Australian Medicare Local Alliance telehealth program

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Australian Medicare Local Alliance

Abstract
The Australian Medicare Local Alliance, through funding from the Department of Health and Ageing has been able to place 13 Telehealth Support Officers (TSOs) throughout Medicare Locals (MLs) around the country. A further six ML’s independently obtained funding through the same tender. Since their placement, beginning July 2012 valuable lessons have been learnt about uptake of telehealth in rural general practice. These include, using simple technology, developing a sustainable model by introducing regular telehealth clinics and when possible consulting with their usual specialists. Those who have championed the new method of clinical care have been young, old, techno savvy and techno phobic—the one thing they have in common is the willingness to enact change for the benefit of the patient. The use of video conferencing in rural general practice goes far beyond clinical benefits. Clinicians can link up with colleagues, education providers and collaborative care teams, improving the retention of a rural workforce.

Introduction
Telehealth is the term given to a clinical consultation conducted via video conferencing software or hardware. Telehealth has been part of the Australian medical landscape since the late 1990’s. In the early days all communication was conducted via ISDN (telephone lines) and clinics were mostly facilitated by universities, hospitals and a few State/community-based organisations. Until recently primary health care (PHC) had very little to no exposure to this modality of care.

In July 2011 MBS introduced item numbers allowing specialist services to be delivered via video consultation. There are also item numbers that allow for patient-end support. These include GPs, nurses, midwives, nurse practitioners and aboriginal health workers (AHW). To support the release of these item numbers the Department of Health and Ageing (DoHA) commissioned the Royal Australian College of General Practitioners (RACGP) to produce “Standards for general practitioners offering video consultations” and UniQuest (a subsidiary of the University of Queensland) to produce a business and technical recommendations report.

In April 2012, 28 organisations were the successful recipients for the ‘Telehealth Uptake Support Tender’. This grant consisted of four streams:

- Standards and guidelines
- Education
- Telehealth Support Officers (TSOs)
- Awareness raising campaign

The Australian Medicare Local Alliance (AML Alliance) was successful under the latter two sections. AML Alliance received $2 million over twelve months to deliver the project. The project structure included a National Principal Adviser (with part-time project officer support) and 13 TSOs across 14 MLs. In a few cases the MLs split the TSO positions between 2-4 existing employees from the MLs, in many cases between their eHealth team. Six other MLs were also funded by DoHA with TSO positions. This resulted in the equivalent of 28 TSO positions around Australia. Of the 61 MLs there is TSO representation in 23.

This is a list of the participating MLs:

- New England ML (NSW)
- Murrumbidgee ML (NSW)
• Southern NSW ML (NSW)
• Western NSW ML (NSW)
• Grampians ML (VIC)
• Loddon Mallee Murray ML (VIC)
• Inner East Melbourne ML (VIC)
• Macedon Ranges and North West Melbourne ML (VIC)
• Country North SA ML and Northern Adelaide ML (SA)
• Townsville-Mackay ML (QLD)
• Central Queensland ML (QLD)
• Darling Downs-South West Queensland ML (QLD)
• Greater Metro South Brisbane ML and Metro North Brisbane ML (QLD)
• Perth South Coastal ML and South West WA ML (WA)
• Kimberley-Pilbara ML (WA)
• Goldfields-Midwest ML (WA)
• Perth North Metro ML (WA)
• Tasmania ML
• Northern Territory ML

The other component to the AML Alliance funding was that ALL MLs were to be offered the opportunity to provide telehealth events, or awareness raising activities. To date, this has resulted in a total of 47 MLs participating.

**Telehealth in Medicare Locals**

Telehealth is a new modality of service delivery. It is not a new stand-alone discipline (such as physiotherapy), in 20 years time the term may even be obsolete. It’s a little like saying the “e” should be taken out of eHealth, in the end, it’s all about health care and its efficient delivery. Telehealth has been called the revolution of health care, but at this stage it is simply the early adopters and champions who are on board, and those who were motivated by the initial incentives program.

For a ML TSO to facilitate the uptake of telehealth they have needed to engage with stakeholders who have not previously been ML members, these include specialists and RACFs. As the current telehealth program is specialist driven the first group to engage with were specialists. It was no good for the TSOs to first singing its praise to the GPs, when they would first ask is ‘who’s on board’. Telehealth is borderless and it intersects all health care sectors, acute, local hospital networks, private specialists, employed and private allied health, RACFs both private and government funded. Telehealth policy also had three significant changes during the life-span of this project: the reduction of the grant funding time and incentive time, the introduction of the 15km rule and the geographical reclassification to the remote area (RA) system.

**Central Queensland ML**

- 60% of practices in the region are using telehealth
- Telehealth has created a reduction in the cultural disconnectedness between Indigenous Australians as they don’t need to leave their family and communities to access specialist care

**Grampians ML**

- 80% of practices in the region are telehealth enabled, with 70 local and national specialists enlisted to service the region
Kimberley Pilbara ML
- The TSO has worked closely with many of the AMS/ACCHS to test connectivity and facilitate appropriate medical links
- Conducted a broad analysis of how to fit telehealth into care planning, self-managed plans and team-care arrangements
- Leading discussions with local stakeholders (remote areas of NT/SA/WA) on how to improve satellite coverage and solve local interoperability issues
- Working towards starting a 4WD mobile tele-consulting clinic

Inner East Melbourne ML
- Victoria has almost 50% of the TH consults in RACFs (n=211) from July 11 – Dec 12, this can largely be attributed to the TSOs at Inner East Melbourne ML

Northern Territory ML
- Demonstrated that statistically there were 20% more telehealth consults in the first five months of the TSO being engaged (July-Nov 2012) than there were in the first 12 months (July 11 – June 12) of the MBS telehealth item numbers. This also suggests that support is of greater importance than incentive payments (until June 12 GPs and specialists only needed to do one consult to obtain a $6,000 payment, after that it was $1,400 for the first consult and an additional $3,200 once a total of 10 had been conducted).

Future priorities
Nineteen MLs participating in the telehealth support program were requested to submit five telehealth areas of priority they would like to see action on, 17 responses were received. Here is a summary of their responses and the number of votes for each. They were given 100% free reign to provide suggestions, all responses were free text.

1. Telehealth item numbers for GPs to consult directly to RACFs
2. Telehealth item numbers for After Hours services
3. Telehealth item numbers for GPs to consult direct with patients
4. Continuing incentives in RACFs
5. Government (or peak health organisations) to encourage/mandate/prescribe either a platform or interoperability in general.

NOTE: The TSOs surveyed were mostly in rural and remote areas, or urban areas. Very few were regional. If there had been an increased representation by this area (such as Barwon/Frankston/Sunshine Coast/Hunter) there’s like to have been a lot more response about the geographical reclassification to the RA system.

Where to from here
A Medline literature search (28 February 2013) of “telehealth AND “general practice” AND Australia” returned 24 results, six of which were published after the introduction of the telehealth item numbers. None of the articles refer to the introduction of the MBS item numbers. A similar search that drops “Australia” generated 160 results, many of the recent publications refer to the ”Whole System Demonstrator” program in the UK and generally more remote-monitoring (store-and-forward “S&F”). Telehealth is a generic term that is used in much of the world to refer to S&F. Internationally the term ‘telemedicine’ is used in reference to real-time clinical video conferencing.
General practice in Australia is often under-represented in literature, due to limited time for coal-face research and evaluating practice methods. Telehealth initiatives in Australia have lacked end-to-end economic evaluation. For the broader picture to be understood we need to quantify the financial and quality of life benefits to patients against the potential economic discrepancies for health care providers.