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

<table>
<thead>
<tr>
<th>Patient condition</th>
<th>Consultation content</th>
<th>External constraints</th>
<th>Participant attitudes</th>
</tr>
</thead>
</table>
| • Is the patient stable? | • Investigations required – who can perform?  
• Treatment required – who can provide?  
• If assisted telehealth, what is the role of the local provider? | • If on study, does it preclude treatment off-site?  
• MBS funding not available for metro patients | • 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? |
Is the patient rural/regional?

Yes → Is the patient part of a study?
No → Is the patient stable?

Yes → Does it require this consult take place on site?
No → Are investigations or treatment planned that require a clinician physically with the patient?

Yes → Can the local provider order/perform/provide these investigations/treatment?
No → Would involving the local provider in this consult deliver better quality care?

Yes → This consultation is suitable for assisted telehealth
No → This consultation is not suitable for unassisted telehealth

This consultation is not suitable for telehealth

If you choose to perform this consult by telehealth, it cannot be billed through Medicare
Contact details

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Improvement Manager – Redesign
Royal Children’s Hospital

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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
Our patients
What we tried to do

- GP in town 1
- Patient A in town 1
- Doctor in Hospital in town 2
- District Nurse in Hospital in town 2
- VIDS Specialist in CBD

80 yr old man
Lifelong antibiotics for an infected joint prosthesis
Rural Victorian region
Cognitively intact
Mobility restrictions
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

- Telehealth@mh.org.au
- 03 9342 8670
- 0439485775
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

- (Agency > 2\textsuperscript{rd} Oct 2017 - telehealth@nhw.hume.org.au)
- Susan Christie
  - susan.christie@nhw.hume.org.au
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- Jane Kealey
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  - 0477398016
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

Direct to patient
- IBD
- Renal (inc. medical, social work, pharmacy, nutrition)
- Lung Transplant (national service)
- Thrombosis
- Cystic Fibrosis

Supported
- Gen Med (Lorne partnership)
- ID (Alfred/Mildura partnership)
- ID (Alfred/Sale partnership & GPs)
- All units - as needed

Education sessions
- ID
- Renal (to patients & families)
- Burns

Connecting services
- Renal (AH/AH sites)
- Renal (AH/Peninsula satellites)
- Burns (AH/AH sites)
- Lung Transplant (inter-state case discussions)
- ID (Alfred/Mildura pharmacy)
Alfred regional ID service – Mildura & Sale

Telehealth patients

Assisted by ID clinic staff (clerical & clinical)

Pharmacy staff
- antibiotic stewardship program

Mildura staff
- education sessions

Emma

theAlfred

Mildura Base Hospital
Part of Ramsay Health Care

CENTRAL GIPPSLAND HEALTH

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

Telehealth@mh.org.au
03 9342 8670
0439485775

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Senior Social Worker | Victorian Tuberculosis Program
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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
(opportunistically noted raised blood pressure)

## Patient name

### Blood pressure reading

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

**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.

**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.

**Above 170/105 mmHg**

### Recommended actions

**Below 70/50 mmHg**
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**
- 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**
Could anything have made your blood pressure worse? Were you angry or stressed?
Try some relaxation techniques.

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

FLO // 6:13pm
SKIN TO SKIN CONTACT AND
REGULAR BREAST FEEDS WILL
ENABLE YOU TO PRODUCE ALL
THE MILK YOUR BABY NEEDS.

vimeo.com/144614996
Contact details

- semphn.org.au/nellie
- SEMPHN digital health team: 8514 4460