Reviewer’s report

Title: Awareness, Experiences and Perceptions of Telehealth in a Rural Queensland Community

Version: 3 Date: 10 June 2015

Reviewer: Marion McAllister

Reviewer’s report:

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

1. p.4, line 31: should ‘costal’ read ‘coastal’?
2. p.7, line 104: It would help to clarify that the citation refers to telehealth.
3. P. 7, line 111: It would help to summarise (synthesize) the findings of the two studies cited, reporting on readiness for telehealth, and whether they were reporting on populations in Queensland or not.
4. P. 19, line 390: please reword for clarity
5. P. 21, lines 434-436: I think it would help to rewrite this sentence to clarify what is meant.
6. P. 21, line 441: it would help to add a citation to support this statement at the end of the sentence.
7. P. 21, lines 449-451: There are no data presented in the manuscript that speak to this. Can any be added?
8. P. 21, lines 452-455: Again, there are no data presented in the manuscript that speak to this. Can any be added?
9. P. 22, line 464: Is ‘effected’ the right word here?

- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. p.5, line 57: remove superfluous ‘in’ at end of line.
2. p.6, line 71: close quotations marks after ‘communities’.
3. p.6, lines 84-93 are repeated at p.6, lines 93-p.7, line 101. However, the citation given at p.6, line 93 is not the same as the (same) citation given at p.7, line 101. It would help if the repetition was replaced by synthesis of the evidence regarding barriers from the health system perspective that prevent integration of telehealth services into routine practice.
4. It would help to clarify at the end of the Introduction what was the timing of this study in relation to the promotion of telehealth described to have been conducted as part of Health-e-Regions. If the ‘whole of community approach’ had already been completed, then presumably all participants should be aware of telehealth, with all clinicians having already been educated and already having access to
telehealth even if they had decided not to use it? This information is needed to enable readers to assess the findings.

5. It would help (for readers not from Australia) to describe a bit more in the Introduction about how telehealth works in practice. Does the patient contact the health professional (general practice, local hospital) from home using the internet? Or does the patient travel to their general practitioner or local hospital, and contact with specialist services is provided in that location supported by the local health care provider? Knowing this will help readers to understand whether they could expect the general public to have experienced telehealth, and to know whether only those people who have needed specialist services would be expected to have experienced it, or to know about it. This would also help readers to interpret and understand the findings i.e. to understand to what extent travelling to access healthcare is necessary (i.e. only for specialist healthcare, or for all healthcare? And what difference telehealth might be expected to make to the lives of the people interviewed). Without a clear picture of what telehealth is, and how it is likely to change the lives of patients, it is impossible to properly interpret the findings in this paper. For example, one participant talked about obstetric services, and it is not clear from the description of telehealth, whether telehealth would make any difference to obstetric care (I suspect not), and so it is not clear whether the findings relate directly to the research question. Another participant talked about travelling for healthcare influencing her reproductive decisions, and again, it is not clear whether the need to travel for obstetric care would be eased with telehealth. It is reported that many participants did not know what telehealth was, and I sympathised with them as I did not have a clear picture of this either when reading the paper!

6. Related to the above, it was unclear in the Results section whether participants were talking about access to specialist services or access to primary or secondary care. In particular, it would help to try and clarify this in the section “You live in the bush, you just have to travel”.

7. P. 14, line 278: replace ‘too’ with ‘to’.

8. P. 19, line 406: I was not provided with Box 1.

9. P. 20-21: It will be important to add some comparisons with the literature reviewed in the Introduction section, and to clarify what is novel about the findings in this study.

10. P. 22: It will be important to add some practical suggestions as to how community awareness of telehealth and engagement of patients and the public as co-producers of healthcare could be achieved in the geographical area relevant to this research.

11. P. 23: It will be important to add to the Limitations section that findings qualitative research such as this cannot be generalised beyond the sample recruited.

12. P. 23, line 493: It is not clear what ‘real-world observations’ mean here and how they added to the analysis.

- Major Compulsory Revisions (which the author must respond to before a
Decision on publication can be reached)

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests