Digital Health

Policy Position Statement

Key messages:

Digital health solutions are generally safe, effective and cost effective. They offer great potential for improving mental and physical health outcomes by supporting prevention and treatment services, and play an important role in empowering consumers and overcoming barriers to access to services and programs. However, digital health does have its challenges and drawbacks including a risk of entrenching health inequities due to inequities in digital inclusion, digital healthcare access, digital literacy and risks related to data security and misinformation. While it is an important part of the health and mental health service ecosystem, digital health should not be used as a complete substitute for face-to-face services, or as a replacement for an adequate and appropriate health workforce in rural and remote areas.

The PHAA is committed to working with governments, industry, consumer groups and other relevant parties to advocate for actions to address inequities in accessing digital health and actions to continue to ensure its safety and effectiveness.

Key policy positions:

1. A comprehensive policy approach for digital health requires addressing inequities in internet access, digital healthcare access, digital literacy, confidence in using digital health and other barriers to access.
2. There must be meaningful involvement of priority populations, the key groups experiencing health inequities who would be target users of digital health, in codesign, development and implementation of digital health initiatives and interventions
3. Australia should adopt a universal strategy to design and implement digital health so that there is equitable access to digital health across the Australian population.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Diversity, Equity & Inclusion Special Interest Group, Mental Health Special Interest Group, Primary Health Care Special Interest Group

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This policy position statement should be read in conjunction with the PHAA policy position statements on Inclusive Practices in Healthcare Services, Rural Health, and Health Equity.

For the purposes of this policy position statement digital health includes telehealth and telemedicine, electronic prescribing, websites, mobile health and applications (apps), digital sources of health information, wearable devices, and online apps.

PHAA affirms the following principles:

1. Obtaining the highest attainable standard of health is a fundamental right of everybody without distinction based on race, economic or social condition, religion, political belief, disability, or place of residency. The WHO defines health as 'a state of complete physical, mental and social wellbeing.
2. Health information should be accessible to all, credible, up to date, and counter misinformation. It should meet the needs of priority populations: Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, LGBTQI+ people, people with a disability, people with mental illness, people who are socioeconomically disadvantaged, and rural, regional and remote communities.
3. Digital health services should be co-designed with users from priority populations to provide services that are inclusive, culturally appropriate, secure, fit for purpose, and lead to more equitable health outcomes.
4. Digital health solutions offer great potential to promote and protect physical and mental health, and to be applied across fields of health promotion, disease prevention, health screening, treatment of illness, rehabilitation, and palliative care.
5. Digital health should provide equitable and inclusive access, without physical barriers or barriers related to social determinants of health such as income, education, housing, and employment and health literacy.
6. Digital health can support greater access to diagnosis, treatment, prevention, and specialist services in rural areas and redefine or augment models of care. However, digital health interventions should not be seen as a replacement for face-to-face services or impede initiatives to grow the rural health workforce.
7. Digital services should be as accountable for safety, privacy, and security as non-digital services.

PHAA notes the following evidence:

Application of digital health

8. Digital health technologies encompass a range of technologies from wearable devices to mobile apps, online forums, website based programs, virtual reality, and artificial intelligence.[1]
9. These digital technologies can be used for many purposes including building physical health and mental health literacy, wellbeing promotion and illness prevention, screening and early intervention, treating physical and mental health conditions, supporting rehabilitation and in suicide prevention.[1] Digital technologies have also been found to be beneficial for health workers' performance and mental health.[2]

Evidence of benefits

10. Digital physical and mental health programs offer a wide range of benefits for both prevention and treatment of various conditions and disorders and are applicable to different age groups.[3-5]

Mental health

11. There has been a steady increase in the availability of digital health services to prevent and treat mental health conditions among children, youth and adults. Digital solutions focused on providing psychoeducation, self-care advice, therapy, and peer support, have been found to be acceptable and effective in the prevention and treatment of anxiety and depressive disorders, eating disorders, and other conditions.[6, 7] Digital health solutions also have utility in suicide prevention.[8]

12. Data from the *National Study of Mental Health and Wellbeing (2020–2022)* indicate growing use of digital mental health services. Among people who experienced a mental health condition in the past year, 14.3% accessed support via phone, internet, or other digital technology. [9] Younger people were more likely than older adults to use digital services, and women were more likely than men to use these platforms. [9]

13. Despite this uptake, follow-up studies reveal a significant challenge with adherence to digital mental health programs.[10] Many users do not complete the recommended number of therapy modules, limiting the likelihood of improvement.[10] Drop-out rates can be reduced through clinician-supported (rather than self-guided) approaches, motivational interviewing, and the use of progressive feedback throughout therapy.[11]

Physical health

14. Digital health solutions are used to undertake assessments, report on diagnostic tests, and provide treatment.[12] Digital health interventions for prevention in primary care have been found to result in improvements in outcomes.[4]

15. People in rural areas have higher rates of preventable hospitalisation and mortality compared to those in cities.[13] Telehealth can potentially improve access and service availability for people in rural and remote areas, particularly with specialist and sub-specialist services, by removing barriers of physical distance, travel times and expenses, and long waiting times.[14, 5, 15] Telehealth can also enable continuous monitoring of health data and management of health conditions.[14]

16. Digital technologies such as wearable devices and online apps can also assist users to appropriately monitor and respond to their own symptoms or vital signs as part of chronic disease management.[12, 16] This includes recording and uploading information so that health practitioners can work with patients to plan treatments and evaluate, review and assess care outcomes.[12, 16]

Pandemics, disaster related events

17. Digital health technology plays a role in surveillance, monitoring, and primary care management of epidemic and pandemic events.[17] Digital health innovations, including telehealth, point-of-care testing, electronic records, electronic prescribing and digital communication were key to responding to the COVID-19 pandemic, including through reducing the risk of infection between healthcare workers and at-risk patients, supporting care for chronic and acute health conditions and the mental health of the population.[18]

18. Digital technology and surveillance programs[19] are increasingly instrumental in mitigating localised environmental health-related impacts of natural disasters and pathogens (e.g., the Japanese encephalitis virus) which can emerge due to the impacts of climate change on vector-borne diseases.[20]

Cost effectiveness

19. Digital health interventions have generally favourable findings for costs and health outcomes.[21]

20. In rural Australia, savings from digital health can be attributed to reductions in patient travel; aeromedical retrieval; and associated costs of overnight accommodation and escorts to healthcare. [22] For a single specialist visit, the use of telehealth consultations saves each patient with chronic disease in rural and remote regions an average of 937km of travel and $550.[23]

Challenges

21. Some population groups experience inequities in digital healthcare access. These include older people,[24] First Nations people,[25] people with disability[26], people from non-English speaking backgrounds,[27] those with mental health problems,[24] people experiencing homelessness and housing exclusion ,[28] those residing in rural or remote areas with poor internet connectivity[14] and people with low income.[26] There is also intersectionality between these groups which can compound inequities in access.

22. Digital health literacy is a requirement for people to engage, interact, use, evaluate and translate digital health outputs in the context of health and influences the ability for consumers to engage with digital health.[29] Sub-optimal digital health literacy can diminish the effectiveness of digital health technologies and entrench health inequalities for some groups such as those living in rural and remote areas, culturally and racially marginalised people and older people.[30, 31]

23. Consumers may also experience challenges when engaging with digital health due to a range of barriers. These include financial barriers, language barriers,[27] lack of resourcing (including access to internet, as three million Australians don't have access, and only 63% of First Nations households have internet access at home[5]), product complexity and inequities in digital literacy,[32, 33] poor reliability of technology and substantial repair time and cost when it fails. Many of these barriers to access are influenced by social determinants of health such as education, socioeconomic status, and employment.[34]

24. Services that are not tailored to individual needs, do not have equitable access to digital platforms, that do not feel safe and do not provide control of information will fail to empower consumers to use digital health to engage in their own health.[35]

Digital safety

25. Lack of confidence from healthcare professionals and patients in digital health services, the reliability of secure messaging, patient privacy, confidentiality and controls to confirm that documents are sent and received at the correct destinations are barriers to uptake of digital health services.[5]

26. There is no single health service platform that can be used to exchange health information in a way that supports safety and privacy of health data and accommodates the needs of multiple healthcare providers.[5]

Digital health vs face-to-face

27. Whilst digital health solutions can enable people to access healthcare services remotely, digital consultations should be seen as an adjunct to face-to-face consultations, rather than a replacement.[30, 31] Face-to-face consultations have several advantages compared to digital consultations including the ability to build trust and rapport, assess demeanour and non-verbal cues and conduct physical examinations that can support accurate diagnosis, treatment decisions and patient satisfaction. [30, 31, 35] Remote consultations function best when there is a pre-established relationship between the patient and healthcare provider [31]

28. Digital health can be perceived as a solution to health service gaps in rural health but an overreliance on digital health may undermine efforts to address workforce and service shortages in these areas, and perpetuate inequities in access.[36]

Government policy

29. The Government developed the National Digital Health Strategy and the National Digital Mental Health Framework. The Framework identifies the need to improve service access, reduce duplication of investment, and embed digital health services in the mental health service system.

PHAA seeks the following actions:

30. Governments should continue to support the design, development, and implementation of digital health solutions and infrastructure, guided by the principles of the *National Digital Health Strategy 2023–2028* and the *National Digital Mental Health Framework*. Ensuring consumer safety must remain a top priority. In addition, digital health solutions should undergo regular, evidence-based evaluation to ensure they are effective and contribute to improved patient outcomes.
31. Governments should ensure that digital health solutions are available across the entire health continuum from health/mental health promotion, illness prevention, screening and early detection, diagnosis, treatment and management, rehabilitation, and palliative care.
32. Digital health solutions should be co-designed with consumers, practitioners, researchers and tech experts to ensure their accessibility, acceptability, quality, safety, and effectiveness. This is particularly relevant in rural and remote communities where all stakeholders should be engaged in the design and delivery of culturally safe and appropriate digital health and mental health services.
33. The government should set the same standards for accountability for safety, privacy, security and effectiveness of digital services as for non-digital services to align with outcome 1 of the Australian National Digital Health Strategy 2023-2028.
34. Digital health resources must be easy to understand by using plain language, clear communication, encompassing cultural sensitivities and providing explanations and examples.[37]
35. Government funding to ensure all Australians, especially those from priority populations, have equitable access to digital health technologies and platforms and are empowered to use them effectively to experience the benefits.
36. Government funding to support the development of digital literacies across the life course, to help individuals to practise digital safety, effectively participate in online environments in positive and prosocial ways, and to find and evaluate the credibility of health information. This should build on the work being performed through the Australian F-10 Curriculum and education and training sector, and through community-based organisations such as neighbourhood or community houses.
37. Investment in digital health infrastructure, training and upskilling to ensure accessibility, usability and uptake of digital health solutions by the health workforce.
38. Proactive efforts to identify and combat health and mental health-related misinformation through stronger legislation, monitoring, and enforcement.
39. Government funding to subsidise people's access to digital health programs and services, to eliminate or minimise out of pocket costs.
40. Digital health solutions should be developed in a way that enables digital data to facilitate longitudinal and intervention research to improve understanding of key risk and protective factors and treatment

programs and improve policy. This includes building in capacity to disaggregate data by key priority populations including First Nations people, people living in regional and remote communities, people with disability, people with mental health conditions, and people from culturally and racially marginalised communities.

PHAA resolves to:

41. Advocate for the above steps to be taken based on the principles in this position statement.
42. Work with governments, non-government organisations, industry, consumer groups and other relevant parties to advocate for actions to address inequities in accessing digital health and actions to continue to ensure its safety and effectiveness.

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