

**Welcome back**

# What does sustainability look like?

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RMH & Peter Mac  
Telehealth





**“IT'S NOT MY JOB”**

This is a story about 4 people named ANYBODY, EVERYBODY, SOMEBODY and NOBODY. There was an important job to be done and EVERYBODY was sure that SOMEBODY would do it. ANYBODY could have done it, but NOBODY did it. SOMEBODY got angry about that, because it was EVERYBODY'S job. EVERYBODY thought ANYBODY could do it, but NOBODY realized that EVERYBODY wouldn't do it. It ended up that EVERYBODY blamed SOMEBODY when NOBODY did what ANYBODY could have done!!!

**M-63**

# Background

- New telehealth programs in 2017
- Went live mid year
- 2 large metro hospitals
- Minimal to no telehealth activity in place
  
- PMAC specialised cancer care with embedded nursing leadership and coordination
- PMAC – project officer started 18 months into program
  
- RMH 45 + specialties with embedded nursing coordination is the exception
- RMH –admin support officer started March 17

Tasks	Knowledge
Training	It is my job, its about the patient
Service planning	PAS
Procedures & manuals	OPD admin experience
End point of any issue with telehealth	Day chemo administration
Troubleshooting – end users and in house	General technology competence and confidence
Data integrity & data base	Patient journey / workflow
Mange & order equipment	Tolerance of ambiguity
Demonstrations + education/ on boarding	Flexibility
Project management	Communication & engagement
Test calls	Ability to know and influence with peers and clinicians
Clinic support dependent on competence	Creativity and persuasiveness
GP clinic on boarding	No clinical knowledge
Create user accounts	For other types of health services, how do you do it ?
Appointment booking	

## In the beginning the position description read :

- **Tasks**

- Appointment booking
- Medical record management
- Data entry
- Stocking equipment
- Educate admin staff on telehealth
- Support team

- **Skills Knowledge**

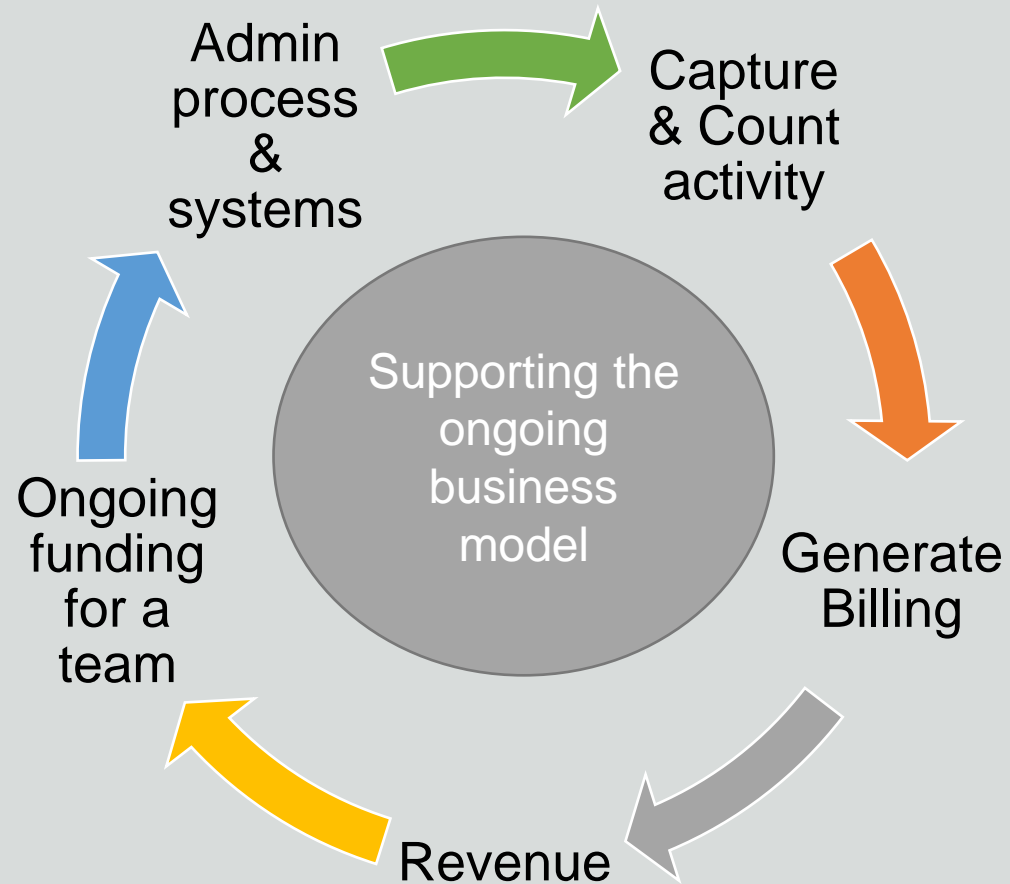
- Outpatient process , workflows and people
- Clinic billing
- IPM, Qflow,

# How and why has the role evolved?

- Project officer appointed at PMAC 18 months in
- RMH started at 1 month why and how ?



# Why is this role important to the sustainability cycle



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# Telehealth – Business as Usual

# Telehealth in orthopaedic surgery

What happened	What had we done?
Orthopaedic surgeon included 'OPD review by telehealth' in the Discharge plan on the OR notes	Surgeon had done some (but not a lot of) OPD consults via telehealth
Ward nurse included note about telehealth OPD appointment in Progress Notes	NUM and ward staff made aware of telehealth option on discharge slip
Ward clerk discharged from ward noting telehealth for OPD review	
OPD review booked to be via telehealth, patient informed	Embedded processes in OPD admin for booking telehealth appointments

**This all happened with no involvement for this appointment from the telehealth team!**

# Genna Burrows

**Barb Radley**

# What models work and why?

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**Sustainability / the future**

**of the**

**Telehealth Victoria Community of Practice**

# What do you value from the COP?

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- Key COP activities
  - Website
  - Workshops
  - Webinars
  - Networking
  - Advocacy
  
- Do you think we need a COP?
  - Data on workshop attendance
  - Use of website data

	Year 1 (Feb 2017 to Dec2017)	Year 2 (Jan to July 2018)
<b>Mailing list subscribers</b>	131	161
<b>Website members</b>	87	147
<b>No. of initiating discussion posts</b>	68	30
<b>No. of replies</b>	105	80
<b>Shared resources</b>	70+	150+
<b>Workshop attendees</b>	30.6 (avg)	30 (only one so far!)

# Is the focus appropriate?

- What would you say our focus has been?

# Is the focus appropriate?

- Beyond video?
- *Digital health* Community of Practice?
- What does *digital health* mean to people?

# Membership?

- What should the **membership** look like?
- Public health services?
- Industry?
- .
- .
- .

# COP promotion?

- Are there better ways of engaging?  
(existing or new members)
- How do we promote the COP?
- How do we maintain / build our profile?
- Facebook group versus website online forum

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# Partnerships?

- What are the potential benefits or limitations of a future partnership?



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  - ADHA
  - COH
  - HISA
  - ATHS
  - ?

# Contributing and supporting

We have discussed:

- Value
- Focus
- Membership growth / sustained
- Promotional considerations
- Potential partnerships

**Now – how can we all support this?**

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# Breakout Session Summary

# Patients

## Good news

- We have similar messaging: what is telehealth, how to etc.
- There are similar resources eg brochures, letters, posters
- There are common points in the process where patients can be engaged
- Empowering patients can create demand; including peer-peer promotion
- Opportunity to align the telehealth message to digital health

# Patients

## Actionable items

- Roadshow/s – shared opportunities to promote telehealth
- Coordinated promotional campaign – Vic / National?
- Templates for common resources to standardise key parts of the message
- Collaborate on development of new resources – Ads, Discharge packs

BUT ARE WE READY???????

Need to take account of readiness of different health services

# Admin

## Considerations

- So many different set ups across health services
- Many different process, system, IT etc. barriers which need to be overcome – and the solutions may be different
- Who is actually booking the GP appointment?
- Readiness of services / clinics within each organization is also variable

# Admin

Opportunities – how do we collaborate on this?

- Build promotion / identification of telehealth into Admin roles and workflows – ‘I notice you live xxx away’; ‘Have you considered telehealth’?
- Identify champions – ‘Ask me about telehealth’
- Develop and use eligibility criteria and resources – location and clinical eligibility



# GP/Supported Telehealth

## Considerations

- Think about access being supported much more broadly than GPs
  - aboriginal health, bush nursing centers, community health etc
- Key link with GPs are practice managers
- Use PHNs / GP Liaison more to communicate and link with Primary Care
- Improving/aligning hospital GP scheduling?

# GP/Supported Telehealth

## Actionable items

- In person visits – by us or PHN (Practice Support Officers)
- Provide common resources about supporting practices to access telehealth, technology – and the ‘spiel’ about value of telehealth
- Consider and share new promotional opportunities - social media, newspapers, radio
- Embed telehealth in referrals / e-referrals – GPs request or suggest

# Clinicians

## Common solutions

- Training and support – especially initially
- Communicate the value proposition – for them and/or their patients
- Simplify systems and technology
- Promote success stories → fear of missing out!
- Use telehealth/video for other purposes to decrease fear / increase engagement

# Clinicians

Solutions to be worked on!

- System integration and SSO
- Desktop availability – thin client barriers
- Inter-organization sharing of stories / practice – has been happening in pre-admissions / anaesthetics (and with GPs)
- Collect and share data and evidence – to our stakeholders, and share among ourselves

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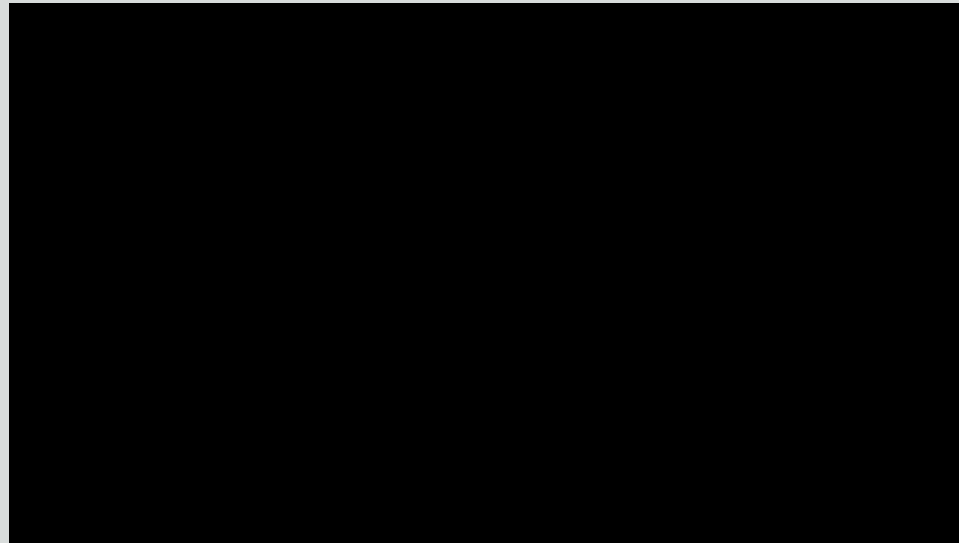
**Any other business**

# Tips and tricks

- Genna's glorious magical screens
- Susan's sensational security system
- Susan's stunning business cards
- Barwon's brilliant GP video

# Barwon Video

<https://www.youtube.com/watch?v=yur82Bt4UJo&feature=youtu.be>





# Tips and tricks

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- Barwon's brilliant GP video
- WA's wonderful telehealth awareness week

# Telehealth promotion

Should we be looking at a **broader telehealth promotion** strategy at a state-wide level?

- Do we all have common messages we want to get out to the community?
- How do consumers (community / referrers) know who offers telehealth and how to find out?
- Etc
- **Telehealth Awareness Week (WA)**
- Social media / Print (newspapers) / Radio / Displays / Infographics / TV / online news / Editorials / interviews / targeted communities / partnerships
- See table for some printouts and we will email to you

## Telehealth Awareness Week 2018 25–29 June

Following the success of the inaugural Telehealth Awareness Week in 2017, the WA Country Health Service, in partnership with its health provider stakeholders and metropolitan health services, hosted **Telehealth Awareness Week 2018 (TAW18)**, a week of statewide promotional and communication activities highlighting telehealth in WA.

### AIM

The aim of TAW18 was to raise awareness and increase the use of telehealth-delivered services by:

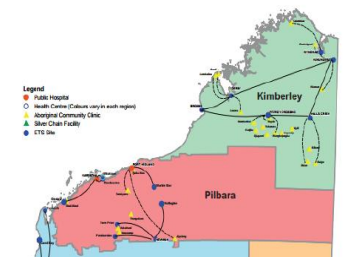
- **consumers** through a willingness to ask for the service to be provided by telehealth when it is not offered and availability of a 1300 helpline for more information.
- **health service providers** having greater knowledge of how to access assistance to provide telehealth services and availability of a 1300 helpline for more information.

### TARGET AUDIENCES

- Country people
  - ◊ Patients and carers already using the WA health system.
  - ◊ Country residents who could be future users of WA Health services and partner organisations.



Emergency Telehealth Service Sites



# Ideas for next workshop

Helping GPs,  
do we  
promote  
COP?

COP  
Sustainability

Evaluation

Standard  
resources

Telehealth  
terminology

New  
technologies

Business case for  
telehealth ongoing  
funding

How to we get key  
opinion leaders and  
how to we get them  
to promote to  
colleagues

# Key Dates

Next workshop

- Wednesday 19<sup>th</sup> September

Webinars

- Store and forward – 8<sup>th</sup> August
- Remote patient monitoring – 12<sup>th</sup> September
- 10<sup>th</sup> October?
- 14<sup>th</sup> November?
- 12<sup>th</sup> December?

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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.

