Project to develop a telehealth model of care for people with diabetes

**Deborah Dean¹**  
¹Cairns Diabetes Centre

We provide telehealth services to a population of approximately 270,000 over an area of 400,000 km², including many Aboriginal and Torres Strait Islanders. Our urban and remote communities are serviced essentially by various ‘fly-in/fly-out’ primary care medical teams meaning that health care provision is inequitable and disparate throughout these areas.

When this project was initially commenced, the naive belief was that identification of an evidence-based system of care and service delivery was all that was required and once everybody was made aware of the processes involved, all else would be straightforward.

Now in its third year, this project is now a shadow of its original conceptual image. In the first year there were 15 clinical contacts via videoconference unit, in the second year this figure climbed to 45 and last year we achieved 260.

The most powerful indicator was the recognition that each service had to be titrated to meet local need—this need being influenced by location, ethnicity and the attitude of the local service providers—and in so doing, each service became unique.

The common barriers were found to be:

- language
- culture
- reticence—the videoconference units were not installed with community consultation; this has created a lot of negativity
- unfamiliarity—people are not used to speaking into a television screen
- convenience—timing of the consultations need to coincide with the ‘fly-in’ team. (The primary care team become an extension to our multidisciplinary team)
- control—when a person sits in front of the screen, they may not know beforehand who will be present at the other site and what will be discussed
- a local champion—somebody, locally, has to be able to place the person in front of the screen at the appointed time and ensure they have been fully informed as to their rights
- immediacy—clinicians prefer to telephone the consultant for ‘on the spot’ advice. (We have had video consultations arranged within 5 minutes).

While it is acknowledged that face-to-face consultations are the gold standard, it cannot be assumed that all consultations provided this way do meet that standard. However, when all transmitting, quality, clinical criteria etc are met, the ability to engage the client over the
screen, share their results, X-rays, photos and together discuss the implication of proposed treatments—video must make for an acceptable silver standard.