



Sarah Mansfield

Patients and technology: improving access to healthcare

Access to healthcare is an essential driver of population health outcomes. But what does access mean? A brief consideration of this question reveals that access is more complex than the availability of services. One of the more encompassing conceptualisations of access has been posited by Levesque, Harris and Russell.¹ For these authors, access has five dimensions: approachability (awareness about the existence of a service, how to reach it, and what it can achieve), acceptability (social and cultural factors that affect uptake of a service), availability and accommodation (ability to reach the service in an appropriate time frame), affordability (ability to pay for services) and appropriateness (the degree to which the service meets individuals' needs).

Satisfying each dimension presents an enormous challenge for any health system. We know that even in Australia, which by global standards has excellent overall population health outcomes, many groups encounter barriers to access in one or more of these dimensions, resulting in various health inequities. Technology presents us with unprecedented opportunities to overcome some of these barriers to access, offering novel means of seeking knowledge, connecting with patients, and interacting with other health professionals.

Many practitioners remain unfamiliar with or reluctant to use available technology. It is wise to exercise caution as technological interventions in healthcare are not without risk and we must ensure that they undergo appropriate evaluation to obtain a sound evidence base. However, evidence

for many interventions exists and continues to grow. In this issue of *Australian Family Physician*, we sample some of the innovative ways that evidence-based technology is being used to improve patient access to care.

Access to mental health services remains an ongoing challenge, despite government initiatives to assist with reducing the cost of psychology services. The possibilities of online technology have been embraced in the mental health arena, perhaps more so than in any other field of medicine. Orman et al² offer an overview of a suite of e-mental health programs available in Australia and provide numerous resources for patients and practitioners. Andrews³ delves specifically into internet cognitive behaviour therapy (iCBT) and argues for its place in the front-line of treatments offered to patients with depression.

The number of Australians living with chronic diseases is rapidly growing. Georgeff⁴ presents various ways in which existing technology can be used to improve access to care for patients with chronic disease, through electronic records, e-referral systems, care planning, coordination and follow-up, and support for self-management.

With the rise in chronic disease and the ageing of the population, there is rising demand for home nursing services. Meeting this demand will require fresh approaches, such as those presented by Towers and Tyler,⁵ in their article about some of the work being undertaken by the Royal District Nursing Service.

Patients and practitioners working in rural and remote settings will have no trouble identifying barriers in each of the five dimensions of access presented earlier. The power of technology to overcome the laws of time and space that

inevitably impede access to healthcare for those living in these areas is demonstrated by McPhee⁶ and Muir⁷ – a rural general practitioner and a dermatologist, respectively – who share their experiences of telemedicine.

Technology has spectacularly transformed knowledge transfer and human interaction in all aspects of our lives, and healthcare is no exception. However, we are yet to unlock its full potential in primary care. While there are risks associated with all interventions in medicine, and obtaining evidence regarding safety and efficacy is essential, technology presents us with extraordinary opportunities to improve the accessibility of healthcare and, ultimately, health outcomes.

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