** and there are inconsistencies in data management, access policies and practices and a poor integration of digitalised system across and between health, hospital, and primary care. Importantly the funding divide crease silos in care provision.

Investment

The time lag to develop evidence of costs and benefits can be a barrier to investment in virtual health. There is a need for stronger evidence that virtual health models are effective in improving care processes, quality of care, clinical safety, and improved health outcomes. Government has a clear role in creating conditions conducive to achieving the transition to virtual health care including standards and regulatory systems as well as measures that can support investment with the underlying objective of realising improved consumer health outcomes. Regulatory processes must encompass data sharing and data security to address consumer concerns related to privacy and data control as a key element in achieving consumer acceptance and adoption.

CONCLUSION

The Rapid Review presents an overview of current and future virtual health models and approaches that need to change to support their implementation. The specific aim of the Review was to understand how virtual health can effectively enhance existing models of care or contribute to new models of care. Consistent with policy shifts to person centred

approaches a key theme of the Review is the role of virtual health models in empowering consumers, particularly in self-care activities.

The Rapid Review of virtual health highlights a vision of the future with consumer-centric virtual health provided at a time, place and in a format of choice that will not only enable individuals to have greater control in improving health and well-being but support their health providers to deliver improved health outcomes through improved data sharing, decision making and clinical safety.