



Far North Queensland Medicare Local Submission to Inquiry into Telehealth Services in Queensland

Role of the Far North Queensland Medicare Local (FNQML)

The key role of Medicare Locals is to ensure services are better targeted to meet local needs. The FNQML is responsible for coordinating primary health care delivery and tackling health care needs and service gaps in the Far Northern region. We are driving improvements in primary health care and ensuring services are better tailored to meet the needs of local communities.

Our role is to:

- Make it easier for patients to access the services they need by linking local GPs, nursing and other health professionals, hospitals and aged care, Aboriginal and Torres Strait Islander health organisations, and maintaining up to date local service directories.
- Work closely with Local Hospital and Health Services to make sure that primary health care services and hospitals work well together for their patients.
- Plan for and support local after hours face-to-face GP services.
- Identify where local communities are missing out on services they might need and coordinate services to address those gaps.
- Support local primary care providers such as GPs, practice nurses and allied health providers to adopt and meet quality standards.

The FNQML covers the large and diverse region from Tully in the south to the Torres Strait in the north and Croydon in the west.

Our vision is to enable individuals and communities to succeed in managing wellness.

Relationships with Stakeholders

The population within the FNQML boundaries encompasses three Local Hospital and Health Services (HHS) districts, each with their own unique communities. The FNQML has established Protocols with each respective HHS which outlines shared responsibilities for the health and wellbeing of the people within the relevant districts and to cooperate in the planning and delivery of healthcare services. Cairns and Hinterland Health Services District covers an area of 142,900 square kilometres, or approximately 19 per cent of the total area of North Queensland and includes areas from Tully in the south, Mossman to the north and Croydon in the west. The number of residents in Cairns and Hinterland Health Services District was 209,787 which accounts for 5.4 per cent of the total population of Queensland. The Indigenous population of 19,074 accounts for 9.1 per cent of the district's total population. (2006 Census of Population and Housing)

Cape York Health Service District covers an area of approximately 127,900 square kilometres and represents about 17 per cent of the total area of North Queensland. It services the remote communities within Cape York Peninsula. The number of residents in the Cape York district was 11,699 which accounts for 0.3 per cent of the total population of Queensland. The Indigenous population of 6,004 accounts for 51.3 per cent of the total population of Cape York. (2006 Census of Population and Housing).

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In the Torres Strait and Northern Peninsula Area (TS&NPA) the FNQML is auspiced by the HHS. The two entities have worked closely over the past year through:

- Complimenting areas of need/gaps in primary/preventative health care;
- Enabling integrated primary health care particularly for chronic disease patients;
- Increasing access to culturally safe health service delivery; and,
- Enabling consumer input/voice to improve health service delivery

The Torres Strait and Northern Peninsula Area Health Service District covers an area of 2,400 square kilometres or approximately 0.3 per cent of the total area of North Queensland. It encompasses the islands between the tip of Cape York and the Papua New Guinea border as well as the five communities of Bamaga, Injinoo, New Mapoon, Seisia and Umagico located in the Northern Peninsula Area of the mainland. The indigenous population of the region is approximately 8000.

The FNQML has engaged extensively with various General Practices, State and Australian Governments, Local Governments, non-government agencies and traditional owners groups operating within our footprint.

Telehealth

Torres Strait and Northern Peninsula Area (TS&NPA)

The TS&NP HHS is the primary provider of health services in the Torres Strait and Northern Peninsula Area. Currently the HHS has Telehealth units in the following locations:

- Thursday Island Hospital (2 facilities);
- Thursday Island Primary Health Care Centre (1 facility);
- 15 Primary Health Care Centres situated throughout the Torres Strait;
- Bamaga Hospital (1 facility); and,
- Thursday Island Community Wellness Centre (1 facility).

These systems have been in operation for a number of years apart from the Telehealth facility recently installed in the Community Wellness Centre on Thursday Island.

In October 2013 the FNQML and the TS&NP Hospital and Health Services partnered to progress the use of Telehealth services. The FNQML initiated a Telehealth review which involved engaging respective TS&NP HHS health professionals to gauge their views/concerns on the use of Telehealth and to investigate the technical and functional requirements of Telehealth facilities.

The review highlighted a number of issues that impact on the use of Telehealth:

- The need for a sophisticated booking system that is able to connect to all health centres/hospitals and monitor usage;
- Health professionals are keen to use Telehealth to improve consultations and patient care; Areas of particular interest included Radiology where current processes take hours to achieve diagnosis due to use of conventional phone communication. The Maternity area also sees the benefits of Telehealth for pre/post natal care;
- Lack of private consultation rooms for use of Telehealth particularly in the Thursday Island Hospital and the new Community Wellness Centre;
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In December 2013 the FNQML supported the TS&NP HHS to appoint an appropriate person to the Telehealth Coordinator position. Since the appointment of the Coordinator the FNQML has worked closely with the Coordinator enabling the TS&NP HHS to increase capacity of health professional to use Telehealth and make it part of everyday business.

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Benefits of Telehealth

The Torres Strait offers an excellent platform to pilot the benefits of Telehealth. With the geographical challenged and isolated island communities that are scattered throughout the region coupled with the high cost of living and lack of transportation options, Telehealth offers an opportunity in which consumers can still access health care in their own communities.

FNQML conducted initial consultations with key stakeholders and consumers from over half of the communities and have found consumers are very receptive to use Telehealth. when it is not crucial to have a face-to-face consult with the GP. Consumers see it as an alternative means to engage with GP's when a face-to-face consult is not crucial thereby minimising unnecessary travel and stress.

Both the FNQML and the TS&NP HHS see that through proper use of Telehealth it allows the opportunity for:

- Increased consumer access including in the areas of counselling and maternity (both pre and post natal);
- Considerable reduction in travel costs;
- Extended access to GP's outside of the region;
- Continuity of care;
- Increased and consistent attendance at clinics by consumers; and,
- Increased training and staff development for health professionals in communities.

Challenges of Telehealth

The Torres Strait outer island region (not including Thursday Island) suffers from very poor IT infrastructure with a bandwidth speed of 1mb link. This limitation means that normal households have no internet access and key agencies have very limited access.

Scattered throughout the region are Primary Health Care Centres with each housing a Telehealth system. The PHC's vary in size but most have very limited space with a reception area, GP room and emergency room. Each PHC except for Saibai Island are challenged with not being able to fully utilising the system largely due to:

- Lack of space in the PHC centres especially the emergency rooms;
- Limited portability of the equipment to use in different areas of the PHC centres;
- Lack of power outlets the PHCs;

With these limitations there have been emergency situations when health staff are running between the emergency room and the Telehealth system to treat a patient. Staff have expressed the need to have the Telehealth system mounted above the treatment bed in the emergency room so that it is positioned with clear visibility of patient and health professionals.

Please also note that most of the Telehealth equipment currently used is nearing replacement age.. The Telehealth Coordinator is doing an audit of the facilities to ensure that current systems are operational and is also tasked to train indigenous health workers health workers to ensure they can use the systems. In the past the system was only used by external health workers and once these staff move away that knowledge is lost.

The Telehealth Coordinator is also working with FNQML to develop a sophisticated booking system which links all health centres. Currently TS&NP HHS staff are using a stand-alone excel spreadsheet and or through Best Practice which is not effective to monitor usage. There are central referral and care planning repositories that are being produced by several vendors. The FNQML is currently involved in the assessment of some of these products jointly with QH and JCU.

FNQML is actively advocating with Telstra and other IT companies such as Cisco and Polycom to gain interest of parties to consider investing into the increased bandwidth capacity for the region. The FNQML CEO has held talks with Telstra in Melbourne in April to lobby for Telstra support through the Telstra Foundation.

In early April Telstra representatives met with a local Australian Government organisation the Torres Strait Regional Authority (TSRA) and quoted that an approximately \$10-\$11 million dollars to upgrade the bandwidth speed for the region. TSRA is looking into the possibility of partnering with other key providers such as Health and Education Qld to co-contribute to the upgrade costs.

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FNQML also recently had discussions with a representative from the National Broadband Network (NBN) and was informed that a new satellite will be installed in 2015 which has capacity to potentially benefit the region including Cape York. If access was provided through the new satellite this would increase bandwidth speed to up to three times.

FNQML is also exploring the option of using other forms of IT programs such as VIDYO. This program is a secure network that can link to Qld Health systems and uses far less bandwidth capacity. FNQML is trialing this system in various island locations to determine its capability especially in some of the more challenging IT poor communities such as Mabuia, Ugar and Poruma Islands.

Recommendation

The FNQML would like the Parliamentary Committee to note the content of our submission and to consider supporting Telehealth use in the Torres Strait and Northern Peninsula Area through the following options:

- Engage Telstra through the Telstra Foundation to increase bandwidth capacity; and,
- Enable the NBN rollout to include the Torres Strait and NPA to be serviced by the new satellite in 2015.

General Considerations and Recommendations

The FNQML has been actively in the promotion of Telehealth throughout the FNQ region and have been providing GP's, specialists and QH facilities with access to Vidyo videoconferencing technology. The FNQML has purchased and installed both a secure Vidyo portal and a secure Vidyo gateway at a reliable data centre. This has enabled the FNQML to provide the licenced product at minimal cost to clinicians wishing to engage in Telehealth. Uptake by clinicians has been excellent and demonstrates that if a user friendly, reliable solution is made available it will be utilised. The fact that all transmissions are secure, encrypted and remain within Australia is significant factor when persuading clinicians of the utility of the system.

The other valuable aspect of the technology that we are utilising is the ability, through our secure gateway, to communicate with legacy systems (Cisco, Polycom) that are utilised by Queensland Health and other institutions such as James Cook University. This has allowed the patients of regional GP's to have Telehealth appointments with the QH Pain Clinic in Townsville and eliminated many hours of travel and discomfort. FNQML would like to continue with this initiative and expand it as much as possible. If GP's were able to bill for consultations with patients, in the absence of a specialist, a lot more could be achieved with remote monitoring and assessment.

A number of areas of our work can be significantly enhanced and new healthcare options explored with the expansion of Telehealth services, particularly if that patient care is linked to use of the PCEHR.

Provision of After Hours medical Care

Provision of after-hours care could be enhanced by the use of mobile devices linking clinicians in the field to experienced clinicians at an appropriate base via a telehealth connection. Triage could be undertaken and unnecessary presentations at hospital emergency departments minimised. This applies equally to urban and rural and remote locations.

Aged Care

During the development of the Aged Care Project objectives for Far North Queensland Medicare Local, it has become evident that Telehealth will play a large and important role in service provision in rural and remote areas. It is hoped that the Telehealth service may function in the following ways

- Allied health service provision does not always need to be delivered onsite. For check-ups and maintenance assessments, TH would be used to provide ongoing care and supervision, as well as problem solving issues that arise where distance prohibits a consultation visit just for assessment purposes.
- Cat 4 and 5 presentations to ED from RACF's are mostly unnecessary transportations, performed by staff to cover for lack of training or knowledge. It is proposed that Telehealth facilities be installed in all RACF's, and a clinician such as an RN, NP or GP be rostered 24 hourly to assess

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the need for transport to tertiary care. Events like post fall injuries or confusion and delirium can be observed via telehealth and the clinician can make an assessment as to whether first aid is appropriate, or referral to ED is required.

- Up-skilling remote health workers is vital in keeping elderly people in their familiar surroundings, yet still receiving quality health care without disadvantage by distance or remote location. RACF's can rarely afford to let staff travel off site for education, as remote aged care staff numbers are at critically low numbers, often working more than 80 hours a week. Telehealth allows for training to be delivered onsite with a minimum of disruption, and has been used effectively in the past
- There is a critical shortage of appropriately experienced and qualified allied health and aged care staff available to work in remote areas. Telehealth would allow new grads without experience to work in these areas, and be supervised by a senior clinician or mentor in a major centre, such as Cairns.
- Some allied health services can be delivered solely via Telehealth. For example, RMMR's and HMR's (Residential Medication Management Review and Home Medication Review) can be conducted via telehealth, as the pharmacist does not have to lay hands on the client for the service. These assessments are mandated by legislation to be conducted every 2 years or at the time of a significant health change for a residential facility to gain accreditation. Telehealth makes this possible and reduces the cost.
- Use of the PCEHR and telehealth can significantly aid in the care of people in aged care facilities.

Mental Health

There are some significant work being done on the potential for telehealth solutions to expand the opportunities for people with mental health issues to access care. We would like to be able to extend our programs to intersect these opportunities.

General Practice:

(From the point of view of a General Practitioner)

There is a growing awareness amongst General practitioners of the future of Telehealth services.

Like all new strategies in primary health, it takes a significant period of time for uptake to occur with GP's. Busy GP's often require demonstrations to appreciate the effectiveness of new technology to see whether the GP will devote their energies to implementing these strategies. (The FNQML has actively been demonstrating and installing our Vidyo Telehealth solution).

It is very obvious that a Telehealth consultation for a patient will save time, cost and travel (particularly for the elderly and infirm). The experience though must be rewarding for all parties.

There are potential obstacles to the uptake of Telehealth by GP's

- IT support...not all GP's are tech savvy and have little time to develop these skills. Some delay in the uptake of the PCEHR was evidence of this. Ongoing support from the Medicare Local has been invaluable in overcoming this barrier.
- Specialist participation in Telehealth. At this stage, a GP can only be remunerated through a 3 way Telehealth consultation with a patient, GP and specialist. Specialists are sometimes slow to embrace the IT requirements of Telehealth, which is why the FNQML is promoting a user friendly and reliable system.
- Remuneration. There are a number of Telehealth applications that would be of enormous benefit to patients. However these are not listed on the MBS and are poorly used. Examples include GP-patient telehealth consultations, GP-nursing home consultations, GP-allied health-patient consultations, GP-Paramedic consultations, patient monitoring of chronic disease.

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- Poor internet band width. This results in less than satisfactory video links that effectively render the consultation of limited value.
- There is no doubt that Telehealth services will develop. However the narrowness of its use, primarily for specialist consultations (at this stage the only Medicare funded item) is probably limiting GP engagement at this stage

Issues and Obstacles

People from Cape York or the Torres Strait who fall ill do not want to be transported (at great cost) to Cairns or beyond if it is not necessary. They may have English as a second or third language and no support at all at their destination. Telehealth triage, coupled with a centralised health record (PCEHR) could prevent a large number of unnecessary patient transfers.

Remote patient monitoring is also a very important area that can improve the management of chronic disease and allow intervention before critical situations arise.

Specialist follow up or participation at distant clinics, where appropriate, can be conducted by telehealth and these are just a few examples.

In order for these things to occur there needs to be secure, fast and reliable systems in place and the willingness of clinicians to participate.

The main issues to be addressed and the recommendations of the FNQML are as follows.

Ensure that there is adequate, fast, reliable internet access to all communities throughout Far North Queensland and the Torres Strait. If this means the use of interim solutions such as satellite broadband then this should be part of the discussion.

Amend the Medicare Telehealth items to incorporate consultations and interventions that do not include a Specialist.

Support Telehealth trials in:

- Aged Care
- After Hours
- Remote Monitoring.

Yours Sincerely



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