Implementing a Telehealth Model of Care in Urban Indigenous Primary Care Settings

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Value on Investment

ROI vs VOI

- Shift in thinking about Telehealth from Return on Investment (ROI) to Value on Investment (VOI)
- Organizations are focused on ROI (i.e., fee for service revenue, MBS), missing the big VOI picture
  - Improved pt satisfaction
  - Reduced readmissions
  - Reduced avoidable days
  - Increased service utilisation
  - Reduced avoidable ED visits
  - Better managed provider time
  - Better medication mgmt
  - Better mgmt of health conditions
  - Increased system capacity

The Iceberg Analogy
About IUIH

• The Institute for Urban Indigenous Health (IUIH) is a not for profit Indigenous health org
• Integrates four Community Controlled Health Services in South East Queensland
• Interdisciplinary approach to providing services
• Empowering communities to close the gap in life expectancy between Indigenous people and non-Indigenous people
IUIH Model of Care

IUIH model of service delivery, represents a customised, system-based, community controlled approach to the delivery of accessible, efficient, effective and appropriate comprehensive primary health care

The model takes a systemic approach to community-controlled health

– Establishment
– Assessment
– Implementation
– Transition
IUIH Telehealth Model of Care

• A *practical approach* to setting up telehealth services for primary health clinics
  1. Key components in establishing a telehealth service
  2. Framework for planning telehealth services
Telehealth an optimal way of improving access to specialist services
1. HHS
2. Clinic to Clinic
South East Qld Institute for Urban Indigenous Health (IUIH)

- 18 clinics
- SEQ- 65,000 Indigenous population
- Over 30,000 active clients

Telehealth role
- Culturally appropriate care
- Access to large no of specialists
- Localised care & opportunity to learn
- MBS revenue
- Reduce FTA
Key Components of TH Program

- Coordinator
- IT infrastructure
- Clinical services/Network
- Leadership support
- Funding
Telehealth Planning Framework

- Assessment
- Planning
- Training
- Implementation
- Evaluation
- Advocacy
Components of Planning Framework

- **Assessment**
  - Health Needs analysis
  - Technical Needs analysis

- **Planning**
  - Technical
  - Personnel
  - Services
  - Governance

- **Training**
  - Staff
  - Champions
  - ICT

- **Implementation**
  - Infrastructure
  - Services
  - Protocols

- **Evaluation**
  - Staff
  - Patients
  - Service

- **Advocacy**
  - Promotion
  - Awareness
  - Develop partnerships
Telehealth Evaluation

Evaluation should be an integral part of the development, design, growth and ongoing monitoring of telehealth-supported health services

Evaluation Resource Guide Allied Health Telehealth Capacity Building Project
DEADLY URBAN EYES
Integration of Telehealth into South East Queensland Regional Eye Health Program
The Issue-Aboriginal and Torres Strait Islander Eye Health

• Life expectancy around 10 years lower- burden of disease 2.3 times higher (AIHW 2016)

• Vision loss represents 11% of the health gap- Indigenous Australians suffer a six times higher rate of blindness (Taylor HR 2011).

• Major causes of visual impairment are refractive error (a need for spectacles), cataract, and diabetic retinopathy, all of which are preventable or treatable (Taylor HR 2011).

• Blinding Cataract (a condition where the lens of the eye clouds over, reducing the light entering the eye) rates are 12 times higher in Indigenous Australians
  • But, surgical rates are 7 times lower, with little variation between urban, rural and remote locations

ACCESS BARRIERS TO EYE HEALTH SERVICES EXIST IN ALL LOCATIONS FOR INDIGENOUS AUSTRALIANS
IUIH Eye Health

Eye Health Services

• 17 ATSICCS clinics served across SEQ by 10 IUIH staff (5 Optometrists) Projected to delivering over 7,500 eye checks in 2017

• Visiting Ophthalmology in 2 clinics- projected to deliver 850 in clinic Ophthalmology consultations in 2017- supplemented by 400 Telehealth consultations.

Cataract surgery project - commenced in November 2015

• 223 successful cataract surgeries in 15 months to March 2017

• Currently NO regional cataract surgical waitlist
Telehealth Opportunity

- In late 2015, Telehealth Medicare item numbers became available for consultations between a patient and an Ophthalmologist, where an Optometrist was present with the patient.
- Optometrists provide primary and secondary eye health services such as spectacle prescribing and eye disease detection.
- Ophthalmologists provide secondary and tertiary services such as cataract surgery.
- Urban use: Available for use in both remote geographical locations, or in Aboriginal Medical Services in any location.
Successful Telehealth Integration into SEQ Regional Eye Health Program Model

- Feb-May 2016 (4 months) – 93 Telehealth consultations
  - 60% general ophthalmology
  - 40% post operative cataracts
- Projected 400 Telehealth consultations in 2017
- Strong support from optometrists and ophthalmologists

100% positive patient feedback

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<th>Post Op Cataract</th>
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Telehealth Consults
IUIH Eye Health Telehealth – Maximising Ophthalmology outcomes

• Post Operative cataract consultations
  o Advantages- convenience- cost saving- cultural integrity
  o 4 and 8 weeks post surgery
  o Benefits- reduced patient transport (convenience)
  o Integrated into familiar, culturally safe setting
  o Social interaction with other post operative patients

• General Ophthalmology
  o Despite initial resistance (practitioner)- Approximately 50% of Ophthalmology general referrals can be consulted using telehealth
  o Model used- Ophthalmologist from home- Optometrist and patient in clinic- 4 hub locations around the region. Rotational appointment system regionally

• Ophthalmology Registrar Supervision (an Australian first)
  o Remotely supervised (from Townsville)- used from a regional location to an urban location!
  o Ophthalmology registrar consults in an IUIH clinic (alongside Optometrist) to supervising Ophthalmologist- through Telehealth- improving sustainability- MBS
IUIH Telehealth Planning Framework

- Assessment
- Planning
- Training
- Implementation
- Evaluation
- Advocacy
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<th>Optometrist 1</th>
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<td>10.00-11.00am</td>
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<td>10.00-11.00am</td>
<td>11.00-12.00am</td>
<td>12.00am-1.00pm</td>
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- Optometrist 1, 2, 3, 4
- TELEHEALTH
- Ophthalmologist from home

- Appointment and medical records software – regionally based.
- Vital to success
Take Home Messages

• Telehealth is useful in urban settings- access barriers for vulnerable urban patients are addressed through telehealth- NOT just for rural and remote health consumers- Patient centered

• Integrate Telehealth within the health care service delivery model- Business as usual

• MBS Telehealth Item numbers assist in revenue generation of health programs- Self sustaining

• Expect some initial practitioner scepticism- change takes time- suggest a trial period- Change management

• Appointment scheduling may take some thinking outside the box- especially with a regional model- trial different models- IT systems & Infrastructure
Referenced Articles

• A Review of Telehealth Service Implementation Frameworks- Liezl van Dyk

• A Framework for Telehealth Program Evaluation- Surya Nepal, PhD, Jane Li, MD, MSc

• Expanding Telemedicine to Include Primary Care for the Urban Adult- Laura Markwick, Kenneth McConnochie, Nancy Wood

• Successful Models for Telehealth- Elizabeth A. Krupinski, PhD, Tim Patterson, BA, Cameron D. Norman, PhD

• Telehealth: ‘real life’ implementation issues- P.A. Jennett *, K. Andrchuk
TeleHealth Too Deadly
Urban is the new Black

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