

*Isolated Children's Parent's Association Qld Inc.
Inquiry into Telehealth Services in Queensland Submission*



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Inquiry into Telehealth Services in Queensland

The Isolated Children's Parents' Association Qld Inc. (ICPA Qld Inc.) advocates for equitable access to quality educational opportunities of children in regional and remote areas. ICPA Qld Inc. represents forty-seven branches, comprising over 1200 families scattered throughout regional and remote areas of Queensland.

ICPA Qld Inc. is the only community based parent group with interests in all sectors and levels of education – state schools, independent, church or boarding schools, early childhood and care through to tertiary education and all methods used to facilitate access to that education.

The Queensland State Council of the ICPA wishes to respond on behalf of its members to the Australian Government's *Inquiry into Telehealth Services in Queensland* with particular reference to the implementation of Allied Health specialties to Distance Education and Small School Students.

Distance Education

Queensland has seven Schools of Distance Education (SDEs) which fall under the definition of 'government schools'. These schools collectively service over 1000 geographically isolated students who, by definition, have no reasonable daily access to face-to-face publicly funded schooling.

Small Schools

Queensland has a large number of small one to two teacher schools in its rural and remote areas, many of which cater for multiple year levels. Many of these schools face the challenges of limited allied health support like speech therapy for a number of reasons.

ICPA Qld Inc. would like to address the following points as outlined in the Terms of Reference (TOR);

Expenditure and Budget

ICPA Qld Inc believes strongly that the telehealth model of care is a robust, viable economic model of care for Queenslanders. In rural and remote Queensland, due to the tyranny of distance, travel costs to access Allied

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Health Services are significant with many families having to travel hundreds of kilometres. Not only does this pose an individual cost for families but also a cost to the Government through initiatives like the Patient Travel Subsidy Scheme (PTSS) in travel and accommodation. Through telehealth delivery, families can access allied health support in their own communities without having to spend time away from home and school visiting metropolitan or hub centres. In addition to time and travel there are also the miscellaneous costs involved in such journeys.

It is noted that a difference in the pay rate award exists between the Queensland Department of Health and the Queensland Department of Education Training and Employment (DETE) for Speech Pathologists.

The pay rates can be viewed at;
http://www.qldhealth.net/hrpolicies/wage_rates/default.asp
<http://education.qld.gov.au/hr/recruitment/administrative/.../salaryschedule.xls>

At present, this makes shared service agreements and recruitment to DETE Speech Pathology positions more difficult.

Governance Arrangements

Currently, Queensland Health has the capacity to deliver a telehealth model of care to rural and remote communities in Queensland. The same infrastructure does not exist in most Queensland state schools. Therefore, ICPA would like to propose a Memorandum of Understanding (MOU) exist between departments to allow the use of Telehealth equipment by Queensland Education and Queensland State schools to allow Telehealth delivery to Queensland school students for the purpose of accessing allied health services that would be normally delivered by Education Queensland employees via face to face delivery.

At present, some Hospital and Health Services (HHS) have the capacity to accept referrals to Allied Health appointments from the Department of Education if a deficit in service is identified. However, evidence suggests not all Hospital and Health Services have the capacity within individual service models, to accommodate cross sector referrals due to already overburdened referral intake in Health alone.

Therefore, it is vital that Telehealth delivery be available through DETE to accommodate for this deficit and replicate the same robust, sound, economically viable Telehealth model implemented by the Department of Health.

Patients, Clinicians and health perceptions and experiences of Telehealth

Many Queenslanders have had the opportunity to benefit from the Telehealth service in rural Queensland. Many sick, rehabilitating patients have been able to avoid lengthy journeys to larger Metropolitan areas for follow up appointments which are often only of 15 minute duration. Patients feel relieved and grateful appointments can be accessed via telehealth arrangements, often resulting in shorter recovery periods for patients recuperating in their own homes and communities while still accessing vital links to appropriate specialities.

ICPA Qld Inc. has been advised by Department of Education that it is difficult to recruit to 0.1 and 0.2 Full Time Equivalent Positions (FTE) in rural and remote areas. Unfortunately, Health Professionals do not have the capacity to work in job share arrangements across sectors in rural and remote locations as vacancies do not exist. Therefore, it is not economically viable for these professionals to undertake rural and remote placements, resulting in recruitment and retention crises and loss of services. Under the telehealth model of care a professional would have the capacity to deliver up to date, timely therapy from a "hub" site without having to take up residence in one particular community for small FTE positions

For staff already employed at a regional level, the interaction, guidance and collegial support available through telehealth models has been revolutionary.

The once familiar feeling of isolation, mounting pressure and anxiety imposed by remote geographical location has now significantly reduced as support of colleagues via telehealth portal is readily available. There is no doubt, in turn this has achieved increased positive patient outcomes for Queenslanders.

Barriers to Successful Implementation of Telehealth services in Queensland

In summary;

- Infrastructure in Queensland schools could not support robust telehealth models. However, if a MOU between Departments was created this service could be achieved.
- A difference in the pay award for Speech Pathologists in Queensland between Departments exists. This in turn makes shared service agreements difficult to implement.
- Small FTE positions pose a significant recruitment and retention problem in rural and remote Queensland due to economic in viability for professionals.

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- It has been identified some HHS's have no capacity within individual service models to accept cross sector referrals due to already overburdened referral systems.

Conclusion

In closing, ICPA Qld Inc sees the utilisation of Telehealth as the best possible resource for delivering easily accessible and quality services unaffected by the impositions of distance, accessibility and cost. Additionally, if the service could be utilised to also provide vital assistance to families and schools to improve educational delivery and support to students then the benefits of Telehealth would be further enhanced and a wider cohort of clientele would reap the benefits of the programme. This innovative cross-departmental collaboration would also serve as a role model for others to follow.