



PATIENT INSIGHTS

# TELEHEALTH STANDARDS REPORT

2025



# Contents

OPENING	4
ABOUT THIS REPORT	6
RESEARCH	6
WHO TOOK PART	7
KEY FINDINGS	10
HEALTH SERVICE UTILISATION & EXPERIENCE	12
CLINICAL GOVERNANCE	22
CLINICAL RESPONSIBILITY & ACCOUNTABILITY	28
IDENTITY VERIFICATION	34
INFORMED CONSENT	38
CONTINUITY OF CARE	44
ASYNCHRONOUS CARE	48
ARTIFICIAL INTELLIGENCE	52
DATA GOVERNANCE	56
DISCUSSION	60
CONCLUSION	62



# Patient Insights into Telehealth Standards

**A report examining telehealth experiences and the personal and/or system-level factors that influence perceptions of quality and patient safety.**

## **Acknowledgement**

Patients Australia acknowledges the

Australian Telehealth Standards Consortium for their support of this research. Their contribution enabled this report and continues to strengthen our efforts to elevate the patient voice in national telehealth standards. Healthengine, Medmate, MOSH, and nib's Honeysuckle Health supported data collection and case study development.



## Disclaimer Inherent Limitations

This report has been prepared as outlined in the section titled “About this Report”. The findings in this report are based on data provided by patients who have received care in the Australian healthcare ecosystem. Any projection to the wider healthcare community and patient experience is subject to the level of bias in the method of sample selection.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, the patients consulted as part of the process.

Patients Australia is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form. The findings in this report have been formed on the above basis.

To the extent permitted by law, none of Patients Australia, and the respective officers, employees, agents and advisers accept responsibility or liability, including without limitation for any loss, claim, damages, costs or expenses arising out of, or in connection with, the information in this report.

## Third Party Reliance

This report is solely for the purposes set out in the section titled “About this Report” and is not to be used for any other purpose. Patients Australia does not undertake responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party’s sole responsibility.



# Opening

Australians are experiencing a turning point in care delivery, driven by technological innovation that brings both new opportunities and emerging risks. Telehealth, now firmly embedded within our healthcare system, has evolved rapidly over the past five years, expanding its reach, sophistication and integration into everyday care. Barriers to entry are low and service capability enables seamless end-to-end patient experiences that span online registration, screening and consultation, prescription management and medication delivery. Increasingly, these services are supported by remote monitoring and artificial intelligence to assist with clinical documentation, communication and administrative

efficiency, further transforming how care is accessed and delivered across the country.

This edition of the Patient Insights Report examines how Australians experience, use and perceive telehealth and digital health services. It explores what drives patient uptake, how confident people feel about safety, privacy and clinical governance, and the opportunities and risks they see as telehealth continues to reshape healthcare delivery. The findings provide a detailed picture of how telehealth is being integrated into everyday care and what matters most to patients as it becomes a permanent and expanding part of Australia's health system.



This report carries a clear message: telehealth has become an established and trusted feature of Australia's healthcare landscape, offering greater convenience, accessibility and flexibility for patients. Overall satisfaction is strong, reflecting a public that embraces telehealth while seeking assurance that it remains safe, ethical and patient-centred.

Most participants now use telehealth alongside traditional care, primarily for routine needs such as prescriptions, medical certificates and general consultations. While uptake is highest in metropolitan areas, strong participation in regional centres demonstrates its growing role in addressing access and workforce challenges. Patients view telehealth as a complement to in-person care, not a replacement, using it to manage time, travel and scheduling barriers.

Australians are also adapting to the expanding role of digital tools and artificial intelligence in care delivery. While patients are comfortable with AI being used for administrative functions such as note-taking, reminders and documentation, they are less supportive of its use in clinical decision-making.

Consent is viewed as essential, with most preferring opt-in approval for AI use at each encounter. This highlights both openness to innovation and a

strong expectation of transparency and control in how technology supports clinical care.

Safety, privacy and accountability emerged as the strongest determinants of trust in telehealth. Participants want clear information about who holds responsibility for clinical governance, how data is protected and clear consent processes and integration with their GP or specialist to ensure continuity of care. Most favour strict internal access controls, local data storage, and independent cybersecurity audits, while the sale of deidentified health data is broadly rejected. Confidence is highest when telehealth services demonstrate robust data protection, local data storage and independent cybersecurity checks.

People overwhelmingly support national accreditation and safety standards. They expect telehealth services to be thorough, patient-centred, and clinically robust, with clear protocols for when escalation to in-person care is needed. Accreditation of telehealth services to national safety and quality standards is seen as very important. Ultimately, Australians want confidence that telehealth operates within a framework that guarantees safety, quality and ethical practice – securing its place as a trusted and enduring component of Australia's healthcare system.



**Lisa Robins**  
Patients Australia CEO



**Richard Skimin**  
Consortium Chair

# About this Report

This Patient Insights Report offers a crucial snapshot of Australians' attitudes toward telehealth standards in Australia, highlighting real-world patient views. Based on real experiences and perspectives, this report captures the voices of patients across the country. Participants

shared their experiences with, and preferences for, telehealth and the quality and safety standards that should apply to this growing mode of care. Together, these insights provide valuable evidence to guide policy, practice and patient-centred reform across Australia's healthcare system.

## Research

From early to late September 2025, Australian adults were invited to participate in an online survey distributed by Patients Australia and promoted by Healthengine, MedMate, MOSH and nib's Honeysuckle Health.

Patients Australia analysed and processed the data, with a final sample of 5,215 responses included in the analysis and findings presented in this report. All figures are shown as percentages unless otherwise stated. Due to rounding to the nearest whole

number, some totals may sum to 99% or 101%.

Patients Australia extends its sincere thanks to the following contributors for their valuable input into the survey design and review: Lisa Robins, Dr Darran Foo, Richard Skimin, Lyndon Goddard, Dr Kieran Dang, Dr Ganesh Naidoo, Greg Lewin, Linda Opie, Nic Blair, Dr Janice Tan, Dr Peter Baird, Dr Nirvana Luckraj, Joe Antony, Darius Wey, Dr Jonathan Brown, Nadia Gajic, and Dr Simon Benson.

# Who took part?

## 5,215

Australians aged 18 years and over

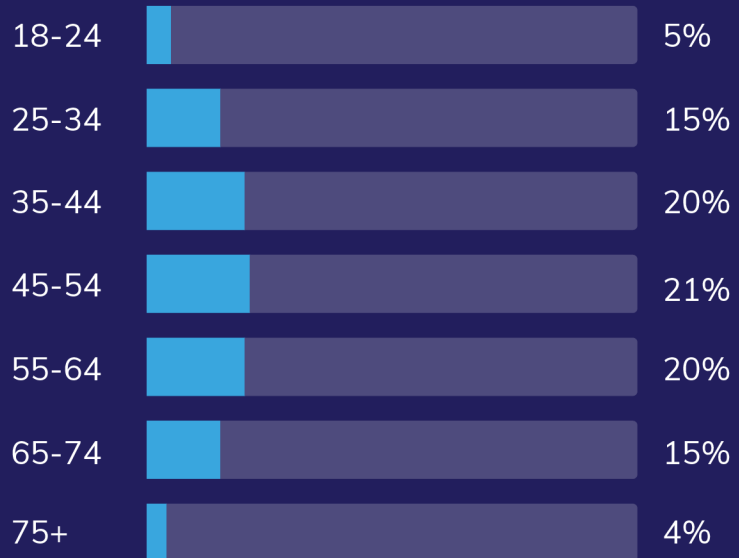


67%

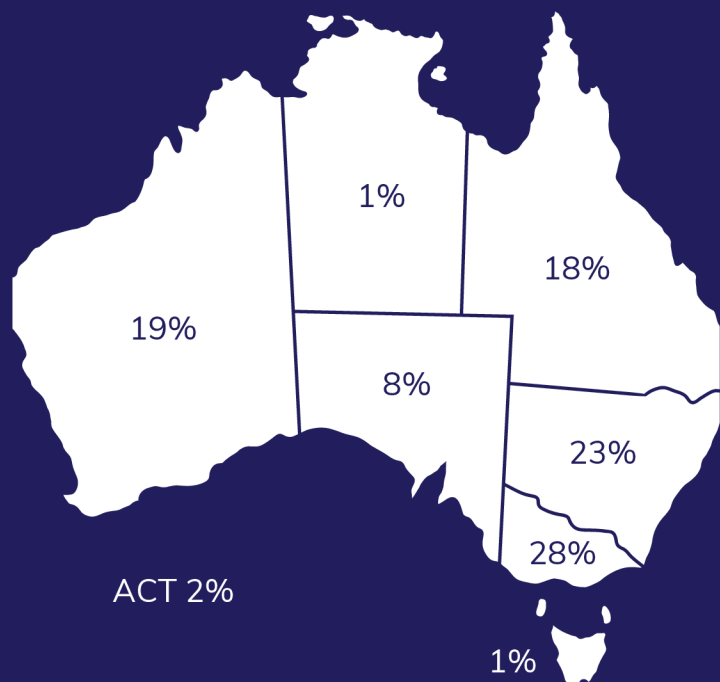
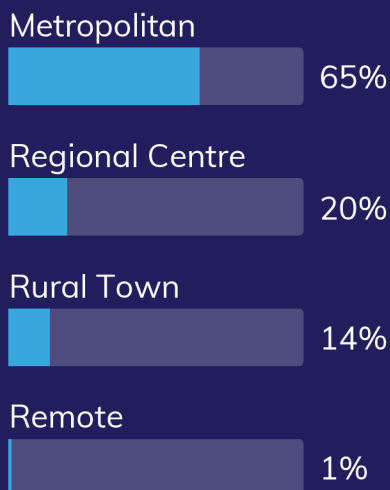


32%

### Age

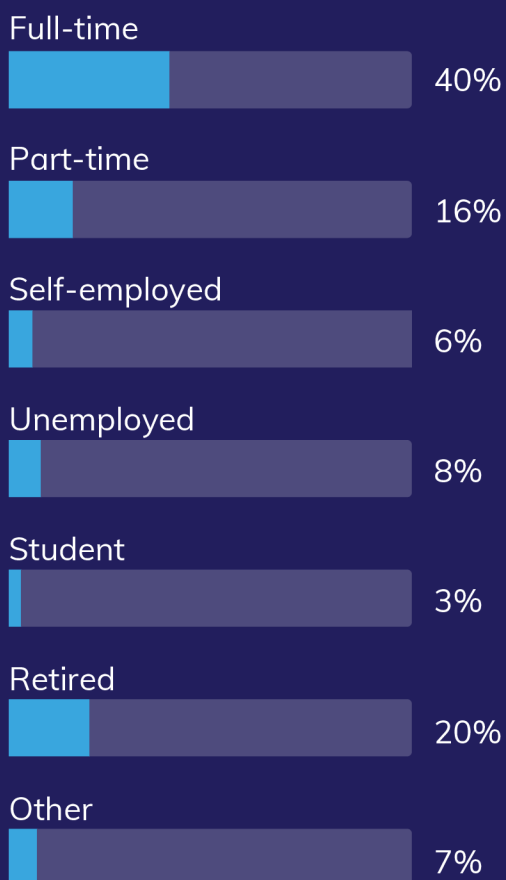


### Primary Residence

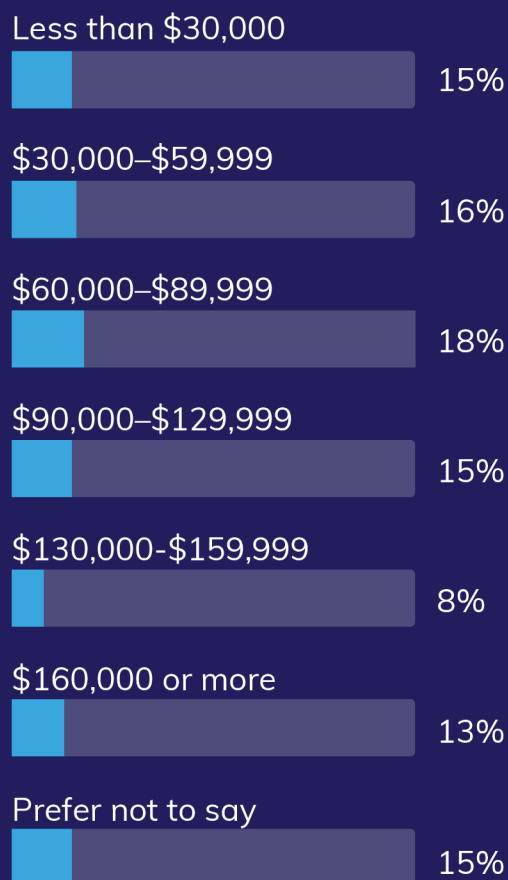




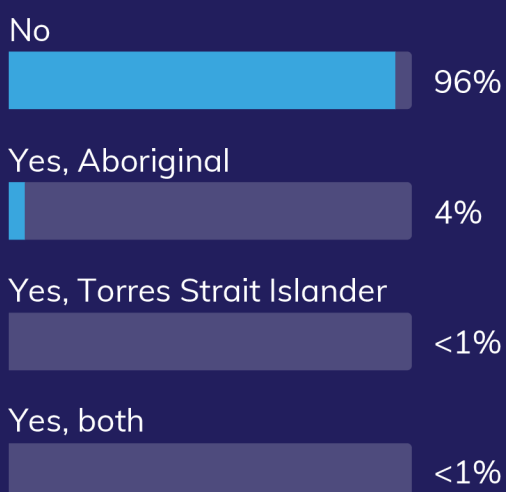
## Employment Status



## Household Income



## First Peoples



## Minority Group Status



## Education Status

Primary School



Secondary School



Certificate or Diploma



Bachelor's Degree



Postgraduate Degree



# Key Findings

## Convenience and routine healthcare needs drive telehealth use

Most participants used telehealth for routine needs such as prescriptions and general medical advice. Convenience (79%), time savings, accessibility and flexibility were the strongest motivators, showing telehealth complements rather than replaces traditional care. Overall satisfaction rates with telehealth services was high (80%).

## Patients call for strong safety standards and accountability in telehealth

The vast majority of participants (92%) agreed telehealth should meet recognised safety and quality standards. Patients prioritised thorough consultations, safe prescribing, clear communication and follow-up, with strong referral pathways (89%) reinforcing expectations for coordinated, accountable telehealth care.

## Patients want transparency and control over consent in telehealth

Most participants (73%) said it is very important that telehealth providers seek consent before sharing medical information or using artificial intelligence in their consults (72%). Patients want flexibility and control over how their information is shared and technology is used.

## Asynchronous telehealth: best suited to simple care needs

Asynchronous telehealth is used by few patients (15%) and seen as suitable mainly for simple, low-risk needs like prescriptions and medical certificates. Confidence depends on familiarity, flexibility and clear pathways to live consultation when required.

### **Patients want clarity about who is responsible for their care**

While only one third of participants (36%) were aware that responsibility for safety and clinical standards can vary between telehealth services and clinicians, most (86%) said it is important to know who is accountable before using a service. Patients want early, transparent communication about this.

### **Patients see identity verification as essential to safe, trusted telehealth**

Nearly all participants (93%) said verifying patient identity is important, with 71% rating it very important. Patients prefer simple, methods like confirming personal details (79%) or receiving a one-time code (53%) over complex options like My Health Record logins or photo ID uploads. Most (86%) also want verification processes for carers.

### **Patients want AI to assist, not replace their doctor**

Patients are open to AI to support tasks like reminders, prescriptions or note-taking, but for clinical tasks they expect clinical judgement and review. Only 17% were comfortable receiving medical advice without doctor oversight, showing that confidence in AI depends on transparency, human involvement and clear limits.

### **Privacy expectations are high and include clear limits on data use**

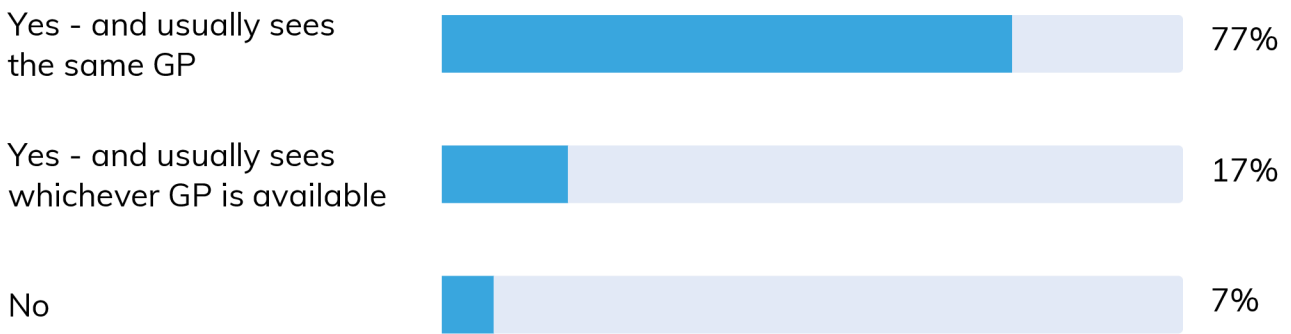
While only 10% of participants expressed privacy concerns, nearly half (45%) were unsure. Patients expect strong protections, like independent security checks (84%), Australian data storage (71%), plain-English privacy policies (71%) and assurance that health data won't be sold or used for marketing (79%).



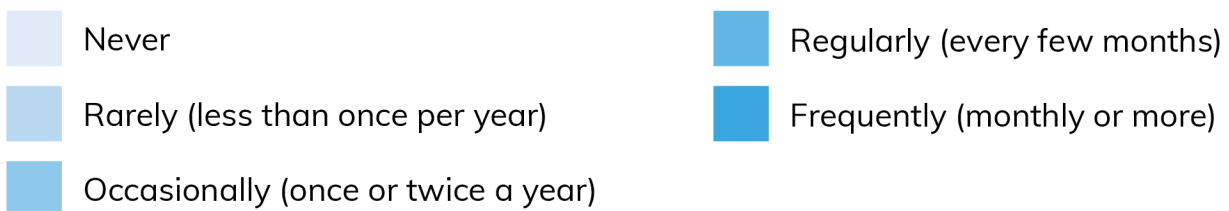
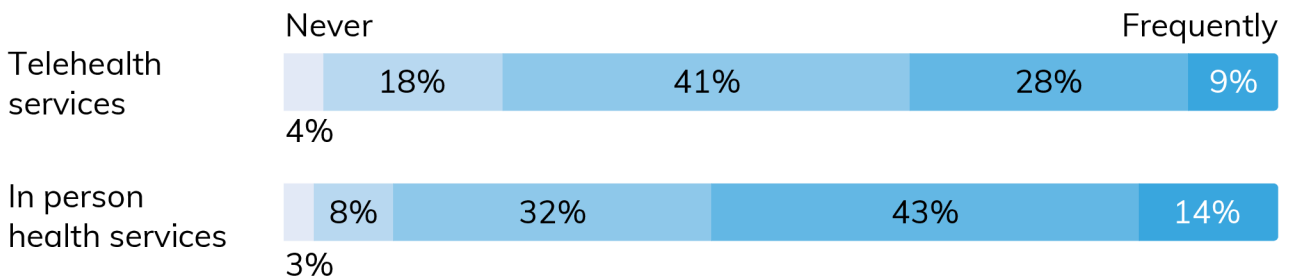
PATIENT INSIGHTS

# Health Service Utilisation and Experience

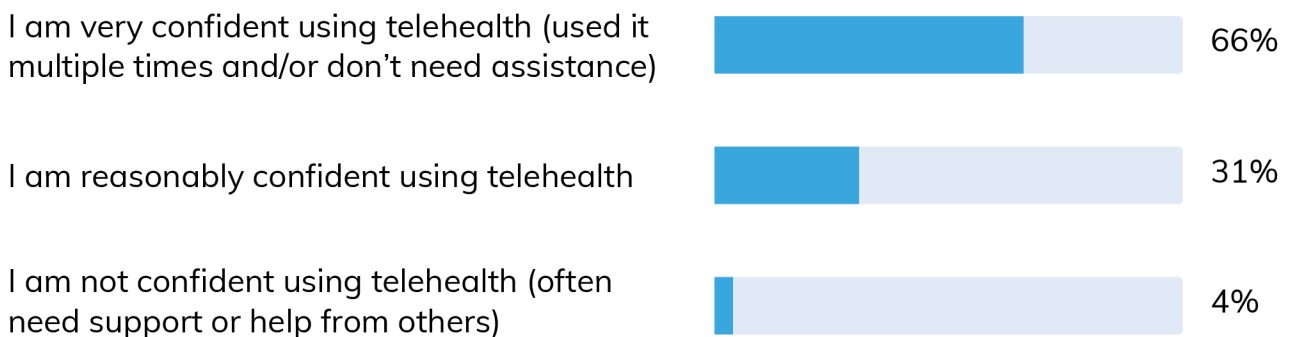
## Attends a regular General Practice?



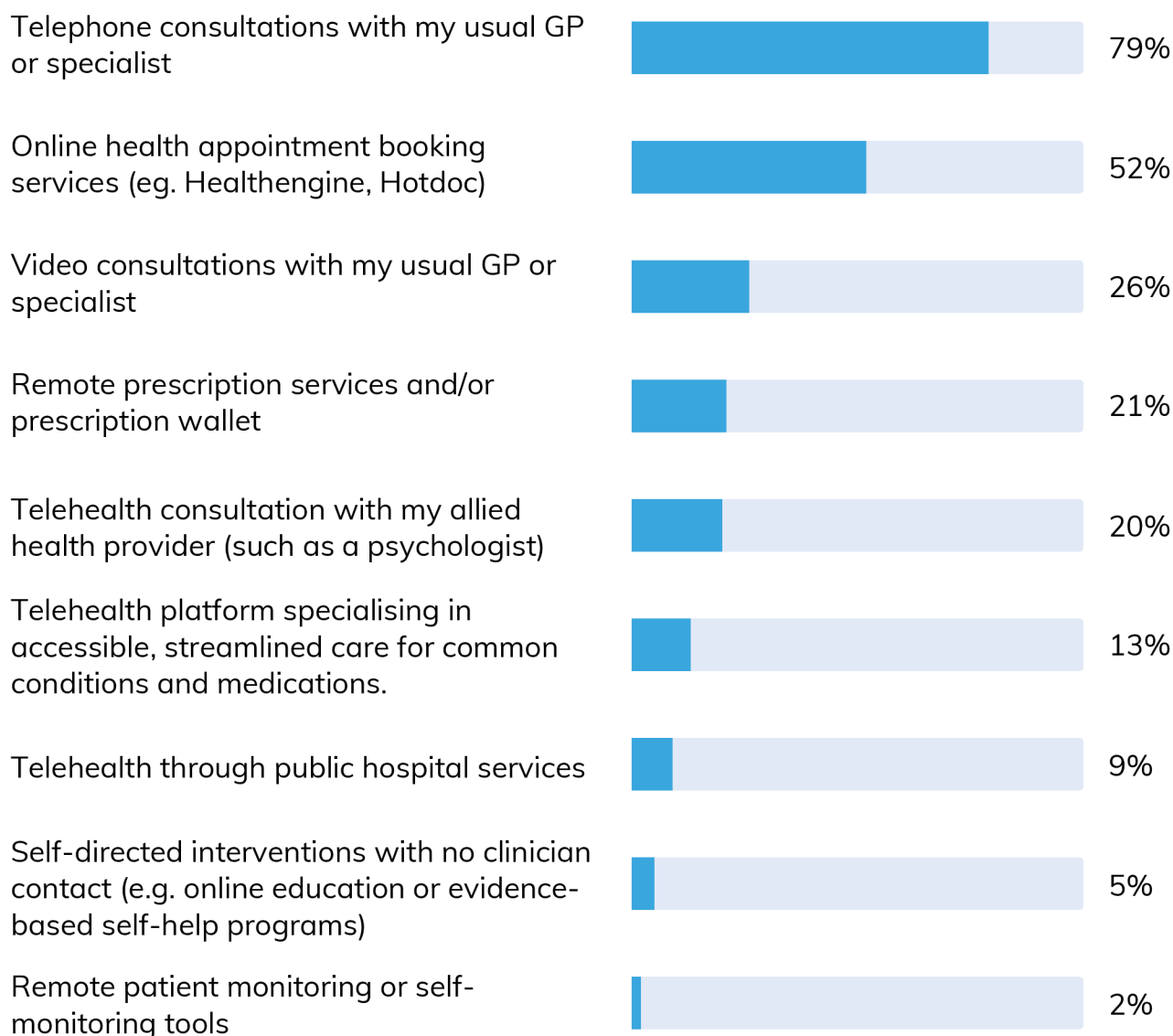
## Frequency of service access



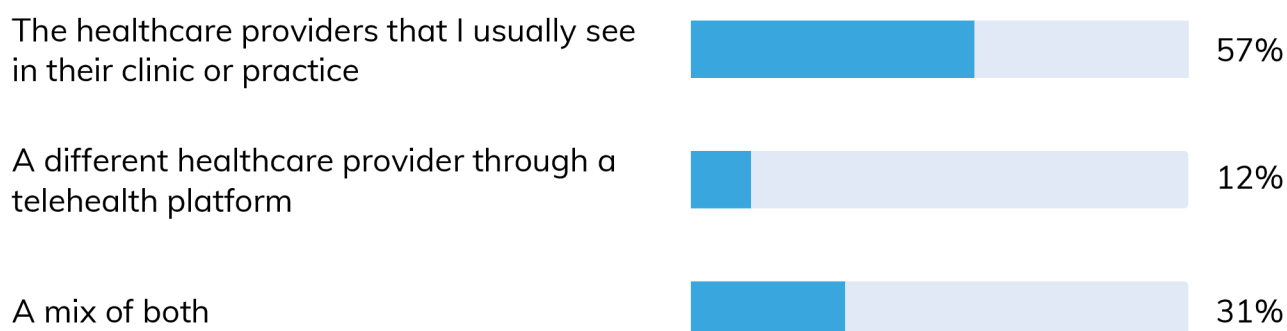
## Confidence using telehealth



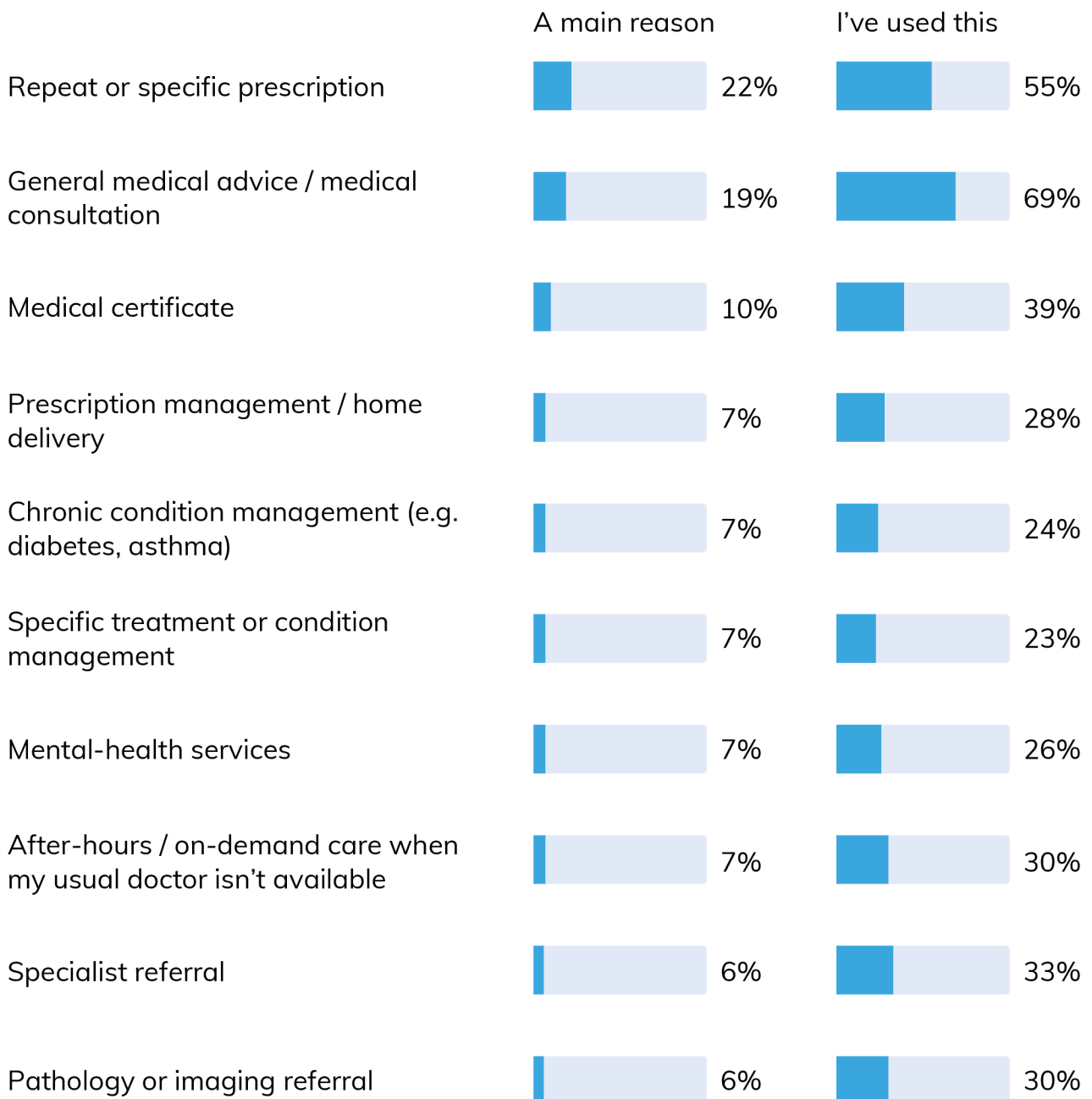
## Types of digital health services used



## Who provides telehealth care

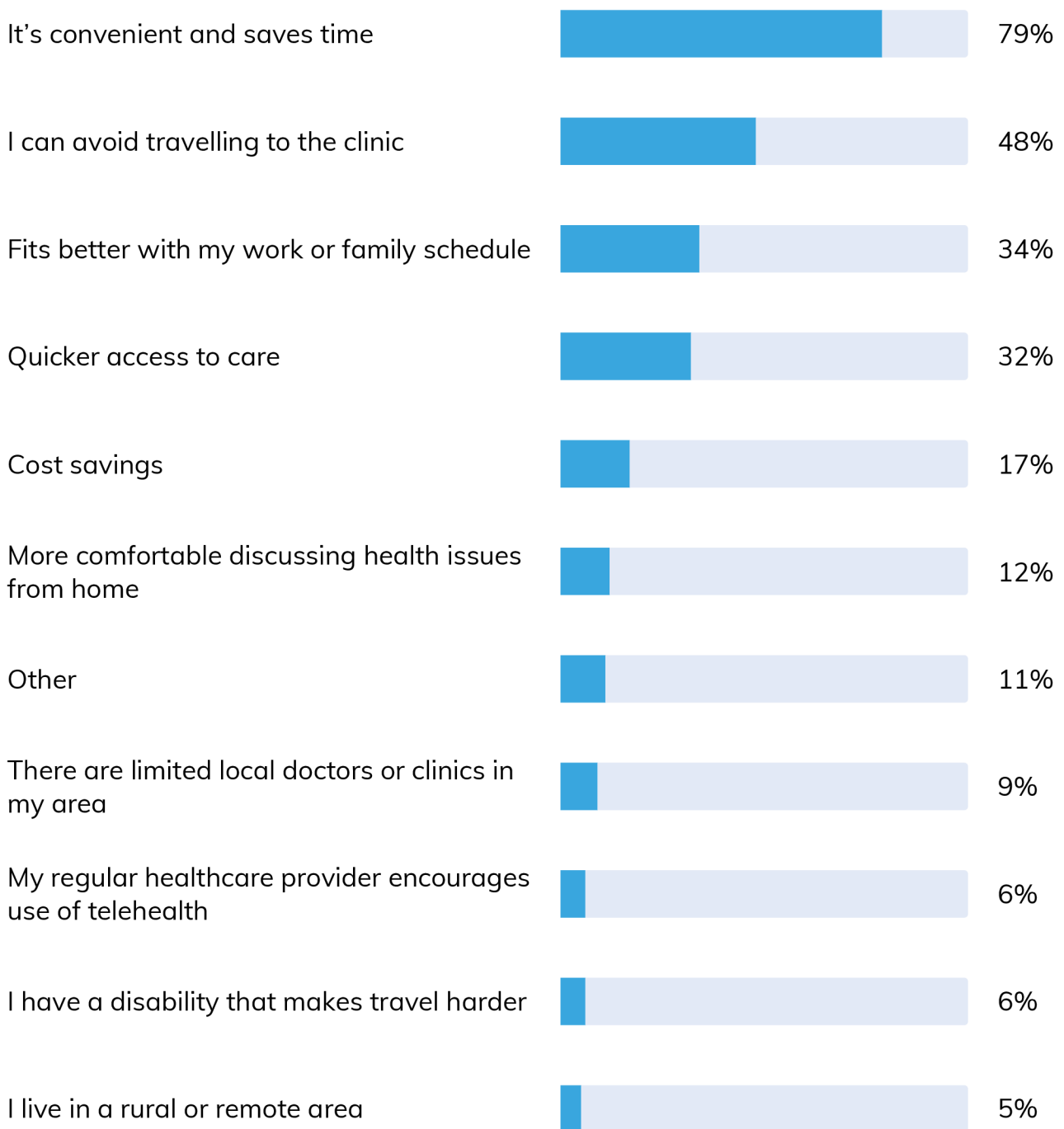


## Reasons for using telehealth

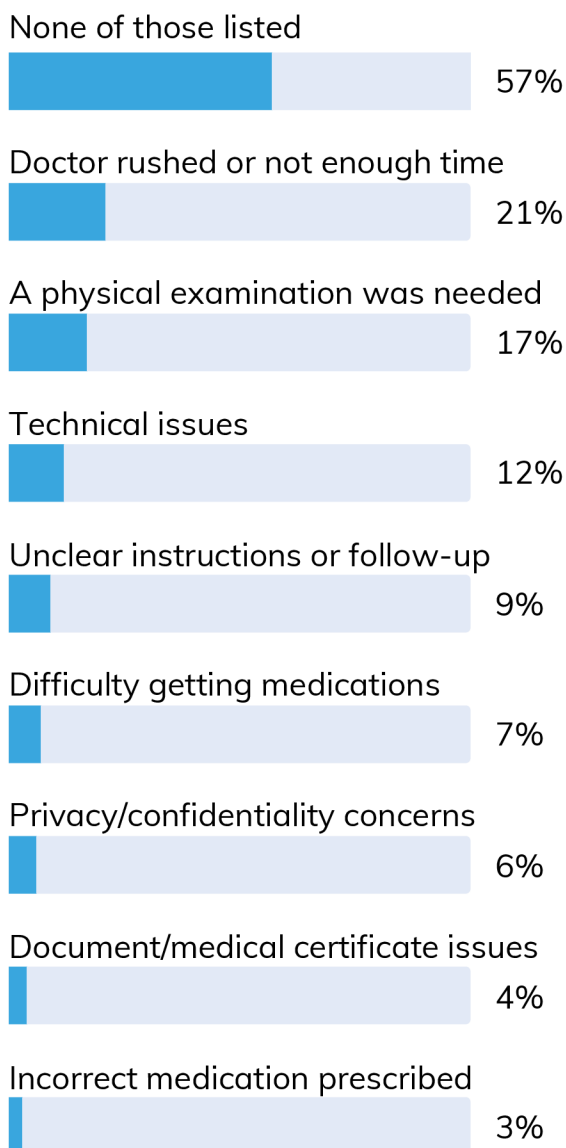




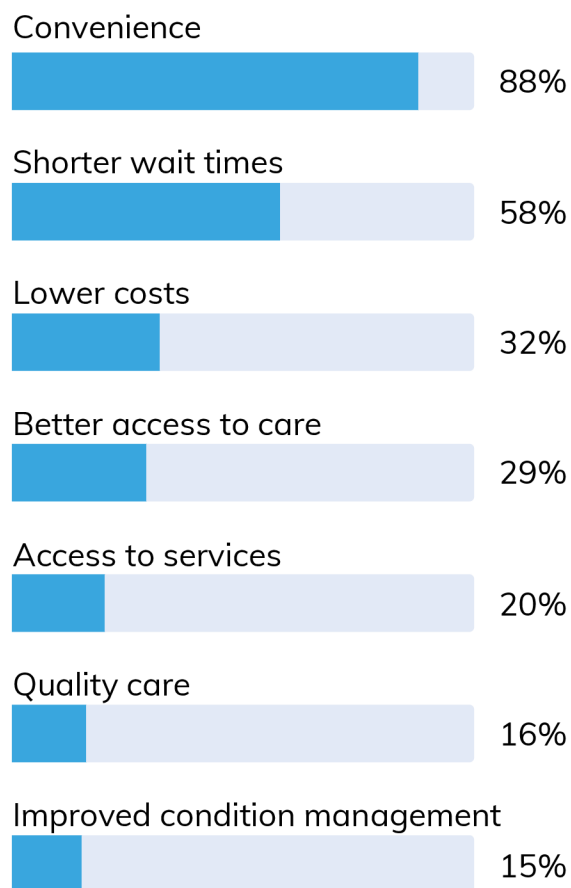
## Main reasons for using telehealth over in-person medical care



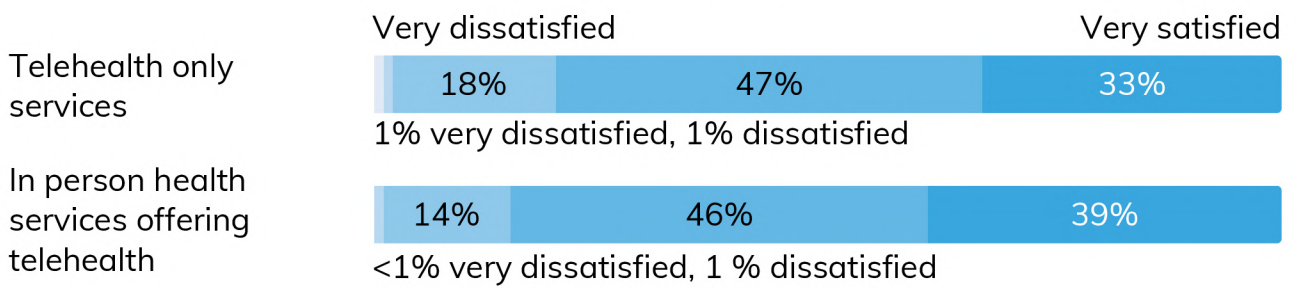
## Telehealth consult issues



## Key benefits of telehealth



## Satisfaction with telehealth and in-person healthcare





“As a mum, I often use Telehealth when my kids get sick at odd hours of the night or early morning. It’s convenient, easy to use, and means I don’t have to take my unwell child out to see a GP.”

**- Medmate Patient**

## Telehealth use widespread, satisfaction strong

In this telehealth survey, the vast majority of participants (93%) reported having a regular General Practice, and most of this group (82%) usually saw their preferred General Practitioner rather than the next available clinician. Almost all participants (96%) had used telehealth services at least once and were confident using it. Interestingly, this figure was similar to the proportion accessing in-person healthcare, with a small minority (3%) indicating that they never use face-to-face services.

Regular health service use was more common for in-person care, with more than half of participants (57%) visiting a healthcare provider every other month or more frequently, around twenty percentage points higher than the equivalent rate for telehealth (37%). Telehealth use tended to peak at occasional use (41% attending once or twice a year compared to 31% for in person care). Telehealth was also more commonly used less than once a year (18%) compared to in person care (8%).

Telephone consultations with a participant's usual GP or specialist were the most commonly accessed form of digital healthcare (79%), while video consultations with these providers had far lower traction (26%). Telehealth consultations with allied health practitioners occurred to a lesser though still notable extent (20%).

Around one eighth (13%) of participants had accessed a telehealth platform specialising in accessible, streamlined

care for common conditions and medications and just under one tenth of participants (9%) had accessed telehealth via a public hospital service.

Online booking services were used by more than half of participants (52%). One fifth (21%) used remote prescription management or a digital prescription wallet. Self-directed digital health programs, such as online education or self-help tools, were used by a small proportion of participants (5%), while uptake of remote monitoring or self-tracking devices was very low (2%).

Over half of participants (57%) reported that their telehealth consultations were with the same healthcare providers they usually see in person. Nearly one third (31%) said they used telehealth through a mix of both regular in person providers and those accessed through telehealth platforms, while a smaller proportion (12%) reported using telehealth exclusively with providers other than their regular General Practitioner.

Interestingly, while the most common use of telehealth is for general medical advice or consultation (69%), the leading main reason people choose to use it is to obtain repeat or specific prescriptions (22%), followed closely by general medical advice (19%). Securing a medical certificate was the next most frequently cited main reason (10%), highlighting that telehealth is primarily used for routine, low-complexity healthcare needs that can be managed

efficiently through virtual care.

Around one third of participants had used telehealth for specialist or pathology referrals (33% and 30% respectively) or for after-hours care when their usual doctor was unavailable (30%). Around a quarter accessed it for mental health support (26%) or chronic condition management (24%) and prescription management and home delivery was accessed by just under a third of participants (28%). A quarter of participants were accessing telehealth for a specific treatment or condition management such as weight or hair loss (23%).

When participants chose to use telehealth instead of visiting their GP in person, convenience and time savings were the strongest reasons (79%), followed by avoiding travel (48%), greater flexibility (34%) and faster access to care (32%). These reasons closely align with the benefits patients reported overall, with convenience (88%) and shorter wait times (58%) emerging as the standout advantages. Around one third identified lower costs (32%) and better access to care (29%) as key benefits, while one in five (20%) said telehealth enabled them to access services they otherwise could not.

Smaller proportions highlighted comfort, improved condition management and overall quality of care, underscoring that telehealth is valued for its efficiency, accessibility and ability to remove barriers to timely healthcare.

Over half of participants (57%) reported no issues during their telehealth

consultations, indicating generally positive experiences. The most common challenges were doctors appearing rushed (21%) or difficulty being properly assessed without a physical examination (17%). Smaller proportions experienced technical disruptions (12%), unclear follow-up (9%) or difficulty obtaining prescribed medications (7%), suggesting that while most interactions are smooth, some barriers to communication and continuity of care remain.

Satisfaction rates were high across both telehealth and in-person healthcare, with the majority of participants satisfied with their telehealth (80%) and in-person health care (85%).

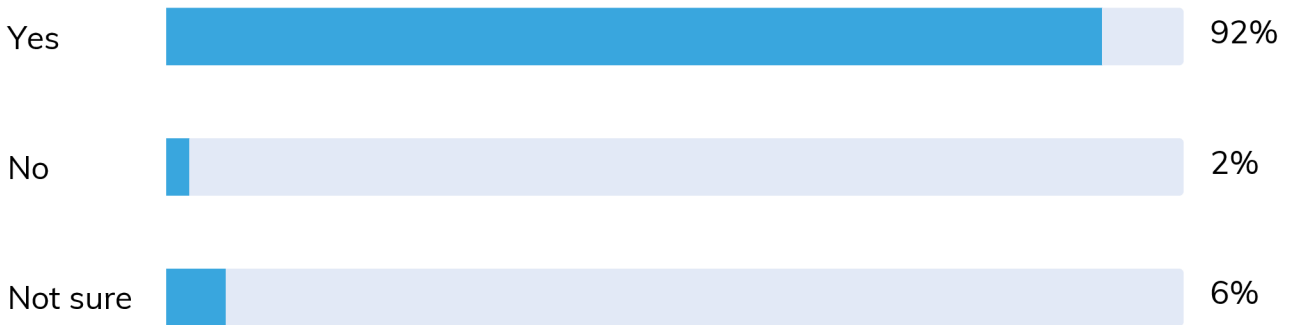
Dissatisfaction rates for both modes of deliver were extremely low (less than 2%) confirming that telehealth is now a well-accepted and trusted part of Australian healthcare.



PATIENT INSIGHTS

# Clinical Governance

**Do you think it's important for telehealth services to meet recognised safety and quality standards through independent accreditation or certification?**

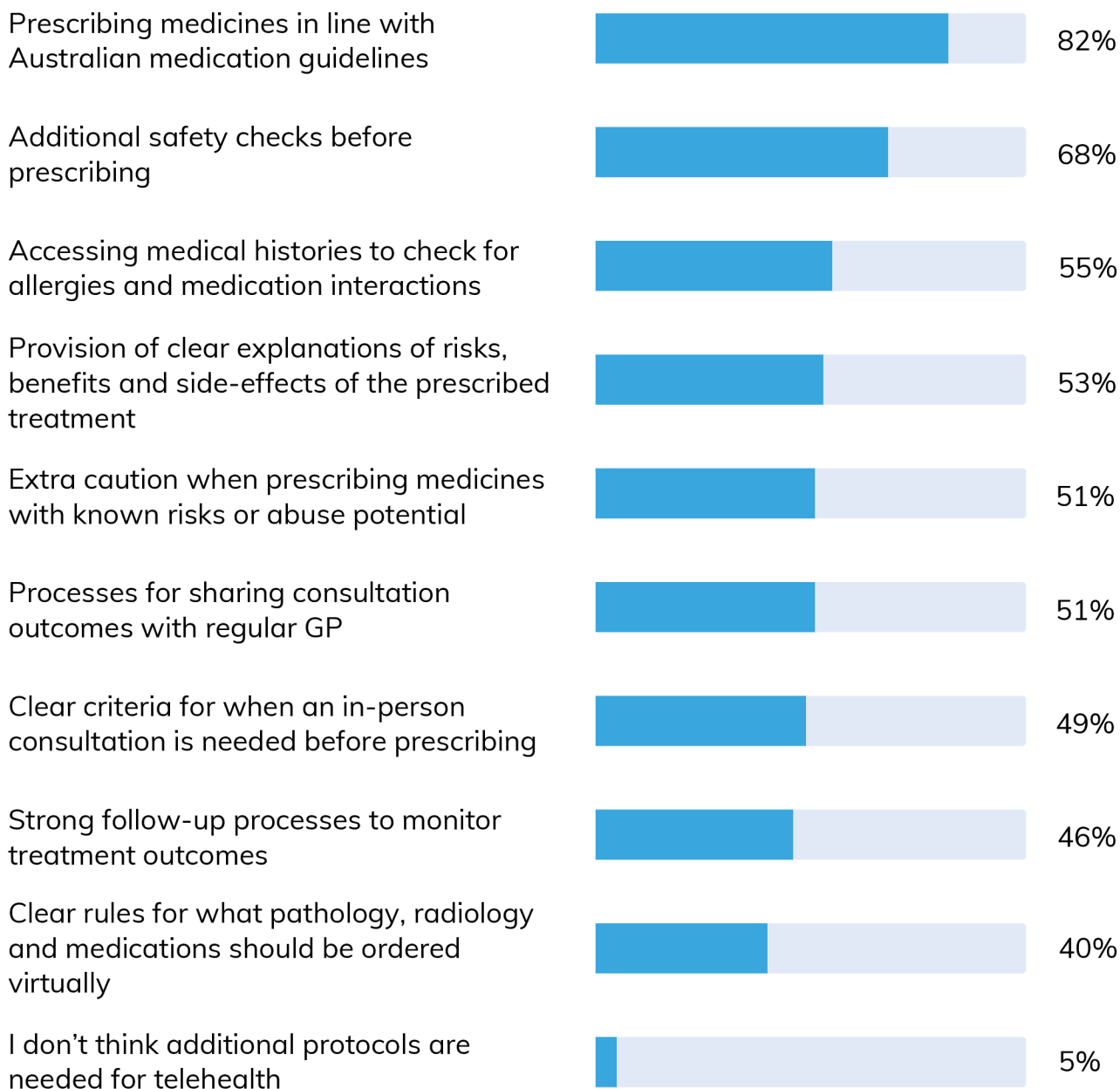


**What aspects of a telehealth consultation should be non-negotiable?**

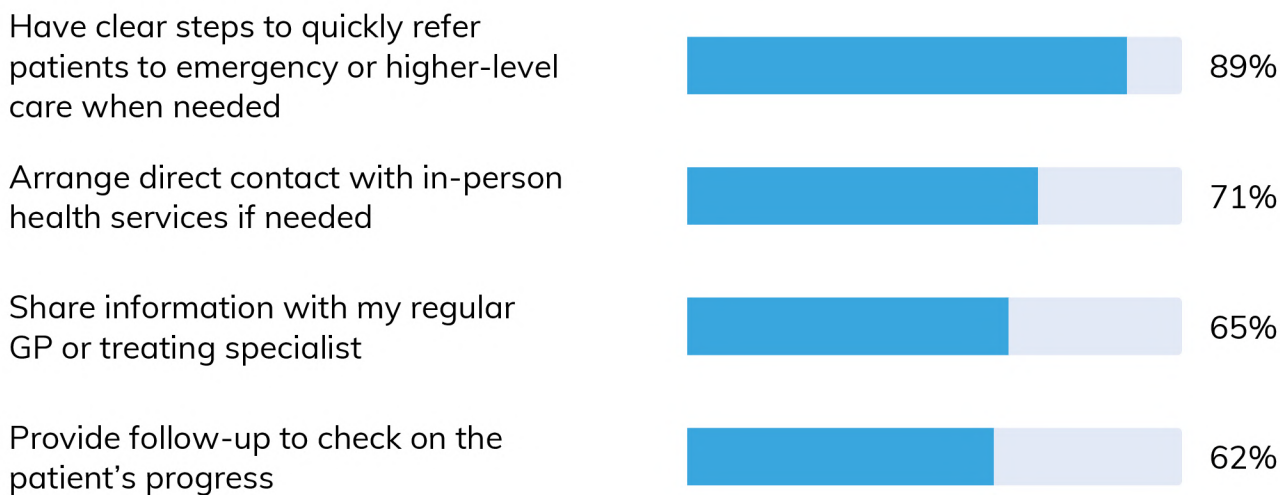





## What clinical protocols should telehealth services incorporate to make you feel confident in the care provided?



## What do you think telehealth services should do to keep patients safe if their health suddenly gets worse?





“Living with migraines can make even the simplest things impossible. When I can’t drive or see clearly, Telehealth allows me to still reach the care I need”

**- Honeysuckle Health Patient**

## Patients want safety, transparency and continuity

There was broad agreement (92%) that it is important for telehealth services to meet recognised safety and quality standards through independent accreditation or certification. This highlights the strong public expectation that telehealth providers operate within a transparent and accountable framework that upholds patient safety and care quality.

When asked what aspects of a telehealth consultation should be non-negotiable, participants prioritised thoroughness, communication and shared decision-making. Most respondents said consultations should be comprehensive and address all their concerns (83%), with doctors who listen and involve them in decisions (79%) and provide clear explanations of diagnoses and treatment options (79%). Respectful, easy-to-follow communication was also highly valued (74%), along with accurate and accessible clinical notes (65%). Just over half wanted the ability to correct errors or provide feedback (53%), highlighting the importance of clear, two-way communication and transparency in building patient trust.

Participants also identified a range of clinical protocols they believe should be incorporated to ensure confidence in telehealth care. The highest priority was that medicines be prescribed in line with Australian medication guidelines (82%), followed by additional safety checks before prescribing (68%) and access to medical histories to confirm allergies or

potential interactions (55%).

More than half wanted clear explanations of treatment risks and side effects (53%) and extra caution when prescribing medicines with known risks or abuse potential (51%). Around half also emphasised the importance of sharing consultation outcomes with a patient's regular General Practitioner (51%), clear criteria for when an in-person consultation is needed before prescribing (49%) and strong follow-up processes to monitor outcomes (46%). These findings highlight that participants value transparency and coordination in telehealth as essential elements of quality care.

In situations where a patient's health suddenly worsens, a strong majority of participants (89%) wanted clear steps for rapid referral to emergency or higher-level care. The majority (71%) also wanted providers to arrange direct contact with in-person health services when required, while two thirds (65%) emphasised the importance of information sharing with their regular GP or treating specialist. Ongoing follow-up to check on patient progress was also widely supported (62%).

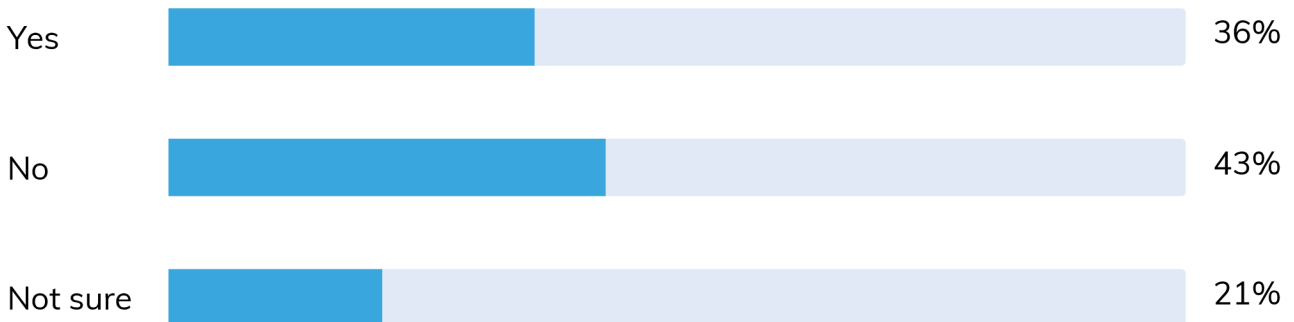
These findings reinforce that patients place strong emphasis on safety, clinical accountability and continuity of care in telehealth. They expect providers to operate to the same standards as in-person care, ensuring quality, responsiveness and coordination across all modes of service delivery.



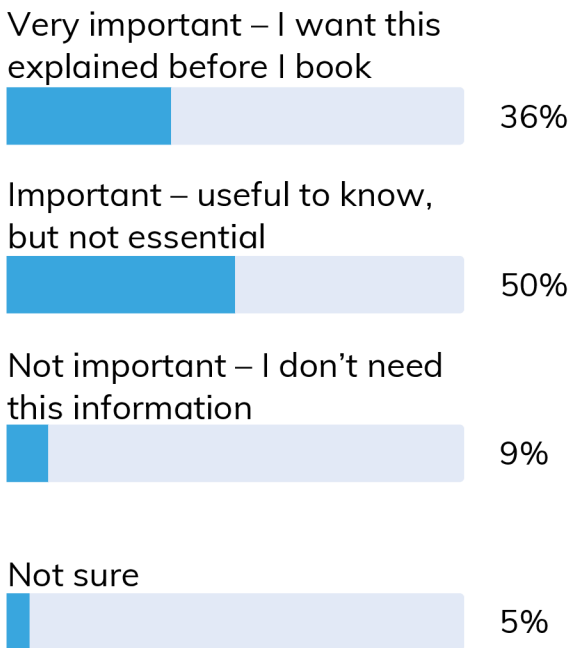
PATIENT INSIGHTS

# Clinical Responsibility & Accountability

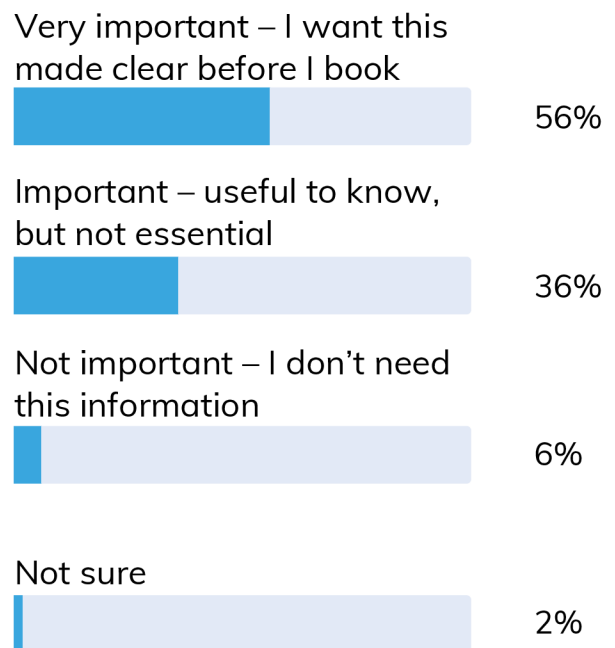
**Before today, did you realise that telehealth services handle safety and quality in different ways? Some services have their own clinical protocols or questionnaires while others leave this up to the individual doctor.**



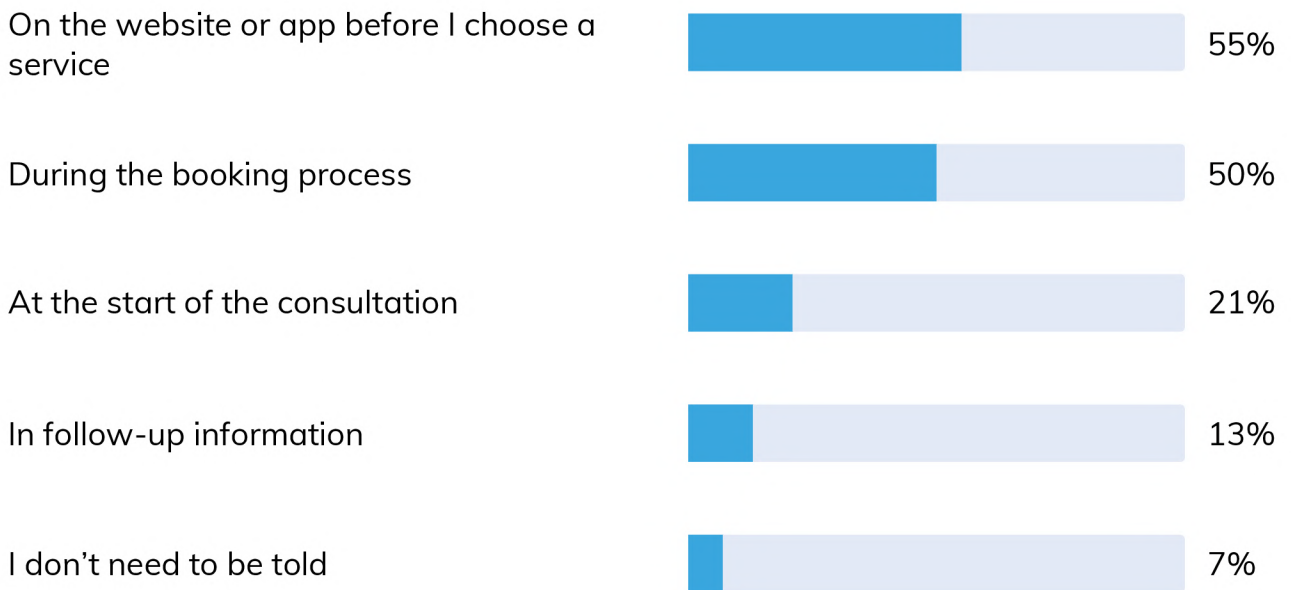
**How important is it for you to know who is ultimately responsible for clinical standards and safety systems when you use a telehealth service?**

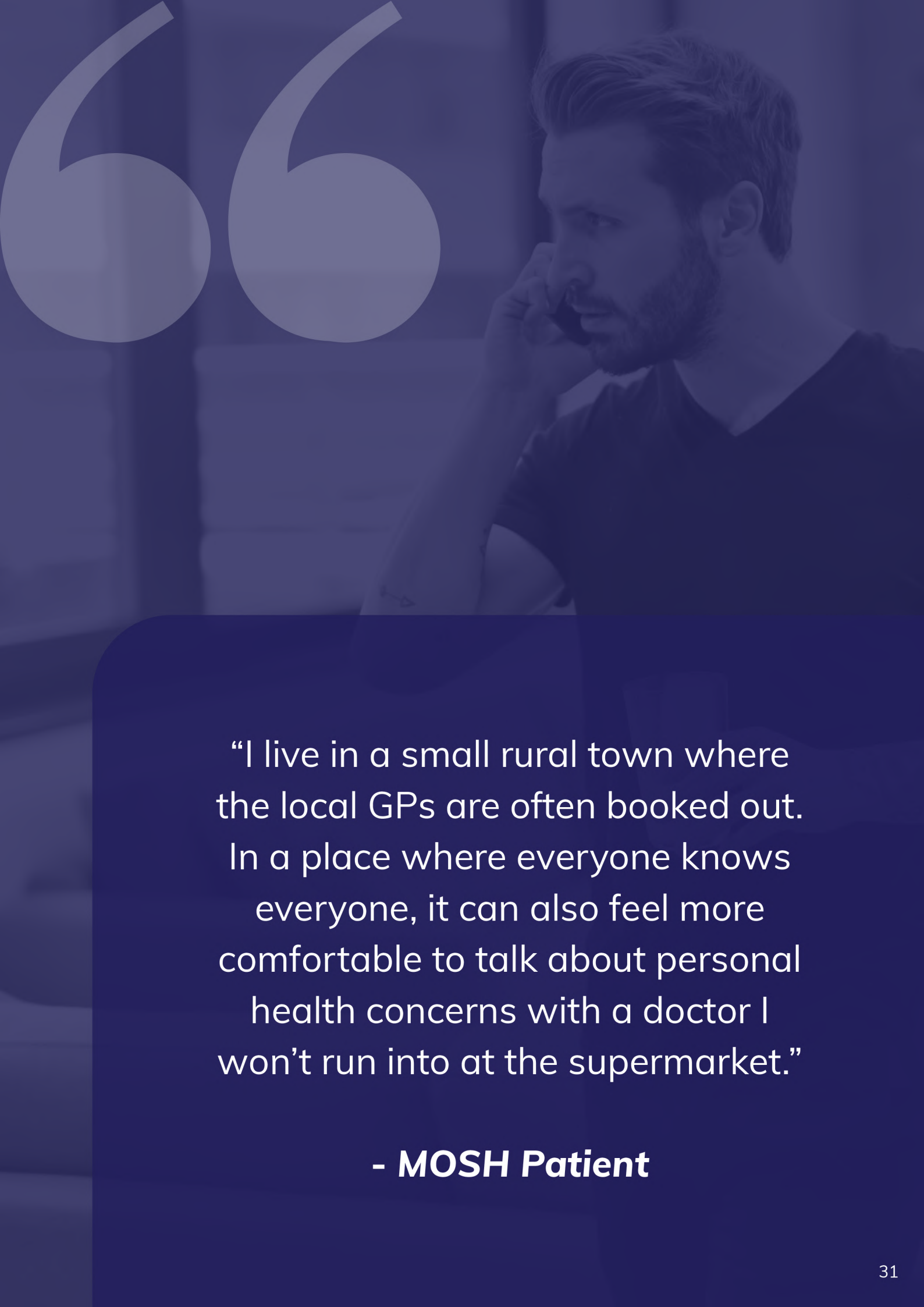


**How important is it for you to know exactly which type of clinician is responsible for each part of your care - such as screening & assessment?**



**When should telehealth services explain whether it is the service or the individual doctor who is responsible for care standards and what safety measures are in place?**





“I live in a small rural town where the local GPs are often booked out. In a place where everyone knows everyone, it can also feel more comfortable to talk about personal health concerns with a doctor I won't run into at the supermarket.”

**- MOSH Patient**





## Knowing who provides care matters to patients

Responsibility and accountability for clinical protocols or questionnaires varies in healthcare services, with some services having their own clinical protocols or questionnaires while others leave this up to the individual doctor. Awareness that telehealth services handle safety and quality in these different ways was low, with only one third of participants (36%) reporting that they were aware of this before participating in the survey.

In contrast, they believe it is important that they are made aware of this, with a strong majority (86%) reporting that it is important to them to know who is ultimately responsible for clinical standards and safety systems when they use a telehealth service. One third (36%) considered it essential knowledge before they book the service.

When it comes to translating this into practice, participants expressed clear preferences for when this information should be provided. Over half (55%) wanted telehealth services to explain who is responsible for clinical standards and safety measures on the website or app before they choose a service, and half (50%) wanted this reinforced during the booking process. Fewer participants preferred to receive this information at the start of the consultation (21%) or in follow-up materials such as an email or SMS summary (13%).

Participants also placed high importance on knowing which type of clinician is responsible for each part of their care, such as screening, assessment, treatment and prescribing. Over half (56%) said it was very important to have this made clear before booking, while a further third (36%) said it was useful to know even if

not essential.

These findings show that patients want early, transparent communication about clinical responsibility and the qualifications of those delivering their care, enabling them to make informed decisions before engaging with a telehealth service.

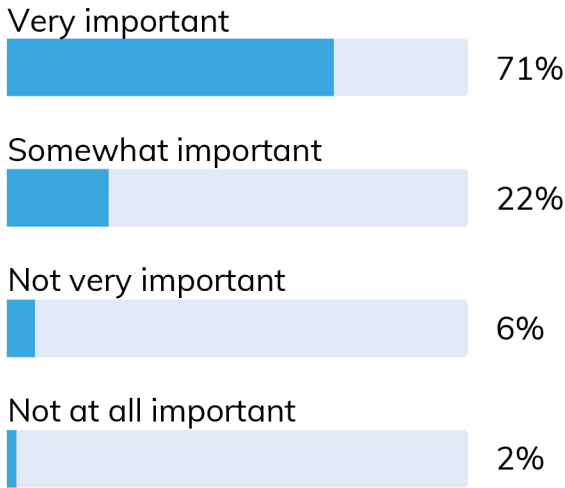




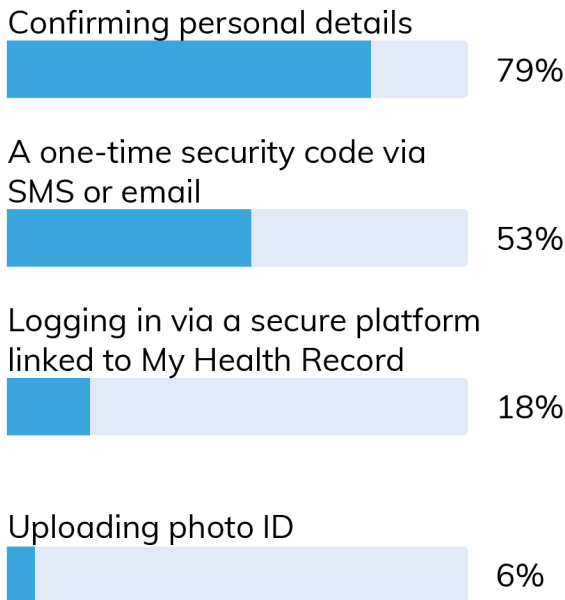
PATIENT INSIGHTS

# Identity Verification

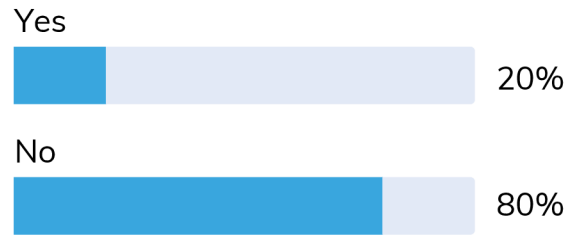
**How important is it to you that telehealth providers verify your identity before providing care?**



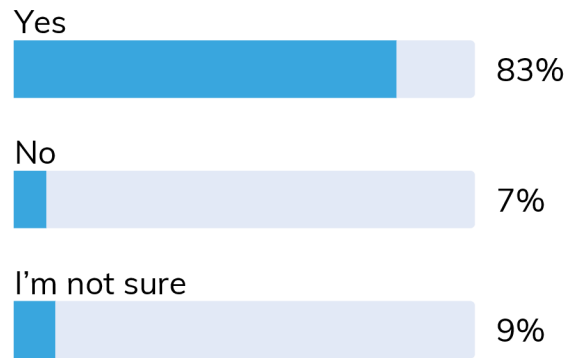
**What identity verification methods would you be most comfortable using?**



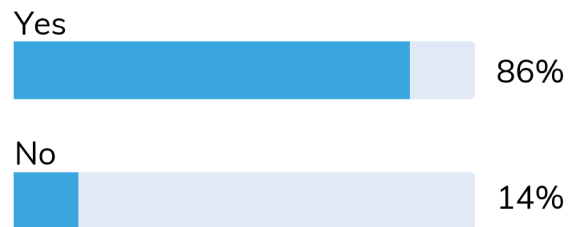
**Have you registered as a carer through a telehealth platform?**




**Were you able to easily verify the other person's identity?**



**Should telehealth platforms have verification processes for both the carer and the patient?**





“As a shift worker, I can’t always see a GP in person, but Telehealth gives me access to care when I need it most, right from the comfort of my home.”

**- MOSH Patient**

## Patient registration and Identity verification

Verifying a patient's identity ensures that the right person receives the right care, protects sensitive health information, and reduces risks such as medication errors, fraud or misuse of services. Reliable verification processes also help clinicians maintain accurate records and support continuity of care.

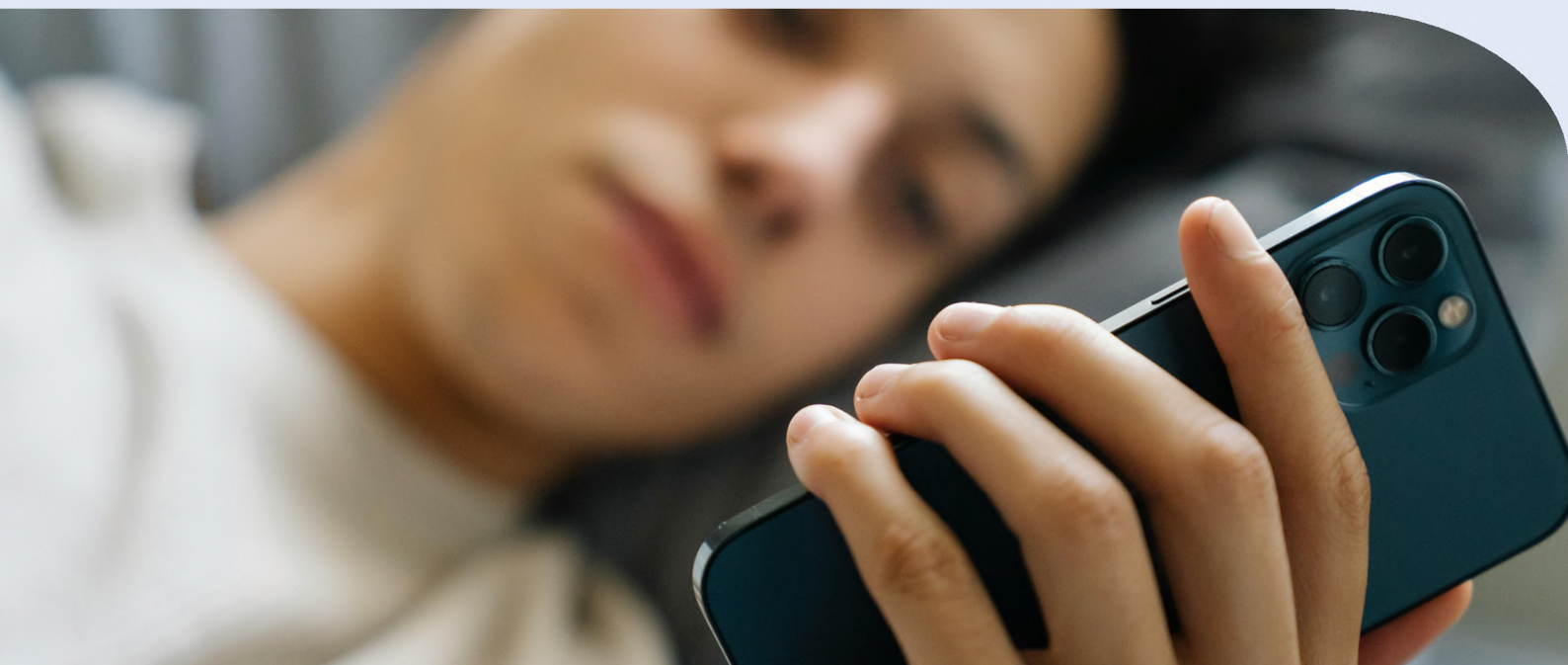
Verification of patient identity was considered important by the majority of participants (93%), with more than seven in ten (71%) considering it very important, indicating strong public expectation that telehealth providers confirm who is receiving care.

When asked about preferred verification methods, most participants (79%) preferred to confirm their personal details such as name, date of birth or Medicare number, and just over half (53%) supported the use of a one-time security code sent by SMS or email.

Fewer were comfortable logging in through a secure platform linked to My Health Record (18%), and very few wanted to upload a photo ID (6%), suggesting patients prefer simple, familiar verification processes over more complex or data-heavy systems.

Most participants (86%) reported that verification processes should exist for both patients and their carers. One fifth of participants (20%) reported that they had registered or tried to register as a carer through a telehealth platform.

Among these, the vast majority (83%) said it had been easy to verify their identity in this role through telehealth platforms, while only 7% found it difficult and 9% were unsure. Patients and carers place high value on identity verification as a fundamental safeguard for safe, secure and trusted telehealth.

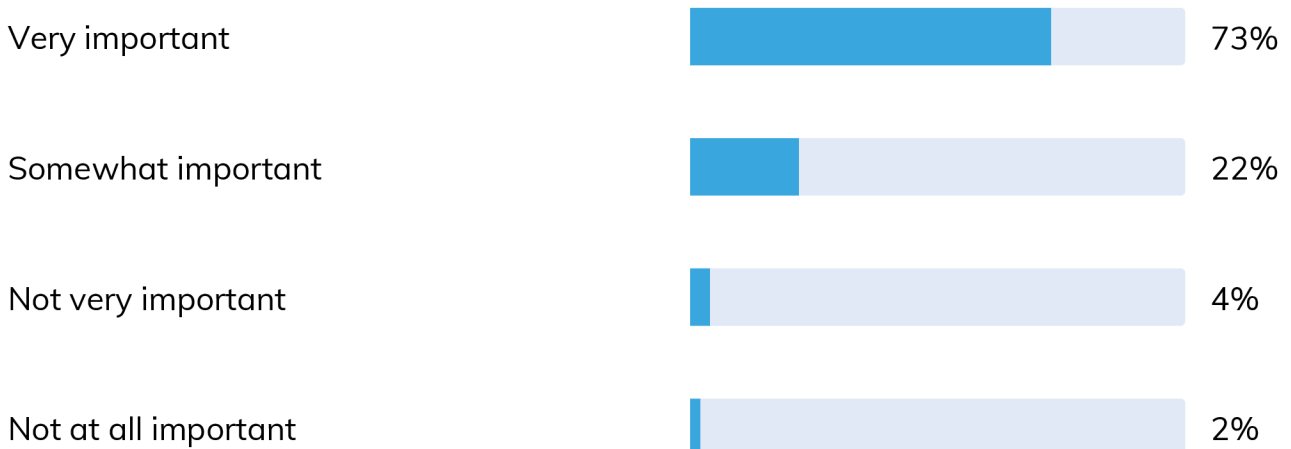




PATIENT INSIGHTS

# Informed Consent

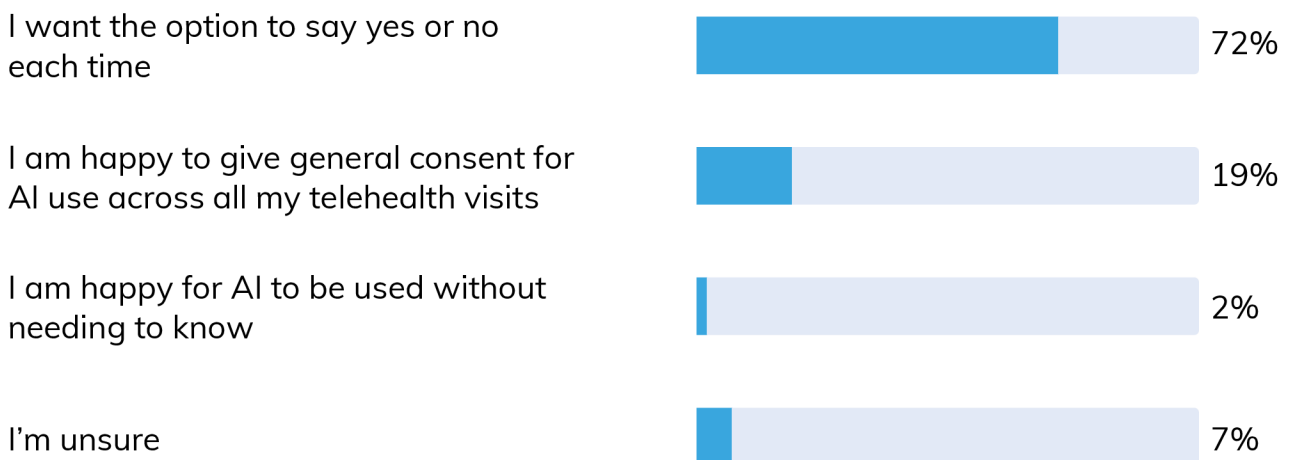
## How important is it to you that telehealth providers ask for your consent to share your medical information with your regular GP or other health or services providers?




## How often should telehealth providers record your consent?



## When AI is used in your telehealth care, how would you prefer to give consent?



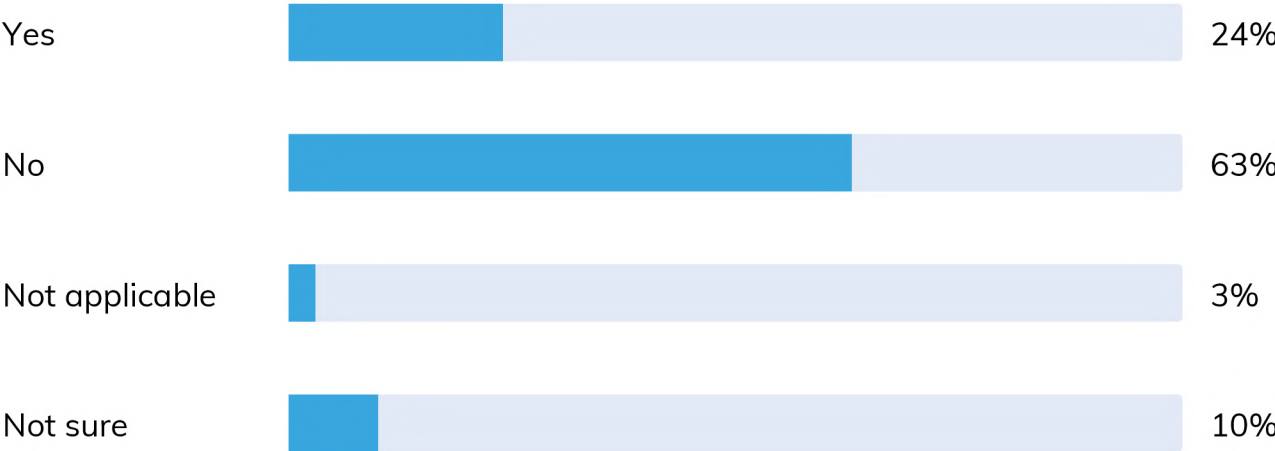


A man with a beard and a large quote mark graphic. The man is shown from the chest up, looking slightly to the right. The background is a solid dark blue color. A large, light blue quote mark graphic is positioned in the upper left corner of the image.

“During a severe gout attack, I couldn’t move, let alone get to a doctor. Connecting with a doctor online was such a relief. Within minutes I had a prescription renewal and could start treatment straight away. Telehealth made care possible when I physically couldn’t reach a clinic.”

**- Medmate Patient**

**Have you ever had difficulty finding clear and accurate information about the cost of a telehealth service before using it?**





## Patients emphasise transparency, autonomy and informed choice in telehealth

Informed consent is a cornerstone of patient-centred care, ensuring patients understand, agree to and remain in control of their healthcare decisions. In telehealth, this principle extends beyond treatment to include consent for information sharing and use, the use of artificial intelligence, and informed financial consent. Together, these processes help build patient trust, protect privacy and promote transparency in telehealth care. When asked about some of the more specific elements of consent, participants expressed strong expectations for clear communication and patient control.

Nearly three quarters of participants (73%) said it was very important that telehealth providers ask for consent before sharing their medical information with their regular GP or other healthcare providers, with a further 22% considering it somewhat important. Only a small minority felt consent was not important, underscoring that participants want to remain in control of information sharing between their telehealth provider and regular general practitioner.

When asked how often consent should be recorded, most participants (60%) preferred that consent be collected each time information is shared, while two fifths (39%) favoured a one-time consent arrangement that they could

review or update at any time. This reflects a strong desire for flexibility and patient control, recognising that individuals may not wish for certain information to be shared with their General Practitioner or other providers in all circumstances. Patients may wish to manage specific aspects of care independently, highlighting the need for systems that respect personal choice while maintaining coordinated care when appropriate.

The same expectation of transparency applies to emerging technologies in healthcare. Nearly three quarters of participants (72%) wanted the option to give or withhold consent each time artificial intelligence can be optionally used in their telehealth care, while 19% were comfortable providing general consent for ongoing use. Only a very small proportion (2%) said they would be comfortable with AI being used automatically without their knowledge.

These findings highlight that patients welcome technological support in care delivery but want informed choice and clear communication about how it is applied.

Financial transparency also plays an important role in informed consent. One quarter of participants (24%) reported difficulty finding clear and accurate information about telehealth costs before using a service, while nearly two thirds (63%) said they had no difficulty. While most patients can access pricing information easily, a notable proportion still encounter uncertainty around costs, an issue that can influence confidence, affordability and trust in telehealth services.

The findings highlight that participants support innovation but expect systems that respect individuality and enable autonomy and informed choice through opt-in consent at every step.

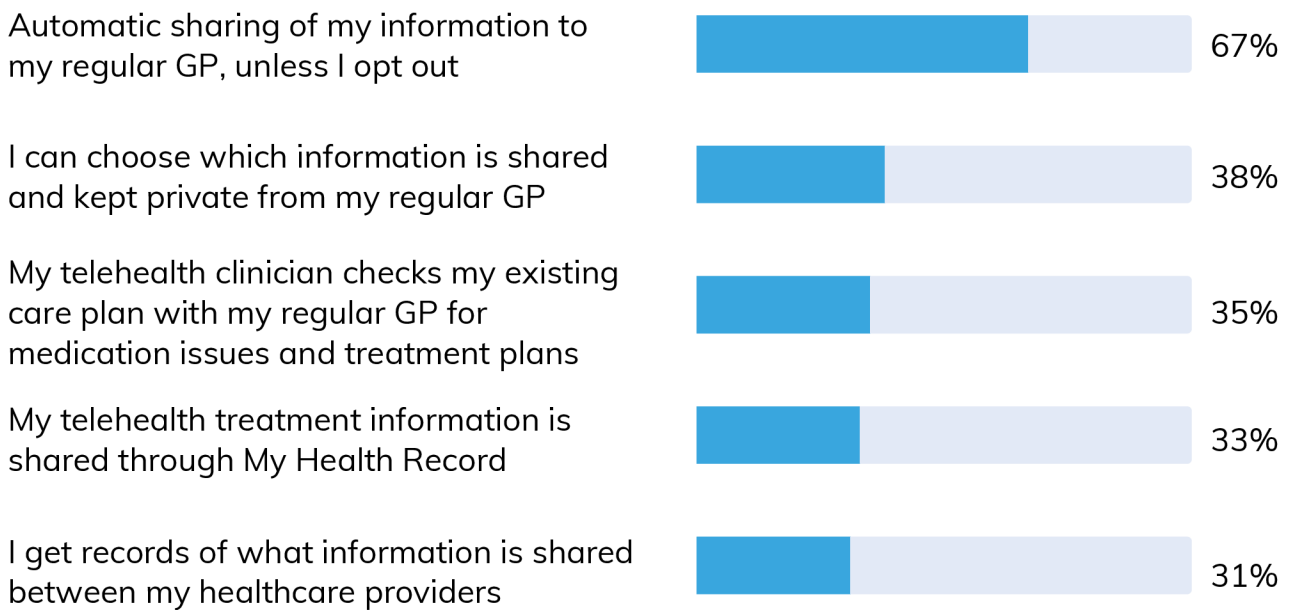




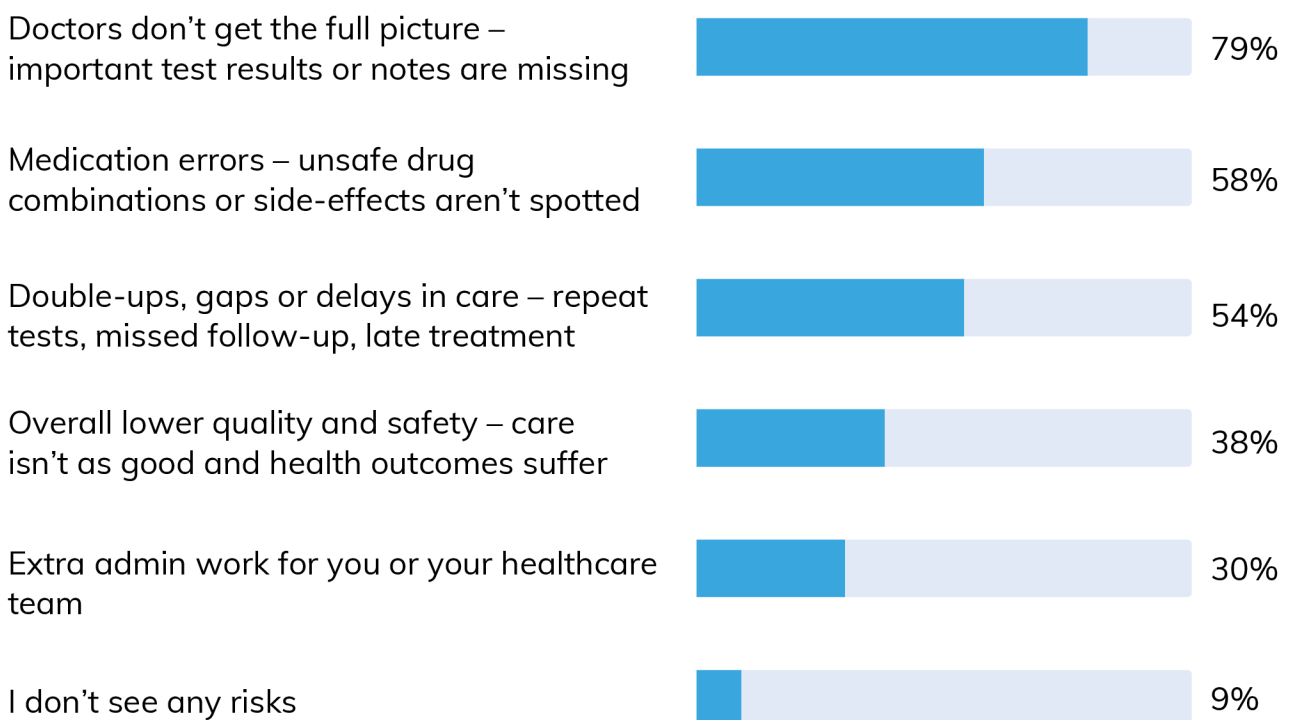
PATIENT INSIGHTS


# Continuity of Care

## What would good coordination of care between your telehealth clinician and your regular GP or treating specialist look like to you?



## What risks do you see if telehealth services are not well integrated with other parts of the healthcare system?





“Telehealth has truly been a lifeline for me. Living in a regional area while caring for my family meant I couldn’t have accessed specialist menopause care otherwise. The quality of care was exceptional and made a real difference to my health and wellbeing”

**- Honeysuckle Health Patient**

## Connected care seen as essential to safety and quality in telehealth

Participants emphasised that effective coordination between telehealth providers and regular healthcare professionals is essential to safe, high-quality care. Two thirds (67%) said they want their information automatically shared with their regular General Practitioner unless they choose to opt out, while more than one third (38%) wanted to decide which information is shared.

This contradicts our earlier findings in relation to patient consent, where most participants (60%) preferred that consent be collected each time information is shared. This inconsistency highlights a fundamental tension between efficiency and autonomy in patient preferences. Participants value the safety and continuity that come with seamless data exchange but remain wary of losing control over their personal information.

Around one third of participants said that good coordination should include their telehealth clinician checking existing care plans with their GP or specialist (35%), sharing treatment information through My Health Record (33%), and providing them with records of what information has been exchanged (31%). These preferences suggest patients want integrated but transparent systems that support both continuity and choice.

When asked about the risks of poor integration, the majority (79%) said that doctors may not get the full picture if important test results or notes are missing. More than half saw risks of unsafe medication combinations (58%) and care delays or duplication (54%). Others cited lower overall quality and safety (38%) and additional administrative burden (30%).







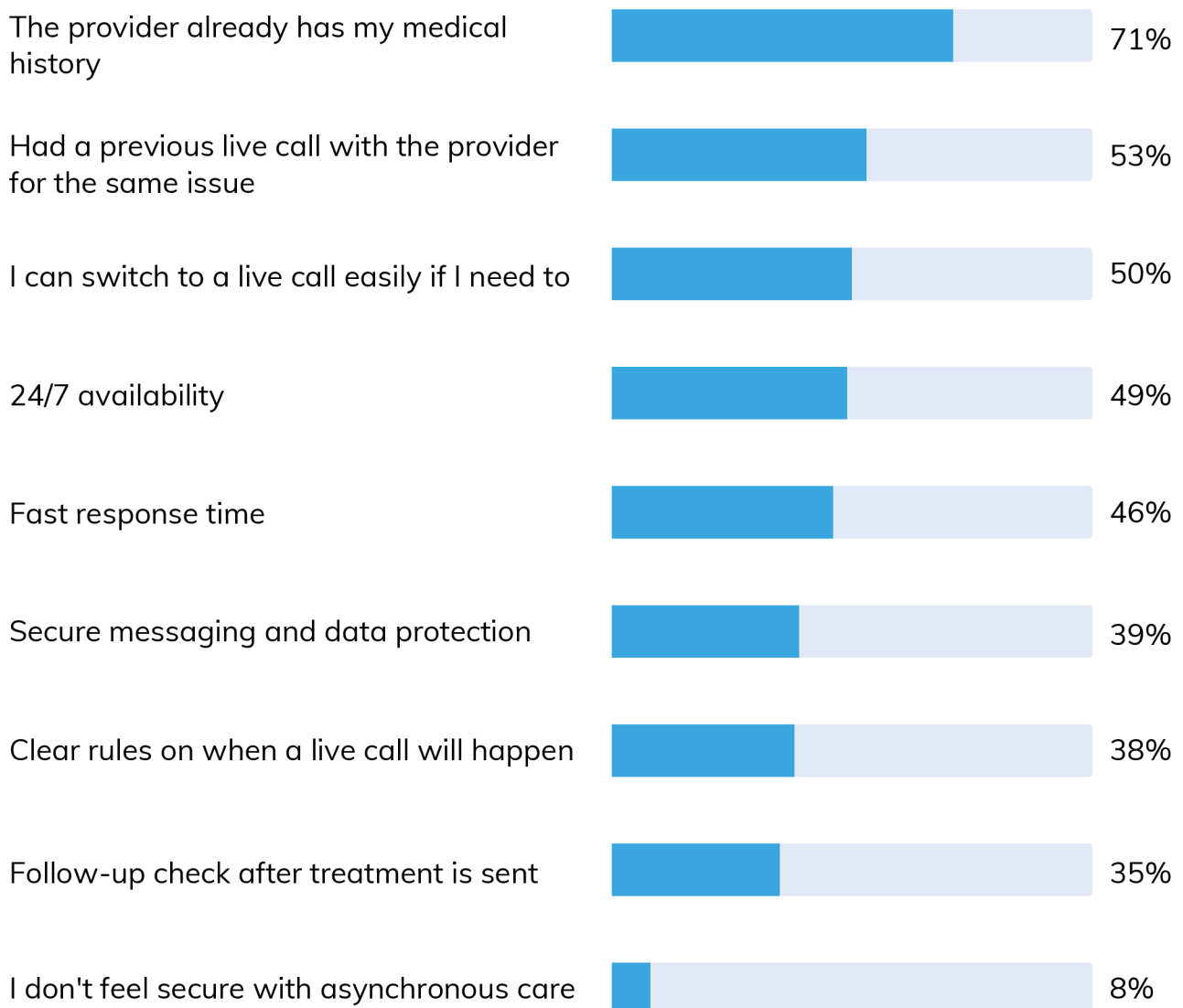
PATIENT INSIGHTS

# Asynchronous Care

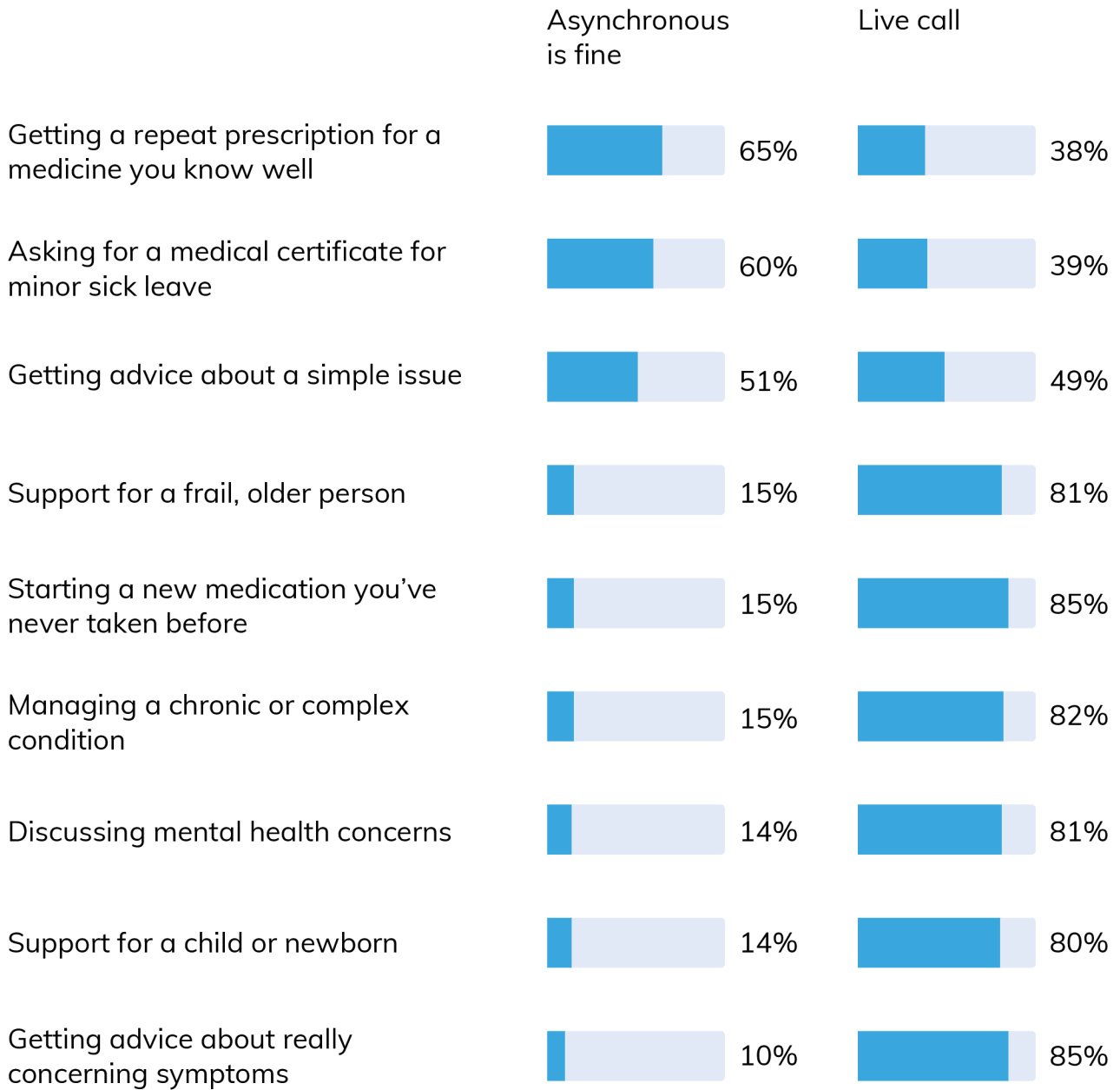
## Experienced an asynchronous consult



## What makes an asynchronous (non-live) service feel safe to you?



**For each situation below, tell us which care delivery methods are acceptable.**



## Asynchronous care: for simple, low-risk needs

Only a small proportion of participants (15%) reported having used asynchronous telehealth, indicating that non-live consultations are still emerging in use and acceptance. In this survey we defined asynchronous care as support received without speaking to a doctor live, like filling in an online form, using a questionnaire, or sending messages back and forth to receive care or a prescription.

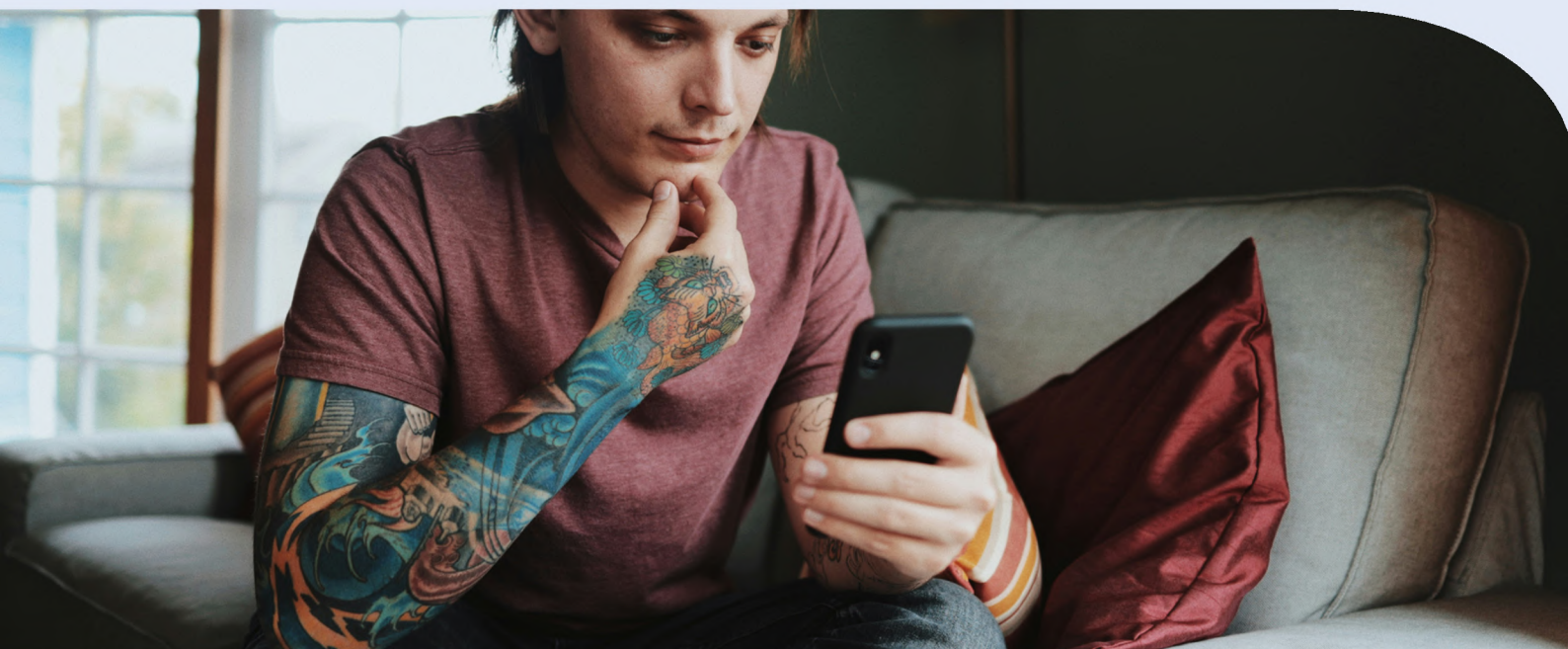
Patients considered asynchronous care appropriate mainly for simple, low-risk situations such as repeat prescriptions (65%), medical certificates (60%) and common issues like mild rashes or colds (51%). In contrast, strong majorities preferred live consultations for more complex, sensitive or high-risk needs, including new medications (85%), chronic conditions (82%) and mental health support (81%).

Perceptions of safety in asynchronous

care were linked to familiarity and flexibility. Most participants felt confident when the provider already had access to their medical history (71%) or when they had previously spoken to the same clinician (53%). The ability to switch to a live call if needed (50%), 24/7 availability (49%) and fast response times (46%) also increased confidence.

Fewer participants prioritised technical or procedural safeguards such as secure messaging and data protection (39%), clear rules for when a live call should occur (38%) or follow-up checks after treatment (35%).

Overall, participants are open to asynchronous care when it involves familiar providers, quick response times and the option to escalate to a live call if needed. However, there is clear caution about using asynchronous models for complex or high-risk care.

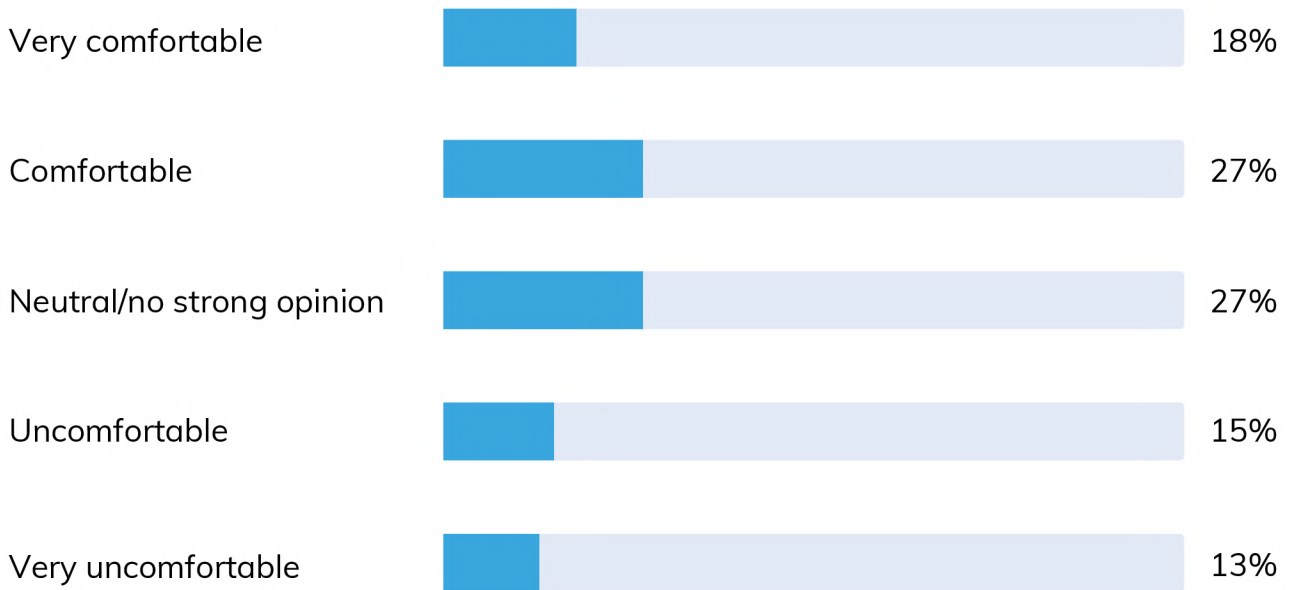




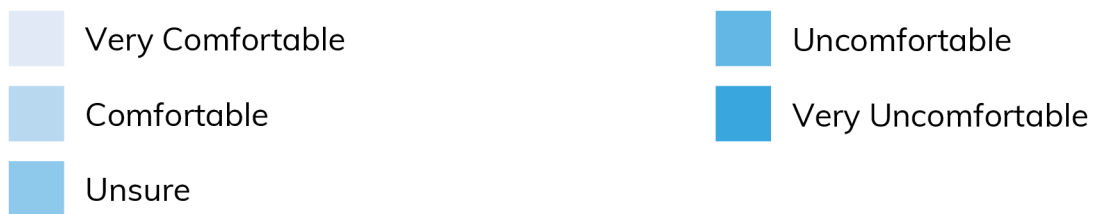
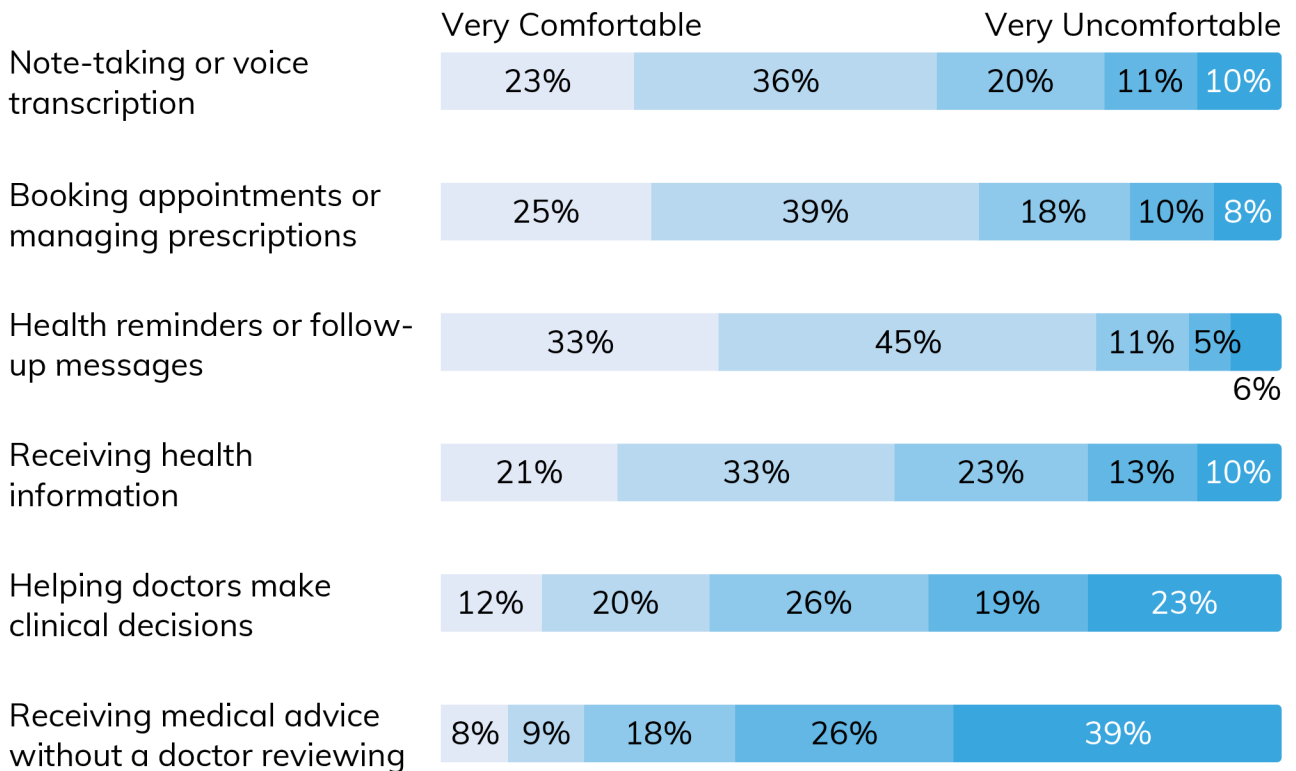
PATIENT INSIGHTS

# Artificial Intelligence

## How comfortable are you with AI (artificial intelligence) tools being used to assist during your telehealth consultation?



## How comfortable do you feel with the following types of AI being used in your telehealth care?



## Cautious confidence in AI: support yes, substitute no

Patient views on the use of artificial intelligence (AI) in telehealth show cautious openness, with comfort levels depending heavily on how the technology is applied. Overall, just under half of participants (45%) said they were comfortable or very comfortable with AI being used to assist during telehealth consultations, such as for note-taking or transcription, while around a quarter (27%) were neutral and just under one third (28%) felt uncomfortable.

Participants were most comfortable with AI applications that support administrative or follow-up tasks rather than direct clinical decision-making. The highest levels of comfort were reported for AI used to send health reminders or follow-up messages (78%), manage bookings and prescriptions (64%), and assist with note-taking or transcription (58%). These uses serve as practical tools for administrative efficiency.

By contrast, participants expressed strong reservations about AI involvement in clinical judgement or advice. Only one third (32%) were comfortable with AI helping doctors make clinical decisions, while nearly half (42%) felt uncomfortable or unsure. Confidence dropped sharply when AI replaced doctor oversight: just 17% were comfortable receiving medical advice generated without a doctor reviewing it, while almost two thirds (65%) were uncomfortable or very uncomfortable.

These results suggest patients accept AI as a supportive tool that enhances efficiency and communication but are reluctant to trust it with independent decision-making or advice. Comfort with AI in telehealth depends on its transparency, purpose, and the extent to which it supplements rather than replaces human clinical judgement.



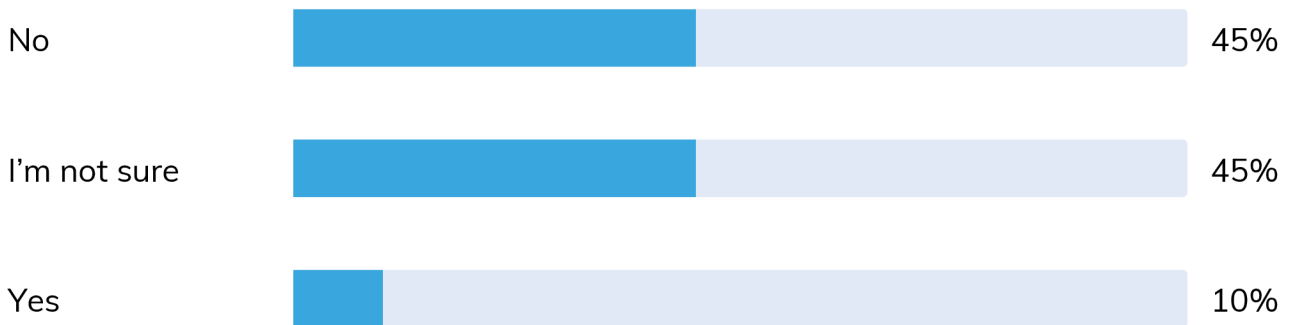




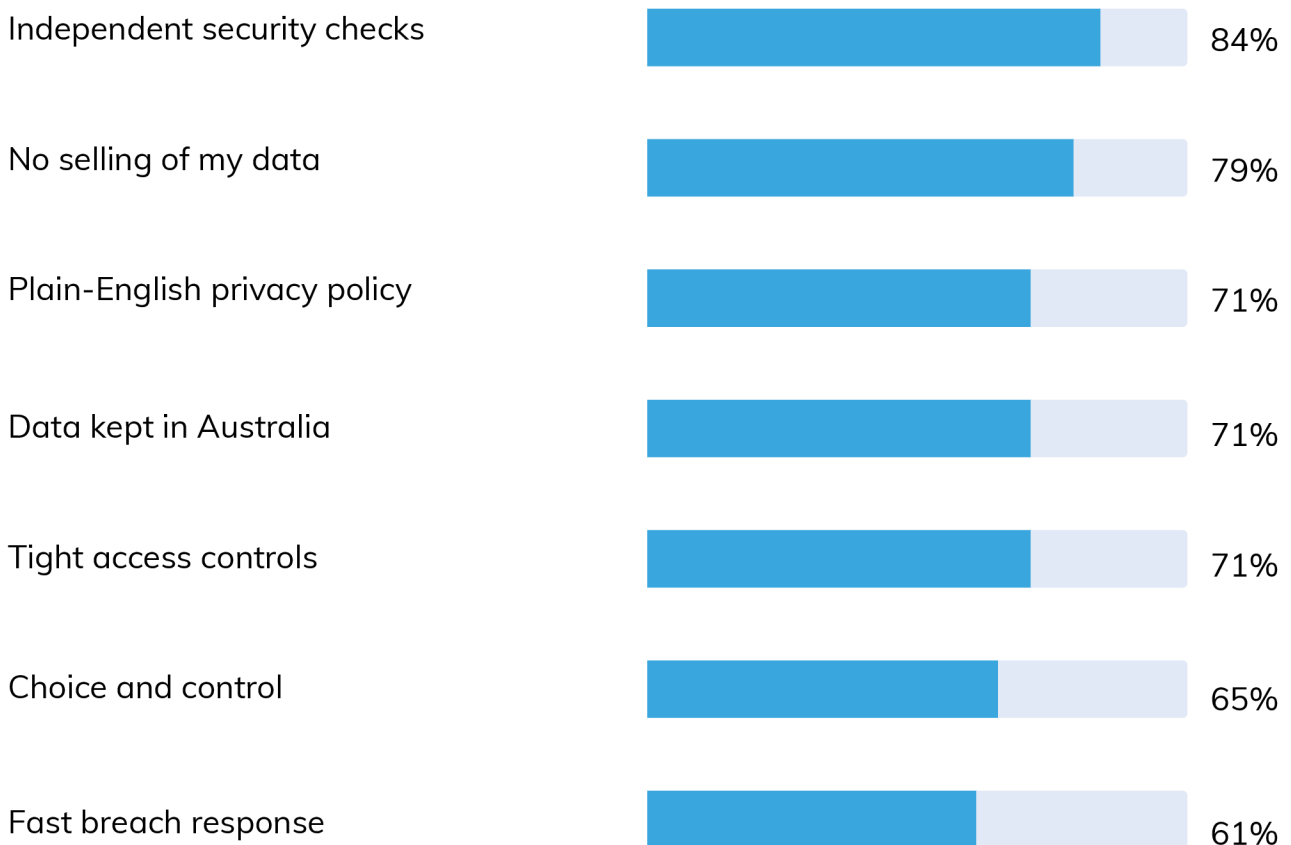
PATIENT INSIGHTS

# Data Governance

## Do you have any concerns about your privacy or how your health information is used in telehealth?



## What would make you feel confident that your telehealth provider is keeping your personal health information safe?





## **Privacy expectations are high and include prohibiting the sale of health data.**

Privacy and data protection are critical to building and maintaining patient trust in telehealth. As digital healthcare becomes more widespread, patients want reassurance that their personal information is handled safely, securely and transparently.

While only one tenth of participants (10%) had concerns about their privacy or how their health information is used in telehealth, almost half (45%) were unsure about whether they did or not. This uncertainty suggests that many lack clarity on the issue, and may benefit from clear, straightforward communication from telehealth providers about how privacy is protected and how personal data is used.

When asked what would make them feel confident in the security of their personal health information, participants prioritised independent verification and transparency. The highest level of support (84%) was for independent security checks and certification to recognised cyber-security standards. Nearly four fifths (79%) said it was important that their data not be sold or used for marketing, even in deidentified form, and many also valued a plain-English privacy policy (71%) and assurance that their data is stored in Australia (71%).

Strong preferences also emerged for

tight internal access controls (71%) and giving patients direct choice over how their data is shared or deleted (65%). Quick and transparent communication in the event of a data breach was also widely supported (61%), showing patients expect accountability and responsiveness if privacy is breached.

Together, these findings indicate patient trust in telehealth depends on visible, verifiable data safeguards and a commitment to privacy that goes beyond compliance, ensuring patients feel informed, respected and in control of their personal health information.



# Discussion

The findings of this report provide clear, evidence-based direction for shaping national telehealth standards that are genuinely patient-informed. Across all themes, patients expressed strong support for telehealth as a permanent and trusted part of Australian healthcare, while also identifying the safeguards, accountabilities and transparency mechanisms required to maintain confidence as virtual care expands.

## **Safety, Accreditation and Clinical**

Patients overwhelmingly support the establishment of recognised safety and quality standards for telehealth, with a strong majority agreeing independent accreditation is important. This reinforces the need for a national framework that ensures consistent clinical and data governance, escalation pathways, and continuity of care. Telehealth standards should clearly define the responsibilities of both the platform and the clinician, mandate adherence to evidence-based clinical guidelines, and require accreditation to nationally recognised benchmarks. This would address patient calls for reliability, clinical accountability and system-wide trust.

## **Responsibility and Transparency**

Patients want to know who is responsible for their care. Only one third of participants were aware that responsibility for clinical standards varies between telehealth services and contracted doctors, yet a majority said this information is important to know before booking. Standards should therefore require transparent disclosure of clinical accountability at the point of service selection. This could include visible clinician credentials, the responsible entity for safety and quality, and clear escalation criteria. Such disclosure would not only meet patient expectations for transparency but strengthen informed decision-making and public trust.

## **Consent, Autonomy and Data**

Patients want to stay in control of how their health information is shared and how new technologies are applied in their care. However, the survey revealed a tension between efficiency and autonomy: many want seamless sharing of information between providers for safety reasons, while also preferring consent to be obtained each time data is shared. To reconcile these

views, telehealth standards should require flexible, layered consent models that combine default integration for continuity of care with easy, accessible opt-out or data-limiting options. Similarly, the near-universal desire for transparency about artificial intelligence use supports consideration of the inclusion of a specific AI consent requirement.

## **Privacy and Data Governance**

Privacy emerged as a defining pillar of patient trust. Although very few expressed active concerns, nearly half were unsure, signalling uncertainty, not confidence. Patients expect data to be protected through independent cybersecurity certification, local data storage, and plain-English privacy policies. Importantly, they reject the commercial sale or marketing use of health data, even in deidentified form. Telehealth standards should therefore embed strict privacy rules that address data commercialisation, support independent security audits, and require clear, accessible explanations of data handling practices.

## **Identity Verification and Inclusion**

Verification processes are seen as essential safeguards for both patients and carers. Standards should specify minimum identity verification requirements that are simple, reliable and scalable. They should also ensure

equivalent processes for carers to access services safely on behalf of others, addressing a clear expectation that both patient and carer identity be verified before care is delivered.

## **Emerging Technology Use**

Patients are cautiously open to asynchronous and AI-supported care when used for low-risk or administrative purposes, but they want clear boundaries around its clinical use. Standards should therefore define where asynchronous models are appropriate and requirements for safe implementation. For AI, standards should set out principles of transparency, human oversight, accountability and patient consent to ensure technology supplements rather than substitutes clinical judgement.

## **Continuity and Integration**

Connected care is central to patient perceptions of safety. Patients expect their telehealth provider to communicate effectively with their regular General Practitioner, check existing care plans, and ensure information flow through systems such as My Health Record. However, they also value choice in what is shared. Standards must therefore promote interoperability while embedding mechanisms for patient-directed information sharing.

# Conclusion

Collectively, these findings point to a maturing public understanding of telehealth that supports innovation while demanding governance, accountability and patient control. The future of telehealth standards should be guided by three key imperatives:

**Transparency** – Patients must know who is responsible, how their data is used, and when technology is applied.

**Accountability** – Providers and platforms must operate under clear,

auditable safety, privacy and clinical frameworks.

**Patient Agency** – Systems must preserve the patient’s right to understand, consent and choose.

These patient insights offer a roadmap for developing national telehealth standards that are not only clinically sound and technologically robust, but also aligned with the values, expectations and lived experiences of the people they are designed to serve.

## Author

Lisa Robins

## Web

[patients.org.au](https://patients.org.au)

## Date of publication

October 2025

## Email for general queries

[hello@patients.org.au](mailto:hello@patients.org.au)

## Publisher

Patients Australia

## Copyright

©2025 by Patients Australia Limited.  
All rights reserved



## **About Patients Australia**

Patients Australia is a leading independent not-for-profit organisation championing the rights of patients across Australia. We're here to ensure that patients' voices are amplified and their needs prioritised within the healthcare system. Our organisation drives significant improvements in patient care, advocating for greater

transparency, affordability, accessibility, and quality within Australia's healthcare landscape. By actively engaging with health consumers, policymakers, and industry stakeholders, we empower patients to create a more responsive and equitable healthcare system for all.

Connect with us at [patients.org.au](https://patients.org.au)



