

Australian primary care reform requires co-designed telehealth-based care for its homebound population

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AIMS: We aimed to explore the characteristics, experiences, and needs of FHBP in Australia. Frail, Homebound, and Bedridden People (FHBP) are members of different populations who indistinctly of their age or health conditions are unable to leave their homes. According to the Australian Bureau of Statistics, in 2018, approximately 596,800 people were not leaving home as often as they would like due to their health condition.

METHODS: Responding to health consumers' calls, we conducted an **online survey** (Qualtrics opt-in link) snowball-shared via advocacy groups and social media (July-September 2020). The survey was approved by the Flinders University Social and Behavioural Research Ethics Committee (Project No. 8557).

RESULTS: 152 people responded to the quantitative aspects of the survey. Respondents' main characteristics (Figure 1), health conditions (Figure 2) and needs (Table 1) are shown below:

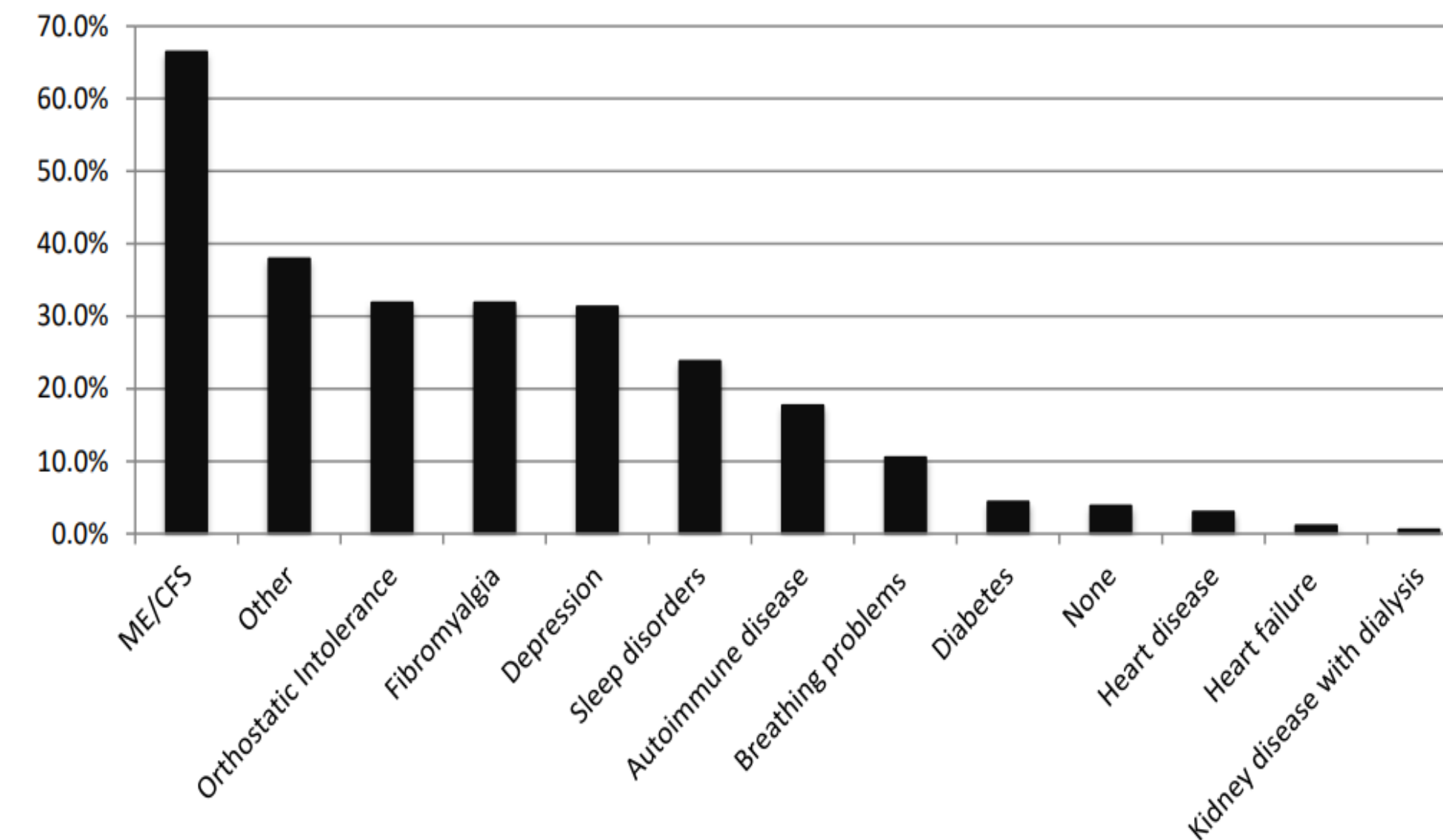
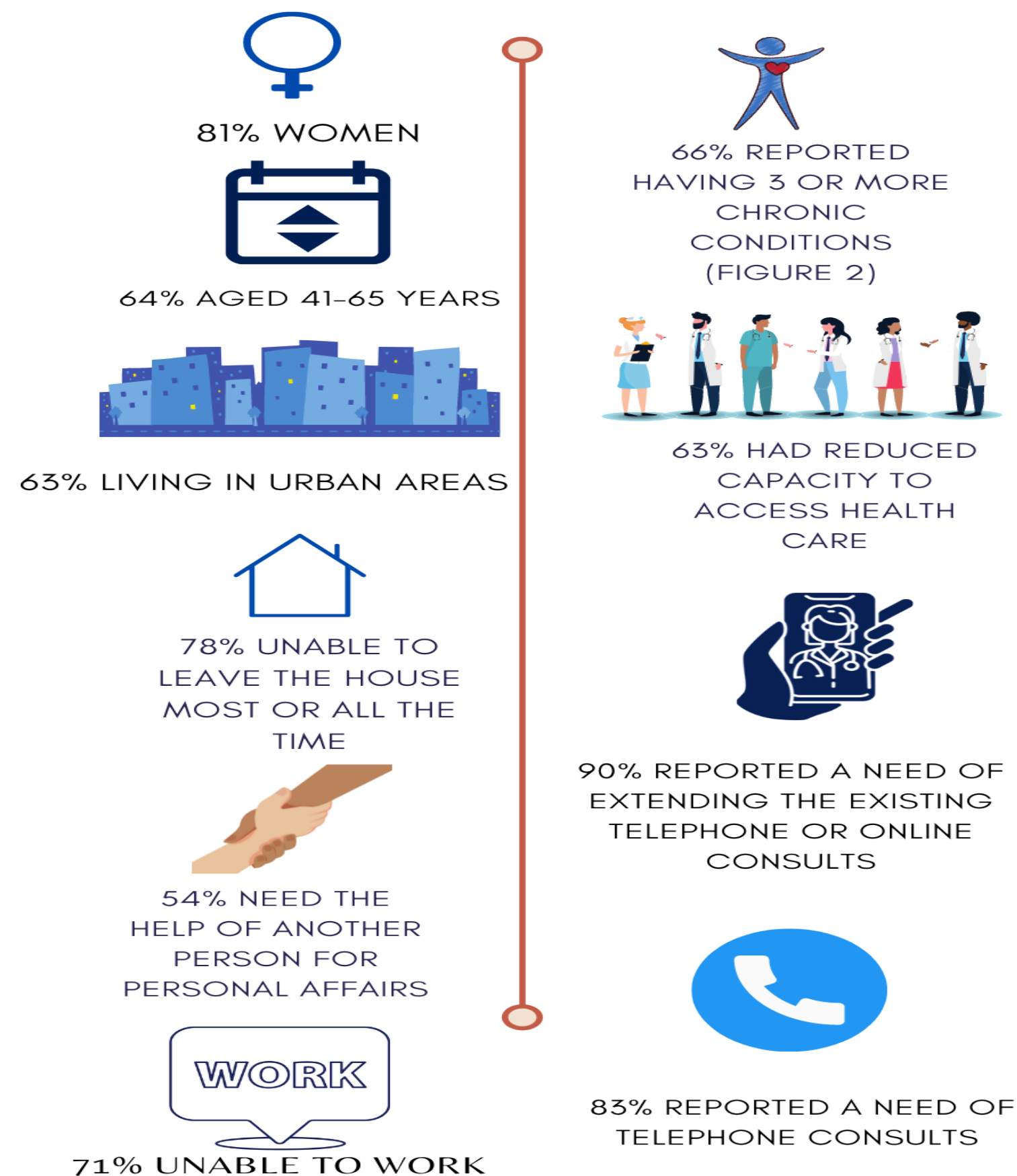


Figure 2: Main health conditions

References

Pinero de Plaza, M. A., & McMillan, P. (2021). Unheard and marginalised: frail, homebound and bedridden population research. Digital or Visual Products, Australian Health Journal. <http://ahj.com.au/research/unheard-and-marginalised/>
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CONCLUSION: FHBP reported experiences of multiple comorbidities and social isolation. They highlighted their need to access the health system through telehealth. Moving beyond patients' physical attendance preferably through co-development of telehealth services with patients and carers has the potential to empower consumers, integrate care, and create more effective health and wellbeing services for FHBP in Australia.

Table 1: Health and social needs reported

Health and social need	%	Count
Education for all health professionals and service providers about people with your needs	97%	142
Educating Centrelink, NDIS, and government services about paperwork difficulties, e.g. providing more time or accepting GP reports rather than specialist paperwork only	94%	138
Access to community care services, for example, NDIS, Aged Care packages	91%	134
Adequate Medicare rebates for home visits	90%	133
Extending the existing telephone or online consults (Telehealth) for rural and remote patients to also cover patients who are housebound or bedbound	90%	132
Access to advocacy services (including legal) in order to assist with the day to day issues (e.g. NDIS access, DSP access, discrimination, access to insurance policies, domestic violence, etc.)	86%	127
Ability to fund the testing and medical reports required to access benefits	86%	126
Telephone consults	83%	122
Regular home access to a general practitioner	82%	120
Home access to psychology (or psychological) services	80%	118
Services to enable you to keep living in the community	80%	118
Find out about how many Australians are living with similar problems to yours to generate faster solutions	76%	112
Access to food services (e.g. Meals on Wheels)	70%	103
Access to services that are equivalent to the help provided by home palliative care services, for example, regular home visits by a nurse or GP	69%	102
Access to housing or accommodation arrangements	65%	95
Streamlining easier access to patient transport	60%	88
Other	29%	42
Total	100%	147

Figure 1: Participants' demographics and main findings

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