





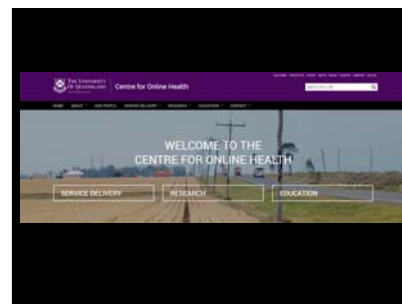
**Telehealth:  
Enablers and barriers**

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**Useful resources:**

- Vic Health Report (2015) – Telehealth success factors
- Yellowlees (1997) – Key success factors
- Moffat (2010) – Barriers to uptake of telehealth
- Bradford (2016) – Success and sustainability factors
- Wade (2014) – Clinician acceptance

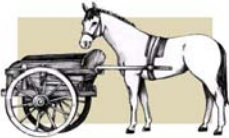
**Why do telehealth?**

1. There may be no other alternative.
2. Telehealth may be better than conventional method.







**What are you trying to achieve?**

1. What is the clinical problem – or need?
2. Don't find the technology – then look for the problem.






Arnold M, Edgington SK, Bradford N and Smith AC. Telemedicine – is the cart being put before the horse? The Medical Journal of Australia. 2016; 295 (5): 500-503



**Myths about telehealth**

- Telehealth replaces the need for all face-to-face consultations
- Telehealth is not appropriate for patients with low technology literacy
- Panacea for any problem in health service delivery
- Telehealth always results in cost-savings
- Telehealth is easy to implement




**Enablers (success factors)**

- Designed for clinical needs
- Evidence for cost and clinical effectiveness
- Organisation support
- Clinical champions
- Sustainable funding models
- Training
- Change management
- Interconnectivity

**Barriers**

- Clinician resistance
- Licensure and reimbursement
- Infrastructure – equip and telecommunications
- Untrained staff and lack of support
- Inadequate remuneration
- Location of telehealth facilities
- Clinician availability – incl. far-end

### Why is telehealth uptake low?

**“willingness of clinicians to use telehealth** as an option for service delivery, either by taking up a telehealth innovation or working within an existing telehealth service explains much of the variation in the uptake, expansion, and sustainability of Australian telehealth services.”

Wain V, East JA and Miller JC. Clinician acceptance is the key factor for sustainable telehealth services. *Qualitative Health Research*. 2014, 24 (2).

### Clinician acceptance

**Figure 1. A model of telehealth service sustainability.**

Wain V, East JA and Miller JC. Clinician acceptance is the key factor for sustainable telehealth services. *Qualitative Health Research*. 2014, 24 (2).

### Telehealth is not a replica of face-to-face

- Disempowering
- Diminished sense of competence
- Undermined profession identity
  - Working outside of comfort zone or in situation where they were not the expert
  - Technology
  - Reliant patient-end clinician especially for haptics
  - Need to adapt new consultation techniques and workarounds “negotiating intangibility”
  - Greater scrutiny

Target Green, Nicole Bentley, Nicole Gilgus- Service Provider’s Experience of Service Separation: The Case of Telehealth. *Journal of Service Research* Vol 19, Issue 4, pp. 477-494.

Ismae Abu. How to make telehealth work: a study on professional competence and increasing routine Centre for Research Excellence in Telehealth Equity, Telehealth Research Institute, 27 February 2017.

### Telehealth checklist

- Funding
- Careful design – clinical requirements
- Organisational support – willingness to change
- Re-engineering conventional referral processes
- Complementary (with outreach, patient travel)
- Incentives – comparable (or better) than FTF
- Clinician support (near and far)
- Education, training, marketing
- Electronic records

Smith AC and Gray LC. [telehealth.uq.edu.au](http://telehealth.uq.edu.au). *The Medical Journal of Australia*. 2009, 190 (1): 15-19.

### Conclusions

- Telehealth is a disruptive process which forces us to re-think the way we deliver services.
- Telehealth is a valuable method for supporting people in remote and nearby communities.

*Ensure all patients are able to access the highest quality health services in the most efficient manner regardless of location*

### MBS Item Numbers – Telehealth

**Fig. 1. Monthly numbers of telehealth consultations initiated by Medicare.**

Wain V, East JA and Miller JC. Update of telehealth services funded by Medicare in Australia. *Aust Health Review* 38, 528-532.

### Conclusions

- Develop new services systematically
- Start small and gradually develop
- New applications:
  - Feasibility, technical, user satisfaction
  - Clinical efficacy – comparable to FTF
  - Economic evaluation – patient, health service, society
- Learn from experience – successes and failures

**SFT-17 AUSTRALIA**

**Successes and Failures in Telehealth**

8<sup>th</sup> Annual Meeting of the Australasian Telehealth Society

30-31 OCTOBER 2017 | BRISBANE, AUSTRALIA

[www.sftconference.com](http://www.sftconference.com)

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