Submission 019

Inquiry into Personal Health Promotion Interventions Using Telephone and Web-based Technologies

Tunstall Healthcare Submission

April 2015

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1. Introduction

This submission is in reference to the Queensland Health and Ambulance Services Committee Inquiry into Personal Health Promotion Interventions Using Telephone and Web-based Technologies.

The information and evidence presented in this submission relate to the second term of reference.

The aim of this submission is to provide information and share experience of telehealth programs currently being deployed in Queensland.

2. Background

Tunstall Healthcare is the world's leading provider of telehealthcare solutions, operating in over 50 countries and supporting more than 3.6 million people worldwide. Our telehealth systems provide clients with the means to easily monitor their vital signs at home, supporting the delivery of effective healthcare in the community.

Tunstall has played a significant part in the complex Australian health system since 2002, contributing to the health and wellbeing of over 70,000 people and their carers. Tunstall is a leading provider of telecare and telehealth services including telehealth remote monitoring and 24/7 emergency response services.

Tunstall's telehealth solution, Integrated Care Platform, helps people understand and manage their own health. Using the myclinic health interview software, available via a dedicated telehealth hub (portable PC tablet) or the mymobile app for smartphones, a client is able to monitor their own vital signs and health condition from home, with the comfort that if readings go beyond set limits, their care team will be informed.

Tunstall has been delivering pioneering telehealthcare solutions for more than 55 years, and remains at the forefront of transforming health and care services.

3. Evidence

Tunstall Healthcare is currently involved in 12 telehealth programs across Australia. These programs are outcomes based, which focus on quality of life for the client, managing the workforce, reducing hospitalisations and controlling costs. The range is not limited to but includes vital sign management, health coaching and medication compliance.

Telehealth programs with Tunstall involvement:

- integratedliving Staying Strong Program
- DVA CVC In-home Telemonitoring Trial
- Townsville-Mackay Medicare Local Diabetes In-Home Management Trial
- Centacare Brisbane Social Inclusion Program
- Integrated Living HACC Telehealth Nursing Project
- Ipswich Hospital West Moreton Hospital and Health Service
- Western Health HUG Project
- Feros Care Australian Pilot Program
- Whole System Demonstrator (UK)

The benefits and successes of these programs include:

- Improved client health literacy
- increased awareness of own health conditions
- increased independence and self-management
- reduced emergency department presentation
- reduced hospitalisations
- reduced bed days
- supported early discharge
- more accurate and timely diagnosis
- Reduction in care delivery costs

3.1 integratedliving Staying Strong Program

The Staying Strong program focussed on persons identifying as Aboriginal and/or Torres Strait Islander, aged 50 years or over and addressed chronic disease management supported by telehealth and online intergenerational engagement. Telehealth monitoring was performed either in the home or via community telehealth hubs in the communities. (integratedliving, 2015)

"integratedliving's Telehealth Pilot Project - Staying Strong, was an outstanding success in terms of demonstrating how telehealth and broadband technology can deliver effective and efficient healthcare to older Aboriginal and Torres Strait Islander peoples living in regional Australia." (integratedliving, 2015)

Project successes include:

- Enabled self-management of own health conditions.
    - Vital sign readings have empowered participants to moderate their behaviours, resulting in improved health and wellbeing.
- Delivered improved healthcare services.
- Prevented unplanned hospitalisation and reduction in hospital stays.
- Proved to be a cost effective care delivery model.
    - Telehealth monitoring costs 40% of the traditional face-to-face care delivery model.

3.2 Townsville-Mackay Medicare Local Diabetes In-Home Management Trial

The Townsville- Mackay Medicare Local (TMML) randomised trial aims to test a model of care for people with type 2 diabetes which includes:

- In-home monitoring through high speed broadband.
- Video conferencing with health professionals from home.
- Access to the trial's Diabetes Care Co-ordinator (a diabetes Nurse Educator) to complement normal general practitioner (GP) care.

This will be compared to usual diabetes care.

The trial aims to provide robust evidence based to extend this model into other health conditions and into regional areas.

The primary outcome evaluated will be the effect on HbA1c. Other biomedical endpoints, patient and GP satisfaction and the cost effectiveness of the care model will also be assessed.

In a presentation released by TMML, results of two patients were discussed, showing reductions in blood glucose levels. (Carlisle, 2013)

Patient K is a 64 year old male, who is a former smoker, moderate drinker and has a poor diet. After four months on the trial, Patient K's HbA1c results had decreased from 8.5% to 6.3%.

Patient J is a 73 year old male, who is a former smoker and occasional drinker. After five months on the trial, Patient J's HbA1c results had decreased from 8.6% to 6.8%.

This trial ended at the end of 2014, results are scheduled to be released mid-2015.

3.3 Western Health HUG Project

An initiative of the Western Health Renal Services Department, the HUG Project is utilising the latest in telehealth technology to closely monitor and support patients on home dialysis. (McDonald, 2013)

The trial, which began in July 2013, is using a customised version of Tunstall's telehealth system to collect patient vital sign data which is then reviewed by a renal nurse on a regular basis, along with video conferencing to assist patients with correct needling and for nurses to review exit sites for infection or inflammation. Additionally, the nephrology unit's dietician conducts video conferences with patients, remotely looking through their pantries and fridges and discussing healthy eating habits.

Home dialysis patients presenting to hospital have reduced by almost 50% and the number of patients choosing in-home dialysis has doubled to the targeted 33% of total dialysis patients. (McDonald, 2013)

4. Summary

The successful outcomes of these programs show that monitored healthcare programs, whether for chronic disease management or nutrition and weight loss, provide positive results for clients. With access to their vital sign readings and care plan, and with the support of their care team, participants are empowered to manage their own health and wellbeing, improving quality of life and clinical outcomes.

Tunstall presents this information as a source of reference for the Committee. If further information should be required or any enquiries result from this submission please do not hesitate to contact Lisa Capamagian:

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