



Darling Downs South West Queensland Medicare Local

Submission to the Health and Community Services
Committee in response to an inquiry into
Telehealth services in Queensland



Background – Darling Downs Southwest Queensland Medicare Local (DDSWQML) TeleHealth

In 2012, DDSWQML received some funding to employ a Telehealth Support Officer to roll out the Australian Government Telehealth program. This program involved providing information and benefits of telehealth to health care providers such as General Practice, Specialist and Residential Aged Care Facilities and the public.

The program also involved assisting health care providers getting telehealth ready. The assistance provided including implementing telehealth within the practice. The benefits of telehealth include:

- increased access to health services locally;
- improved quality, cost and timeliness of healthcare;
- supporting the sustainability of the Australian healthcare system;
- making better use of the contemporary specialist workforce;
- reduced patient travel ;
- reduced need for patients to take extended amounts of time off work or make lengthy family or day care arrangements; and
- reduced patient time away from home.

In DDSWQML region:

Approximately:

- **61%** of general practices have used or are using Telehealth
- **26%** of Residential Aged Care facilities have used or are using Telehealth
- **1318** Telehealth services were provided from Jan 2012 to Dec 2013. The total services are not available because some Telehealth services provided are suppressed from viewing. (source: Department of Human Services – Medicare Item Report).

DDSWQML believe Telehealth services should continue to be promoted and encouraged, this is evidence from the feedbacks we have received.

- GPs are being more proactive in using telehealth, when they believe telehealth can deliver an effective and safe health outcome.
- GPs and Specialist are on the same page when they are treating a patient.
- Patients benefit from having both GPs and Specialists as part of their consultation.

Background - Submission

In March 2014, the Health and Community Services Committee notified DDSWQML about an inquiry into telehealth services in Queensland. The inquiry was to consider the implementation of telehealth, including the Rural Telehealth Service announced in February 2013 in the Blueprint for better healthcare in Queensland and based on the following four considerations:

- patients, clinicians and health staff perceptions and experiences of telehealth
- quality of patient care
- access to health services, particularly in rural and remote locations.
- technology and communication systems capacity and capability

Submissions were invited from members of the public and organisations on the matters in the terms of reference.

Six organisations chose to provide feedback on telehealth within DDSWQML region:

- One (1) Aboriginal Medical Service (AMS)

- One (1) Aged Care Provider
- Three (4) General Practices.

The submission feedback is provided in Section One.

In addition, although there has been no formal evaluation done in DDSWQML for telehealth, feedback was sought in 2012 from consumers on telehealth issues and concerns. The feedback from consumers from 2012 is provided in Section Two.

Section One – Provider Feedback on TeleHealth April 2014

Feedback 1

- **Patients, clinicians and health staff perceptions and experiences of telehealth** – staff are excited but it is yet to happen. Some residents prefer face to face even if they have to travel, doctors saying positive things but are yet to hold one but are talking about it.
- **Quality of patient care** - our view is that it is timely and available to all residents and home care clients many of whom cannot travel distances or even to the hospital/doctors surgery
- **Access to health services, particularly in rural and remote locations** – excellent for rural and remote persons. Distance as we known is a significant barrier to quality assessment
- **Technology and communication systems capacity and capability** - we have it set up and are reminding doctors that we have this service now. Yet to happen but hopefully soon. One resident refused telehealth as he wants to go to Brisbane but is unable to practicably do this.

Feedback 2

I think that it is good for patients that we are using it for as most of them are just doing medication adjustments), and things like that that would mean a patient drove down for 4-6 hrs for a 15min appointment. We are probably using about 8 specialist at the moment.

The only issue we have is that some specialist want to do it during the day rather than straight after lunch or last thing and this can mean that we have to book out ½ hr because you never know how long we have to wait to get on.

Feedback 3

Telehealth Services predominantly provides the necessary ongoing therapeutic treatment for our Paediatric Clients.

Visiting Private Paediatrician conducts onsite visits every 2 months and has been doing so since March 2013. To February 2014, he has seen 65 individual clients. He has made himself available for Telehealth every month for a 4 hourly Telehealth Session at 40 minute intervals for each client. He has treated 26 patients via 8 Telehealth Conferences since we started proving this Service in June, 2013.

Telehealth link-up with Queensland Health's Obstetric Department for 'high risk pregnancies' saw 2 Clients having access to Professional Advice throughout their Gestational period.

Telehealth link-up with a General Surgeon providing pre- operative information on the Surgical Procedure was provided for 1 patient with a positive outcome.

Recent recruitment of a Midwife, I envisage Telehealth conferencing for 'high risk' Clients will be an essential service, utilized more frequently.

Patients really do appreciate this extra service and attendance is 100%.

Feedback 4

Our patients are keen to use telehealth services for specialist appointments. This helps in avoiding travel to Toowoomba or Brisbane. Telehealth allows consultation with specialists from interstate. Some

of patients have done consultation with their specialist in Sydney. Telehealth is particularly useful for follow up appointments. Patients are reluctant to travel for over 400km just to discuss results or response to treatment. I find telehealth useful for palliative care and psychiatric consultations. Most palliative care patients are too unwell to travel.

Most private specialist have notified our practice that they are available for telehealth consultations. Public hospital clinics are not using telehealth consultations through GP clinics.

Feedback 5

My experience with telehealth

1. My perceptions: *I have consulted with specialist and subspecialist colleagues in Toowoomba and Brisbane through Telehealth regarding patients with a range of medical conditions: orthopaedics; nephrology; endocrinology; and general internal medicine; paediatric gastroenterology. Given the remoteness of my practice location, I think this facility ensures that essential healthcare is accessible to all irrespective of geographic location.*

We do have a computer with Skype capabilities at our practice. This way we are able to conduct telehealth consultations for our patients. Most of our patients also have computers with internet access and Skype capabilities and are able to attend follow-up consultations with specialist colleagues from their homes. That patients can consult with specialists from the comfort of their own homes means geographic barriers can be overcome.

I see telehealth as an important component of the health system. It should be supported, this way it can only enrich the experiences of our patients and the health care providers with the health system.

2. Quality of Care

I do not think Telehealth negatively affects quality of care. I think it actually improves quality of care as more health care providers are involved in the provision of care and all involved is accountable to the patient and to the health funders. We just need to ensure that regulations are in place to protect the profession and our patients.

3. Accessibility of health services

There is no doubt that if Telehealth is implemented properly, the gap between urban and rural areas in terms of access to health services will be bridged.

4. Technology and Communication Systems

We must just ensure that patients in remote locations can access the internet!

At least in my practice environment there is internet access.

Feedback 6

Please see attached.

Section Two – Consumer Feedback on TeleHealth 2012

Issues raised by consumers

- a. There was no specialist available via Telehealth at the time of offer
- b. I don't feel comfortable talking on a computer
- c. Privacy issues
- d. I may not get the same level of service
- e. I would have difficulty in hearing or understanding what the service is saying

Internet connectivity and speed is still an issue at some parts of rural and remote locations.

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