

Bridging the Digital Divide in Healthcare: An Australian Story

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Why is Monash Health a good case study for digital health equity?

- Australia has a universal public health insurance program (Medicare) financed by tax revenue
- Monash Health is the largest public tertiary healthcare network in Victoria
- Delivered 3.24M episodes of care in 21/22





Optimising One Medication for Patients with Cirrhosis (OOMPA-C)

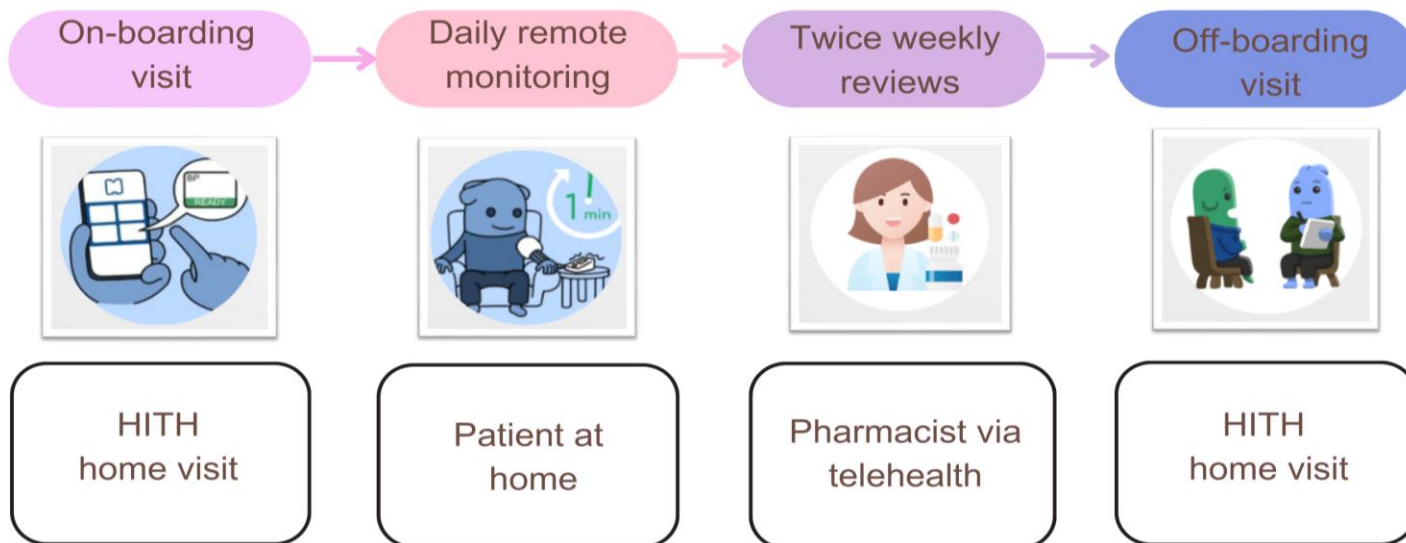
A Pharmacist led telemonitoring and titration of carvedilol for ambulatory patients with compensated cirrhosis and clinically significant portal hypertension

Carvedilol (a beta blocker) prevents hepatic failure + improves survival

Carvedilol is under-prescribed and under-dosed in clinical practice



Model of Care

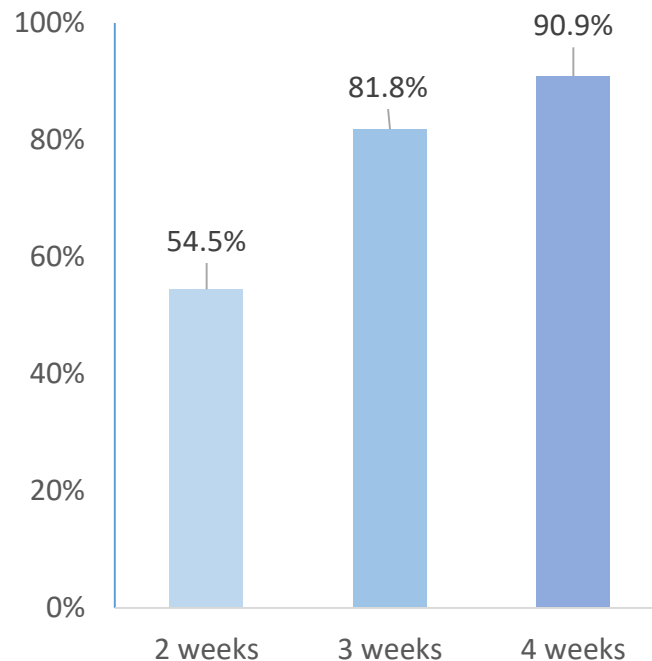


Aim to dose titrate up to 12.5mg carvedilol per day or max dose tolerated (SBP ≥ 90 mmHg, pulse ≥ 50 bpm, no significant adverse effects)



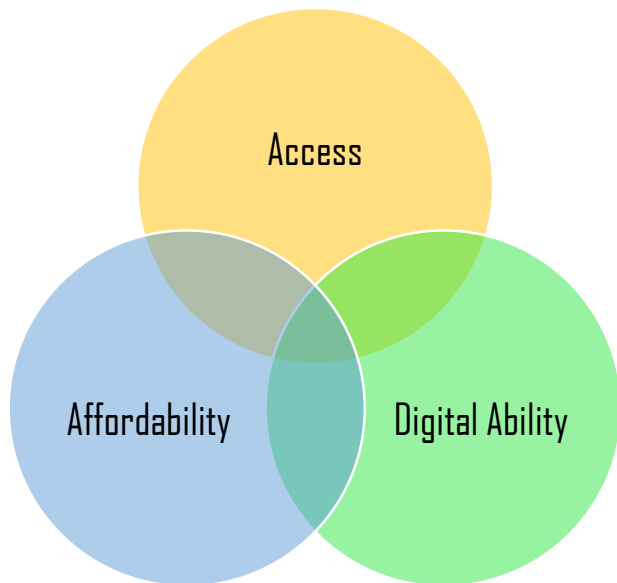
Outcomes

	(n=22)
Age (years), median (IQR)	57 (46-66)
Gender (male), n (%)	16 (72.7%)
NESB (requiring interpreter), n (%)	2 (9.1%)
Unemployed/unable to work, n (%)	10 (45.5%)
Completed secondary level of education, n (%)	10 (45.5%)
Dose optimised, n (%)	20 (90.9%)
Time to optimisation (days), median (IQR)	12 (11.5 – 17)





What issues did we encounter....?



- Ms. Y (65F)
- Requires a Tibetan Interpreter
- Lives outside the Monash Health catchment area
- Low levels of formal education attainment, health and digital literacy

