Embedding telehealth in rural Victoria—choosing appropriate practice models

Paulette Kelly

1Rural Workforce Agency, Victoria

Background: Telehealth is expected to play an increasingly important role in health reform with promises of improving access to specialist services in rural communities, potentially leading to better management of chronic conditions and health outcomes. Telehealth would support a model of care that integrates rural primary care and urban specialist services, reducing the time and financial cost of travel for country patients. However the perceived difficulty involved in soliciting telehealth services, organising telehealth appointments, booking facilities and coordinating staff, providers and patients has been identified as a deterrent to incorporating telehealth into the practice of private specialists.

Aims: To explore the practice models being used by private specialists providing telehealth services to rural Victoria and to identify the approaches that best facilitate the integration of telehealth into clinical practice.

Methods: A case study design was adopted to explore the practice models in use using a combination of survey (n=100 private specialists) and semi structured interview with specialists providing outreach services to rural Victoria.

This paper reports on the administration of two practice models that aim to support the adoption of telehealth:

- teleclinics supporting particular patient populations in rural Victoria
- teleconsults supporting access to specialist services between face-to-face visits.

Results: Private specialists offer their services from a range of locations (various hospitals, private consulting rooms, home) to patients located in many different settings. Structured, well-communicated and replicable administrative practices are required to embed telehealth into practice. Despite the appeal of teleclinics to many private specialists, they cited the financial risk of fluctuating volume as a disincentive. There exists a level of discomfort among many private specialists with taking a proactive approach to promoting their telehealth services; many regarded it as ‘touting for business’. Strong support exists among the Victorian Outreach Assistance Service providers to offer video consults to rural patients; however, attitudes towards communicating this willingness to referring general practices and others remains a change management challenge.

Conclusion: There is little systematic and generalisable research on the most effective practice models to use for effective sustainable telehealth. This study in rural Victoria shows that structured administrative processes and agreed governance procedures can be integrated into practice to contribute to the confidence of specialists in using telehealth in situations where they regard it to be clinically appropriate. Research continues to be needed to identify the impact of various telehealth integration approaches on health outcomes.