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Dear Mr Ruthenburg,

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Thank you for inviting AMA Queensland to provide a submission to the Committee's inquiry into the delivery and cost-effectiveness of telehealth services in Queensland. AMA Queensland is the state's peak medical advocacy body, representing over 5000 medical practitioners across Queensland and throughout the health system. Many of our members are in an excellent position to advise on the use of telehealth services and infrastructure.

General principles for the use of telehealth

AMA Queensland is dedicated to advocating for a health system built on the medical values of compassion, trust and knowledge. Telehealth can add significant gains to the health care system by providing compassionate care to more Queenslanders. However, it must be used appropriately, in a way that respects the privacy and autonomy of the patient, to enhance their relationship with their doctor and allow greater access to high level medical and clinical expertise.

AMA supports the use of telehealth to facilitate rural medicine – especially access to specialist advice or second opinions. The development of medical and communication technology has the potential to deliver significant benefits to regional and rural medicine. For example, faster broadband would make it easier for doctors in rural and regional areas to consult with city colleagues when diagnosing and treating patients. In this regard the NBN could help drive the uptake of telehealth in regional and remote areas.

The AMA has outlined guidelines for the use of telehealth consultations in its position statement *Technology Based Patient Consultations 2013*. These general guidelines outline a patient-centred model of care, which emphasises the importance of maintaining a strong therapeutic relationship. Telehealth should generally be used:

- as an adjunct to normal medical practice;
- for patients who have been referred by another medical practitioner;
- when it is clinically appropriate for the patient's circumstances.

The AMA emphasises that caution should be taken to ensure that telehealth consultations are not used in a way that fragments ongoing care and management of the patient.

It should be noted that improved internet services will not eliminate the need for more doctors in regional areas and for rural hospitals to be properly funded and staffed – telehealth is a tool for doctors and hospitals to use in patient care. Governments need to work with stakeholders to encourage the innovative use of these technologies and in doing so need to consider:

- policies that promote access to relevant community infrastructure including high speed internet access;
- initiatives including funding for community based facilities, or assistance with the purchase of infrastructure;
- promotion of collaborative initiatives between clinicians to foster telemedicine; and

- raising the awareness of available technologies and providing access to training in the use of such technologies.

Telehealth in Queensland

Telehealth in Queensland has been an area of heavy investment for some time and there have been notable successes, both in terms of patient outcomes and cost-savings to the system. In this regards, AMA Queensland welcomes the Queensland Government's further investment of \$31 million in telehealth services for Alpha, Eidsvold, Moura, Kowanyama, Normanton, Roma and Bedourie.

AMA Queensland strongly supports innovative use of telehealth in providing better services and outcomes to Queensland patients. A prime example is the teleoncology service run from Townsville which has reduced costs for patients and the health system, reduced stressful travel for patients, while maintaining clinical outcomes.¹

Also of note are:

- The Telepaediatric Service run through The University of Queensland, Centre for Online Health;
- Provision of mental health services through telemedicine;
- Retrieval Services Queensland which provides statewide support for the process of referral for aeromedical transfer of patients.

These success stories illustrate the gains that can be made from the appropriate use of telehealth services to enhance the care that patients can receive locally and give access to more highly specialised care.

However, in the evidence given to the Committee, it was revealed that telehealth equipment is currently used on average twice a week, for a total per month average of 8.9 hours.² From this it is evident that the use of telehealth could be expanded. The challenge for Queensland Health will be to translate these early gains and innovative models of care into mainstream practices in a way that provides safe and high-quality care, appropriate training for clinicians and is cost effective for the system.

AMA Queensland wishes to briefly discuss some of these challenges and what can be done to overcome them.

Engaging clinicians and building human capital will be vital to expanded rollout

AMA Queensland recognises the significant expenditure on telehealth resources by the Queensland Government in recent years. Queensland has positioned itself as an early adopter of many telehealth service delivery models; a network of telehealth hardware and software now exists statewide, enabling the provision of specialist health services and treatments remotely.

These systems are currently being used in pilot programs. As noted above, these early adopters of the telehealth are providing good outcomes for patients and the health system. The success of these programs lies in the engagement, skill and dedication of the clinicians that run them. Each is run by a dedicated team of clinicians and support staff in both the central location and the telehealth satellite area. As 'startup' enterprises, each program has dealt with problems and challenges independently, finding their own solutions.

From this we can see that while technical capability is vital, so is an engaged workforce, clinical leadership and input, and support from the Department of Health and relevant Hospital and Health Services.

¹Darshit A Thaker, Richard Monypenny, Ian Olver and Sabe Sabesan. *Cost savings from a telemedicine model of care in northern Queensland, Australia*. Med J Aust 2013; 199 (6): 414-417.

²Public Briefing – Inquiry into Telehealth Services in Queensland, Transcript of Proceedings. 5 March 2014. Health and Community Services Committee, Queensland Parliament: Brisbane. Evidence of Mr Bryett, p4.

One important aspect to observe is that early adopters may exhibit a greater degree of initiative, have more resources at their disposal or have access to a high degree of skilled leadership. This combination of human capital and resources will not always be available in every health service; therefore efforts to expand existing programs to a wider group will benefit from a high level of engagement with clinicians and a high level of practical guidance and support provided by the local Hospital and Health Service or the Department of Health, along with quality assessment and reporting.

Greater support, including planning, implementation and ongoing technical assistance, should be made available to services interested in expanding their use of telehealth. This could take the form of mentoring, clinical modelling, and consulting. Cost benefits from participating in telehealth programs should flow directly to the department involved to increase the incentives for clinicians to take part in the program for the benefit of their patients.

Learnings from existing telehealth programs will provide valuable guidance to new adopters of telehealth and should be compiled and made available to all staff. Telehealth training and mentoring opportunities should also be made available to assist with the expansion of the programs.

Good relationships between receivers and deliverers of telehealth are vital for the success of the program. Without support at both ends of the system, then success becomes much harder and patient care is jeopardised. Significant resources should be put into systems and opportunities to develop and cement relationships between clinicians for the benefit of patients.

Telehealth services should strengthen the clinician-patient relationship

Recent research has provided confirmation that the quality of the patient-clinician relationship has a statistically significant effect on health care outcomes, including compliance with treatment, pain relief and patient experience.³ Contact and care which relies too heavily on electronic communication may interfere with the development of a good therapeutic relationship and reduce treatment efficacy, reduce compliance with treatment plans or medication, or increase appointment no-shows.

These factors are recognised by the AMA position statement on *Technology Based Patient Consultations 2013* which emphasises that telehealth consultations complement but do not replace face-to-face consultations. Dealing with this tyranny of distance can be achieved by using a mixture of face-to-face and telehealth consultations.

If treatment is to be provided directly via telehealth, an assessment should be made regarding the proportion of telehealth and face to face consultations that will be needed. This assessment should be based on available evidence. Monitoring and assessment should be conducted on a regular basis, including monitoring of patient satisfaction and clinical outcomes; guidelines should be adjusted accordingly. Patient preference should also play a role in determining how care should be provided.

Telehealth consultations should support relationships between clinicians and patients at the satellite locations. Recognition should be given to the expertise of clinicians on the ground that are seeking specialist advice or supporting patients during the consultation. Their specialised knowledge of the patient and the health care context can be used to develop a strong therapeutic relationship and improve patient outcomes.

In relation to this, there must also be clear definition regarding responsibility for the ongoing follow up and treatment of the patient – for example, booking a new appointment or following up test results. Establishing clear lines of

³ Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H (2014) The Influence of the Patient-Clinician Relationship on Healthcare Outcomes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. PLoS ONE 9(4): e94207. doi:10.1371/journal.pone.0094207

responsibility will ensure that patient care is not interrupted. Where it is possible, patient care should be returned to their GP for ongoing treatment and monitoring.

Telehealth should be used to build capacity in the system

The use of telehealth has allowed for significant growth in the health system's capacity, allowing clinicians to treat patients remotely. This growth in capacity also has the potential to grow the system's training capacity for junior doctors. AMA Queensland advocates that telehealth should be used to provide additional training and support for junior doctors and also provide consultant advice from senior clinicians or sub-specialists when needed.

This strategy fits with AMA's position statement "*Supervision and assessment of hospital based postgraduate medical trainees – 2012*", which states that trainees should not be placed in a position where they are not adequately supported by senior medical staff. The AMA believes this is more likely to occur in more remote settings and has the potential to harm the professional development of trainees and increase the risk of adverse events. It is vital that trainees are adequately supported where they undertake placements with minimal on-site supervision. This can include specific preparation and training prior to the placement, briefing on the likely clinical problems and situations trainees will encounter, use of telehealth to communicate with senior doctors and other members of the supervising team, and regular debriefing and mentoring.

However, as with clinician-patient relationships, teaching and training relationships require a mixture of online and face to face interactions. Much important teaching and mentoring occurs in 'downtime' where trainees may discuss non-clinical issues or general concerns and questions. Structured opportunities to develop these kinds of relationships and interactions must be put in place when using telehealth for teaching and training. Where possible, telehealth teaching must be given alongside face to face training.

Have a clear strategy which provides an appropriate balance between centralisation and building local expertise

As telehealth is in the early stages of development, current telehealth programs in Queensland are designed to serve a specific purpose or situation. Creating a clear strategy for how and why telehealth will be used in the future will be crucial to the success of rolling out telehealth services to a wider cohort.

Models of care for telehealth services vary significantly. On the one hand, the Emergency Medicine call centre centralises specialist expertise in one location and provides guidance and instruction for the entire state. On the other, when a generalist practitioner seeks specialist or subspecialist advice, they will be seeking to create a partnership between themselves and the more knowledgeable party to provide care to the patient and gain expert advice and training. How much care and advice should be delivered via telehealth when compared with face to face care will depend on a number of factors, including patient outcomes, as well as systems planning and building local expertise.

Reliance on centralised models of care will be appropriate only under certain conditions, for example, when treating rare but relatively straightforward conditions. Expansion of telehealth into provision of care which local clinicians could provide might have the effect of reducing capacity in the system. Expansion of telehealth into more complex and unpredictable areas of care will require higher levels of skills and support from clinicians at both ends of the line, and may not be feasible in an environment of workforce shortage and limited training capacity. Therefore careful planning and strategy will be needed to calculate the feasibility of expansion of telehealth services into new areas. Significant support in this regard may be required from the Department of Health.

Conclusion

AMA Queensland believes that telehealth is an important tool that can be used to help alleviate pressures on the medical workforce, increase health system capacity and improve patient outcomes for the better. We believe that the investment in telehealth infrastructure to date has been largely appropriate however this investment could be strengthened and expanded upon. However, expansion of services will require greater levels of planning and support from the Department of Health and high levels of engagement with clinicians at both the central and satellite locations.

Yours sincerely



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President
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