Rural Research Capacity Building Program (RRCBP)

Research Report

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What are the factors that contribute to quality and competence in using video virtual care by allied health professionals in a rural, regional and remote settings

Abstract

Background
Despite a rapid adoption of video virtual care during COVID 19, the rate of providing video virtual care has in many cases declined for allied health. Video virtual care has proven benefits for a broad range of allied health interventions; has acceptance by health consumers as a valid means to deliver health services and has the potential to provide more equitable and timely services to people in rural, regional and remote NSW. In order to encourage allied health to provide service we need to know what a quality intervention looks like.

Objective
The study provides insights into factors that provide a quality experience when conducting video virtual care with clients and what is required for current and future competencies.

Methods
This mixed methods study surveyed allied health professionals across rural, regional and remote areas in NSW Health. The survey questions were guided by evidence in the literature. Focus groups were then conducted to gain further insights into the findings of the survey. Donabedian has provided a framework to analyse the factors which contribute to quality and competence when using video virtual care.

Results
Seventy-four (74) allied health professionals participated in the survey and of these eight (8) participated in the focus groups. Most respondents were experienced clinicians with 82 % (n=61) having worked for 6 or more years as an allied health clinician. The largest allied health profession represented in the survey were speech pathologists (n=20), physiotherapists (n=18) and dieticians (n=13). Use of video virtual care by allied health clinicians was most usually monthly or less often (n=54).

Overall allied health were positive that they were able to be responsive to individual patients, but they were not positive that they were providing best practice in their video virtual care intervention. Tests and outcomes measures were being modified to suit the virtual health environment and there was no set process to determine the digital or health literacy of the clients.

Conclusion
A key recommendation is that in order for allied health to have quality outcomes and feel competent in video virtual care, we need to get the structure of the intervention correct first and this is related to having pre assessment trial runs which assist with the set-up of the video virtual care for both clients as well as the clinician. Competence was similarly linked to these factors. A means to gauge health and digital literacy, as well as having resources and assessments appropriate for video virtual care were also important.

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Marcella Levey is an Allied Health Educator working in the regional and rural Southern NSW Local Health District. Marcella started her journey as an occupational therapist in large Sydney hospitals, then to inner city London then rural areas of Scotland, the Northern Territory and finally to Southern NSW. Her experience also includes health promotion and public health. More recently, she has been fortunate to combine research into her everyday work practice as part of the HETI Rural Research and Capacity Building Program, with her focus being on quality in video virtual care for allied heath.

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