

SUSTAINABILITY IN TELEHEALTH

WITHIN PUBLIC HEALTH ENVIRONMENTS

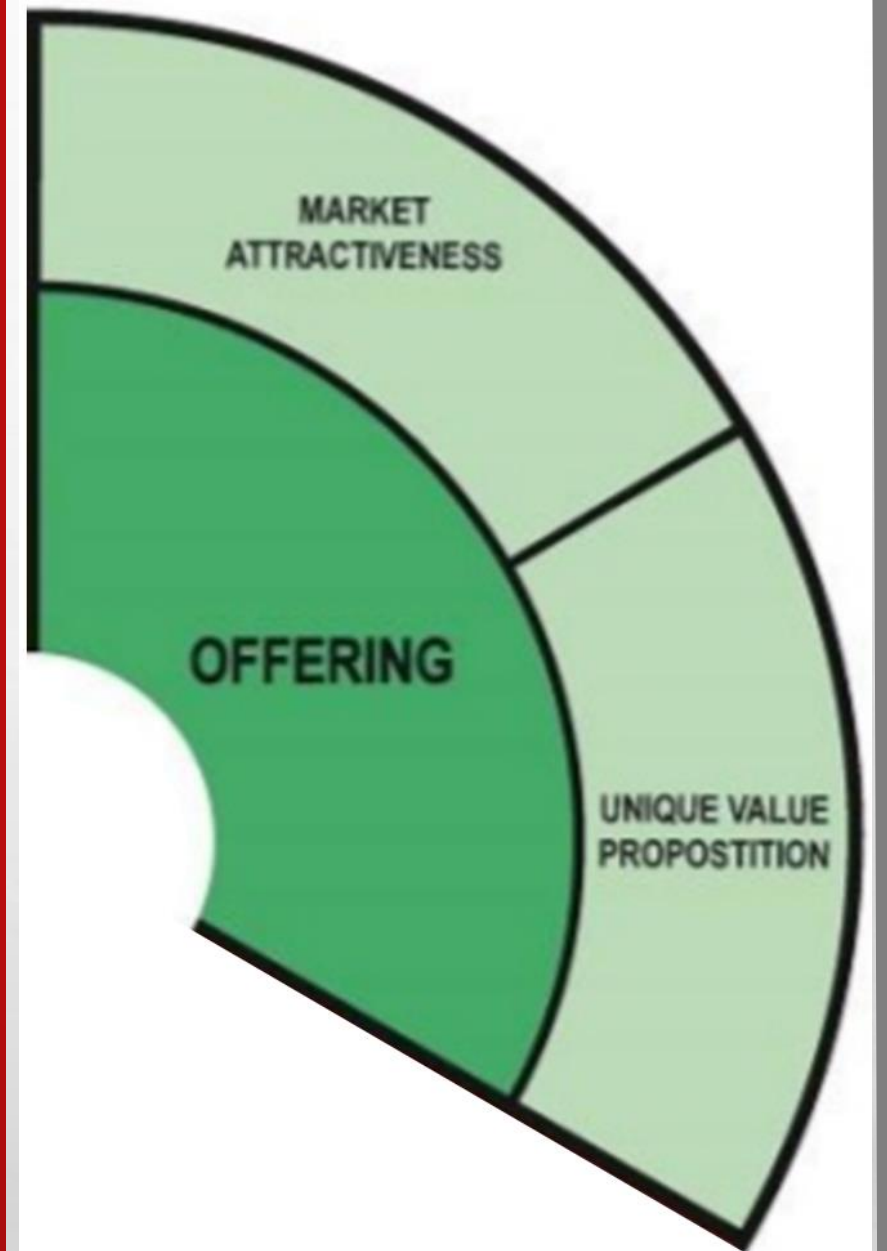


BUSINESS MODEL APPROACH TO TELEHEALTH SUSTAINABILITY



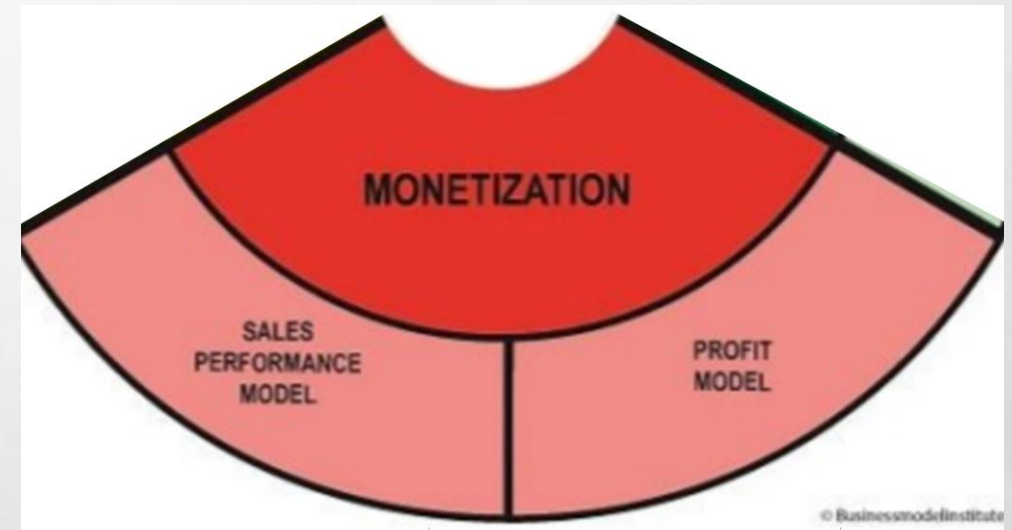
OFFERING

- **WHAT IS THE MARKET DEMAND?**
- **WHAT ARE THE REFERRAL NUMBERS AND PATHWAYS?**
- **ARE THE NUMBERS SUSTAINABLE?**
- **WHAT DOES THE POPULATION HEALTH STATISTICS TELL YOU?**
- **WILL IT INCREASE/DECREASE?**
- **WHAT PROBLEM ARE YOU TRYING TO SOLVE?**
- **CAN IT/ *SHOULD IT* BE DONE VIA TELEHEALTH?**
- **WHAT IS THE IMPACT?**
 - **POSTIVE**
 - **NEGATIVE**

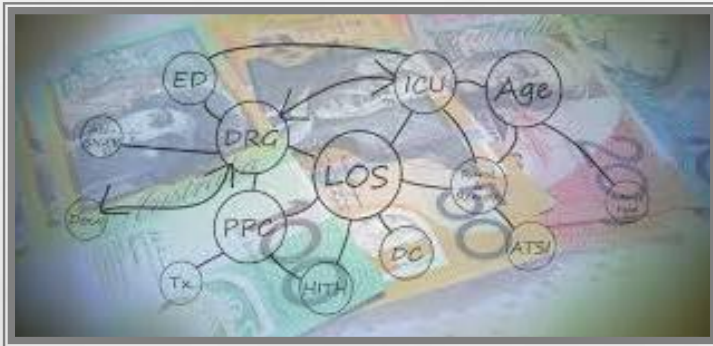


MONETIZATION

- **KNOW YOUR MODEL**
- **WHO'S AT WHICH END?**
- **WHAT RESOURCES WILL BE REQUIRED**
 - **CLINICAL**
 - **ADMIN/PROCESSING**
 - **MARKETING**
 - **TECHNOLOGY**
- **HOW WOULD THIS BE FUNDED IF IT WERE FACE TO FACE?**



3 FUNDING OPPORTUNITIES



ACTIVITY BASED FUNDING

- FUNDED AT THE PROVIDER END FOR SPECIALIST TELEHEALTH CONSULTATIONS
- SOMETIMES IT'S JUST BAU BUT VIA TECHNOLOGY

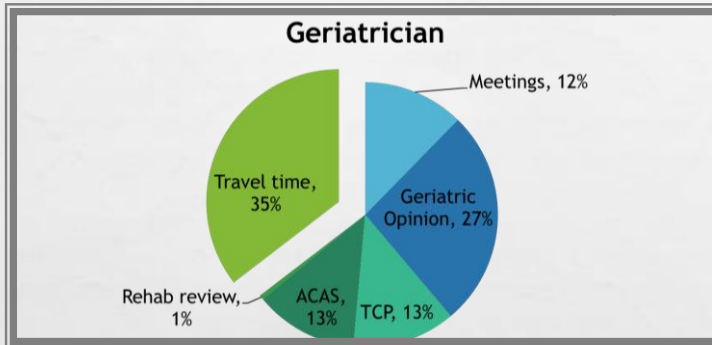
MBS

- ONLY SPECIALIST CONSULTATIONS UNDER NAMED REFERRAL MODEL (MUST BE EXERCISING THE RIGHT TO PRIVATE PRACTICE)

COMBINATION

- PATIENT END IS FUNDED UNDER NORMAL ABF (AFTER ALL THEY ARE PHYSICALLY WITH THE PATIENT)
- MBS BILLING FOR THE CONSULTANT END (IF A NAMED REFERRAL MODEL EXERCISING RIGHT OF PRIVATE PRACTICE)
- OR VISA VERSA

... BUT THERE ARE OTHERS



BLOCK FUNDING

- **USEFUL AT THE OTHER END – PARTICULARLY WHERE THERE IS SIGNIFICANT BENEFIT TO THE HEALTH SERVICE**
- **SOMETIMES IT'S JUST BAU BUT VIA TECHNOLOGY MAKING THE SERVICE MORE EFFICIENT**

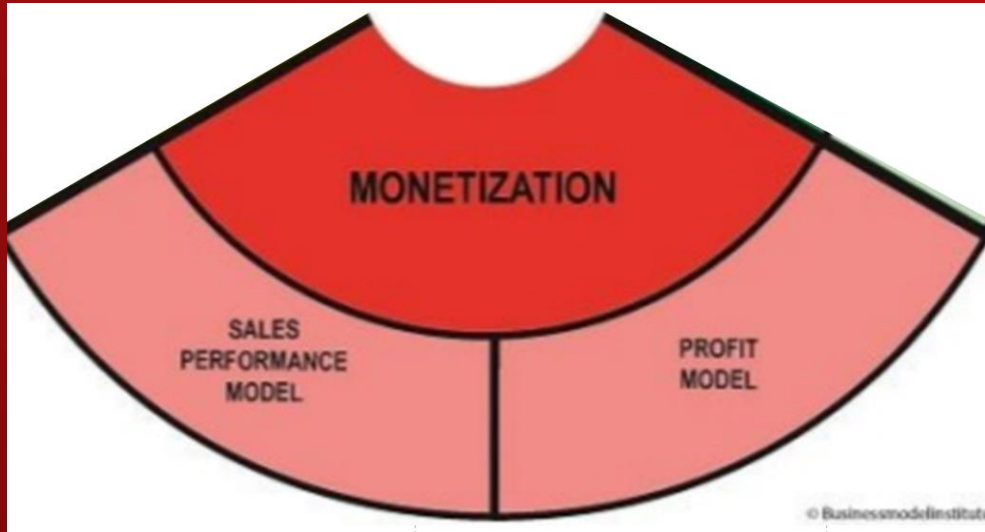
ACFI

- **OPPORTUNITIES FOR INCREASED FUNDING FOR AGED CARE FUNDING INSTRUMENT**

PATIENT PAYMENT/CO PAYMENT

- **SICKNOTE.COM.AU**
- **TELE DR**
- **PATIENTS WILL PAY FOR CONVIENCE**

MONETIZATION

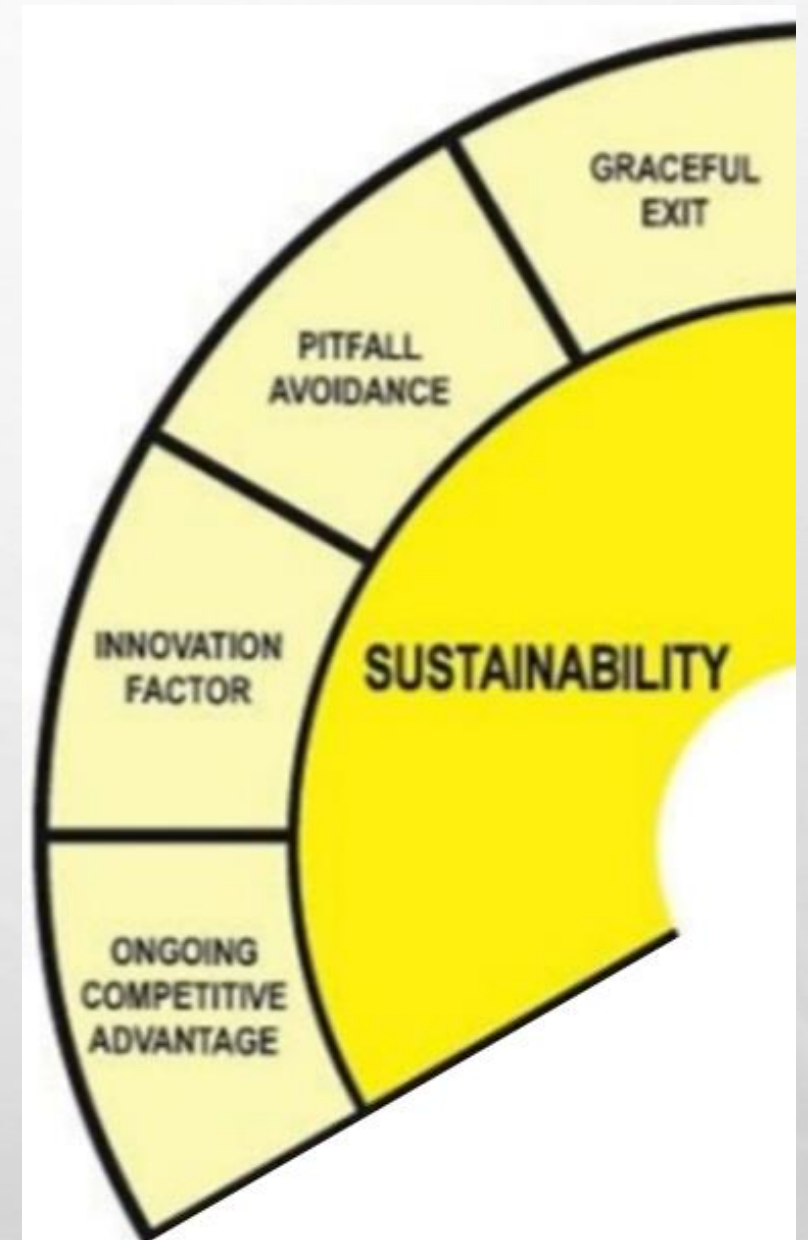


Geriatric Telehealth Clinics Financial Modelling



SUSTAINABILITY

- **MARKETING**
- **BUSINESS CONTINUITY**
- **TIMELINESS**
- **RISKS**
- **MARKET EDGE**
- **RESEARCH**
- **TECHNOLOGY**
 - **EASE OF USE**
 - **RELIABILITY**
 - **SUPPORT**
 - **COSTS**



QUESTIONS

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