



Health and Community Services Committee: *Inquiry into Telehealth Services in Queensland*

Occupational Therapy Australia is the professional association for occupational therapists. Our members are qualified occupational therapists employed throughout the public and private sectors. They provide health care, vocational rehabilitation and consultancy to clients. There are 3035 registered OTs working in Queensland.

Occupational Therapy Australia acknowledges the potential of telehealth services in Queensland, particularly in providing direct home-based client services, in overcoming barriers to occupational therapy service provision.

Specific examples of current telehealth services provided by OTs include:

- Internet based VOIP technology is being used for enhanced communication between different service providers and also to communicate with clients (officially or unofficially)
- Sharing of photographic evidence – pre and post intervention
- The use of digital photographic instructions for home programs
- The use of video resources for patient training and information – for example wheelchair skills videos (<http://www.wheelchairskillsprogram.ca/>)
- Rural and regional Remote health services – discussion of scenarios, professional supervision, education
- Student supervision – learning support at a distance
- Home modification – *LifeTec* are using VOIP – clients measure and clinicians can ‘see’ what they are measuring
- Webinars – education sessions, skills training, professional debate
- Occupational Therapy Interest Groups regularly meet virtually



Recommendations - Overview

- *Appropriate (increased) financial investment dedicated to telehealth services to ensure quality outcomes for both the clinician and client.*
- *This financial investment needs to encompass training and technical support for the clinician and client as well as ensuring suitable internet speed and easy equitable access for rural and remote communities.*
- *Telehealth services should be used in conjunction with face to face consultations.*
- *Client's privacy must be protected. Clients need to provide informed consent for these service where photographic and visual streaming is involved.*
- *Safe, secure platforms and programs are required – but these need to be accessible on a multitude of operating systems and devices. This means that OTs and clients must be able to use their existing hardware to participate in telehealth services.*



Overview

Telehealth has enormous potential to increase the access people have to health services. This applies to those who live in remote or rural areas,, older people and people with disabilities, particularly those with developmental or cognitive disabilities and their carers, who have busy lives and may experience difficulty getting out into the community (also internet based CBT etc.).

In addition, these technologies have great potential in providing mentoring and support to less experienced therapists, in particular those who are working in isolation. This has major implications in ensuring the quality and consistency of care and retaining health practitioners in regional areas.

Research

Some Occupational Therapy services delivered by telehealth are feasible and research has shown such services can be conducted with accuracy and reliability that is equivalent to services provided face to face.

Research conducted examined a few discrete elements of practice and compared telehealth Assessment (Ax) / Treatment (Rx) with face to face.

These included:

- Range of Movement (ROM) Assessment in stroke patients
- Home visits for pre-total hip / knee replacement patients
- Activities of Daily Living (ADL) Assessment
- Hand Function
- Balance / walking in Parkinson's disease patients.
- CBT
- Assistive technology advice and support
- Home modification discussion



In all of these assessment (Ax) /Treatment (Rx) was feasible and just as accurate as face to face treatment.

In studies conducted that required patients and or family to use telehealth equipment remotely, they were able to do so, with minimal training.

In a survey of Queensland Occupational Therapists who provide neurological services, one of the conclusions were that that *“Home-based assessment and intervention appear to be frequent components of occupational therapy practice among therapists working in neurological rehabilitation. The use of telehealth to provide direct home-based client services is currently limited, but should be explored as a possible solution to overcome some of the identified barriers to occupational therapy service provision for clients with neurological conditions in rural and remote areas.”*

Considerations

There are some complexities to utilising these technologies. Careful consideration and investment to ensure effective implementation includes:

- Cost and the reliability of these technologies can be an issue for many services. Internet access, speed and capacity is still very inadequate in remote locations.
- Training and technical support for the clinician and client.
- New workflows need to be developed
- Current ways of working require translation to this new format – presents complexities for therapists who undertake hands on evaluations and hands on interventions.
- Telehealth can also present challenges to therapists who rely on a whole body experience of being in the person’s context to understand the physical, personal, temporal, social and cultural environment in which the person operates and occupations are undertaken.
- Clients also require assurance that their privacy can be protected.



The above important considerations should not prevent the use of telehealth services, however it does require careful consideration and appropriate investment to ensure effective implementation. Telehealth needs to be developed with client care and staff support in mind and any service must enable both. This means that services need to be designed with direct 'virtual' interventions in mind as well as acknowledging the need for such a service to provide clinician to clinician support and communication.