

Workshop 4

31st August 2017

Morning session

Project & Service presentations


- New models of care: A partnership approach to improve patient experience and access
- Working together – Collaboration & integration of care between health services
- Sustainability/BAU – When is it possible and when is it not?

Project & Service presentations

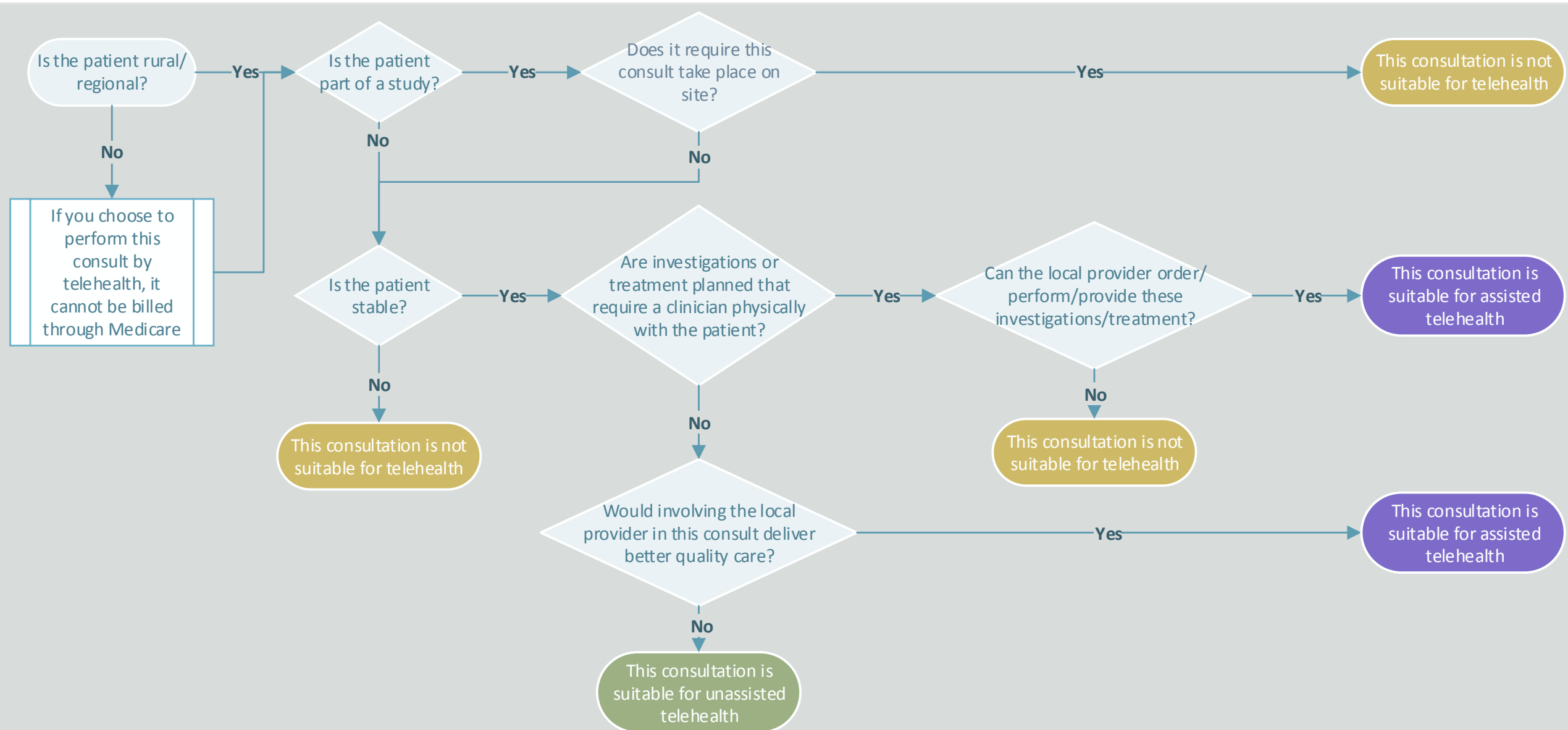
New models of care: A partnership approach to improve patient experience and access

1. Amanda Reeves – RCH
2. Karrie Long - RMH
3. Jane Kealey & Susan Christie - NHW

Designing telehealth-enabled models of care



Patient condition	<ul style="list-style-type: none">• Is the patient stable?
Consultation content	<ul style="list-style-type: none">• Investigations required – who can perform?• Treatment required – who can provide?• If assisted telehealth, what is the role of the local provider?
External constraints	<ul style="list-style-type: none">• If on study, does it preclude treatment off-site?• MBS funding not available for metro patients
Participant attitudes	<ul style="list-style-type: none">• Is the patient/family open to using telehealth?• Is our clinician confident to deliver this consult via telehealth?• Will the local provider assist this telehealth encounter?



Contact details

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<http://www.rch.org.au/telehealth/>



KISS the 3 way & a telehealth consultation

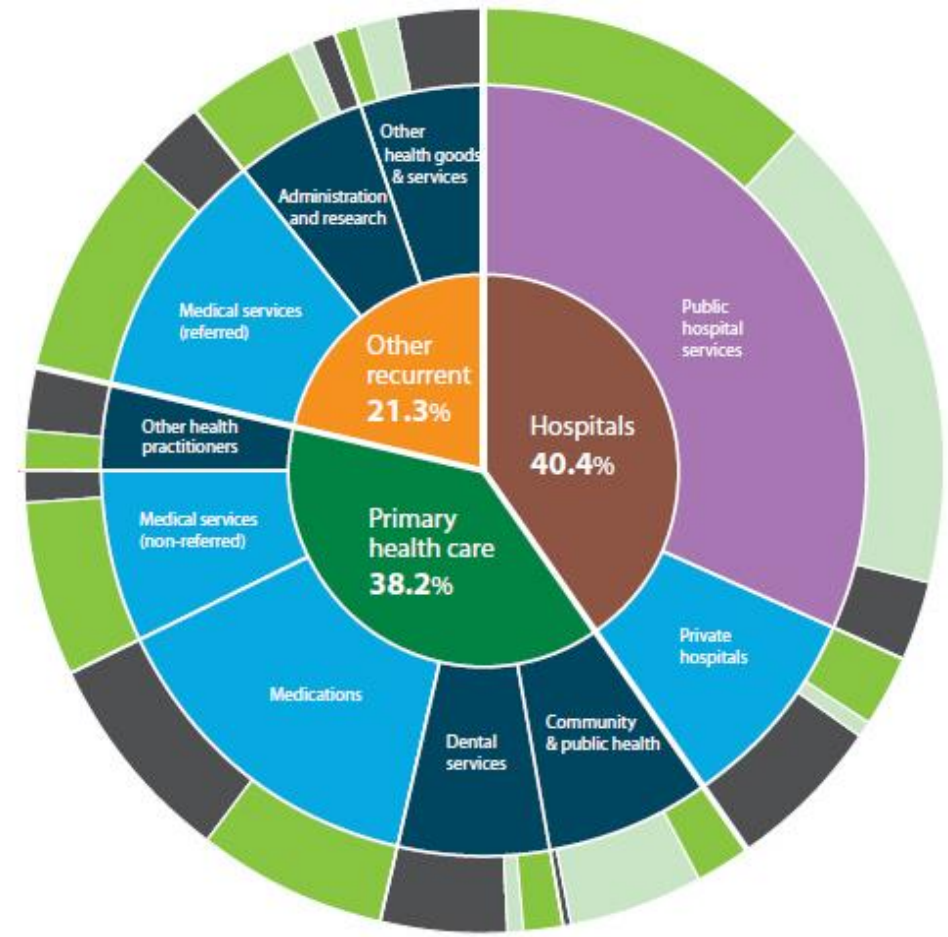
RMH VIDS & Telehealth
NHW Telehealth & HITH



Current issue or challenge

KEEP IT
SIMPLE

1. Share of Expenditure,
2. Responsibility of Services,
3. Funding source



Share of expenditure

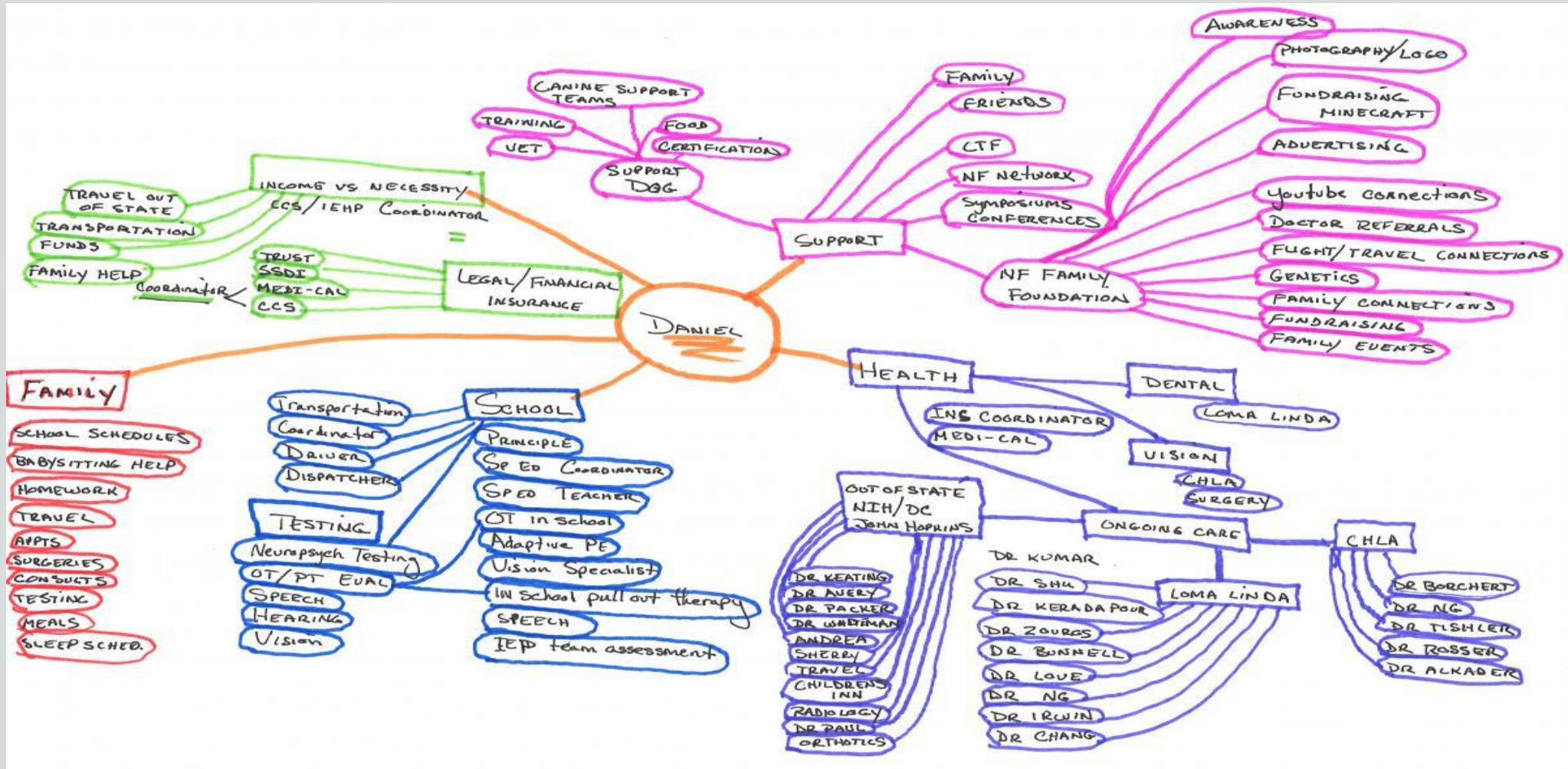
- Hospitals
- Primary health care
- Other recurrent

Responsibility for services

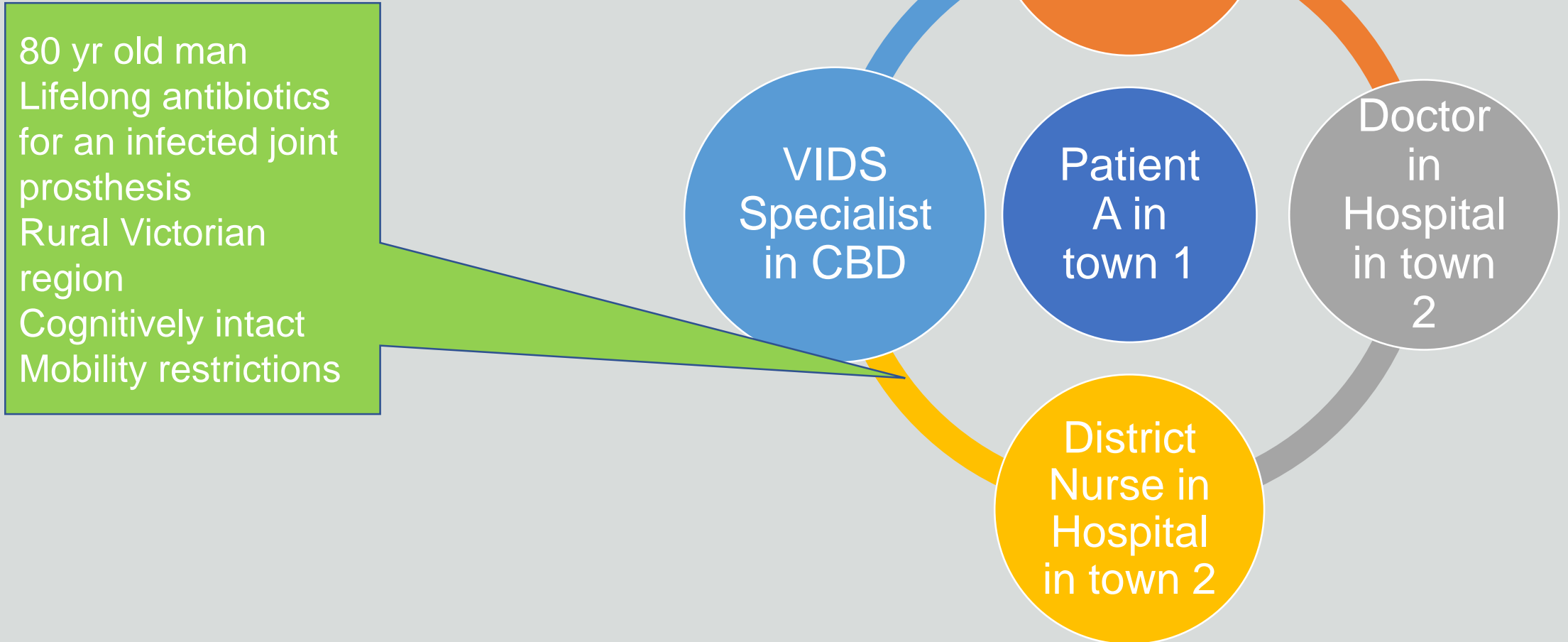
- Combined private sector and public sector —all levels of government
- State and territory governments
- Private providers

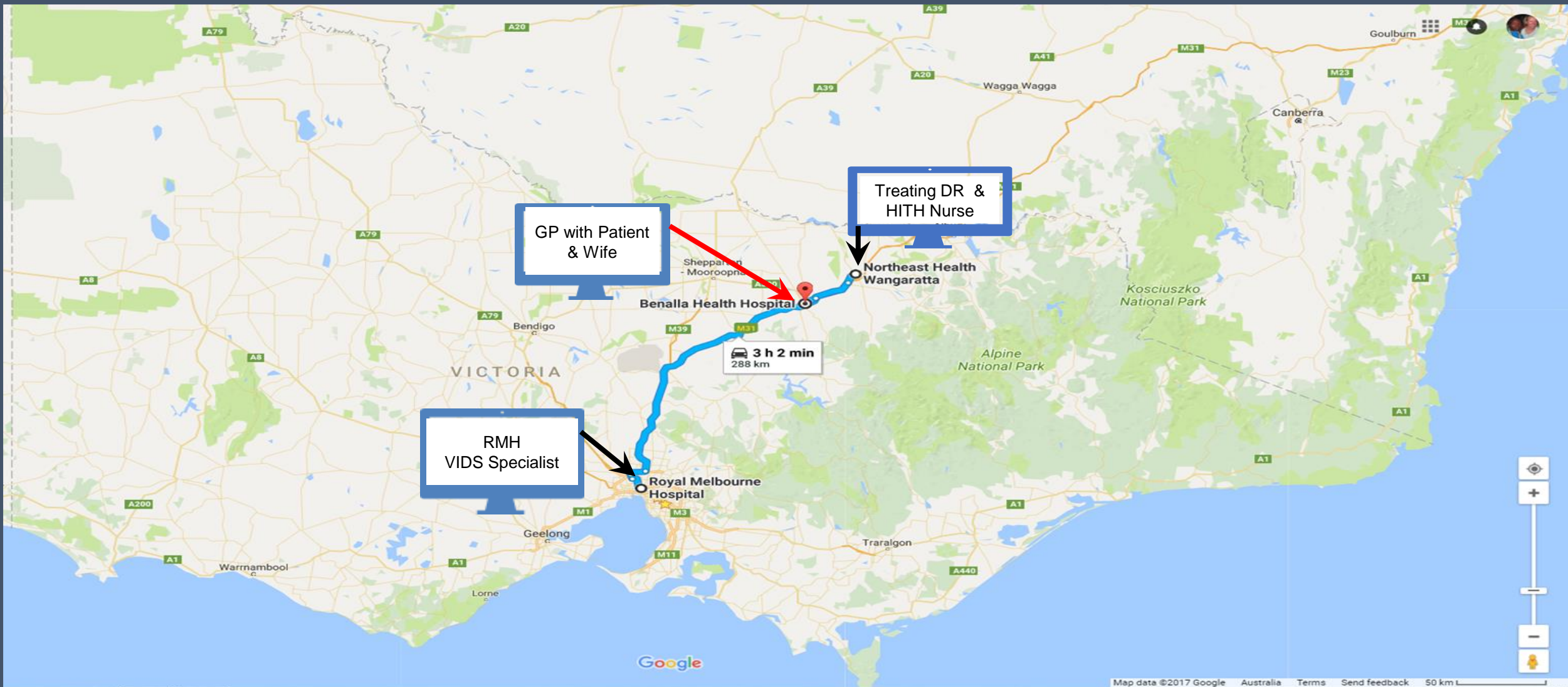
Funding

- Australian Government funding share
- State/territory government funding share
- Private funding share



What we tried to do

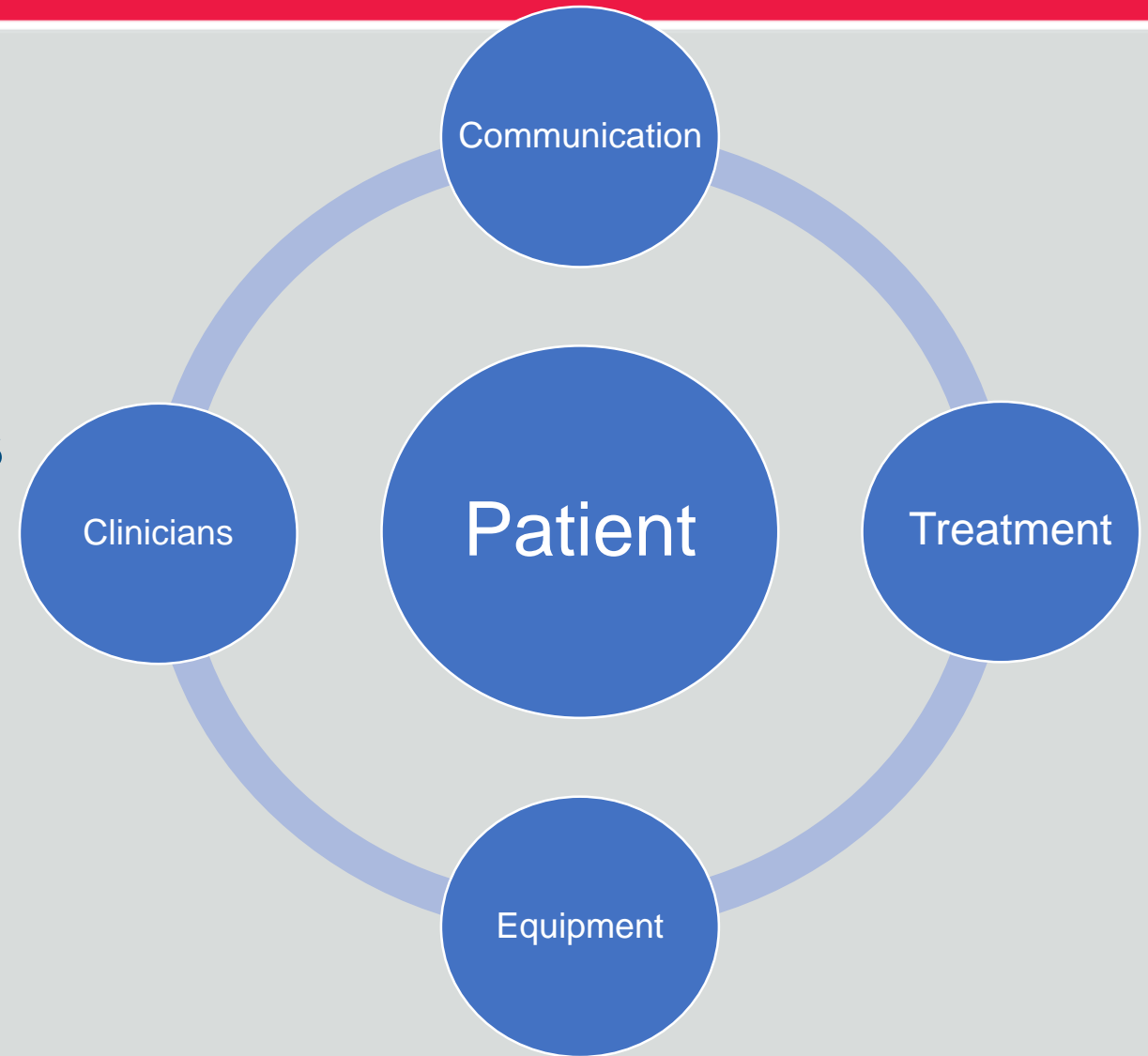




Patient to RMH travel distance return journey 430kms (to RMH) = 5 hours
Patient to NHW 90kms (to Wangaratta) = 1 hour
Patient to GP Clinic < 3kms

Barriers

- Funding models / business rules
- Geographical awareness
- Referral management
- GP & IT set up



Enablers

- Need a good catcher
- Knowledge
 - Geographical
 - Service delivery rules
 - Relationships
- Coordination / venue
- GP buy in
- Questions
- Fresh eyes



Lessons learnt

- Disruption to business rules – work arounds
- Knowledge sharing benefits all
 - Continuity of care
 - Accountability
 - Education
- Event Management
 - Comms plan
- Time
- Healthdirect
 - Have people enter as they would normally thorough the front door
 - Use the “Add to call button
- Simulate, simulate , simulate

Contact details

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Patient Identification

- Patient flagged by NHW HITH RN
 - Limited mobility
 - Receiving continuous IV antibiotic therapy
 - Appointment with ID outpatient clinic RMH
 - Morning Melb appts for regional pts = overnight stay
 - Logistical challenge of not interrupting delivery of continuous IVAB therapy
- HITH staff liaised with RMH TH Coordinator → TH consult operationalised

Engaging Clinicians

- HITH staff on board immediately
 - Obvious benefits to patient with ↓ travel
 - No interruption to therapy
- Orthopaedic Registrar initially reluctant
 - ? Value of being involved
 - Would not have attended Melbourne appointment

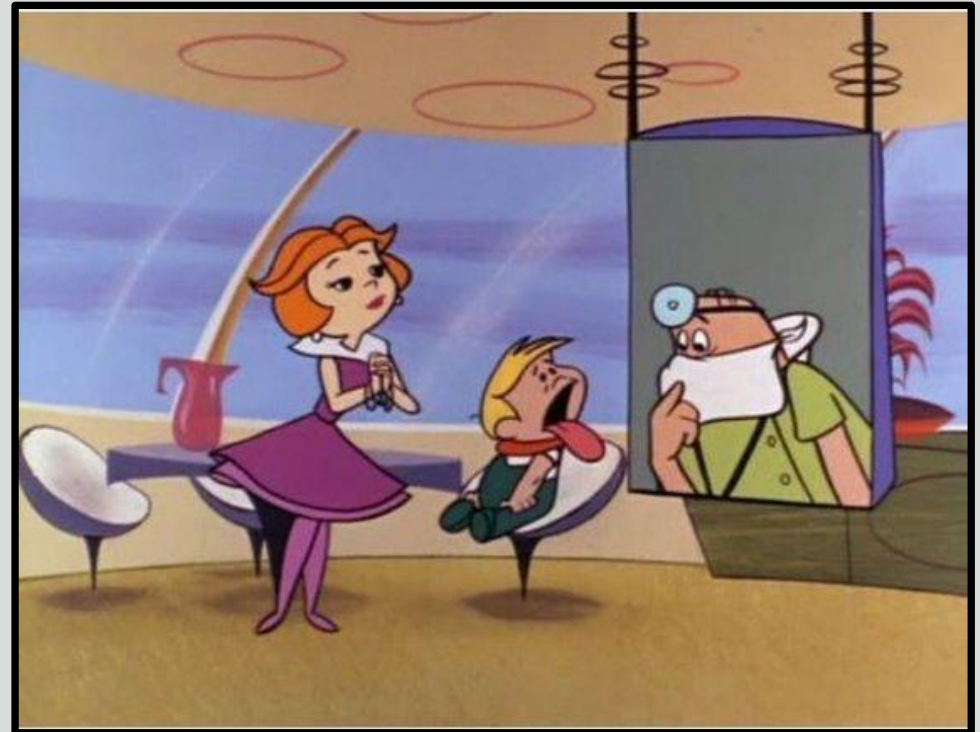


Outcomes

- **Ortho Reg** is a telehealth convert
- Extensive dialogue between **ID consultant** & Ortho Reg
- Formulation of clear plan
- **GP** included – understanding of follow up care requirements
- **HITH RN** provided clinical handover – involved in collaborative approach
- **Patient** very satisfied – right people in same room at one time talking WITH him
- Example of how Hume Telehealth Agency can support metro specialist clinics
- Identification of two further Hume region based patients for ID clinic following this pilot

Hume Telehealth Agency

- **Specialists 2 U**
 - Metro to Hume
 - Within Hume
- **Facilitation agency**
 - Consumers / patients
 - Clinicians
 - Health services
- **Community engagement**
 - Combine forces to educate the public
 - Volunteer contribution



Contact details

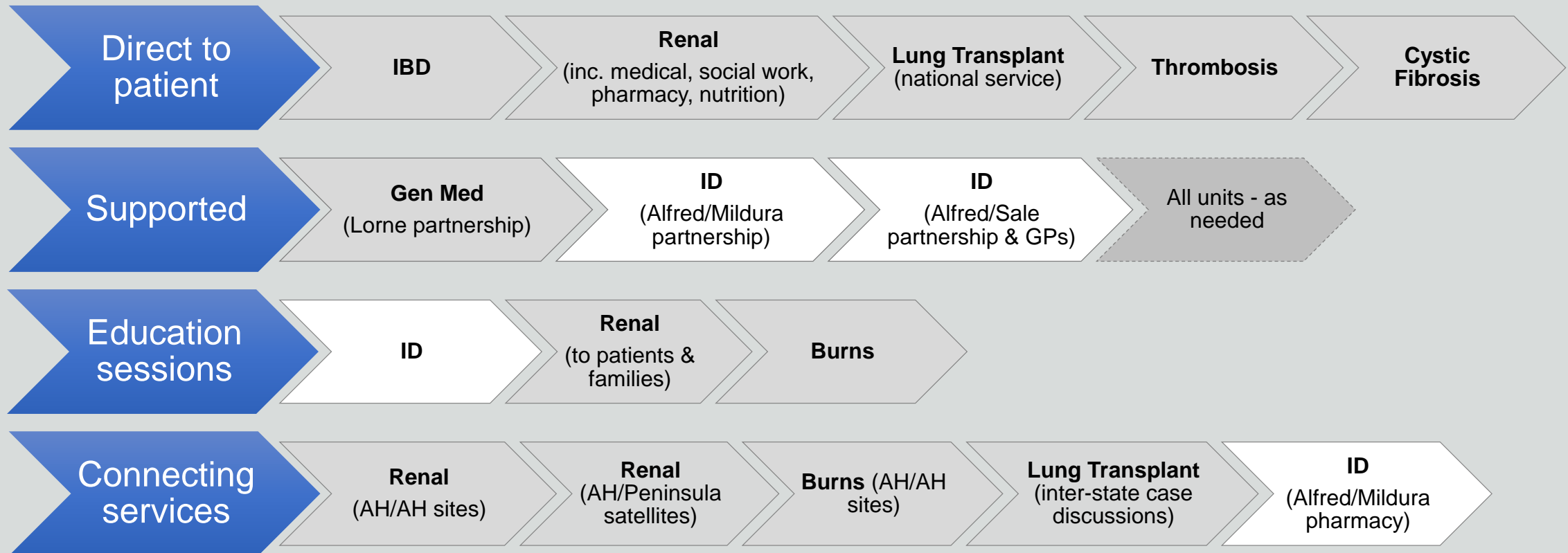
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Project & Service presentations

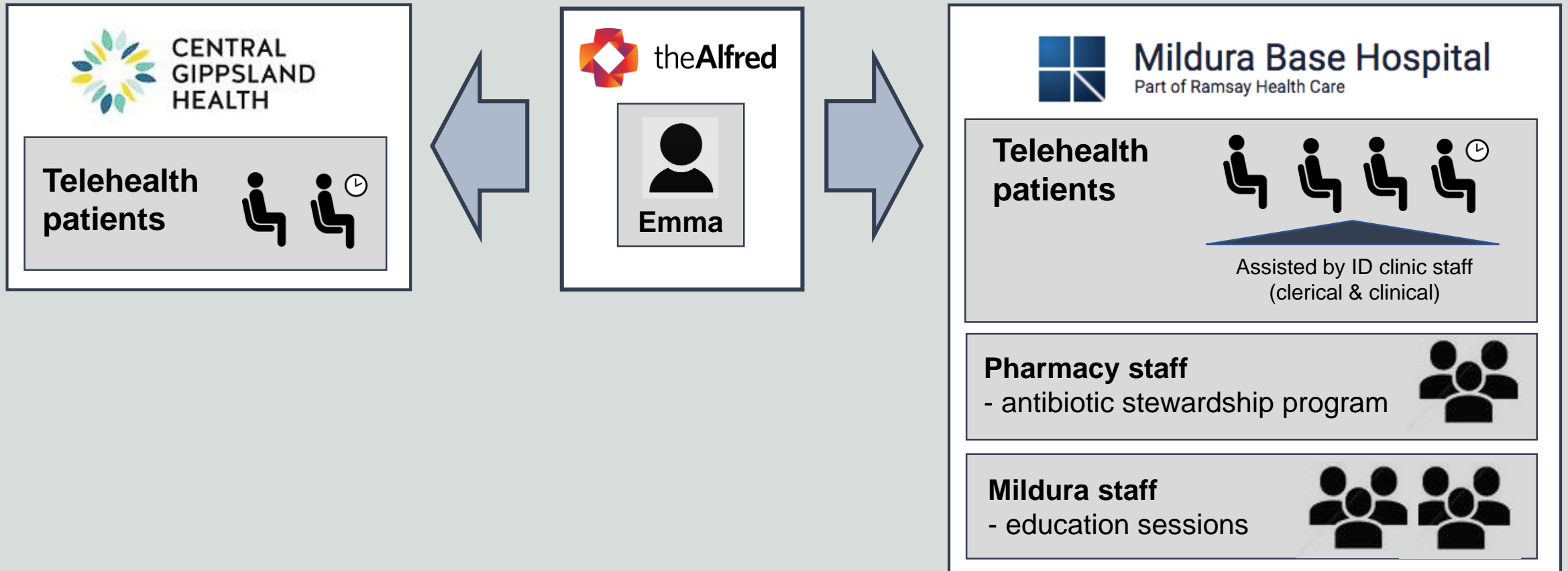
**Working together – Collaboration & integration of care
between health services**

1. Genna Burrows – Alfred Health
2. Karrie Long - RMH

Coordinated approach across Alfred Health outpatients



Alfred regional ID service – Mildura & Sale



Current issue or challenge

Remote workflows!

- Access to systems (pathology, radiology, records) & IT security
- Prescriptions – signatures & postal delays
- Booking follow up TH appts – communicating back to reception?
- Letters – Dictaphone v speech recognition software v emailing audio files v info security
- Scheduling – outside systems

Overlap / collaboration

- Training
- Website
- Platform

Fairly straightforward...

- Patient communication
- Billing
- MOU

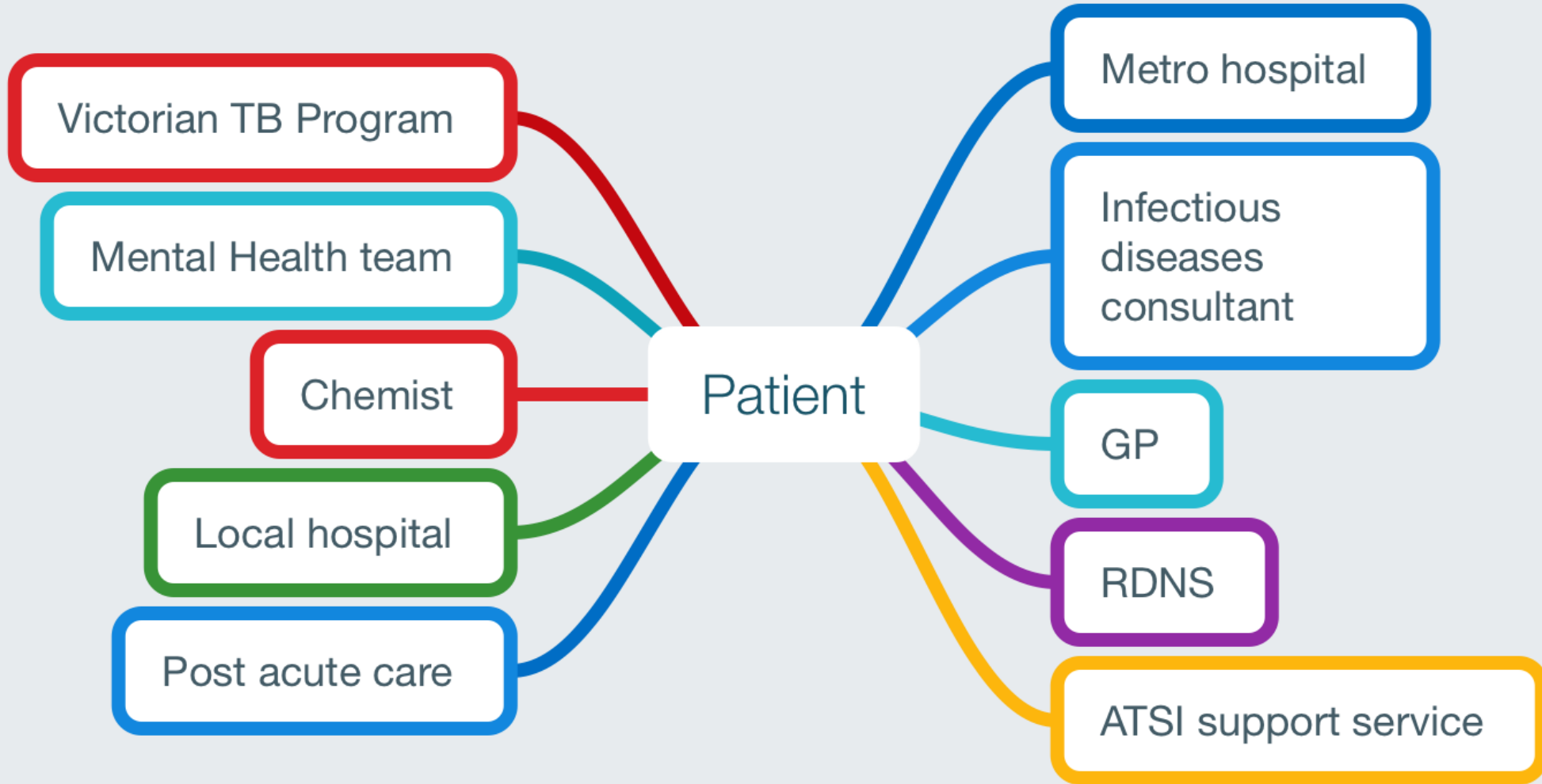
Telehealth Theatre.....



Design challenge

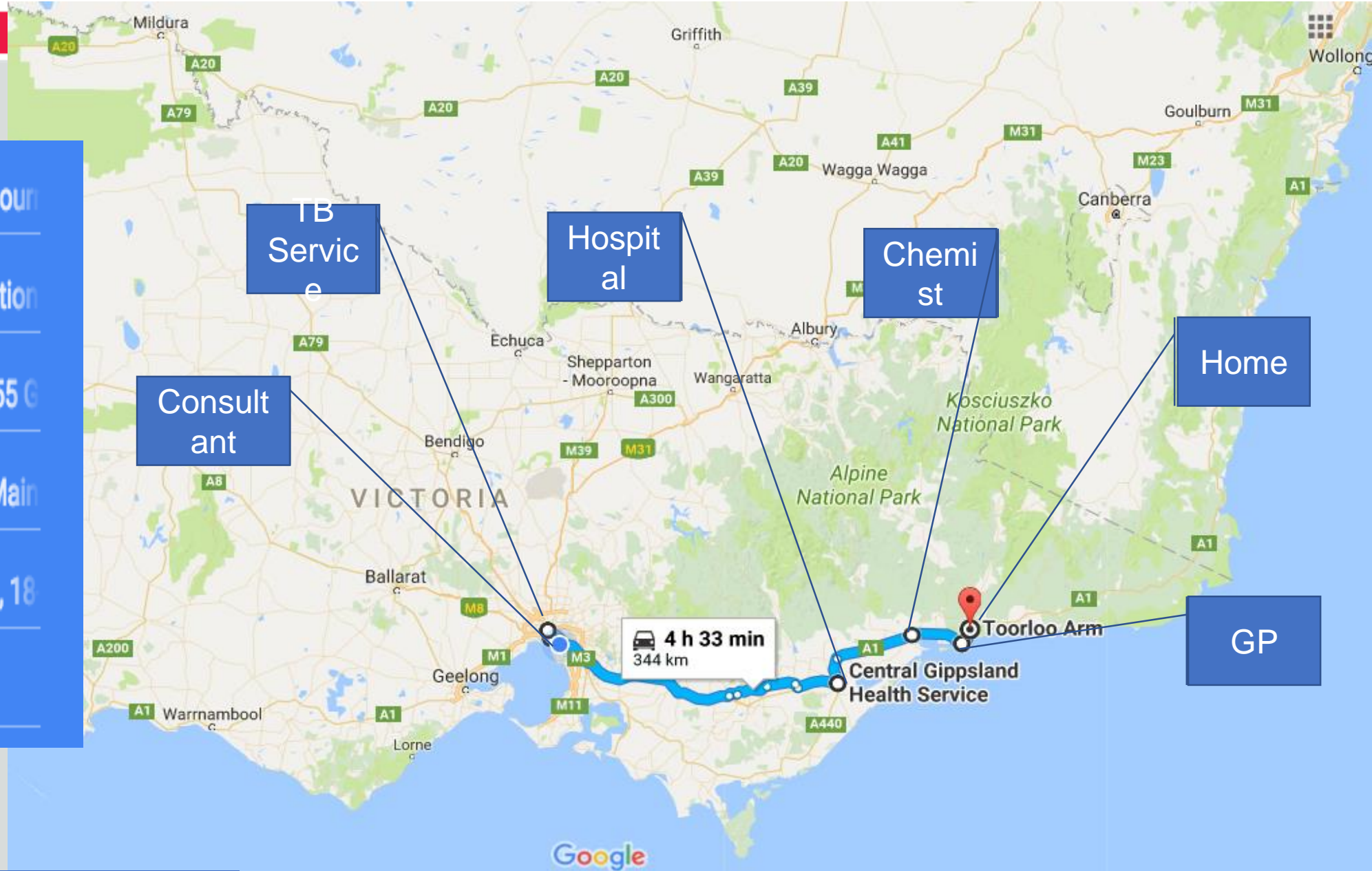
How might we use Telehealth to better provide services to those in the community with Tb and a high risk index ?

The players



The stage

- The Alfred, 55 Commercial Rd, Melbourne
- The Peter Doherty Institute for Infection
- Central Gippsland Health Service, 155 G
- Corner Amcal Bairnsdale, 190-192 Main
- Gippsland Lakes Community Health, 18
- Toorloo Arm, Victoria 3909



...this is not the patient's actual address

How do we use telehealth in this scenario?

- DOT
- GP assisted telehealth to consult
- Case management venue
- Communication tool
- Deliver consults

Enablers

- Telehealth coordinators in multiple sites
- Service / care Coordinators
- WebRTC ...Healthdirect Videocall
- Travel costs
- Occupational risk index and costs
- Service delivery challenge

Barriers

- SES of patients
- Staff uptake
- The cast is huge and disparate

Contact details

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Project & Service presentations

Sustainability/BAU – When is it possible and when is it not?

1. Brendon Wickham - SEMPHN

Hello, my name is ...

Nellie

MUST HAVE

Elements of effective ideas in Health Innovation

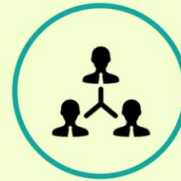


ROUTINES

Effective ideas are not alien to the target.

NUMBERS

Need very few people to make them work.



ANCHORED

Are intimately linked to something people do.

RITUALS

Can be assimilated into people's lives.



WANTED

Build on something people already want.

How?

- Everyday, familiar **psychology**
- Reach out to patients via their mobile phone
- Motivate patients to adhere better to clinical advice
- Patients take **responsibility**



[Your] best practice healthcare,
advice, and patient education



Improved engagement
and adherence



Better and faster
clinical outcomes

Shared action plan

Confirm whether or not patient has hypertension
(opportunisticly noted raised blood pressure)

Patient name _____

Blood pressure reading

take your readings at home

Recommended actions

always check your blood pressure again if the reading is unusual

Below 70/50 mmHg

Take your blood pressure again if your reading is lower than 70/50 mmHg.

Action If it is still as low as this an hour later you should call the practice today and they can talk through any other symptoms you have and agree if you should be seen urgently.

Less than 135/85 mmHg

Your blood pressure is under control when the top number (systolic) is less than 135 mmHg and the bottom number (diastolic) is less than 85 mmHg.

We hope your blood pressure readings will be below 135/85 mmHg when you take them at home.

- ✓ Follow a healthy lifestyle.
- ✓ Eat sensibly. 5 portions vegetables and 2 of fruit every day. Cut down on sugar, fat, and salt.
- ✓ Aim to do regular physical activity. Half an hour walking each day, if you can.
- ✓ Maintain a healthy weight. Try to reach your belt or waist size target.
- ✓ If you smoke, think about stopping. Ask at the practice if you would like support.



No more than 170/105 mmHg

Sometimes your blood pressure may be raised, and your reading may be as high as 170/105 mmHg. Although this is high, it might settle without any further change to your medication if it is a one-off reading.

Always check again if your reading is unusually high.

- ✓ Could anything have made your blood pressure worse? Were you angry or stressed?
- ✓ Try some relaxation techniques.



Remember, your Practice Nurse will be in contact with you at the end of the week, to discuss the next steps, after looking at the blood pressure readings you have texted in.

Above 170/105 mmHg

- ✓ Stay calm. Try some relaxation techniques. Just sitting still and thinking about your breathing can help to calm you down. Or think about a relaxing time you've had in the past (e.g. holiday, long soak in the bath).



If your blood pressure reading rises further, above 170/105 mmHg (above either 170 mmHg and/or 105 mmHg)

Action If you repeat your blood pressure reading an hour later, and it's still as high, call the practice for an appointment in the next couple of days.

Action If your blood pressure reaches **200/105 mmHg**, or higher, and it is still as high **one hour later**, this is very high and you should contact a doctor urgently today. Phone the clinic, or if it's at night or the weekend, phone the after hours number.

Long term high blood pressure is very bad for your health. It's important to see your doctor as soon as possible because they may need to change your medication.

Example protocol: Diagnosing hypertension

- Conversation with patient
- Shared action plan is agreed on by patient & clinician
- Patient issued with sphygmomanometer
- Patient signs contract (registration)
- Weekly blood pressure readings for 3 months
- Monthly responses to depression questions
- Twice weekly information messages
- Clinician monitors data weekly and attends appointments as needed

“Please take your blood pressure, and send me the readings”

“Hi. I've noticed you haven't sent in your readings today. Could you please text in BP, then the readings. Thanks, Nell.”

“Your BP reading is normal. Nell.”

“Sit quietly for at least 5 minutes with your arm exposed and supported at the level of your heart when you take your BP. Take care, Nell.”

“Some foods don't taste of salt because of the sugar in them as well. Read the label; it's easy to eat more than the adult maximum of 6 grams (one teaspoonful).”

Please take you BP again on the other arm and text in the reading. Thanks, Nell.

BP 195 95

Please follow the advice in your shared healthcare plan and make an appointment with your GP as soon as possible. Take care, Nell.



iMessage

Send

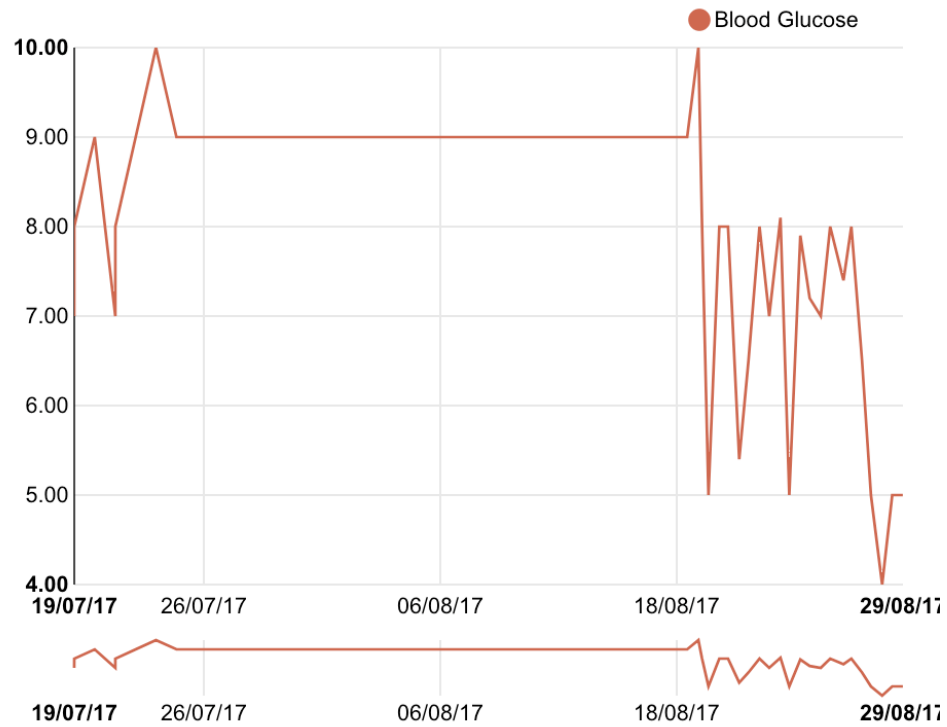
PATIENTS BY NOTIFICATION

Active Patients

Campbell, Geoffrey ▲ DOB: 27/07/56 Last Reading: 22 days ago	George, Emma ▲ DOB: 24/09/91 Last Reading: 14 hours ago	Gordon, Margaret ▲ DOB: 27/04/55 Last Reading: (None)	JoinTest, PhilO ▲ DOB: 17/01/70 Last Reading: (None)
Mareya, Shingai ▲ DOB: 05/06/84 Last Reading: 12 hours ago	Mathieson, Glenn ▲ DOB: 04/05/79 Last Reading: (None)	Mountford, Liam ▲ DOB: 08/05/94 Last Reading: a month ago	Ngo, Gary ▲ DOB: 01/01/70 Last Reading: (None)
Nicola, Nick ▲ DOB: 19/10/65 Last Reading: (None)	O'Connell, Hollie ▲ DOB: 10/12/92 Last Reading: 18 days ago	O'Connell, Phil ▲ DOB: 17/01/80 Last Reading: an hour ago	Radic, Sue ▲ DOB: 14/11/67 Last Reading: (None)
Rule, Campbell ▲ DOB: 01/01/70 Last Reading: 14 hours ago	Shah, Nital ▲ DOB: 14/07/81 Last Reading: (None)	Steadman, Mark ▲ DOB: 07/03/83 Last Reading: 21 days ago	Weerasuriya, Rona ▲ DOB: 31/08/84 Last Reading: (None)
Weldon, Paul ▲ DOB: 11/01/71 Last Reading: 11 hours ago	Westbury, Kym ▲ DOB: 01/01/99 Last Reading: 9 hours ago	Wickham, Brendon ▲ DOB: 14/10/67 Last Reading: a day ago	Wood, Chris ▲ DOB: 01/01/85 Last Reading: 11 hours ago

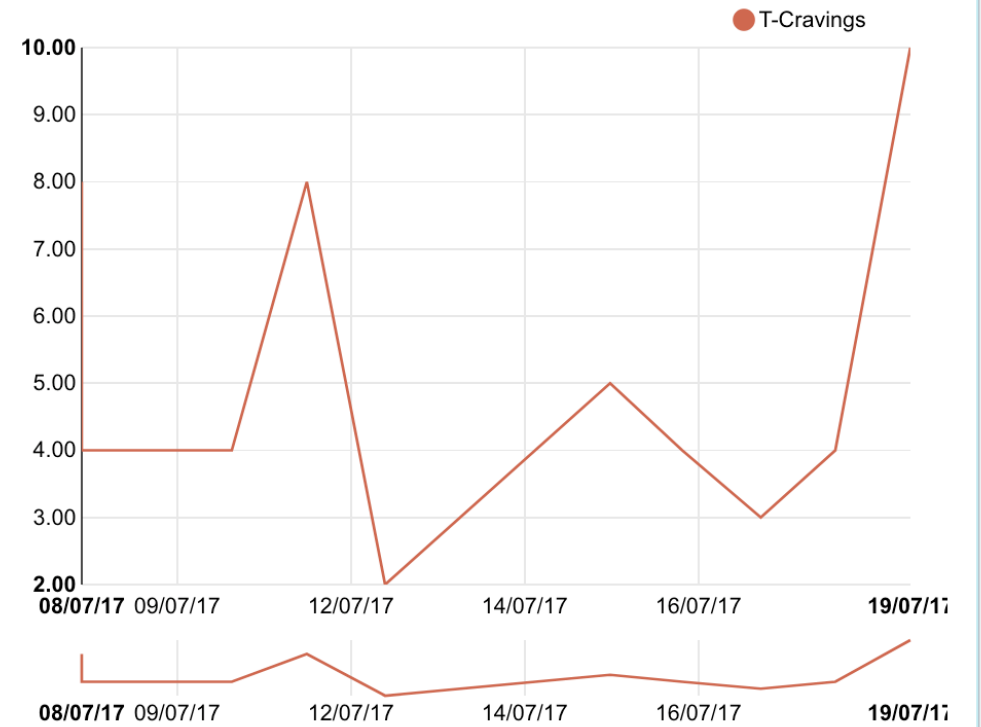
VITAL GRAPHS

Blood Glucose



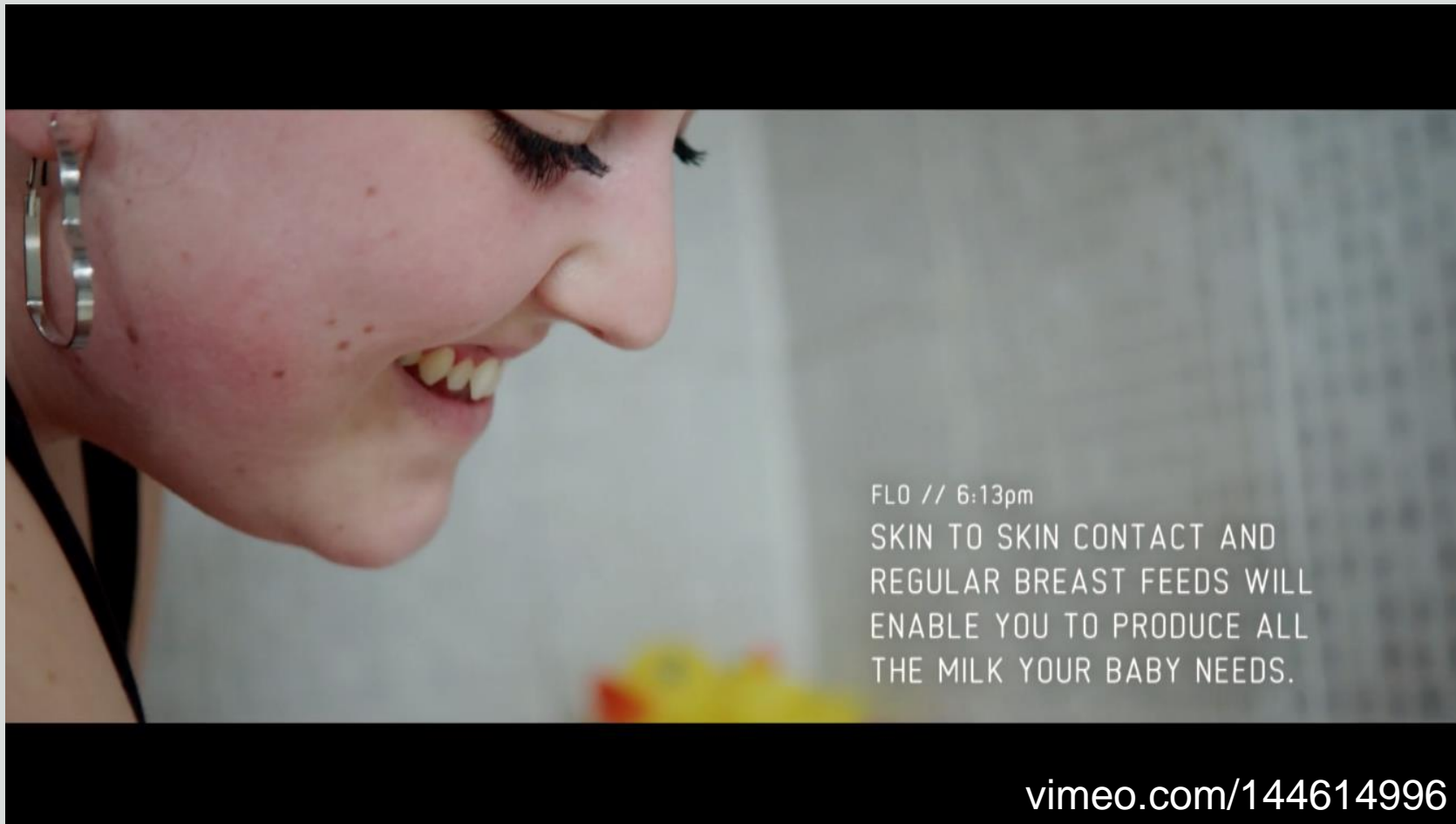
SYMPTOMS DIARY

T-Cravings





The power of people



Contact details

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