Expansion of Telehealth in remote NA

David Murtagh (Aboriginal Medical Services Alliance NT, AMSANT)
Marianne St Clair (Northern Institute, Charles Darwin University)
Nicolle Marchant (AMSANT)
History of Telehealth

- Aeromedical Service
- eHealth
- Video conferencing & digital diagnostic tools
NT Context:

- 32% population Indigenous
- 79% live in remote communities (ABS, 2011)
- > 100 remote clinics
- Many of these have poor access to internet
- >30 communities with >100 people – not internet! (NTG)
- NTG & Telstra – collaborative program eg Timber Creek => ADSL
- NTG invested in National Telehealth Connection Service (NTCS)
Northern Territory Government:
- 1,100 consults => $1.2 mill
- Keen to increase telehealth uptake
- Significant funding allocated

NBN satellites are unsuitable for Telehealth: Digital Policy Unit Department of Corporate and Information Services submission to the Joint Standing Committee on the National Broadband Network.
26 Specialties:
Paediatrics    General Medical
Infectious diseases    Endocrinology
Gastroenterology    Occupational Therapy
Renal    Burns
General Surgical    Pre-admissions
Gynaecology    Orthopaedics
Oncology    Psychiatric
Dermatology    Cardiology
Cardiac rehabilitation    Rheumatology
Thoracic medicine    Sleep disorders
Memory clinics    Hepatobiliary
Pain management    Spinal
Haematology    Addiction Medicine

(Michelle McGuirk, pers comm)
Last 18 months - Cross-sector Collaboration
• Aboriginal Medical Services NT Aboriginal Corporation AMSANT
• Broadband for the Bush Alliance Ltd (B4BA)
• Telstra Health
• Northern Institute, Charles Darwin University
• NT Department of Health (DoH)
• eMerge IT Solutions
AMSANT/B4BA/NI Telehealth Program

- Telstra Health - Secured $1.5 mill to upgrade connectivity for 15 remote clinics (Telstra RAP), including access to NTCS
- DoH – committed significant funds
- CDU Internal grant to support Telehealth Expansion $50k (seed funding)
- Regional Economic & Infrastructure, NTG $400k – Laynhapuy Homelands
Remote Community Controlled Sector:
• Increase access to GP Services

Recommendation: Recent MBS Review =>
Increase GP Medicare items for Telehealth
Acute Care:

- Cardiology emergency management
- Emergency cameras
- Internet connected diagnostics
  - iStat blood analysis
  - Blood pressure
  - Blood sugar monitoring
  - Weight scales
  - Ultrasound
Tertiary Services:
- Outpatient appointments and patient travel
- Cardiology recovery
- Wound management
- Palliative care
- Outreach services
- Mental health
- Social and emotional wellbeing
Support Services:
• Staff connectivity
• Education and training
• Access to government services
Expected Outcomes:

- 🧕 Productivity
- 🧕 Telehealth consults
- 🧕 Health and social benefits
- ↓ Patient Travel $$
- ↓ Did Not Attend rates
- 🧕 Access to training
- 🧕 VC used in day-to-day practice
- 🧕 Medicare income
- 🧕 Availability internet based clinical systems
- 🧕 Business efficiency, better recruitment
- 🧕 Availability of services
- 🧕 Access to specialist services
- ↓ Waiting times
- 🧕 Support for remote staff
- Identification of barriers and enablers 🧕 Telehealth
Opportunities.

• “Close the Gap”
• Assist other Aboriginal Community Controlled Health Organisations
• Remote areas of China
• Indonesia?
• International collaborations
• PATS savings and Medicare income => employ more local people

1. % PATS savings need to be returned to the community sector
2. MBS include item number for GP Telehealth services
References.


Marianne St Clair
Regional Economic and Workforce Development Team,
Northern Institute
Casuarina Campus (Yellow 1.2.54)
Ph 8946 7651
marianne.stclair@cdu.edu.au
Questions?
  ● Suggestions?

● Thank you!  Dundee Beach, Marianne St Clair