Sustaining Telehealth services for children with ASD in rural and remote communities.

Introduction

Autism Spectrum Disorder(ASD) is a lifelong developmental disability characterised by marked difficulties in social interaction, impaired communication and restricted and repetitive interests and behaviours.

Its affects 1:100 children. Evidence based early intervention therapy has an impact. Rural and remote communities lack experienced resources, and children with ASD are going without or having to travel great distances.

Telehealth services encompass the delivery of health care services at a distance, using information and communications technology (Wade, Eliott, & Hiller, 2014). It is regarded as a viable alternative to face to face. Numerous factors are impeding the sustainability of such services.

Coherence

Understand how parents, doctors and allied health professionals perceive telehealth is different to face to face

Cognitive Participation

Seek participation through parent initiation and gain legitimation via collective buy in

Collective Action

Negotiate roles and responsibilities to determine interactional workability

Reflexive Monitoring

Individual evaluation occurs through semi structured interviews and communal appraisal through focus groups

Literature Review

The case for telehealth services in rural and remote communities has been well documented (McCarthy, 2012: Peddle, 2007: van Dyk 2014). Numerous conceptual models of telehealth service delivery have been identified (van Dyk, 2014).

There has been early success in using telehealth for children with ASD (Boisevert, 2010) and technology is no longer a barrier, however service sustainability is low. Implementation failures have been attributed as the cause.

Addressing clinicians acceptance has been identified as a priority for sustainable telehealth services (Wade, 2014). Normalization process theory (NPT) could be used as a model in addressing how to sustain such services (Wade, 2014). NPT focuses on dynamic processes that leads to innovations becoming embedded in everyday work. The 4 key constructs are outlined in the diagram (May 2009). The complexity of change management in the health care industry is well suited to Action Research (Sullivan, 2013).

Proposed Topic

Telehealth research has been focused on reporting the barriers to implementation and sustainability in various health care environments around the world.

There are lists of barriers, however little research on 'how' to sustain a telehealth service. Especially not in an allied health multi-disciplinary environment and a context of ASD treatment

The research will contribute to a better understanding of how to Implement and embed telehealth services in rural and remote communities in Australia for the benefit of children with ASD and those allied health professions charged with delivering the service

Methodology

The research method will be Action Research.

The theory to be used is Normalization Process Theory.

Data collection will be a mix of quantitative and qualitative methods.

Quantitative methods using questionnaire will be used as part of the coherence phase to understand differences between telehealth and face to face services.

Qualitative methods such as focus groups and semi structured interviews will be used to understand processes and gain collective buy in.

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