

## SUMMARY OF FACTORS & STRATEGIES FOR EMBEDDING & SUSTAINING TELEHEALTH BEYOND PROJECTS

KEY SUMMARY FORCES & ACTION STRATEGIES		
Driving Forces (forces for change)	Restraining Forces (forces against change)	Actions/Change strategies
Patient benefit <ul style="list-style-type: none"> <li>• patient centric healthcare</li> <li>• positive clinical experience</li> <li>• better care - improved access, convenience, outcomes</li> </ul>	Funding <ul style="list-style-type: none"> <li>• finances/funding</li> <li>• savings accrue to different buckets of funding, eg, saved ambulance transport</li> </ul>	Participate in & sustained funding for COP, including support role
Telehealth champions as drivers	Workflow and systems	Advocate that DHHS develop a Telehealth Strategic plan
Executive support	Lack of strategic direction	Get executive support and ensure telehealth is included in the organisational strategic plan
Telehealth embedded in Strategy & Communications	Change management <ul style="list-style-type: none"> <li>• clinicians resistant to change</li> <li>• insufficient time due to short term projects</li> </ul>	Advocate/lobby DHHS for sustained telehealth funding (based on NSW, QLD, NT, WA)
Cost benefit <ul style="list-style-type: none"> <li>• cost effectiveness</li> <li>• economic benefits</li> </ul>	Short term nature of projects <ul style="list-style-type: none"> <li>• lack of digital literacy</li> <li>• loss of IP/knowledge management</li> <li>• insufficient time</li> </ul>	Communication & promotion <ul style="list-style-type: none"> <li>• lobbying &amp; advocating for telehealth at senior levels including hospital executive, ministerial, Australian Digital Health</li> <li>• State-wide &amp; organisation wide consistent key messages/data/figures/KPIs</li> <li>• sharing positive telehealth services/experiences/case studies</li> <li>• publications &amp; internal marketing</li> <li>• increase visibility – attend &amp; speak at conferences</li> <li>• create community expectations</li> </ul>
Workforce education & training	Lack of leadership	Improve scheduling systems & referral pathways
Collaboration	Lack of ICT infrastructure & IT constraints - internet patchiness	Find or appoint clinical champions
Improvement & service redesign <ul style="list-style-type: none"> <li>• access</li> <li>• efficiency</li> <li>• models of care</li> </ul>	Lack of coordination	ICT infrastructure investment
Clinician engagement	Implementation	Develop a shared 'Telehealth Toolkit' to support Implementation, Education & training, Policy/Procedure/strategy
Expertise	Negative clinical experience	Coordinate, engage, support, educate and train clinicians & consumers
Governance	Capacity re-education & training	
Project staff as driver	Attitudes & behaviours	

<b>GROUP 1</b>	
<b>Problem:</b> Telehealth not “routine consideration” for delivery of patient care	
<b>Desired outcome:</b> Telehealth becomes a routine consideration for delivery of patient care	
<b>Driving Forces:</b> <ul style="list-style-type: none"> <li>• Patient centric healthcare - 5</li> <li>• Positive clinical experience – 4+</li> <li>• Expertise, collaborate, promotion – 4+</li> <li>• Improved access - 4</li> <li>• Education &amp; training - 4</li> <li>• Governance – 4</li> <li>• Economic benefits – 3</li> </ul>	<b>Restraining Forces:</b> <ul style="list-style-type: none"> <li>• Funding – 5</li> <li>• Workflow - 5</li> <li>• Change management – 5</li> <li>• IT constraints – 3</li> <li>• Negative clinical experience – 3</li> <li>• Capacity re education &amp; training – 3</li> </ul>
<i>NB. Where 5 is high or strong and 1 is low or weak</i>	<i>NB. Where 5 is high or strong and 1 is low or weak</i>
<b>Actions:</b> <ol style="list-style-type: none"> <li>1. Participate in / sustain funding for COP, including support role</li> <li>2. Collaborate state-wide to lobby DHHS for sustained funding for telehealth (based on NSW, QLD, NT, WA)</li> <li>3. Sharing, communicating, promoting case studies of successful telehealth / positive patient experiences</li> <li>4. Investing in / developing a shared “Telehealth Toolkit” to support <ul style="list-style-type: none"> <li>➤ Implementation</li> <li>➤ Education &amp; training</li> <li>➤ Policy/procedure/strategy</li> </ul> </li> <li>5. Minimum standards for ICT/infrastructure &amp; support services for telehealth/video ICT Education &amp; training</li> </ol>	

<b>GROUP 2</b>	
<b>Problem:</b> The lack of integration of telehealth into business as usual	
<b>Desired outcome:</b>	
<b>Driving Forces:</b> <ul style="list-style-type: none"> <li>• Executive support – 5</li> <li>• Pt centred = Pt benefit - 5</li> <li>• Telehealth clinical champions - 5</li> <li>• Cost effective – 4</li> <li>• Clinician engagement – 3</li> <li>• Opportunity for service re-design – 3</li> <li>• Communication</li> <li>• Access</li> <li>• MBS funding</li> <li>• Competition between services</li> </ul>	<b>Restraining Forces:</b> <ul style="list-style-type: none"> <li>• Lack of funding – short term projects - 10</li> <li>• Strategic directions – 5</li> <li>• Lack of infrastructure – 4</li> <li>• Lack of digital literacy due to short term projects– 4</li> <li>• Clinicians resistant to change and insufficient time for change due to short term nature of projects – 4</li> <li>• Loss of IP/knowledge management due to short term projects</li> <li>• Lack of coordination – 4</li> <li>• Data not reported</li> <li>• MBS funding</li> <li>• Internet patchiness</li> <li>• Busy clinics / time poor</li> <li>• Competition between services</li> <li>• Communication</li> <li>• Savings/Funding accrue to different buckets of funding, for example, saved ambulance transport</li> </ul>
<i>NB. Where 5 is high or strong and 1 is low or weak</i>	<i>NB. Where 5 is high or strong and 1 is low or weak</i>
<b>Actions:</b> <ol style="list-style-type: none"> <li>1. Telehealth strategic Plan</li> <li>2. Executive support</li> <li>3. Technology infrastructure investment</li> <li>4. Coordination/engagement – supporting clinicians</li> <li>5. Digital literacy – patient on boarding</li> </ol>	

<b>GROUP 3</b>	
<b>Problem:</b> How we position telehealth unit as infrastructure so that unit is not reliant on short term grant funding	
<b>Desired outcome:</b>	
<b>Driving Forces:</b> <ul style="list-style-type: none"> <li>• Strategy and communications -5</li> <li>• Efficiency – 4</li> <li>• Improve models of care – 4</li> <li>• Clinicians as drivers – 3</li> <li>• Better care – 2</li> <li>• Population as drivers – 1</li> </ul>	<b>Restraining Forces:</b> <ul style="list-style-type: none"> <li>• Lack of organisational digital strategy - 5</li> <li>• Finances/funding – 4</li> <li>• Implementation – 3</li> <li>• Technology – 2</li> <li>• Digital literacy – 1</li> </ul>
<i>NB. Where 5 is high or strong and 1 is low or weak</i>	<i>NB. Where 5 is high or strong and 1 is low or weak</i>
<b>Actions:</b> <ol style="list-style-type: none"> <li>1. Lobbying/advocating <ul style="list-style-type: none"> <li>➤ Comm. Funding</li> <li>➤ Organisation</li> </ul> </li> <li>2. Have a state-wide and organisation wide consistent key message/data/figures focusing on KPI's/goals - "Elevator pitch"</li> <li>3. Increase visibility – attending conferences, speaking</li> <li>4. Exploring advocacy at senior levels <ul style="list-style-type: none"> <li>➤ Hospital executive</li> <li>➤ Ministerial</li> <li>➤ Tim Kelsey - Australian Digital Health</li> </ul> </li> </ol>	

<b>GROUP 4</b>	
<b>Problem:</b> lack of Engagement – organisational / Department / clinicians	
<b>Desired outcome:</b>	
<b>Driving Forces:</b> <ul style="list-style-type: none"> <li>• Patient benefit, access, convenience, outcomes, dignity – 5</li> <li>• External person driving project – 4</li> <li>• Workforce training – 3</li> <li>• Update resources – 2</li> <li>• Inevitability of digitisation – 1</li> </ul>	<b>Restraining Forces:</b> <ul style="list-style-type: none"> <li>• Workflows/systems – 5</li> <li>• Lack of leadership - 4</li> <li>• Attitudes &amp; behaviours - 3</li> </ul>
<i>NB. Where 5 is high or strong and 1 is low or weak</i>	<i>NB. Where 5 is high or strong and 1 is low or weak</i>
<b>Actions:</b> <ul style="list-style-type: none"> <li>• Improve scheduling systems &amp; referral pathways</li> <li>• Find clinical champions</li> <li>• Celebrate success – Publications &amp; Internal marketing</li> <li>• Create community expectations</li> <li>• State Government strategic vision</li> </ul>	

## WHAT NOW?

The purpose of the project funding is to support Victorian health services to establish, increase and embed telehealth services in specialist clinics to improve access for patients to specialist services.

### 1. Strategy & Direction

#### **Actions/Strategies:**

Develop/have DHHS Telehealth Strategic plan
Lobbying & advocating for sustained telehealth funding (based on NSW, QLD, NT, WA)
State-wide approach = Exec support Organisational Engagement & support
Get Executive support
Ongoing COP
Shared telehealth toolkit including implementation, Education & training, Policy / Procedure / strategy
<a href="#">Clinical champions</a>
<a href="#">Coordination / engagement – supporting clinicians</a>

#### **Driving Forces:**

- Patient centred healthcare
- Patient benefit
- Executive support
- Telehealth embedded in Strategy & communications
- Telehealth champions
- Collaboration
- Governance
- Economic benefits / Demonstrate cost effectiveness
- Improved models of care
- Opportunity for service re-design
- Project Staff/strategic driver
- Clinician Engagement
- Updated resources

#### **Restraining Forces:**

- Funding / finances x2
- Short term nature of projects x2
- Lack of strategic direction x2
- Change management
- Lack of leadership

### 2. Pathways & Coordination

#### **Actions/Strategies:**

Improving scheduling system
More referral pathways?

**Driving Forces:**

- Patient centred healthcare
- Improved Access
- Efficiency

**Restraining Forces:**

- Workflow
- Lack of coordination

**3. Technology**

**Actions/Strategies:**

ICT infrastructure & support in place
ICT education & training – Clinicians & patient - Investment in education & training
Minimum standards for ICT

**Driving Forces:**

- Expertise
- Workforce training - Education & training

**Restraining Forces:**

- Lack of ICT infrastructure / strategy
- Digital literacy

**4. Communication & Promotion**

**Actions/Strategies:**

Sharing – Communication – Promoting of success / Positive experience - Celebrate success
Increase visibility of telehealth
Create community expectations
<a href="#">Clinical champions</a>
<a href="#">Coordination / engagement – supporting clinicians</a>

**Driving Forces:**

- Communication / Promotion
- Clinician Engagement
- Positive clinician experience
- Population Demand
- Updated resources

**Restraining Forces:**

- Attitudes & behaviours
- Negative clinical experience
- Capacity re-education & training