Telehealth in Victoria – What, where, who and how?

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Overview

- Context - Telehealth in Victoria & the Telehealth Victoria Community of Practice
- Telehealth initiatives – where telehealth is happening
- Case studies – specialist consultations
- Benefits
- Challenges and opportunities
- What can we all contribute to?

Context: MBS telehealth billing

Specialist consultations — National, Victoria
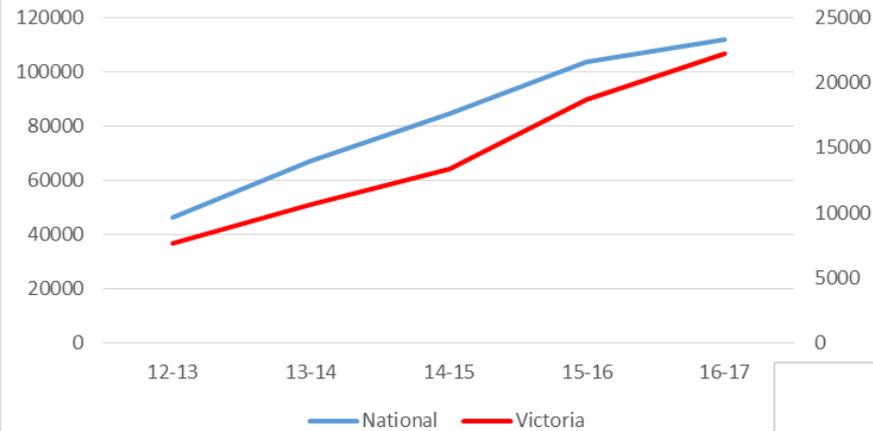
Patient end services — National, Victoria
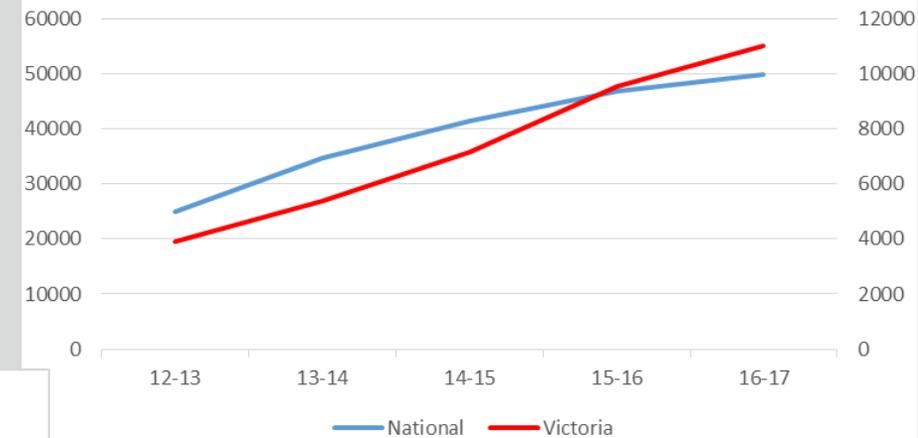
Victoria % national — Specialist, Patient end
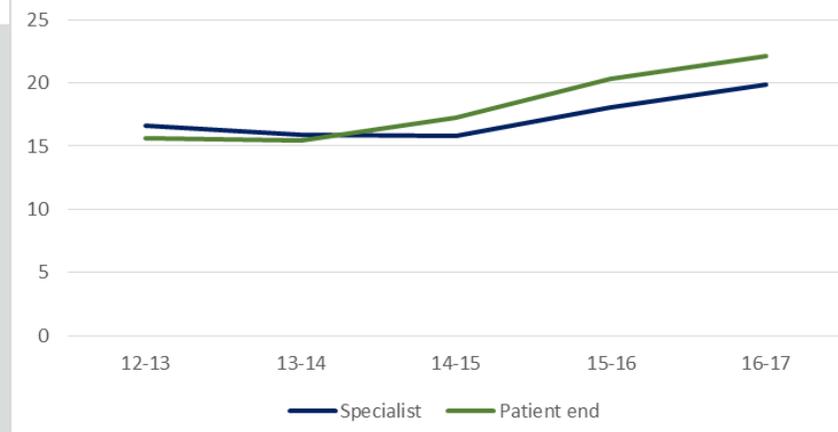
* Noting that MBS billed telehealth is only part of telehealth activity in Victoria

Context: Telehealth Victoria Community of Practice

- At the start of 2017, 15 Victorian health services received Department of Health and Human Services (DHHS) funding to implement or expand telehealth in specialist clinics.

- The DHHS also funded the establishment of a Community of Practice (COP) to help facilitate collaboration and sharing of resources between practitioners.

- Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, McDermott & Snyder, 2002).

Reference
Wenger, E., McDermott, R. & Snyder, W. (2002) Cultivating Communities of Practice: A Guide to Managing Knowledge. Boston, MA: Harvard Business School Press.

Telehealth Victoria COP

The Telehealth Victoria COP has been in place for less than a year and already has a diverse membership:

- More than 130 members, and 64 health services represented

- Tertiary, primary, metropolitan, rural and regional health services, primary health networks and universities

- Telehealth project staff, administrators, clinicians and IT

- A range of telehealth experience, confidence and competence

Activities and outputs include: engaging and interactive **website**, online **discussion** forums, **workshops**, monthly **webinars**, weekly **newsletter**, **site visit** and opportunities to advocate for telehealth.

Telehealth Victoria
Community of Practice

The Telehealth Victoria Community of Practice (COP) enables collaboration among members of the Victorian health workforce who are involved in implementing, supporting, managing and evaluating telehealth access to their health services.

About and Join

Discussion and Networking

Resources

News

Events

Health Services

News

OCTOBER 18, 2017

HISA breakfast invitation: A new era in healthcare – opportunities fuelled by healthcare digital innovation

HISA in partnership with Microsoft invites you to attend a free breakfast presentation and networking opportunity.

OCTOBER 18, 2017

Reminder: 'Creating an animated video clip to promote your telehealth service' webinar tomorrow

Barb Radley, from Latrobe Regional Hospital will be presenting a practical webinar demonstration on Thursday 19th October 10 am – 11 am.

OCTOBER 18, 2017

Telehealth Guidelines and FAQs for 'Better Access' initiative to Mental Health Practitioners through Medicare

From 1 November 2017, the Better Access initiative will expand to include new medicare items to allow rural &

Telehealth initiatives in Victoria – in summary: A LOT!

- Alfred Health
  - Burns, ID, Ortho, GI, Dialysis, HIV, Lung
- Austin
  - Respiratory & Spinal
- Ballarat
  - Persistent pain
- **Barwon South West**
  - Org-wide Specialist Clinics, Urgent Care, ICU, Community, Palliative Care, Aged Care
- Bendigo
  - Paediatrics, respiratory, endocrinology, genetics
- Eastern
  - Gastro, Hep C, Obstetrics, reducing inter-hospital transport
- **Melbourne Health**
  - ID, Refugee, neurosurgery, neurology, Endo, ICU & trauma, mental health
- Monash paediatrics
  - Across all Specialist Clinics

- **NE Health Wangaratta**
  - Centralised telehealth facilitation service, ICU, urgent care
- **Peter Mac**
  - Across all Specialist Clinics
- Portland
  - Chronic pain
- Flying Doctors telehealth
  - Specifically Rural North West Vic
- **RCH**
  - GP collab consult clinics including upskilling in allergy, screening neurology, burns
- Royal Eye & Ear
  - Balance, neuro-ophthalmology, cochlear implant, eyeConnnect
- Loddon Mallee
  - Geri-connect (geriatrics)

- La Trobe
  - Diabetes, CHF, paediatrics
- Mildura
  - Chronic care & intensivists access
- Otway & Lorne
  - Drug & alcohol recovery
- Dental Health Services Victoria
  - Rural and regional access to specialist services
- Victorian Stroke Telemedicine Program
  - 16 EDs across Vic – 24/7 access
- VACCHO
- St Vincents
  - Physiotherapy, post arthroplasty clinic
- Wimmera
  - Oncology, Cardiac rehab

See:
https://telehealthvictoria.org.au/health-services/

Telehealth is occurring …

A lot of this telehealth activity is occurring in publically funded services – activity that is not reflected in MBS stats …

Telehealth access is provided:

- Direct to patient homes

- To GP practices supporting patients (GP or Nurse)

- To local health services supporting patients (clinical and/or technology support)

- To local community sites supporting patients (technology support)

- Between health services
  - Emergency and urgent care
  - Collaborative care / care planning

Case studies – specialist consultations
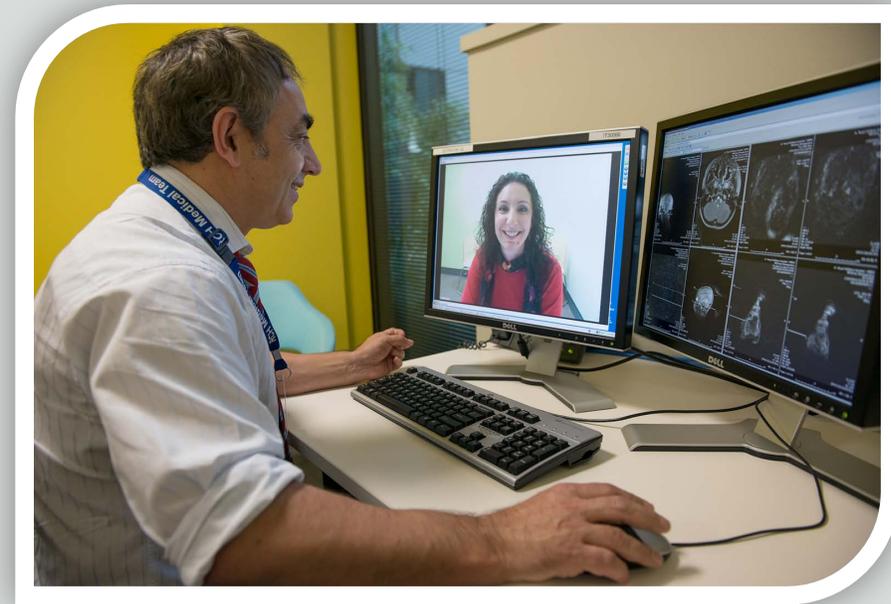
Many services are using Healthdirect Video Call*

What the GP needs:

- The **website address** for the specific health service

- A computer with **webcam** & **speakers** – built in or plug in

- Google **Chrome** installed

- Reasonable **internet**

- To have done a **test call** (at some point) on the specific computer to be used

- Know how to **troubleshoot** or where to get IT help

What the GP does NOT need:

- A logon, password or dial-in number

- A software installation or App†

- Expensive hardware

† An App is needed for iPad or iPhone

Skype is generally avoided in larger health services:

- Installation needs ICT input

- It is not scalable beyond an individual clinician or small service

- It doesn't meet Australian Data Sovereignty laws

*The Victorian Department of Health and Human Services is providing access to Healthdirect Video Call to publically funded health services across the State.

What

- Consultation with RCH

Where

- Shepparton (5 hour round trip)

Who

- Refugee mother & baby
- Supported by: Primary Care Connect Refugee Nurse
- RCH clinician

How

- Primary Care Connect provided the space, technology (internet access, webcam, large monitor) and support locally

Benefits

- Saved Mum from having to take time off work & organise care for other children
- Built relationships between metro and rural healthcare teams
- Good patient-centred care outcomes, especially for such a vulnerable group of people.

Mum: "*It felt like a face to face experience*".

The Royal **Children's** Hospital Melbourne

What

- Cochlear mapping appointment with RVEEH

Where

- Northeast Health Wangaratta
- Saving a 480km round trip in a community car and a whole day

Who

- Irene from Wangaratta, in her 70s
- NE Health RN, trained by RVEEH
- RVEEH audiologist

How

- Irene catches a taxi 1.5km
- Supported by local clinician
- Mapping program on local PC, accessed remotely by E&E audiologist

Benefits

- Irene: "*It beats spending the whole day travelling to and from Melbourne for a 1 or 2 hour appointment*"
- Irene is able to take part in a regular pool session on the same day.
- Follow up requirements to cochlear implant surgery no longer a barrier for rural patients considering this option

E+E the royal victorian eye and ear hospital

Northeast Health Wangaratta
Every patient, Every time

What

- Complex care planning between Melbourne Health, GP and patient

- High risk for severe drug-drug interactions

Where

- GP practice

- 220km outside Melbourne

Who

- 62 year old full time worker

- His wife

- His GP

- Melbourne Health clinicians x 2

How

- Patient supported by GP connecting to Melbourne Health clinicians

Benefits

- Patient able to continue work

- Wife able to attend appointments without taking time off work

- GP understands and can act on key items for follow up (e.g. checking liver function tests)

- GP able to see all patient's hospital based imaging in real time for the first time!

What

- Anaesthetic review pre-op – new diagnosis

- Discussion of medication management

Where

- 2.5 hours away from Peter Mac Cancer Centre

- Camping with her family!

Who

- Amelia

- Peter Mac treating team

How

- In her car, in the rain

- Using her phone and 4G

- Her children were outside setting up the tent!

Benefits

- Amelia could continue with the family holiday – especially important at this time

- Treating team able to assess her face to face

What

- 8 minute Neurosurgery appointment at Melbourne Health

Where

- Nursing home – where patient lives
- Saving 180kms / 4 hour round trip to Melbourne

Who

- 80 year old, post CVA, left-sided neglect, in wheelchair
- Her husband
- NUM
- Melbourne Health clinician

How

- MRI done locally, accessed by MH
- Supported by nursing home

Benefits

- Saving in travel, time, convenience for patient and family for whom travel would be particularly burdensome

Clinician: It was "*so easy it was great the patient didn't need to come here for that consult*"

The Royal Melbourne Hospital

What

- VIDS consult
- Infectious diseases advice to man with bone infection

Where

- Patient at GP rooms
- Local treating clinician at regional health service
- Saving 430km / 5 hour round trip

Who

- 80 year old patient
- His GP
- Local regional clinician
- VIDs staff

How

- 3-way consult between sites
- Patient supported at GP
- Regional clinician supported by local telehealth support

Benefits

- All players involved in current and future care heard the same information about patient wishes and treatment options, at the same time
- Upskilling of regional clinician

The Royal Melbourne Hospital

Northeast Health Wangaratta
Every patient, Every time
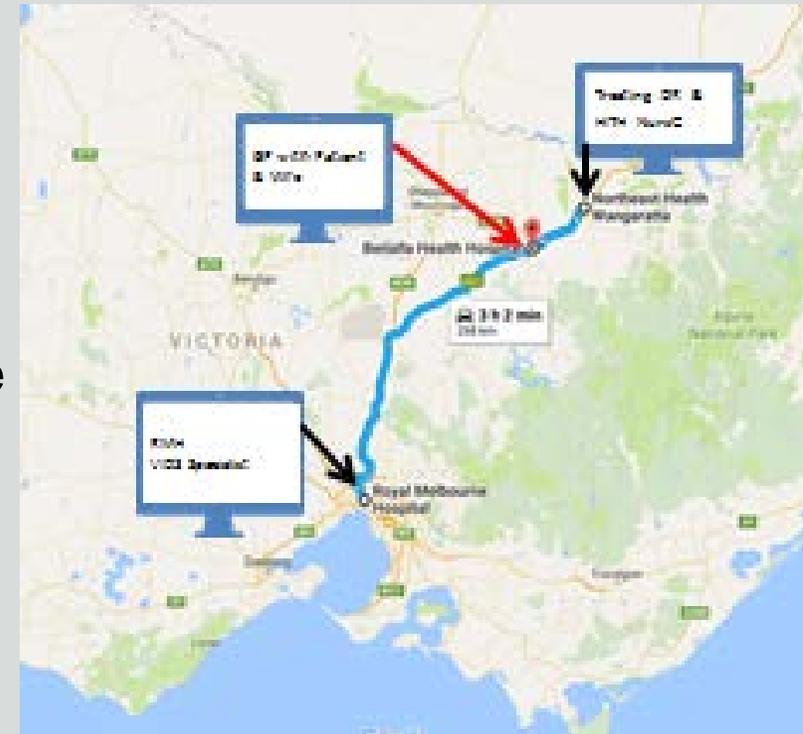
What

- Outpatient review appointment (~15-20 minutes)

Where

- Patient at home
- Saving 720km round trip to Geelong

Who

- Patient – Aged 82, frail, requiring family support to attend
- Her daughter

How

- Patient supported by family
- Family used computer at home on their wifi

Benefits

- Follow-up changed to occur a nearby hospital, with telehealth collaborative review
- Family feedback: "*Was great thanks, was awesome not to have to travel all the way to Geelong. Thankyou. Thankyou.*"

Barwon Health

Barwon South West Telehealth
Your healthcare wherever you need it

What

- Gastroenterology - Hep C clinic at Box Hill

Where

- Healesville, Yarra Junction, Alexandra, Lilydale, Kinglake

Who

- 23 patients
- Nurse consultant with patients
- Gastroenterologist

How

- Patient supported by local clinician at local hospital

Benefits

One clinic has saved

- 816 km
- 939 min
- $553.08 (est. travel costs for pt)

Patient attends one (slightly longer) appointment instead of two

- FTA rate reduced rate from 22 to 14%

Improved access for a patient cohort …

- Who don't like travelling in to built up suburbs
- Who are often socio-economically disadvantaged and travel by public transport (1-2 hours travel)

eastern**health**

Some thoughts on requesting telehealth
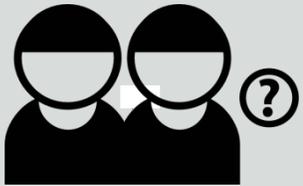
Referrals and requests from GPs and directly from patients will support growth of telehealth access at tertiary services

Even if you are not sure telehealth is on offer, request telehealth in referrals – for

- telehealth including GP or
- telehealth including your Practice Nurse or
- telehealth with the patient to their homes

Encourage your patients to ask about telehealth in their consultations.

Hospitals often want to see the patient in person for the first consultation. But some services will consider telehealth for the first appointment if requested by the referring GP.

Hospitals try to coordinate a time that also suits the GP and aim to schedule telehealth appointments at the start of a clinic, to assist with keeping to time.

We appreciate the impact on GPs. And we thank you ☺

Some thoughts on participating in telehealth

Telehealth often means that patients who live rurally or who have difficulty getting to care can have their **appointment with their GP and specialist**.

Telehealth enables access and **collaboration** that can increase specialist confidence in local care, as well as increase GP engagement and development.

Telehealth may help to support:

- Improved coordination of care / Shared care

- Ability to ask questions to improve understanding of treatment and care

- Clarity around follow-up requirements

- Improved relationships between providers caring for the patient

- Upskilling of rural and regional clinicians

A win – win – win for patients, GPs and specialists!

Challenges – and future opportunities

- Coordination between services and/or with patients – integrated / aligned **scheduling**

- **Consistent and integrated technology** for telehealth – availability of technology for patients

- Education and training, **support and information** for all stakeholders

- Rules around **billing eligibility** for telehealth – advocacy for changes to MBS telehealth items

- Patients still often need to travel to get imaging done at affordable cost – **improve local availability**

- Management of prescriptions between providers and local pharmacies – **Electronic prescribing**

- **Who is offering telehealth and what for?** Who is able to support telehealth and how? – Accessible directories, integration with referral pathways

What can we all contribute to?

- Creation of community expectations – Consumer education – Develop demand

- Communities of Practice – Sharing – Communication – Promotion of positive experiences – Celebrating successes – Visibility of telehealth

- Telehealth strategic planning – Government & Organisational

- Lobbying – Advocacy

- Clinical and other champions – Engagement and support

- Consistent (as far as possible) and supported ICT – technology education, training, information

- Developing consistent of approaches, models of care

- Shared telehealth toolkit/s

And a final note …

From those of us working to *encourage, implement, deliver, support, facilitate, trial and maintain* telehealth access …

…in *specialist clinics, community health, urgent and emergency care, rehabilitation, primary care and much more; locally and state-wide* …

…the benefits that telehealth provides to the people we provide care for is both powerful and fulfilling … we're often amazed and delighted by what is achieved for **the patient.**

We're looking forward to the future!

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