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Educational infrastructure & policy parameters required to support quality use of telehealth in rural and remote Australia: Where are the gaps?

Chair: Dr Jeff Ayton

Our Panel

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- Chair – **Dr Jeff Ayton**, FACRRM, Past President ACRRM, Chief Medical Officer Australian Antarctic Division, Steering Committee member of the new (digital health agency) Australian Telehealth Integration Program.
- **Dr Ewen McPhee**, FACRRM, ACRRM Board Member, President RDAA, Practice Principal Emerald Medical Group QLD.
- **Susan Jury**, Telehealth Program Manager, Peter MacCallum Cancer Centre. Project Lead for Telehealth Victoria Community of Practice , Member Australasian Telehealth Society
- **Alice King**, Telehealth Coordinator Barwon South West (16 health services), Project Lead for Telehealth Victoria Community of Practice, Member Australasian Telehealth Society
- **Paul MacDonald**, Manager System Integration, Gippsland PHN. Previously Regional Health Information Management Officer General Practice Victoria, and eHealth Strategy and Stakeholder Engagement Manager South Eastern Melbourne Medicare Local.
- **Dr Kim Webber**, General Manager, Strategy – Australian Digital Health Agency

Telehealth: Medicare Eligibility Primary Care

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- Introduced in 2012 by Federal Government
- Patient end rural doctors are funded through the MBS and private billing.
- The current MBS item numbers for telehealth have a number of restrictions that mean they can’t be used in all healthcare scenarios.

Telehealth MBS item data

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	State								Total
Time Period	NSW	VIC	QLD	SA	WA	TAS	ACT	NT	
2011Q3	128	28	124	30	124	8	1	4	447
2011Q4	454	159	343	119	652	105	0	6	1,838
2012Q1	523	199	547	142	442	87	0	20	1,960
2012Q2	1,296	926	1,378	393	482	246	13	61	4,795
2012Q3	1,675	807	1,557	342	591	275	3	63	5,313
2012Q4	1,846	908	1,562	345	613	453	5	81	5,813
2013Q1	1,419	651	1,204	280	380	428	5	74	4,441
2013Q2	1,845	919	1,532	377	369	600	10	97	5,749
2013Q3	2,098	1,058	1,826	461	436	624	4	129	6,636
2013Q4	2,210	1,080	2,132	493	472	764	13	101	7,265
2014Q1	2,111	1,047	2,066	506	414	772	7	97	7,020
2014Q2	2,449	1,234	2,385	577	403	954	6	120	8,128
2014Q3	2,577	1,497	2,542	751	559	1,001	9	102	9,038
2014Q4	2,370	1,478	2,617	678	474	775	4	102	8,498
2015Q1	2,147	1,435	2,546	574	354	823	3	162	8,044
2015Q2	1,439	1,594	2,650	477	403	795	7	139	7,504
2015Q3	2,722	1,830	2,735	571	506	859	6	132	9,361
2015Q4	2,783	2,261	2,843	555	449	974	11	116	9,992
2016Q1	2,689	1,959	2,718	309	503	722	8	105	9,013
2016Q2	2,945	2,370	3,177	308	485	806	2	146	10,239
2016Q3	3,181	2,390	3,102	360	649	770	10	197	10,659
2016Q4	2,942	2,354	3,035	378	421	649	4	120	9,903
2017Q1	2,974	2,319	2,971	326	478	661	9	103	9,841
Total	46,823	30,503	47,592	9,352	10,659	14,151	140	2,277	161,497

Yellow highlights = static growth. Red is declining number of telehealth services

Does Medicare billing data reflect true telehealth activity?

Integrating telehealth in to ‘business as usual’: Is it really possible?

Susan C Jury and Andrew J Kornberg – Royal Children’s Hospital (Melbourne)
Journal of Telemedicine and Telecare 2016, Vol. 22(8) 499–503

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Table 2. Billing outcome from one-month audit of booked telehealth appointments.

Billing criteria	Number	Percent
Billed to Medicare	31	29%
Public clinic appointment	18	17%
Not billed:		
No referral	10	9%
Missing information (e.g. item #, provider)	10	9%
Did not meet Medicare criteria	5	5%
Not billed (no SMS consent)	4	4%
Not billed (other reason)	1	1%
Not billed as appointment did not take place:		
Appointment did not take place	20	19%
Appointment failed – technical reason	4	4%
Appointment failed – scheduling reason	4	4%
Unknown billing outcome	1	1%
Total	*108*	*100%*

Only 29% were billed to Medicare

17% were public (eg Allied Health)

RCH – cont…

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For example:

- Hospital in the Home – regarded at inpatients, ‘funding’ = saved bed-days
- Prosthetics & Orthotics –receive a set amount of funding
- Of the Medicare eligible, ~20%-30% not billed due to:
  - No active referral
  - Parent has not consented
- Some in-eligible regional areas – eg Geelong – but telehealth still used for these patients (good patient care)

Peter Mac

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- 75 telehealth appointments since June 2017
- % billed:
  - …….ZERO!
- Our finance program is not compatible with the additional telehealth Item number – not yet resolved

Driving forces for telehealth

(in no particular order)

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- Patient benefit – Patient centred health care – population demand
- Improved models of care – service redesign
- Executive & leadership support – Telehealth embedded in strategy – Strategic drivers
- Telehealth champions – Project staff – Access to expertise
- Collaboration – Current and up-to-date resources
- Communication and promotion – visibility of telehealth – positive experiences
- Education and training – Clinician engagement
- Economic benefits – Demonstrate cost effectiveness – Efficiency

Forces limiting telehealth

(in no particular order)

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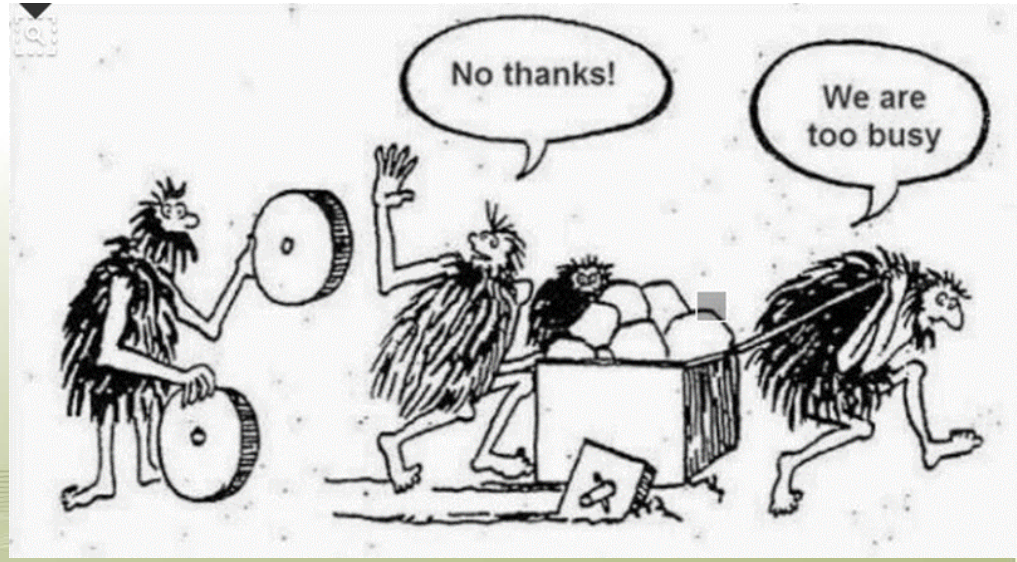
- Short-term projects – Limited funding – Financial benefit difficult to see
- Lack of strategic direction for telehealth – Lack of coordination & leadership
- Consistent / integrated technology for telehealth
- Rules around billing eligibility for telehealth
- Workflows – Change management – Managing change in an imperfect world
- Digital literacy – consumers and clinicians ability to use telehealth
- Poor past clinical experiences – Clinician resistance
- Limited capacity to undertake more education and training



What is required for increased and sustainable use of telehealth to improve access to health services for rural and remote patients and their families?

What does the future of health care and health services look like when using technology?

What should we be doing to overcome the challenges

- How do we drive change?
- State and Federal Funding models
- How are we being persistent in our campaign?

What might we do?

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- Create community expectations
- Communities of Practice – Sharing – Communication – Promotion of positive experiences - Celebrate success - Visibility
- Telehealth strategic planning – Government & organisational
- Lobbying – Advocacy
- Clinical and other champions – Engagement and support
- Known and supported ICT – technology education and training
- Consistency of approaches, models of care
- Shared telehealth toolkit/s