

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE



Australian College of Rural and Remote Medicine

Submission to the Queensland Government Parliamentary Inquiry into Telehealth Services

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5 May 2014

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Introduction

The Australian College of Rural and Remote Medicine (ACRRM) is recognised by the Medical Board of Australia as an Australian specialist medical college, and is accredited by the Australian Medical Council (AMC) to set standards and provide education, training and continuing professional development in the specialty of general practice- with an emphasis of rural generalist practice.

Although the primary ACRRM qualification (Fellowship) will allow general practitioners to work as specialist GPs anywhere in Australia, the College is particularly committed to training and support of doctors providing comprehensive medical generalist services for people who provide services in rural and remote areas.

The purpose of the College is to provide leadership, training and support for professionally connected rural generalist doctors to promote effective systems of care for their communities. ACRRM considers that effective systems must include the integration of telehealth services. The Fellowship of ACRRM is the qualification of choice for 97% of doctors training under the Queensland Rural Generalist Programⁱ

The extended skills required by rural and remote doctors include comprehensive community primary care, hospital and emergency care, population health and extended specialised services included procedural skills. This full scope of general practice, or 'rural generalist medicine' as it is called, is specified in the [ACRRM Primary Curriculum](#).

Of particular relevance to the Enquiry, this Curriculum includes requirement for ACRRM Fellows to use technology ([IMIT statement](#)) to optimise provision of, and access to, care for patients in rural and remote areas. This includes the fit for purpose use of Telehealth, as well as relevant Clinical Information Systems (CIS), Shared electronic records, Secure communication, such as secure messaging for electronic clinical documents e.g pathology, referral and discharge, Clinical decision support systems and Point of Care Testing (POCT).

By virtue of their involvement across the care continuum – from community to clinic to hospital and in the home – rural and remote doctors can offer a unique perspective on Telehealth and its role in improving access to services and continuity of care.

ACRRM therefore is well positioned to contribute to this Parliamentary Enquiry

ACRRM position on TeleHealth (with reference to the topics of the Enquiry)

ACRRM uses Telehealth as a broad term encompassing the use of communication and information technology to provide patient care – this includes (but is not limited to) real time video conferencing. Store and Forward modality is not recognised under the MBS Telehealth arrangements, however ACRRM considers is an efficient means of providing telehealth especially in disciplines such as dermatology and ophthalmology.

ACRRM endorses Queensland Health broad definition of telehealth. This definition is broader than the scope of modalities recognised as eligible under the MBS arrangements.

“Telehealth is the delivery of health-related services and information via telecommunication technologies. The Department of Health definition of telehealth includes:

- *Live, audio and/or video interactive link for clinical consultations and educational purposes*
- *Store and forward telehealth - this model can involve digital images, video, audio and clinical data being captured (“stored”) on the client computer; then at a convenient time transmitted securely (“forwarded”) to a clinic at another location where they are studied by relevant specialists*
- *Teleradiology for remote reporting and clinical advice for diagnostic images*
- *Telehealth services and equipment to monitor people’s health in their homes.”*

ACRRM recognises that quality rural generalist practice is characterised by the provision of a broad range of services including those provided by telehealth. Telehealth is seen by ACRRM as an essential component of effective rural and remote practice.

Specifically, ACRRM considers that:

- a. Telehealth can improve health outcomes by facilitating timely access to essential specialist and generalist services and advice as evidenced by work undertaken by a range of organisations in Queensland – including the Centre for Online Health, Townsville Tele Oncology, Mackay Paediatrics, ACRRM and others. For example the return time for a response from Dr Muir as part of the ACRRM Telederm project is less than 24 hrs. The service has been managed by ACRRM for over 9 years. It provides advice and education. See <http://www.ehealth.acrrm.org.au/provider/tele-derm>
- b. Telehealth further *extends the scope of practice* of rural generalists (nursing as well as medical) to provide comprehensive care for patients in their local community in consultation with the appropriate specialist/generalist. Telehealth assists rural clinicians to work at the top of their licence as evidenced in the successful evaluated Tele-oncology project – Prof Sabe Sabesan https://www.acrrm.org.au/files/uploads/pdf/news/Release_TeleHealth%20cancer%20practice-ACRRM-6.pdf
- c. Telehealth can enhance shared care arrangements and facilitate quality models of care involving patient-end clinicians and remote-end specialists/consultants. Telehealth can contribute to continuity of care and quality of care outcomes for patients - especially when face to face referral arrangements are optimised via telehealth. ACRRM encourages both visiting specialists to provide Telehealth services as an adjunct to face-to-face services and GPs and rural generalist to facilitate that consultation at the patient end, e.g. the Telehealth paediatrics model

implemented by specialist Dr Mike Williams from Mackay regional hospital to more remote settings <http://www.health.qld.gov.au/mackay/docs/media/dec-telehealth.pdf>

- d. Some of the MBS Telehealth item eligibility restrictions have the potential to undermine a whole sector adoption of telehealth. Government will need to address these anomalies if a seamless approach is to succeed.

For example, ACRRM considers that rural generalists operating in regional networks have a role at the distant end of the consultation providing medical advice to distant patients and colleagues to assist in the local management and care of patients... eg (Rural generalist to remote area nurse RIPEN, GP/rural generalist Obstetrician/ midwife etc)

At this time the National MBS arrangements do not recognise the GP at the distant end of the consultation.

MBS remunerates GPs for consultations between as GP and a consultant working in private capacity; however consultations between a GP and a specialist consultant working in a public capacity are not recognised. This disrupts effective referral networks and undermines care for the most disadvantaged patients
The AHP role in telehealth is also not recognised under the MBS arrangements, however AHP and nurses are an essential part of the rural team

- e. Rural generalist should be supported to have a role in clinical coordination and emergency services and retrieval. This is reflected in the work that Queensland Health and Dr Mark Elcock are undertaking via State-wide Clinical Coordination and Retrieval Services: ACRRM is supportive of this approach.
- f. Services provided via telehealth should adhere to the basic assurance of quality and professional health care in accordance with the ACRRM Telehealth Advisory Committee (ATHAC) Standards Framework/ ACRRM Telehealth Guidelines. http://www.ehealth.acrrm.org.au/system/files/private/ATHAC%20Telehealth%20Standards%20Framework_0.pdf
- g. Telehealth arrangements should complement existing specialist services (where available), build on rural workforce and referral patterns to avoid further service fragmentation, and address practicalities of coordination, scheduling and support from the patient's perspective to improve their continuity of care. Telehealth should enhance the existing primary clinician-patient relationship (not fragment it).
- h. Telehealth technology provides opportunity for up-skilling, education, supervision and support. Use of the technology for multiple uses is useful in developing familiarity and facility in using the systems. Telehealth enhances training opportunities for registrars at both patient end and specialist end. ACRRM has incorporated the use of telehealth technology in providing distant support and supervision and assessment of practice in context.
- i. Telehealth technology must be intuitive to use, dependable and accessible- ACRRM is keen to work with stakeholders to provide input in the development of a suite of secure standards based technologies that provide for a secure seamless user experience across the public and private sector.

Table 1 Benefits of Telehealth (Source ACRRM Introduction to Telehealth Handbook http://www.ehealth.acrrm.org.au/system/files/private/ATHAC%20Telehealth%20Standards%20Framework_0.pdf)

Benefits of telehealth	
Benefits to patients	<ul style="list-style-type: none"> • Improved access to healthcare i.e. greater equity for rural patients • Reduced waiting time for specialist appointments • Reduced travel, expense and time away from home • Faster diagnosis • Improved continuity of care • Enhanced shared care between generalists and specialists • Improved quality of care
Benefits to clinicians	<ul style="list-style-type: none"> • Professional development for clinicians e.g. experiential learning, informal knowledge transfer • Reduced professional isolation with collaboration and networking • Just in time help with difficult cases and emergencies • Reduced travel, expense and time away from home
Benefits to the health care system	<ul style="list-style-type: none"> • More cost effective delivery of services • Improved coordination of care and service integration • Enhanced training opportunities for students and registrars during rural placements

Risks and Barriers

ACRRM is also aware of possible unintended negative consequences. ACRRM recommends vigilance to ensure that these consequences do not undermine the aim of the telehealth strategy. Governance arrangements are required to ensure that these possibilities do not occur. Negative potential consequences which concern ACRRM are:

- Over-substitution of essential face-to-face visiting specialist services to rural communities with inappropriate telehealth services;
- Disproportionate State government cuts to patient assisted transport schemes when face-to-face care is required;
- Reduction of specialist commitment towards essential face-to-face consultations particularly with regard to underserved and difficult to access subpopulations - Aboriginal, rural and remote etc. This would have cascading negative consequences - including the potential to add to burden and isolation for general practitioners/ rural generalists within remote health services. It also has the potential to exacerbate pejorative views of remote area servicing, by limiting first-hand knowledge of the difficulties faced by remote area staff and patient populations;
- Unnecessary telehealth services undermining the role of the local rural/ regional generalist specialist.

Other potential barriers, which must be addressed, are discussed more fully in the ACRRM Introduction to Telehealth Module and [Handbook](#).

Excerpt reproduced below:

Table 2 Barriers to Telehealth (Source ACRRM Introduction to Telehealth Handbook http://www.ehealth.acrrm.org.au/system/files/private/ATHAC%20Telehealth%20Standards%20Framework_0.pdf)

Barriers to telehealth	
Patient barriers	<ul style="list-style-type: none"> • Cultural and linguistic differences
Technical barriers	<ul style="list-style-type: none"> • Connectivity • Infrastructure constraints • Technical problems • Concern about technological obsolescence resulting from rapid technological advances • Concern that telehealth is market-driven rather than user driven, and that the market might abandon products and technologies
Clinician barriers	<ul style="list-style-type: none"> • Lack of time and resources • Complexity of telehealth consults • Up-skilling required • Fear that telehealth will increase workload, especially in transitional phase • Preference for the traditional approach • Concerns regarding the inability to examine patients and possible resulting liability or misdiagnosis • Perceived threat to the role and status of health care workers • Perceived deskilling of rural generalist /GP in models which exclude involvement /engagement of local GPs/ rural generalists • Opportunity cost for GPs who have a significant procedural workload is higher (therefore the importance of the practice nurse is greater)
Health system barriers	<ul style="list-style-type: none"> • Lack of interoperability between different technical telehealth systems • Lack of a single telehealth scheduling system • The need for compatible protocols • Access to state health systems non state clinicians GPs etc.) • MBS telehealth rebates only apply for synchronous video conferencing • MBS telehealth rebates are limited to specialist consultants at the distant end

Leveraging ACRRM Telehealth Standards, Support and Resources

The Australian College of Rural and Remote Medicine (ACRRM) has developed a systematic approach to the development of telehealth standards, education, promotion and clinician support. This approach has been collaborative and includes the establishment of partnerships as reflected in the [ACRRM Telehealth National Advisory Committee \(ATHAC\)](#) which comprises Specialist Medical and Nursing Colleges, RFDS, ATHS, peak bodies as well as Rural Health Workforce agencies and other agencies managing the Rural Health Outreach Fund programs. The Australian Government is represented and in 2014 Queensland State-wide Telehealth Services participates in this national committee.

In 2012 the Australian Government then introduced National financing arrangements and incentives for telehealth services (real time/synchronous) for non-admitted patients - [an MBS item number](#) was created for eligible clinicians at both ends of the consultation. This created renewed interest in the use of telehealth and was the catalyst for the establishment of the ATHAC as well as the development of some new ACRRM resources dedicated to the MBS telehealth initiative. ACRRM had already been involved in the provision of telehealth services since 1995 with the establishment of the ACRRM TeleDerm service.

The recent, much welcomed, substantial investment in telehealth by Queensland Health, supported by their comprehensive approach and commitment to a whole of health sector approach (private and public) is welcomed by ACRRM. ACRRM is represented on the Governance Committee for the new telehealth arrangements, which provides a forum for such discussion.

ACRRM is keen to continue to work with Queensland Health to assist in the development of a range of professional support arrangements that ACRRM can provide by leveraging the resources that we have already developed. We also consider that new-targeted resources and training is required to optimise outcomes for rural and remote patients.

The role of the regional coordinators is critical. Facilitating and coordinating telehealth consultations - delivery of services via telehealth requires an additional degree of coordination and support over and above face-to-face appointments, dedicated resources necessary to coordinate and schedule telehealth consultation are not currently embedded in Hospital and Health Services.

ACRRM Telehealth Resources are available via the Colleges eHealth portal www.ehealth.acrrm.org.au

These resources include:

1. Tele-Derm- store and forward Telehealth Service (response with in 24 hours) <http://www.ehealth.acrrm.org.au/provider/tele-derm>

Tele-Derm is a national telehealth and educational service developed and managed by ACRRM to assist rural doctors to better manage skin disease locally. Dr Jim Muir has provided the dermatological support to GPs and their patients for almost 10 consecutive years. Dr Muir was awarded Honorary ACRRM Fellowship in recognition of his services to rural and remote Australia.

Over 2000 rural clinicians are registered to use this store and forward clinical support and educational system. Over 500 patients each year receive the benefit of this service without the need to travel to the city.

The system will be expanded in the second half of 2014 to include limited additional dermatologists to work with Dr Muir. This expansion is subsidised by the Australian

Government under the Rural Health Outreach Fund arrangements. Store and forward is a method of telehealth, which is not eligible for a MBS telehealth rebate, however the Australian Government provides funding for the specialist services on a sessional basis was provided in recognition of the effectiveness of the service and [fierce lobbying by Rural Doctors who recognised the value of the service.](#)

ACRRM is keen to work with Queensland Health to ensure that planning is cognisant of the opportunities that this type of service can provide in improving access to services in Queensland.

2. [Standards Framework for Telehealth](#) (applicable at the patient-end and distant end of the consultation endorsed by Specialist medical and nursing organisations. The purpose of the ACRRM Telehealth Standards Framework is to provide health and medical colleges, clinicians and health care organisations with a common approach to the development of craft specific guidelines to assist members in the establishment of quality telehealth services. ACRRM has applied these draft standards to establish generic guidelines for general practice and primary care facilities (with an emphasis on rural and remote context) and then for the basis of the RACS, RACP and NACCHO educational resources. http://www.ehealth.acrrm.org.au/system/files/private/ATHAC%20Telehealth%20Standards%20Framework_0.pdf

ACRRM keen to work with Queensland Health to ensure that planning is cognisant of the opportunities that this framework provides in the development of craft specific guidelines Queensland.

3. Access to a range of educational modules focussing on telehealth <http://www.ehealth.acrrm.org.au/homeblock-modules>

Telehealth modules for GPs, Rural generalists, Specialists and staff in ACCHS collaboration with the RACS, RACP and NACCHO) accessible via www.ehealth.acrrm.org.au

4. Telehealth Handbook <http://www.ehealth.acrrm.org.au/sites/default/files/content/ACRRM%20Handbook%20for%20telehealth%20online%20education%20module.pdf>

5. [Telehealth toolkit for providers](#)

ACRRM is keen to work with Queensland Health to develop/ modify targeted education to support the ethical and effective participation in the QH telehealth arrangements.

6. [Telehealth clinicians provider directory](#)

Originally funded by the Australian Government, the ACRRM telehealth directory is the largest repository of telehealth-enabled clinicians in Australia. The online database can be searched by discipline, location and key words. The aim of the directory is to enable rural doctors to connect with the right specialist the right time. Over 500 specialists and 600 generalists are currently registered. ACRRM is actively targeting specialists who provide face-to-face outreach services to consider adding telehealth to the range of services provided. This work is being conducted in collaboration with CHECK –UP and Queensland Health.

This directory will offer expanded functionality in 2014, including a booking system and video connection service for use in education, mentoring and relevant clinical consultations.

ACRRM is keen to work with Queensland Health to examine opportunities for collaboration and implementation.

7. Telehealth technology directory

<http://www.ehealth.acrrm.org.au/technology-directory>

8. [On line discussion forums](#)

ACRRM is keen to work with Queensland Health to examine opportunities for collaboration and communication amongst Queensland clinicians (including ACRRM rural generalist registrars, Fellow and Members).

9. Webinars, videos and case studies

<http://www.ehealth.acrrm.org.au/video-gallery>

and

<http://www.ehealth.acrrm.org.au/full/watch-global-telehealth-2012-presentations-online>

ACRRM is keen to work with Queensland Health to examine opportunities for collaboration and development of examples relevant to the Queensland context featuring Telehealth lead clinicians

ⁱ Ernst and Young , 2013 Evaluation and Investigative Study of the Queensland Rural Generalist Program
http://www.health.qld.gov.au/ruralgeneralist/docs/QRGPEval_RPT_Feb13.pdf