Telehealth Victoria
Community of Practice

WORKING TOGETHER:

Common strategic telehealth communication & marketing strategies

Purpose

- To work together collaboratively to develop some communication & marketing strategies

- That can be used by everyone and tweaked for their health services individual needs

Telehealth Victoria
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Background / Context

1) Project completion/sustainability

2) Driving & restraining forces & actions (Workshop 4)

3) RMA – 17 presentation

4) COP resources - Starter Kit /Toolkit

5) Key reference documents

Telehealth Victoria
Community of Practice

Context

We are all at **PROJECT COMPLETION STAGE**

- Has our project made a difference?

- How can it be sustained?

Context

COP Workshop 4 – **DRIVING & RESTRAINING FORCES**

Actions

- Executive support – telehealth in organizational strategic plan

- Communication & promotion
  - Advocacy at senior levels – hosp exec, ADHA, DHHS
  - Statewide & organization wide consistent key messages/data/KPI's
  - Positive patient stories

- Improving scheduling systems & referral pathways

- Telehealth champions

- ICT infrastructure investment

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Context

Rural Medicine Australia (RMA – 17) Conference presentation

Alice King & Susan Jury

Telehealth initiatives in Victoria – in summary: A LOT!

- Alfred Health
  - Burns, ID, Ortho, GI, Dialysis, HIV, Lung
- Austin
  - Respiratory & Spinal
- Ballarat
  - Persistent pain
- **Barwon South West**
  - Org-wide Specialist Clinics, Urgent Care, ICU, Community, Palliative Care, Aged Care
- Bendigo
  - Paediatrics, respiratory, endocrinology, genetics
- Eastern
  - Gastro, Hep C, Obstetrics, reducing inter-hospital transport
- **Melbourne Health**
  - ID, Refugee, neurosurgery, neurology, Endo, ICU & trauma, mental health
- Monash paediatrics
  - Across all Specialist Clinics

- **NE Health Wangaratta**
  - Centralised telehealth booking system, ICU, urgent care
- **Peter Mac**
  - Across all Specialist Clinics
- Portland
  - Chronic pain
- Flying Doctors telehealth
  - Specifically Rural North West Vic
- **RCH**
  - GP collab consult clinics including upskilling in allergy, screening neurology, burns
- Royal Eye & Ear
  - Balance, neuro-ophthalmology, cochlear implant, eyeConnnect
- Loddon Mallee
  - Geri-connect (geriatrics)

- La Trobe
  - Diabetes, CHF, paediatrics
- Mildura
  - Chronic care & intensivists access
- Otway & Lorne
  - Drug & alcohol recovery
- Dental Health Services Victoria
  - Rural and regional access to specialist services
- Victorian Stroke Telemedicine Program
  - 16 EDs across Vic – 24/7 access
- VACCHO
- St Vincents
  - Physiotherapy, post arthroplasty clinic
- Wimmera
  - Oncology, Cardiac rehab

See:
https://telehealthvictoria.org.au/health-services/

What

- Outpatient review appointment (~15-20 minutes)

Where

- Patient at home
- Saving 720km round trip to Geelong
- Who
- Patient – Aged 82, frail, requiring family support to attend
- Her daughter

How

- Patient supported by family
- Family used computer at home on their wifi

Benefits

- Follow-up changed to occur a nearby hospital, with telehealth collaborative review
- Family feedback: "*Was great thanks, was awesome not to have to travel all the way to Geelong. Thankyou. Thankyou.*"

Barwon South West
Telehealth
Your healthcare wherever you need it

What

- VIDS consult
- Infectious diseases advice to man with bone infection

Where

- Patient at GP rooms
- Local treating clinician at regional health service
- Saving 430km / 5 hour round trip
- Who
- 80 year old patient
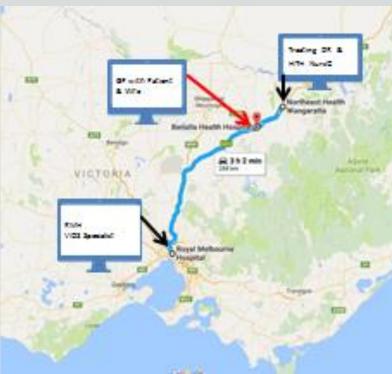- His GP
- Local regional clinician
- VIDs staff

How

- 3-way consult between sites
- Patient supported at GP
- Regional clinician supported by local telehealth support

Benefits

- All players involved in current and future care heard the same information about patient wishes and treatment options, at the same time
- Upskilling of regional clinician

The Royal Melbourne Hospital

Northeast Health Wangaratta
Every patient, Every time

What

- Cochlear mapping appointment with RVEEH

Where

- Northeast Health Wangaratta
- Saving a 480km round trip in a community car and a whole day

Who

- Irene from Wangaratta, in her 70s
- NE Health RN, trained by RVEEH
- RVEEH audiologist

How

- Irene catches a taxi 1.5km
- Supported by local clinician
- Mapping program on local PC, accessed remotely by E&E audiologist

Benefits

- Irene: "*It beats spending the whole day travelling to and from Melbourne for a 1 or 2 hour appointment*"
- Irene is able to take part in a regular pool session on the same day.
- Follow up requirements to cochlear implant surgery no longer a barrier for rural patients considering this option

Northeast Health Wangaratta
Every patient, Every time

What

- Gastroenterology - Hep C clinic at Box Hill

Where

- Healesville, Yarra Junction, Alexandra, Lilydale, Kinglake

Who

- 23 patients
- Nurse consultant with patients
- Gastroenterologist

How

- Patient supported by local clinician at local hospital

Benefits

One clinic has saved

- 816 km
- 939 min
- $553.08 (est. travel costs for pt)

Patient attends one (slightly longer) appointment instead of two

- FTA rate reduced rate from 22 to 14%

Improved access for a patient cohort …

- Who don't like travelling in to built up suburbs
- Who are often socio-economically disadvantaged and travel by public transport (1-2 hours travel)

easternhealth

What

- Anaesthetic review pre-op – new diagnosis

- Discussion of medication management

Where

- 2.5 hours away from Peter Mac Cancer Centre

- Camping with her family!

Who

- Amelia

- Peter Mac treating team

How

- In her car, in the rain

- Using her phone and 4G

- Her children were outside setting up the tent!

Benefits

- Amelia could continue with the family holiday – especially important at this time

- Treating team able to assess her face to face

Peter Mac
Peter MacCallum Cancer Centre
Victoria Australia

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Australia's National Digital Health Strategy

Vision

Better health for all Australians enabled by seamless, safe, secure digital health services and technologies that provide a range of innovative, easy to use tools for both patients and providers.

Key Themes

1.	2.	3.	4.
Support me in making the right healthcare choices, and provide me with options	Help all the people who care for me to understand me, and together, provide safe and personalised care	Create an environment where my healthcare providers and I can use and benefit from innovative technologies	Preserve my trust in the healthcare system and protect my rights

Strategic Priorities

1. Health information that is available whenever and wherever it is needed

2. Health information that can be exchanged securely

3. High-quality data with a commonly understood meaning that can be used with confidence

4. Better availability and access to prescriptions and medicines information

5. Digitally-enabled models of care that improve accessibility, quality, safety and efficiency

6. A workforce confidently using digital health technologies to deliver health and care

7. A thriving digital health industry delivering world class innovation

Figure 5 – Vision, key themes and strategic priorities

Shifting The Dial – 5 Year Productivity Review

Shifting The Dial – 5 Year Productivity Review

creates poor incentives to integrate	> Provide greater autonomy to allow regional solutions	> Capacity to tailor solutions to specific regional communities

QUALITY OF HEALTH

> Too many services known to be ineffective or outdated are still funded > Too many hospital-acquired complications	> Require fast-track assessment of low-value care identified by overseas agencies > Educate clinicians and measure and divulge their use of low-value procedures > Improve patient literacy > Defund demonstrably low-value procedures > Remove subsidies for ancillaries in private health insurance	> Better patient outcomes > Less waste and more ability to redirect savings to new and effective procedures > Reduced outlays on rebates

USING INFORMATION EFFECTIVELY

> Data and information flows are inadequate for genuinely integrated care, and frustrate research into 'what works' > Innovation lessons are disseminated too slowly, including process innovations	> Follow recommendations of the Commission's 2017 inquiry into *Data Availability and Use* > Adoption of eHealth throughout the health system > Disseminate best practice through existing agencies	> Quicker learning about best practice > Better, more and faster research into what works > More integrated care with improved clinical outcomes > Innovation in health care delivery

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Possible focus areas

- Hospital Executive/organisational

- Consumers – (patients & carers)

- Staff – clinicians, support staff, GP's, …

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Group Activity: Small groups

1. Why? Who? What? How? When?

2. What is already available? / Who is willing to share?

3. Key principles

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Time allocation: minutes

Group Activity: Group feedback

1. Feedback & discussion

2. Small group rework

3. Who is willing to share?

4. COP team

5. Who can reviewer?

Time allocation: minutes

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