Telehealth Victoria
Community of Practice

Issues and challenges

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2. Chris Stott – Eastern Health
3. Kellie McMaster & Jo Richie – Wimmera PCP
4. Jenni Baker and Vijay Ishami - Dental Hospital
5. Chin-Mae Raymundo – RCH
6. Susan Jury – Peter Mac

Workshop 3

June 30th 2017

Funding/ Sustainability of conducting Telehealth consultations on an ongoing basis

The problem/context	Questions
• Not all patients who need telehealth are billable through MBS e.g. those in Metropolitan locations that have high needs • There needs to be a balance between servicing patients based on location vs need (e.g. where they live in Metropolitan locations) • Administrative support is high and costly (booking, follow up, clinic support, MBS consent etc) • Medicare Consent process makes financial viability difficult (pt's not returning consent) • Current splits for remote/non remote model clinics make financial viability difficult	• Can a change to clinic splits assisting funding a Telehealth coordinator on an ongoing basis? And fund future Telehealth clinics • Can a change to Medicare Consent process make financial viability more probable? • What other ways can Telehealth be funded for patients that are ineligible? E.g. other funding models.

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Clinical engagement

The Problem/context

- Identification of suitable/appropriate patients
- Clinical Directors agree, but fail to inform the whole team
- Registrars feel that it slows their work rate in clinics
- What's in it for the clinician!
- Barriers to engagement with Key staff members in Outpatients clinic undermines efforts with clinical staff.
- Multiple (internal) sites leading to challenges in communicating and creating SOP's
- Managements expectations of results in conflict with the project plan…..

Questions

- How can we identify patients using two systems that don't integrate AT ALL!
- I was always told the younger generation were tech savvy and sought technological solutions, so why the battle for engagement? What ways can we motivate and engage?
- How do we explain that trade off for time in a time poor environment/organisation?
- What benefits do you discuss for the clinician, we can clearly communicate the benefit for the patient…..
- How do you adapt the message to gain enthusiasm but keep the SOP consistent, when each person wants THEIR OWN WAY!

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Wimmera Urgent Care e-Health Working Group

To investigate and develop a model of care to facilitate e-health consults from WHCGs Emergency Department for patients presenting to Urgent & Primary Care Centres in the Wimmera's Small Rural Health Services.

Current Issues:

- Medical Staff buy in
  - ❑ High turnover of staff – registrars, interns etc
  - ❑ It's not listed in their responsibilities
  - ❑ Busy enough (patients that would come in on telehealth would normally be ambulanced into the ED)
  - ❑ Unfamiliar with equipment and process

- Potential solutions:
  - ❑ Use medical staff from clinic on an on rotating basis
  - ❑ Employ a Nurse Practitioner to drive
  - ❑ Employ a doctor specifically for these times
  - ❑ ?

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DHSV Tele-dentistry Pilot - Overview

- Recently concluded pilot involving four sites in regional Victoria – Rosebud, Shepparton, Portland, Morwell – and the Royal Dental Hospital of Melbourne (RDHM)
- Hospital to community dental clinic consultation, clinician to clinician video call with patient present and part of consultation.
- Prior to session, patient history/records/x-rays sent to RDHM clinician with a referral note.
- Equipment – webcam, intra-oral camera, specialist screens suitable for a Tele-dentistry consultation, Skype for business platform
- Planning state-wide rollout that will involve 53 community dental agencies and RDHM

Concerns

- Is there a system that can be used to schedule appointments and carry out referrals across multiple sites?
- Compatibility of the Tele-health system with Titanium (DHSV's patient management system)?
- Each community dental agency has a different database which do not communicate with other agencies – is there a Tele-health operating system that is easily compatible with different databases?
- Is there a Tele-health platform that can ensure privacy and confidentiality of images/radiographs is not compromised?
- Is the system scalable?

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Dental Health Services Victoria The Royal Dental Hospital of Melbourne

Monitoring the Video Call Waiting Area

Problem/Context

- Who is responsible for managing/assisting the Waiting Area and all incoming patients
- What happens to appointments that occur after business hours
- When situations arise (failure-to-attend), whose role is it to follow-up and rebook these appointments?
- Assisted telehealth – how to avoid delaying these calls and causing a rural clinic to run late

Questions

- What are the appropriate steps to take when different situations are observed?
  - Patient arrives but their call has not been answered and they have been waiting for longer than 15 minutes
  - Patient arrives but their name is unfamiliar or they are not booked for an appointment today
  - Patient arrives but their call is not answered
  - Patient does not arrive

What are the actions to take for appointments that are delayed or did not occur?

Whose responsibility is this?

A cancellation/FTA can potentially lead to plenty of work and follow-up: re-book RCH clinician, re-book GP, contact family, escalation if RCH clinician and GP cannot find matching schedules

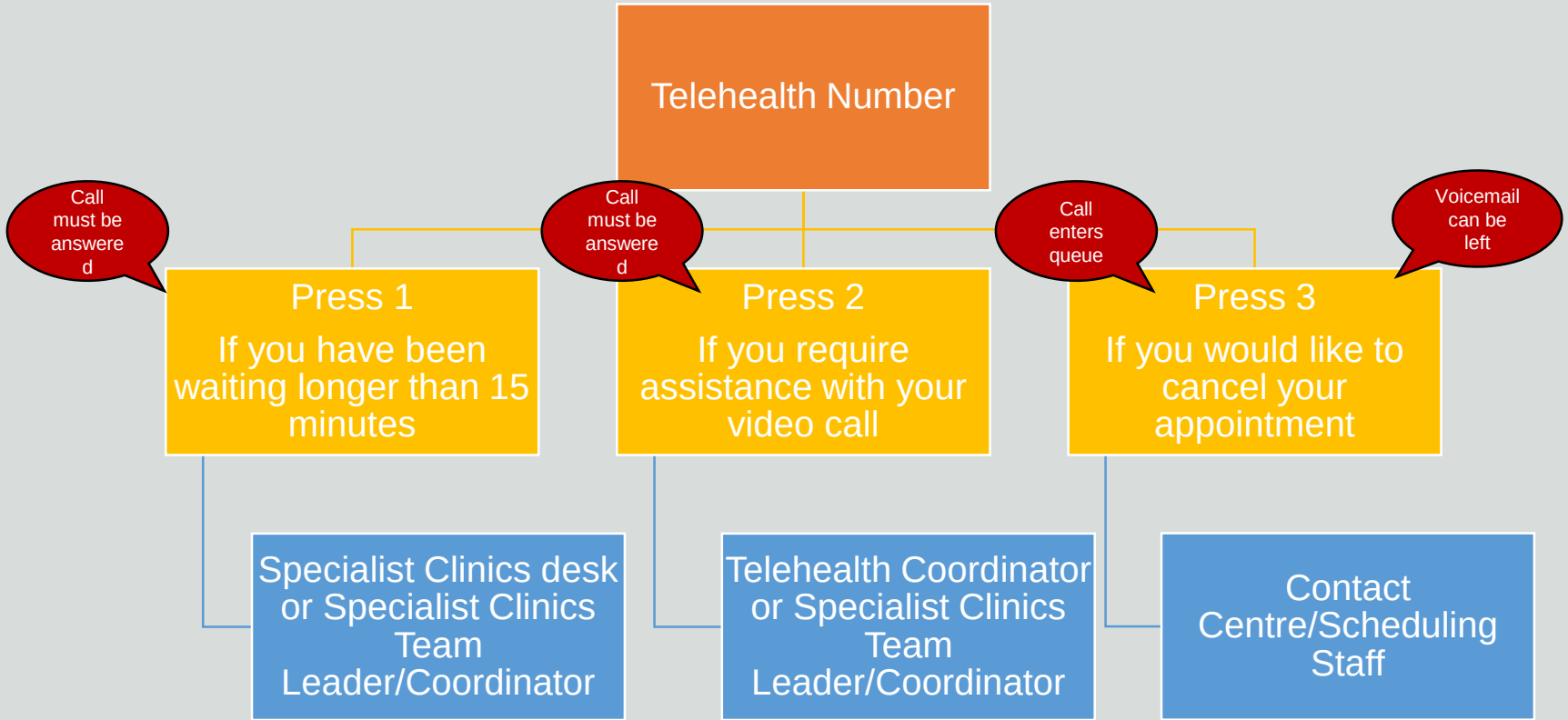
Potential Solution 1

Creating a Phone Tree

Potential Solution 1

Creating a Phone Tree

- All Telehealth Appointments are given a number (appears when they are in the Video Call?) to call. For example;



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Royal Children's Hospital

Approach / rules with regards to coordinating a suitable appointment time with a GP

The problem / context

- Hospital specialists only work certain days
- GP only work certain days
- We want the GP to attend the appointment
- GPs are already ‘compromised’ in attending telehealth consultations (time needed)
- It’s time consuming for hospital admin to coordinate a suitable appointment time that suits both (on av. 20mins, up to an hour, or more)
- To suit a GP, the specialist may need to run the appointment in their personal or admin time

Questions

Should we

1. Call the GP and coordinate a time that suits them? (eg onus on hospital)
2. Identify 2-3 options that suit our specialist then call the GP
3. Select a time, advise the GP, and ask them to arrange with a colleague to attend if they cannot attend themselves (eg onus on GP)
4. Select a time, advise the patient and ask them to arrange it with their GP, or another suitable available GP (eg onus on patient)

Approach / rules with regards to coordinating a suitable appointment time with a GP

RACGP suggests:

- GPs will not like being told when an appt is then having to ‘fit in’
- Let the GP lead the appt making*
- GP also confirms appt with patient
- Get the Practice Nurse involved
  - Bring the GP in when ready / able
  - GPs also often run behind time
- Schedule – conference call to GP & patient to schedule
- Where possible do a series of consults consecutively

Thoughts?

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www.telehealthvictoria.org.au

Telehealth Victoria
Community of Practice

The Telehealth Victoria Community of Practice (COP) enables collaboration among members of the Victorian health workforce who are involved in implementing, supporting, managing and evaluating telehealth access to their health services.

VICTORIA
State Government