



Speech By
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MEMBER FOR MUDGEERABA

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**HEALTH AND AMBULANCE SERVICES COMMITTEE: REPORT, MOTION TO
TAKE NOTE**

 **Ms BATES** (Mudgeeraba—LNP) (12.09 pm): I rise to speak on the Health and Ambulance Services Committee's report into personal health promotion interventions using telephone and web based technologies. As a registered general nurse and former hospital administrator, I know that early intervention in health care and encouraging healthy living can make a substantive difference in the overall public health of Queenslanders.

In recent decades Queenslanders have been living longer and have been measurably healthier, with early interventions often credited with an overall promotion of healthy lifestyles before chronic diseases take hold. As a result, committees of the Queensland parliament have been asked to investigate early interventions a number of times—certainly over the last seven years I have been on all three of them—in this instance investigating personal health promotion interventions using telephone and web based technologies.

During our inquiry, the committee found that there is evidence that personal health promotion interventions using telephone and web based technologies can and do deliver positive outcomes which are clinically appropriate and cost-effective. We also, however, determined that effective health promotion requires a multistrategic approach which includes public policy and legislation, sector development, social marketing, personal skills development, risk assessment, early intervention and counselling, and health surveillance and research. This means that, while early intervention using new technologies can assist in a number of important ways, it is also important to ensure that we do not overstate its importance in terms of preventative health care. In addition, we also identified that any investment in and development of personal health promotion interventions must be evidence based and occur in conjunction with relevant stakeholders to ensure that funding is spent wisely and not arbitrarily allocated under the assumption that it would be put to good use.

During our public briefing the committee heard from a number of individuals and organisations who provided insight into the benefits and limitations of early interventions and personal health promotions using new technologies. I was pleased to be given the opportunity to ask Dr Bill Kingswell about whether there had been any barriers to the implementation of successful telephone or web based personal health promotion interventions.

While a broad shift towards utilising technology in the provision of health care and a range of other areas is evident in public policy, it was pertinent to ask whether, in a state as diverse as Queensland, it is appropriate to assume telephone and web based technologies can be used to reach people throughout our regional communities. He identified the way installing technological infrastructure such as kiosks, computers and internet services in remote and Indigenous communities in particular can often be difficult and that barriers exist in getting information to people in rural communities and

remote communities who may not have access to this proper technology. In addition, we discussed how computer literacy, bandwidth issues and internet access all proved to be obstacles which would need to be overcome if early interventions were to be proven effective, as was also noted by the Australian Health Promotion Association in their submission to the committee in relation to equity issues.

As a member of the former health and community services committee, I also identified the way in which previous inquiries into telehealth services in Queensland had identified a number of issues related to the successful implementation of telehealth services. In particular, the under-utilisation of telehealth equipment across Queensland hospitals was of genuine concern, with some hospitals, due to staffing arrangements, not using telehealth equipment on a regular basis, resulting in equipment simply collecting dust in hospitals throughout the state despite significant funding investments.

Having toured many Queensland hospitals prior to the election of the LNP government, I was concerned to see that telemedicine machines were covered with black plastic and dust, indicating that they had not been used in some time, meaning tens of millions of dollars had been spent in numerous funding injections for telehealth but this funding had not translated into clinical results. I raised this matter on numerous occasions in opposition, and I was very pleased to see that during the tenure of the LNP government the then minister for health, now the Leader of the Opposition, Lawrence Springborg, increased funding for telemedicine by committing an extra \$30.9 million for telehealth in rural and Indigenous areas. In turn, while personal health promotion interventions using telephone and web based technologies undoubtedly produce positive outcomes in terms of clinical benefits to patients, we need to ensure that funding injections see measurable results and the equipment which is procured is put to good use.

Having participated in a number of recent inquiries into telehealth, I remain positive about the capacity for early interventions and personal health promotions to encourage real change in the healthcare habits of Queenslanders. I look forward to continuing to monitor whether funding allocated to this worthwhile cause by successive governments is put to good use and to determining how we can best overcome the barriers which exist as a result of the large and diverse nature of our state.

(Time expired)