



Digital Specialist Advice Services – Do they work?

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The problem

1. Patients needs access to Specialist care
2. Almost all Specialists are in the city
3. Visiting Specialists every 6 to 12 months
4. Late referrals impact on care (more complex and costly) and outcomes
5. Inappropriate referrals cost money and use up valuable resources
6. Rural and remote clinicians need easy access to education and peer support



The Solution

- Rural Drs increased access to Specialist knowledge and support
- Quick, timely response
- Better treatment locally
- Improve outcomes and reduce costs
- Complex cases, increases skill levels of local workforce
- Appropriate / quality referrals
- Specialists see best practice in action becoming rural and remote savvy

ACRRM Tele-Derm



- Federal funding
- Patient Advice
- Education Cases
- 'How to' resources
- Condition Index

Case Studies

Dermoscopy Atlas Cases

Clinicopathological Cases

[A](#), [B](#), [C](#), [D](#), [E](#), [F](#), [G](#), [H](#), [I](#), [J](#), [K](#), [L](#), [M](#), [N](#), [O](#), [P](#), [Q](#), [R](#), [S](#), [T](#), [U](#), [V](#), [W](#), [X](#), [Y](#), [Z](#)

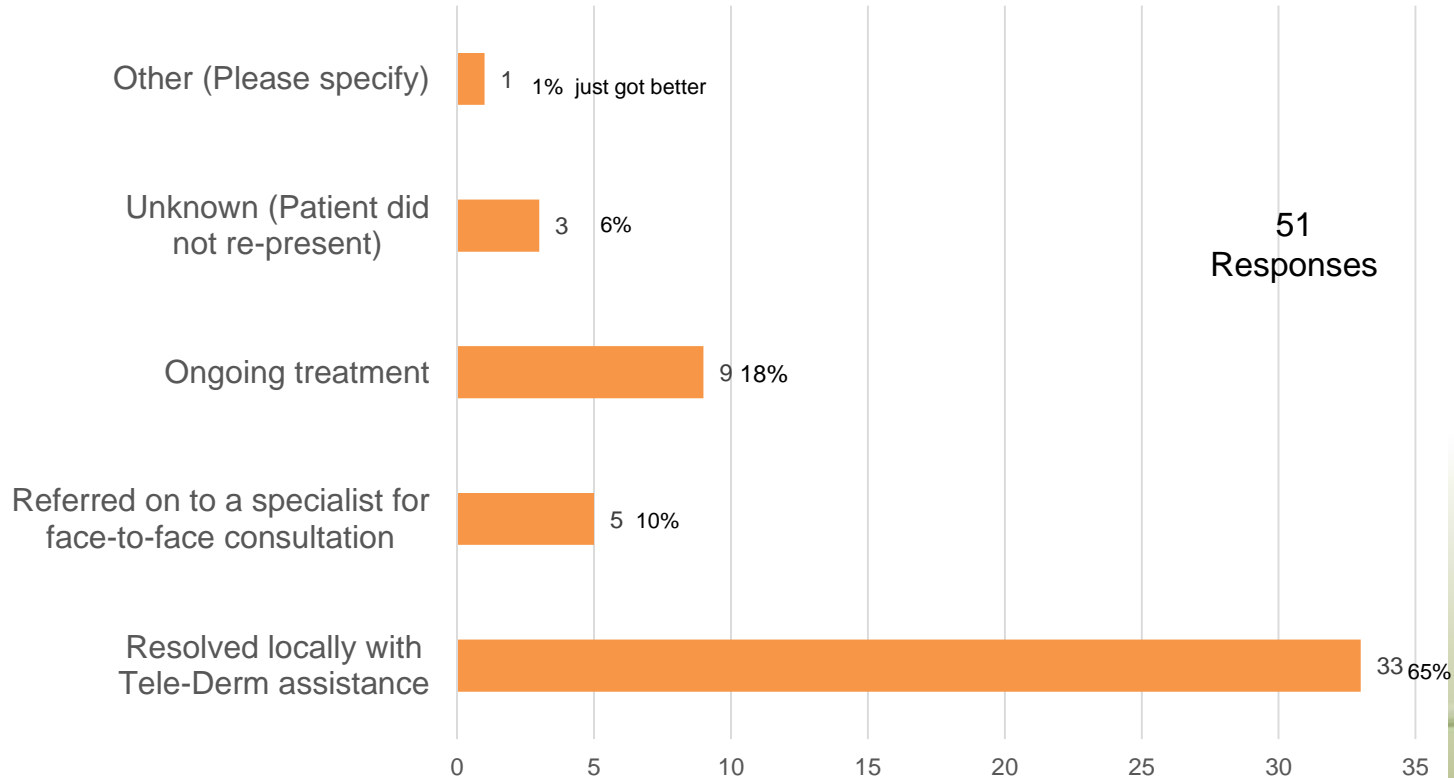
(A)

- [Acantholytic Dermatitis \(transient & persistent\)](#)
- [Acanthoma or granuloma fissuratum](#)
- [Acanthosis Nigricans \(1\), \(2\)](#)
- [Acantholytic Solar Keratosis](#)
- [Acne: \(1\), \(2\), \(3\), \(4\)](#)
- [Acne Dilemmas: \(1\), \(2\), \(3\), \(4\), \(5\), \(6\)](#)
- [Acrochordon, strangulated](#)
- [Acrodermatitis enteropathica](#)
- [Acrodermatitis continua of Hallopeau](#)
- [Acromegaly](#)
- [Actinic Cheilitis \(1\), \(2\)](#)
- [Acute Febrile Neutrophilic](#)
- [Acute Generalised Exanthematous Pustulosis \[AGEP\]](#)
- [Aldara](#)
 - [Aldara 'scar'](#)
- [Allergic contact dermatitis: \(1\), \(2\), \(3\)](#)
- [Allergic plant](#)
- [Alopecia Areata: \(1\), \(2\), \(3\), \(4\), \(5\), \(6\)](#)
- [Alopecia, cicatricial](#)

Survey Results



What was the outcome for this case?



ACRRM Ophthal-Assist



- No funding
- Patient cases
- Online case discussion

Ophthal-Assist Discussion Forums / Online Case Discussion / painful visual loss

Moderator

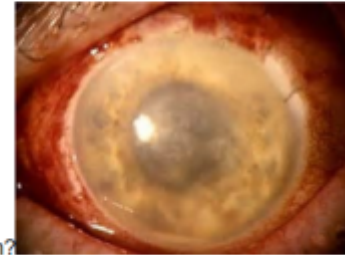


Posts: 21
Hobart
TAS

Nitin Verma wrote:

posted 26-07-2017 20:05

A 62 year old male patient underwent an uneventful left cataract extraction with lens implantation. His visual acuity on the first post-op day was 6/6. On Day 5 the patient noted haziness of vision, pain, irritation and watering. He had been using his post-operative steroid and antibiotic drops as advised. The patient was in considerable pain during the examination and had a visual acuity of hand movements in the operated eye. There was The cornea was hazy and details of the anterior chamber were not well seen. There was a fair amount of fibrin deposits, cells and flare. The IOP was 12 mmHg and the fundus could not be visualized



What is the differential diagnosis and what should be the course of action?

(image from diseasepictures.com)

ACRRM Rural-EM

- No funding
- Community of Practice
- Case discussion mapped to AST-EM
- Rural, remote context

	Initial management	Time-critical & definitive emergency care	Common emergency procedures	Ongoing management
Integrated Domains	1,3,7	3,7	3	1,2
Clinical Content Areas				
Airway emergencies	view case(s)	view case(s)	view case(s)	view case(s)
Respiratory emergencies	view case(s)	view case(s)	view case(s)	view case(s)
Anaesthesia and analgesia	view case(s)	view case(s)	view case(s)	view case(s)
Circulatory emergencies	view case(s)	view case(s)	view case(s)	view case(s)
Other causes of shock	view case(s)	view case(s)		view case(s)
Neurological emergencies	view case(s)	view case(s)	view case(s)	view case(s)
Psychiatric emergencies	view case(s)	view case(s)	view case(s)	view case(s)
Musculo-skeletal emergencies	view case(s)	view case(s)	view case(s)	

What do you need



- Passionate Moderators who have time
- Patient presentations require equipment to capture the current state to share with the Specialist
- To upskill – education, mentoring, peer support, timely engagement, trusted advice
- Specialists with rural and remote understanding



Opportunities

- Asynchronous is inexpensive, easy to coordinate, flexible for busy doctors
- Improves access to care, reduces system and patient costs, aids the roll out best practice quickly
- Expands local workforce capacity to treat more patients sooner, using existing resources.



When the health care system is under increasing pressure to do more, without spending more - support for and funding of online specialist advice services seems like an ideal solution.