



**Towards a
National Strategy
for
Telehealth in Australia
2013-2018**

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Executive Summary

Health systems worldwide face sustainability pressures and challenges, leading to widespread reform agendas including ‘new models of care’ and ‘enabling technologies’. Australia must deliver health care to a varied population spread from dense urban and regional settings to sparse rural or remote areas, creating access and quality differentials. With appropriate high level direction driven by a National Strategy, Telehealth can play a significant role in enabling the changes required to respond to these needs. In this discussion paper we argue that the directions to be set by a National Strategy for Telehealth should be *targeted*, *purposeful* and *efficient* in nature. Based on input obtained from a multi-sectoral roundtable discussion, we propose a set of key strategies and corresponding operational plan elements, which we believe can help advance the development of a full National Strategy for Telehealth in Australia.

Background

Providing Context for Action

The current climate in healthcare is one of unprecedented projected growth in the need for services, leading to unsustainable demands on resources which underpin those services. A widely advocated approach to address this has been the adoption of system reforms which involve 'new models of care' and 'enabling technologies', including ICT for Health in a variety of different settings. Telehealth offers the scaffolding for delivering a blend of these two components simultaneously, by providing the means to realise new care pathways over new technology-based delivery media.

This document arose from preliminary groundwork undertaken during late 2012 by the Australasian Telehealth Society, culminating in a roundtable discussion session at the Global Telehealth 2012 Conference held in Sydney on 26-28 November 2012. The roundtable was aimed at forming a broad cross-sectoral view identifying high priority elements and actions contributing to a National Strategic Plan for the further development of Telehealth services in Australia. Approximately 50 participants representing many interested disciplines (see Appendix 1) contributed to the roundtable, enhanced by the presence of several international thought leaders and taking reference from some recent relevant strategic documents (see Appendix 2).

The consensus of participants was that a single 'strategic' direction-setting reference document is desirable in order to maximize the value to Australia of new developments in Telehealth over the next 3-5 years. This reference document should

- draw on existing documents and perspectives (including those of consumers)
- align initiatives with emerging healthcare reform agendas and budget processes
- guide enhanced innovation aspects, including funding and business models
- inform and inspire public policy directions, including initiatives for health cohorts
- enable adoption of related clinical and technological changes in healthcare.

This is a first step in attempting to frame that document. We encourage debate, further development and wider interpretation of the ideas contained in this document, initially through email, websites and social media, and then through structured discussions such as workshops or collaborative blog / wiki sites. The Australasian Telehealth Society will continue to catalyse such discussions but would also welcome inclusive initiatives from other agencies to ensure that widespread input occurs. We particularly seek further government, healthcare and industry sector 'ownership' for the creation of a final comprehensive document defining a National Strategy for Telehealth in Australia, and acceptance of responsibilities for the actions and other activities proposed within it.

Vision

Transformation through Telehealth

Health systems worldwide are facing immense challenges due to such factors as ageing populations, financial pressures and workforce constraints. Australia has an extra challenge in having to deliver healthcare over larger distances than many other countries. On the other hand we have first class medical resources and access to excellent technology, currently being augmented with a National Broadband Network. With appropriate high level direction driven by a National Strategy, Telehealth has the potential to play a much more significant role than at present in enabling the changes required to meet these challenges. Any such strategy must be in harmony with our national Health systems context, with the following relevant aspects for consideration.

Telehealth is a diverse and dynamic area, with a definition and scope that will change over time. For the purposes of this discussion paper, Telehealth is defined as *enabling health care services and related processes delivered over distance, using information and communication technologies*.

Related clinical activities within the scope of Telehealth include

- team based health care service provision
- telemonitoring and telecare
- self-management / participatory health
- preventative health and wellness
- targeted care for health cohorts e.g. chronic disease, aged care.

Telehealth should be integrated with, but is not the same as

- electronic health records and health information systems
- health decision support and care management processes
- health education and self-empowerment.

Telehealth can be used to enable new models of health care and management that will

- move the focus of health care closer to the consumer and their primary care
- improve access and equity, reducing pressure on acute and specialist facilities
- raise quality of health care with better continuity of care and patient management
- provide scalable and sustainable solutions able to integrate with current services.

We therefore believe that the directions set by a successful National Strategy for Telehealth in Australia must be *targeted, purposeful and efficient* in nature. These characteristics will lead to development of a national Telehealth landscape comprising

- diverse and competitive instances of independent Telehealth services
- implementation and support of services by a mix of public and private schemes
- variety in supplier / provider sources, creating appropriate service environments.

Strategy

Moving Australia Forward

Above we identified three hallmark characteristics of a National Strategy for Telehealth

- *targeted*, with initiatives aligned with selected major health priorities
- *purposeful*, adopting proven evidence-based approaches and solutions
- *efficient*, leveraging existing health system structures for delivery.

Below we propose three corresponding key strategy areas, and explain the scope and directions associated with each of them. In the final section we suggest elements of an operational plan which could initiate progress towards achievement of these strategies.

Key Strategy 1: Focus on national priority groups

Focus initially on key groups identified in the National Health Reform Agenda who have the most to gain from Telehealth

- aged care
- poorly mobile / disabled
- outer metropolitan, rural and remote

There are many areas where Telehealth has potential, but the aged care, poorly mobile and remote sector of the population are recognised as being national priority areas for innovation in health care. Lessons learnt from providing a range of Telehealth services in these groups will flow into other sectors over time. Support schemes and resources provided for support of these areas can be leveraged and supplemented purposefully, to help grow Telehealth options. Major areas within these groups (e.g. chronic disease, mental health) may emerge as second tier priorities resulting from this initial focus.

Key Strategy 2: Apply 'fit for purpose' models

Develop technical, business and financial models that support clinical change by

- being sustainable and scalable
- working across multiple providers / funders / jurisdictions
- being demonstrably 'fit for purpose'.

There is an absolute imperative for Telehealth to be sustainable from both a workflow and a financial perspective, if it is to support clinical change. This implies scalability to provide 'economies of scale', but also to ensure that Telehealth becomes embedded as 'just another tool' in the provision of health care.

There are many emerging models of Telehealth, across multiple jurisdictions and in varied health care environments. These need to be interoperable, if Telehealth is to achieve scalability and to achieve its promise of providing clinical care that is team-based and consumer-centric.

Key Strategy 3: Optimise the locus for implementation

Identify the optimal 'locus' of implementation for Telehealth, by focussing on;

- Medicare Locals as appropriate vehicle for encouraging primary and team based implementation (building on eHealth initiatives).
- Documenting and promulgating clinical pathways and use cases for specific health care disciplines.
- Identifying demand, enablers and barriers for uptake by consumers.

The current Health (and Telehealth) environment is fragmented, and driven by many 'masters'. This makes it difficult to know to embed Telehealth most effectively into such a complex mix.

Integrating Telehealth into everyday health care is best done by identifying where it adds most value. This is a complex question, but recent healthcare reform has focussed on meeting local demands for primary health care through the establishment of community based 'Medicare Locals'. We should investigate what facilitating role Medicare locals might play in ensuring Telehealth services provide the greatest value.

Other modes of health care delivery, such as the 'specialities', should also be investigated to identify where Telehealth adds most value to the speciality, but also to health care provision in general (e.g. where there are bottlenecks in delivery that might be overcome by Telehealth).

Telehealth will not succeed unless consumers have access to it, and find value in it. We should assess what consumer access and attitudes to Telehealth are, so that solutions can be built in ways which are sympathetic to and supportive of consumer needs and aspirations.

Operational Plan

Operational Plan for Key Strategy 1 - Focus on national priority groups

Objective 1.1	Establish a 'community of practice' based on Telehealth services for the aged and / or poorly mobile (note; this overlaps with Objective 1.2). Communities of practice will use Web2.0 technologies and meetings to share information and experiences in this area
Rationale	Information sharing and collaboration is critical for the success of telehealth
Actions / Activities	1.1.1 Identify / support / establish a collaborative on-line environment focussing on Telehealth services for the aged and poorly mobile. 1.1.2 Encourage DoHA to sponsor a meeting of funded Telehealth pilot projects in chronic, aged and palliative care and publish the outcomes. 1.1.3 Encourage participants in the 'community of practice' to present at aged care / disability or professional body conferences and workshops.

Objective 1.2	Establish a 'community of practice' based on Telehealth services in rural and remote areas (note; this overlaps with Objective 1.1). Communities of practice will use Web2.0 technologies and meetings to share information and experiences in this area.
Rationale	Information sharing and collaboration is critical for the success of Telehealth.
Actions / Activities	1.2.1 Identify / support / establish a collaborative on-line environment focussing on Telehealth services in rural and remote areas. 1.2.2 Encourage participants in the 'community of practice' to present at rural / remote or professional body conferences and workshops.

Objective 1.3	Develop tools to enhance consumers' digital and health literacy, especially in the aged.
Rationale	The acceptance of Telehealth critically depends on ensuring that the consumers perceive value in it, and being able to integrate it into their lives.
Actions / Activities	1.3.1 Identify current tools and activities in Australasia focussing on digital and health literacy in the aged or poorly mobile. 1.3.2 Encourage filling any gaps in developing digital and health literacy. 1.3.3 Promulgate digital and health literacy 'tools' via appropriate websites.

Operational Plan for Key Strategy 2 – Apply ‘fit for purpose’ models

Objective 2.1	Promulgate clinical pathways that integrate Telehealth
Rationale	Successful examples / use cases will encourage adoption.
Actions / Activities	2.1.1 Establish a short use case format describing successful integration of Telehealth into clinical care pathways, identifying barriers and how they were overcome. 2.1.2 Publish via a website, with links to further information

Objective 2.2	Promulgate business models that integrate Telehealth
Rationale	Successful examples / use cases will encourage adoption.
Actions / Activities	2.2.1 Establish a short use case format describing successful integration of Telehealth into business and funding models, identifying barriers and how they were overcome. 2.2.2 Publish via a website, with links to further information

Objective 2.3	Standards based and interoperable implementation – towards national managed Telehealth interconnectivity.
Rationale	Telehealth needs to work across multiple platforms, networks and jurisdictions.
Actions / Activities	2.3.1 Identify network topologies to support managed networks for Telehealth, including leveraging the National Broadband Network 2.3.2 Identify and promote current standards, and ‘publish’ compliance of currently available Telehealth products. 2.3.3 Identify impediments to interoperability between networks. Establish conditions for national ‘managed’ Telehealth interconnectivity.

Objective 2.4	Incrementally remove requirement for ‘physical presence’ for relevant MBS items.
Rationale	Better funding for Telehealth services will encourage its use.
Actions / Activities	2.4.1 Establish a link to DoHA to lobby for greater MBS recognition of Telehealth services. 2.4.2 Identify barriers and solutions to improved funding for Telehealth services through Government agencies.

Objective 2.5	Identify key drivers / barriers for private health care providers to adopt Telehealth.
Rationale	Diversity of funding for Telehealth services will encourage their use.
Actions / Activities	2.5.1 Establish a link to private health care peak bodies to lobby for greater recognition of the value of Telehealth services 2.5.2 Identify barriers and solutions to improved funding for Telehealth services by private health care providers.

Objective 2.6	Establish appropriate insurance coverage for Telehealth services.
Rationale	Telehealth needs to be covered for professional indemnity in the same way as any other healthcare service.
Actions / Activities	2.6.1 Identify current insurance status for Telehealth from professional insurers. 2.6.2 Resolve impediments to any lack of insurance for Telehealth.

Objective 2.7	Develop tools for enhanced digital literacy in health care workers
Rationale	New tools require health care workers to be upskilled, which will also enhance clinical change management
Actions / Activities	2.7.1 Encourage development of competence based assessment contributing to formal professional development requirements of professional bodies. 2.7.2 Encourage development of shared Telehealth education resources, preferably 'on-line'. 2.7.3 Encourage development of local (ie State or Territory) Telehealth education facilities where 'hands on' experience is required.

Operational Plan for Key Strategy 3 - Optimise the locus for implementation

Objective 3.1	Establish the role of Medicare Locals in enabling Telehealth services
Rationale	Medicare locals (or equivalent) represent a major component of primary health care, and should play a role in embedding Telehealth in modern health care.
Actions / Activities	3.1.1 Engage with the Medicare Local community to identify enablers / barriers to uptake of Telehealth amongst their constituents.

Objective 3.2	Establish the impact of Telehealth in specific medical specialities by engaging with their professional bodies.
Rationale	Medical specialities each have specific use cases for Telehealth that should be documented and promulgated amongst relevant specialists.
Actions / Activities	3.2.1 Engage with the speciality professional bodies to identify use cases / enablers / barriers to uptake of Telehealth amongst their constituents 3.2.2 Encourage presentation of Telehealth use cases to workshops / meetings of specialist professional bodies.

Objective 3.3	Investigate the impact of Telehealth on consumers.
Rationale	Telehealth will not succeed unless consumers can access it, and find value in it.
Actions / Activities	3.3.1 Engage with consumer advocacy groups to determine attitudes, enablers and barriers to Telehealth. 3.3.2 Encourage assessment of consumer feedback from Telehealth trials and services, and present this at workshops / meetings of specialist professional or special interest groups. 3.3.3 Align with government and professional initiatives to publicize the advantages of Telehealth. 3.3.4 Monitor closely, and advocate for, the development of connectivity to people's homes or community centres through broadband initiatives.

Appendix 1: Registered Workshop Participants:

(National Strategic Directions in Telehealth, Global Telehealth 2012 Conference, Sydney, Monday 26 November 2012)

Name	Organisation
Jeff Ayton	Australian College of Rural and Remote Medicine
Professor Christopher Bladin	Monash University
Prof Colin Carati	Flinders University
Mr Paul Cohen	Barwon Health
Ms Melanie Conn	Department of Broadband, Communications and Digital Economy
Ms Kay Cope	Illawarra Shoalhaven Local Health District
Dr Peter Del Fante	Healthfirst Network
Ms Nivedita Deshpande	Australian College of Rural and Remote Medicine
Dr Sarah Dods	CSIRO
Ms Sharryn Gannon	Serco Australia
Dr Margaret Giles	Edith Cowan University
Dr Henry Glennie	Medilink Australia Pty. Ltd.
Mrs Odette Grabinski	Royal Australasian College of Physicians
Professor Len Gray	Centre for Research in Geriatric Medicine, Centre for Online Health.
Mr Alan Hamilton	WA Country Health Service
Ms Susan Harvey	Illawarra Shoalhaven Local Health District
Ms Janelle Jakowenko	Australian Medicare Local Alliance
Leila Jordan	Department of Broadband, Communications and Digital Economy
Ms Paulette Kelly	Rural Workforce Agency Victoria
Patricia Kerr	New Zealand Telehealth Forum
Mrs Cate Kerr-Green	Medibank Health Solutions
Mrs Emily Lannan	Medibank Health Solutions
Ms Ann Larkins	Barwon Health
Dr Brane Leskosek	University of Ljubljana, Faculty of Medicine
Dr Kylie Maidment	Medical Technology Association of Australia
George Margelis	Care Innovations
Professor Maurice Mars	University of KwaZulu-Natal
Ms Priyanka Mishra	Greater Metro South Brisbane Medicare Local
Mrs Chloe Moddel	Agency for Clinical Innovation
Ms Natasha Moloczij	The Florey Institute of Neuroscience and Mental Health
Peter Montgomery	TeleMedCare
Lars Nystrom	TeleMedCare
Ms Lisa Paulin	Inner East Melbourne Medicare Local
Ms Kelli Porter	Rural Health West
Mike Rebbechi	AARNet
Mr Don Scavone	Department of Broadband, communications and Digital Economy
Dr Günter Schreier	AIT Austrian Institute of Technology GmbH
Mr Andrija Stamenovic	Philips Research Europe
Mrs Cindy Stonham	Medibank Health Solutions
Mr Alex Straughan	Rural Health West
Miss Chloe Thornell	International Practitioner Network
Mrs Amanda Tonner	Medibank Health Solutions
Dr Victoria Wade	The University of Adelaide
Mr Peter Wallis	Loddon -Mallee Rural Health Alliance
Mrs Robin Warren	Townsville-Mackay Medicare Local
Dr Laurie Wilson	CSIRO

Appendix 2: Selective Bibliography

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