NATIONAL TELEHEALTH CONNECTION SERVICE (NTCS) SUPPORTING ACCESS TO ALL AUSTRALIANS

Brilliantly Connected Healthcare
The Challenges of Delivering Care in regional and remote Australia

- Rural and remote populations have lower access to all forms of health care including primary care
  - Higher prevalence of chronic disease and mortality
  - 20-50% higher health care expenditure per capita

Patient Outcomes
- Increased costs to access care
- Increased family disruption
- Decreased adherence to Health Management Plans
- Markedly increased prevalence of chronic disease
- Markedly increased mortality rates for populations in remote and very remote locations
Constraints to Telehealth Uptake

CURRENT STATE FOR TELEHEALTH

Public Hospitals lack the ability to schedule across internal and external telehealth resources

Aged Care Facilities require various vendors to construct a Telehealth service but lacks support of a single contact point

Remote Care Facilities lack the ability to search a common directory to locate & connect to other Telehealth services

Specialists have proprietary Telehealth units that are incompatible with external providers

Currently there is no scalable platform that can cater to the various issues experienced by Telehealth providers and deliver a single point of support and implementation
Telehealth as a Solution

Secure dedicated connected network – private/quality of service/ high availability

NTCS Core

Modules
- Scheduling
- National Telehealth Service Directory
- Clinical Documents
- Reporting
- Referrals

Internet

Consumers
Remote Medical Officers
GPs
RACF

Jurisdiction health network
LHD network
Mobile/satellite remote site
Jurisdiction Health network
Other health provider (e.g. AMS)
Other health provider (e.g. Prvte Hosp)
NTCS Core
Network and videoconference gateway dedicated to health customers

NTCS | August 2015 Page 4
Telstra Unrestricted
The NTCS in application

SANTA TERESA

- Vibrant indigenous community of 600 people
- Accessible by unsealed road to Alice Springs
- Local primary health care
- No existing specialist provision
- Until recently no reliable access to telehealth
NTCS Phased Capabilities

1. Site identification and engagement, use case development, successful connections between 4 sites

2. Connection to any jurisdiction/customer

   Enterprise and Consumer Video Provider Directory

3. Scheduling

   Referral to NTCS providers

   Store and Forward

4. Additional Content and Functionality: Sharing

   Patient Record, Education and Training

   Administrative Support e.g., Payment Solutions

Governance & evaluation, identification of use cases
Benefits Realisation Framework

Stakeholders
- Community members
- Health professionals (patient end and remote)
- Telehealth support
- Funders

Infrastructure and resources
- Technical capability
- Network capability
- Other – training and materials

Cost and investment
- Infrastructure costs
- Connection costs
- Health service costs
- Transport costs

Benefits and value
- What are the benefits?
- What is their value?
- How much do they cost to generate?
- Which stakeholders map to benefits?
- Which capabilities map to benefits?

Expand & strengthen existing telehealth capability

Improve access to health services (& reduce non adherence)

Reduce patient & family travel

Clinician and patient satisfaction
Key Learnings

RELATIONSHIPS (with communities)
• Respect that clinicians and communities know what works best for them
• Concentrate on ‘use cases’ that offer the most value e.g. family conferencing

RELATIONSHIPS (with peak bodies)
• Work with the people already supporting the communities
• Better outcomes are achieved working together

RELATIONSHIPS (with Health Departments)
• Support government to play a role, improved access and outcomes is their biggest priority

When we all align our efforts great things can be achieved