29-04-2014

Research Director

Health and Community Services Committee

Parliament House

George Street

BRISBANE QLD 4000

To the Research Director, Health and Community Services Committee,

Many thanks for the opportunity to present a submission to the Inquiry into Telehealth in Queensland.

My name is Nathalie van Havre, and I am a perioperative physician at Mater Health Services where I have started a Telehealth Perioperative Service in February 2014. The goal of the service is to provide medical assessment and optimization for rural and remote patients who will come to MHS for surgery.

My submission is a narrative of our experience, a summary of what we see as issues and possible solutions.

I am looking forward to finding out about the results of the enquiry, and also to the future of Telehealth in Queensland.

Best regards,

[redacted]

Nathalie van Havre MD, FRACP
Perioperative Physician
Director of Internal Medicine and Physician Education
Mater Adult Hospital
Raymond Terrace
South Brisbane (Qld) 4101
[redacted]

Telehealth at Mater Health Services

Summary of services currently offering Telehealth

Perioperative Medicine

1-Background: The Perioperative Medicine (POM) was implemented at Mater Adult Hospital (MAH) in 2009 to care for the increasingly ageing patients with complex, interacting medical problems (diabetes, heart failure ischaemic heart disease, chronic respiratory disease, etc...) undergoing surgery. POM offers medical care to surgical patients from preadmission until discharge, including coordination of care with GP. POM has improved outcomes of surgical patients at Mater (reduced length of stay, reduced mortality after NOF#, reduced last minute cancellations).

2-POM achievements: Since its implementation, the POM service has contributed significantly to better out come and more efficient flow of patients having surgery at Mater Adult Hospital. Guidelines have been produced affecting many significant areas of perioperative care. Last minute cancellations of surgeries have been significantly reduced. MAH has consistently achieved targets in terms of Quality Improvement Payment – Fractured Neck of Femur. MAH has several times triggered level 1 flags on the statewide performance indicators called VLAD. These indicators show that MAH has performed significantly better than the state average in regards to "Mortality after Neck of Femur Fracture", "Complication of Hip Replacement" and "Complications of Knee Replacement".

3-Telehealth: POM started offering Telehealth (TH) consultations to patients undergoing surgery at MAH in February 2014. Just like the in-hospital service, the POM TH service offers pre-operative assessment, risk stratification and optimization of medical issues, medication management and coordination of care with anaesthetists and surgeons. Continuity of care is ensured by the same medical team providing in-hospital medical support. A post-discharge TH consultation with patient and GP is offered to address chronic medical issues and make a management plan regarding these issues for the next 6 months to a year. This is also an ideal time to ensure that GPs have received all essential information from the hospital regarding the recent admission.

46 consultations have been conducted so far (as of 28-4-14). Most of them have been conducted with patient and GP and patient's end. All were done with

perioperative medicine (general medicine) consultant and general medicine advanced trainee at the specialist's end.

Services planned

Hospital in the Nursing Home

Use of TH consultations by general physicians with nursing home patients and GP (in nursing home). The aim of this service is to prevent hospital admissions by addressing medical issues early at specialist level, and involve GPs in management plans.

Telehealth Heart Failure Service

Service provided by nurse practitioner and specialist as follow-up for patients with heart failure. Again, the hope is to prevent hospital admissions. This is particularly important in heart failure since deterioration leading to hospital admission have been shown to significantly reduce life expectancy

Telehealth Lipid Clinic

The current in-hospital lipid clinic is attended by Prof Karam Kostner, who is an international leader in lipidology. We are planning an expansion of this clinic to provide expert care to remote and rural patients.

Issues

Availability of specialists

Rural GPs are extremely busy and so are urban specialists. The success of a Telehealth service depends a lot on availability of both parties. It is not the kind of consults that can be "squeezed in" a busy day. Most GPs prefer to arrange TH consults at the start of a session, or the very end. Specialists need to be able to accommodate this. Also, Medicare billing rules state that the specialist must be present for the TH consult (i.e not just a registrar). All this means that for a Statewide TH service to function, specialists time has to be taken into account, including the **creation of dedicated positions or funded sessions**.

Coordination

TH coordinators who understand the needs of both the specialist end and the GP/patient end are essential. The service works well as long as it is well coordinated by a resourceful person.

Technology

We found that on occasion, internet connection can be very slow and does not allow good video link. However, so far, we have never had to cancel a TH consultation because of a poor connection.

It would be ideal to have a unified conferencing software: we have been using Skype, Cisco Jabber, FaceTime and have now access to Vidyo. Using one system would possibly allow the creation of a unified directory of participants: This would facilitate "dialling in" by ensuring that the right details are available to all.

Our achievements

Patients' satisfaction is uniform in our experience. Patients specifically appreciate:

- Convenience
- GP participation to consultation with specialist
- Better and direct communication of information
- Better coordination of care
- Less anxiety re coming to Brisbane for surgery
- It makes is worth coming to a tertiary hospital since they feel confident that their surgery is happening in the best possible conditions but also their complex ad chronic medical problems will be attended to

GP's satisfaction

They mostly appreciate:

- Communication and assistance in managing complex cases
- Excellent communication of information about hospital stay and any changes having occurred in hospital
- Feeling involved in the care of patients they often have known for a long time

Many GPs have also commented that they would gladly use a similar service in other specialties.

So far, we have not yet collected enough information to really have outcome data. However we are expecting to extend outcomes achieved with local patients to our rural and remote patients, as well as contribute to the overall long term improvement in chronic disease management. We are planning to eventually publish our results once we have collected enough data.

Conclusions

In my opinion and based on my experience, the success of Telehealth in Queensland will depend on adequate human resources. The coordination is essential and is already being addressed. However, it is the medical manpower that is lacking: Queensland specialists already have full-time jobs, and it will be essential to either back-fill positions or create new posts to ensure appropriate medical support for Telehealth.