Central West Health
Central West Hospital and Health Service

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The Research Director
Health and Community Services Committee
Paliament House
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BRISBANE Q 4000

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Dear Sir/Madam

I am pleased to provide the enclosed submission to the Telehealth Inquiry in Queensland on behalf of the Central West Hospital and Health Service.

The Central West Hospital and Health Service is responsible for providing public hospital and health services to the communities within central west Queensland in an area that spans 396,600 square kilometres, over 22 per cent of the state, and services a population of around 12,500 people.

The Central West Hospital and Health Service comprises of two Hospitals (Longreach and Blackall); three multipurpose health services (Alpha, Barcaldine and Winton); seven Community Clinics, including after hours emergency care (Aramac, Boulia, Isisford, Jundah, Muttaburra, Tambo, Windorah); one community clinic at Jericho, and a Primary Health Care Service centre. Longreach Hospital is the largest acute facility in the Health Service and provides services including emergency care, medical, maternity, general surgery, and clinical support services. The other four facilities provide a range of services including emergency care, medical services aged care services. All facilities within the Health Service are rated 'very remote' on the ARIA classification system.

The Health Service is supported by the rural and remote health service framework which aims to improve health equity for Queenslanders living in the rural and remote communities. Telehealth increases the range of services available locally to remote population, and improves the access to a sustainable configuration of health services. Telehealth services provided cover a wide range of health service groups including public, private, specialist and allied health. The Health Service is continually looking for ways we can improve and expand current services by using Telehealth facilities.

While the infrastructure through which we deliver many of our health care services has been relatively fixed for many years, the models of health care and the expectations of our patients and communities is constantly changing. Telehealth is used to support clinicians in their day to day work practices this includes, communication with each other, education, and training and support. Having Telehealth capabilities within each of our facilities enhances networking and communication between staff across and within facilities, and private/non-government service providers. Telehealth has also reduced the distance patients have to travel, and the ability for patients to consult with a Specialist in a supported environment close to their own homes.
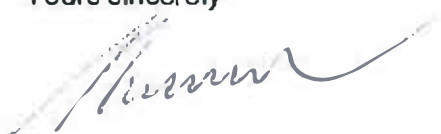
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Attached is a list current activities the Central West Hospital and Health Service undertake utilising Telehealth capabilities. The Health Service plans to continue the body of work with Telehealth to support clients and clinicians.

The Central West Hospital and Health Service would be very pleased to assist the inquiry, and also host a guided walk though of remote area Telehealth at work. Further information can be provided to assist the inquiry if required.

If you do require any further information or assistance, please do not hesitate in contacting me on (07) 4652 8000.

Yours sincerely

Michel Lok
Health Service Chief Executive
Central West Hospital and Health Service

6 May 2014

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Attachment 1

Telehealth in the Central West Hospital and Health Service (CWHHS)

Trial sites and pilots

Alpha and Bedourie (from July 2014) have been identified as two of the seven Telehealth evaluation pilot sites for the Rural Telehealth Service, announced as part of the *Blueprint for Better Healthcare in Queensland*.

Telehealth usage at Alpha continues to grow, with TEMSU (Telehealth Emergency Support Unit) being rolled out district wide in June and July 2014.

Discussion and planning is underway for the development of remote consultations via portable wireless video conference equipment with inpatients in Alpha and consulting Doctor in Barcaldine, when Doctor not on site.

Discussion, negotiation and planning is also underway with the Central and North West Queensland Medicare Local to facilitate the review of clients at health service sites around the region.

Bedourie has also been identified as one of the seven evaluation sites. Bedourie and Birdsville will become part of the CWHHS in July 2014. Although every effort is being made to develop Telehealth in Bedourie, the absence of infrastructure in this remote area of Queensland, leads the development to be challenging.

Models of Service Delivery (Referral Pathways)

Defining one Referral Pathway to cover the CWHHS area is difficult due to the size and differing travel pathways to major referral centres. Not one direct pathway exists and factors such as cost minimization, support (accommodation and psychological) from family and geographical location contribute to the direction of the referral pathway.

The development and support and collaboration, of the Telehealth Coordinator positions throughout the state have led to enhanced referral pathway capacity.

An example of this is: - A GP in Barcaldine requires a referral for an aged patient to a Vascular Surgeon in Brisbane. The GP taking into account the patient's age, medical conditions and difficulty travelling, combined with cost and stress to the patient discussed the case with the Telehealth Coordinator. The Telehealth Coordinator in Barcaldine discussed the case with the Telehealth Coordinator in Brisbane and an appointment to see a Vascular Surgeon was conducted.

This model could be used to meet a variety of patients referral needs in relation to different specialities, particularly in Rural and Remote areas. It could relate to not only specialist services but also allied health and specific services such as oncology, palliative care child health and mental health.

IT Issues Technology and communication Systems and Capacity and capability.

Technology and Communication systems in the Hospitals and Multipurpose Health Services and Primary Health Facilities within the Health Service generally work well, with minimal disruption.

There are at times technical "glitches" which are beyond the control of the participants.

Areas in the far west of the Health Service, Jundah and Bedourie are services that cannot be used due to the absence of adequate infrastructure.

Birdsville has video conference capacity - at times effective use of this can be challenging and the link inadequate to provide service.

Plans and discussions are underway through Federal, State and Local Government regarding optic fibre telecommunications backhaul infrastructure developments. This will provide the five communities in the Barcoo Shire (Jundah, Windorah, Stonehenge, Birdsville and Bedourie) with adequate band width to enable the full suite of Telehealth services.

Patients, Clinicians and Health Staff perceptions and experiences of Telehealth.

Discussion with patients and clinicians throughout the CWHHS has been overwhelming positive. Clinicians also report that education sessions (Triage Training and Cancer Care CVAD up skilling) via Telehealth have been successful and have decreased costs of travel for staff.

The increased confidence of staff at using the equipment and the reassurance to patients that a clinician is always with them removes the fear component

Comments from staff include, "Great", "Good", "A very effective tool in the kit to provide patient care". Clinicians state they are happy, because it makes the patients happy and they can see what a positive impact this process has on patients lives, - particularly elderly patients.

Comment by Mr Stuart Scott of Barcaldine (consent granted to use name) who was seen by vascular surgeon Dr Jason Jenkins in Brisbane via Telehealth,

"It is 1200 kms to Brisbane and we would have to fly, the hospital would reimburse you, - you have to pay the difference between bus fare and air fare. I would have had to pay around $300 just for the difference each way. it's great, firstly because it saves the trip, secondly it saves the cost and you are getting the same information via television, or whatever you would like to call it by just talking, you know person to person. I was actually really pleased and honoured, I spose to get the top man in Cardiovascular in Qld and probably the eastern states."

Administrative staff who process Patient Travel Scheme Subsidy claims and assist elderly clients report that Telehealth could be used more. A number of elderly patients claim they drive for 12 hours to be seen for 10 minutes, and then advised to return in three to six months.

Possible reasons for this are Senior Clinicians in regional facilities perceive that the equipment is difficult to use and are not given assistance or support to do so. There may also be lack of understanding/care factor as to how far people have to travel for specialist reviews.

Quality of Patient Care

In the Central West, Telehealth and Patient Care is of a high standard. Patients receive orientation, explanation and support throughout the process. Patients during the video conference consultation are supported by a Clinical Nurse and/or Doctor. Explanation and clarification of Doctor's orders and plans can be discussed openly and clearly with the patient, questions asked and feedback provided before leaving the room.

Access to Health Services, particularly in rural and remote locations.

The CWHHS is fortunate that all facilities (excluding Jericho, Jundah and Bedourie) in the Health Service have access to videoconferencing. Jericho is planned to have access within the next 10 weeks; Jundah and Bedourie have limited access due to poor infrastructure.

As the use of Telehealth increases, staff confidence builds and the "good news stories" of patients regarding ease of access, decreased cost and good outcomes spread, Telehealth services will continue to grow.

Promotion and education of the Telehealth availability in the CWHHS to Doctors, patients and community groups has led to an increase in queries from doctors, and requests from patients to Doctors regarding the possibility of using the Telehealth service.

Factors that Support Successful implementation of Telehealth Services

- Commitment from Government to implement a new rural Telehealth service as outlined in Blueprint for Better Healthcare in Queensland

- The commitment of the CWHHS Board to support the Telehealth initiative and identify innovative extensions to Telehealth capabilities and uses.

- Provision of technical support with 1800 contact.

- Support of Telehealth coordinators across the state and the fostering and development of networks that find solutions for better patient outcomes.

- Coordination, administration and support capabilities to ensure the smooth running of the Telehealth service and manage logistical requirements for patients and care providers.

- Regulations, policies and policy awareness to provide a privacy and medico legal framework to work under.

- Development of enhanced relationships between Medicare Local and RFDS and commitment to work together to manage services.

- Community/Consumer/Clinician engagement and education to promote and support the acceptance of Telehealth as an alternative or preferred mode for accessing health services.

Barriers to Successful Implementation

- Fear of the technology and using the equipment– from senior clinicians and patients

- Negative experiences by clinicians and patients

- Facilitating and coordination Telehealth consultations- delivery of services via Telehealth requires and 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 imbedded in HHS's.

- Take up and use of Telehealth – planning, implementing delivering, understanding, monitoring and communicating the benefits of Telehealth to particular clinical groups so that Telehealth can be best used to support that model of care.

- Booking and scheduling of Telehealth consultations – in Queensland there is no single booking and scheduling capability. Currently there are many standalone scheduling systems used within the public health system to book a clinical consultation

- Ready access to videoconference technologies for ease of access by clinicians and specialists.

- Funding – develop a process where the savings made from decrease in Patient Travel Subsidy Scheme use through the increased use of Telehealth are returned to the Health Service.

- Funding sources and for Telehealth used for dermatology, ophthalmology and wound management is not recognised under the current ABF or MBS funding arrangements.

Strategies to address Barriers.

- Encourage, foster, develop, educate and provide assistance with equipment for senior Clinicians and maintain clinical support to patients.

- Develop efficient scheduling and easy access to equipment for clinicians.

- Develop and Showcase Clinical Leaders and examples of the use of Telehealth in a variety of Clinical Settings and associated success stories.

- Develop advertising campaigns on the stories of patients and clinicians and how Telehealth has improved access to health services and outcomes for patients. Promote Telehealth across the State.

- Review and develop funding models to incorporate developing Telehealth models of service provision.