Telehealth

Provider and Stakeholder Consultation Report (2014)

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Contents

Purpose of the report

The purpose of this report is to share results from CheckUP's 2014 *Outreach Provider and Stakeholder Telehealth Survey*. The report is organised in five sections:

1. Background

2. Survey design

3. Survey results

4. A discussion of the results

5. Recommendations

Whilst this survey was specifically developed to understand how Outreach Providers can increase their uptake and service delivery through Telehealth, it is acknowledged that all health service organisations and professionals will benefit from this information. It is CheckUP's intent to share these findings and recommendations broadly in the hope it supports better health care delivery at a state and national level.

Background

CheckUP is a leading not-for-profit industry organisation focused on the needs of the primary health care and community services sectors. Our longstanding philosophy that 'together we can build a better health system' underpins all of the organisation's endeavours. CheckUP has a strong understanding of the primary health care sector and its role as the foundation of the health care sector and system.

CheckUP, in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) is the jurisdictional fundholder for the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the Healthy Ears – Better Hearing, Better Listening programs in Queensland Outreach. In this report the three programs are collectively referred to as the Outreach Programs.

The aim of the Outreach Programs are to support increased access to medical specialist, general practitioner and allied health professional services for people living in urban, regional, rural and remote locations across Queensland, including Aboriginal and Torres Strait Islander communities.

Since the Outreach Program's inception, Telehealth has been identified as an appropriate technology to support increased access to the Outreach program services.

Telehealth has the potential to enable better access to health care in Queensland. Telehealth is defined as the delivery of health services and information using video telecommunication technology. Significant statewide and commonwealth investment has been made into Telehealth infrastructure and workforce to support its uptake. However, the full potential and alignment of Telehealth with outreach investment is still to be realised.

To better understand the uptake and use of Telehealth across the Outreach Programs, CheckUP conducted a survey. The survey was designed to learn more about factors that impact on Telehealth being a viable service medium for the delivery of CheckUP Outreach programs. Survey results will be used to inform recommendations on how to increase the uptake of Telehealth in Outreach programs in Queensland.

Survey Design

This section describes the survey design including: the aim; participants; data collection and analysis methods.

CheckUP worked with the Queensland Department of Health (QDoH) (Health Systems Innovation Branch), the Australian College of Rural and Remote Medicine (ACRRM) and the Queensland Aboriginal and Islander Health Council (QAIHC) to design the survey and develop the survey question set.

Survey aim

The aim of the survey was to collect quantitative and qualitative data on Outreach Providers' and Stakeholders' perceptions about enablers and barriers that impact on the uptake and use of Telehealth to deliver health services.

The data collected serves four purposes:

1. Develop an in-depth understanding of the enablers and barriers that impact on the uptake and use of Telehealth to deliver health services.

2. Learn about positive experiences and how to implement best practice examples of Telehealth to deliver health services

3. Inform recommendations for the development of a Telehealth uptake strategy across CheckUP's Outreach Programs

4. To build stronger working relationships between the private and public sector, through facilitating knowledge exchange and awareness of existing systems and infrastructures available.

Survey participants

The survey was aimed at Outreach Providers and other stakeholders who are involved in health service delivery across Queensland and or have experience and expertise in Telehealth. Outreach Providers and other stakeholders received an email message from CheckUP inviting them to participate in the survey (Appendix 1.1). An information sheet (Appendix 1.2) was developed to promote the survey through CheckUP eNewsletters, member events, forums and planning meetings. Participants were required to complete 22 questions.

Data collection and analysis methods

The data collection instrument was a questionnaire administered through Survey Monkey called the *Outreach Provider and Stakeholder Telehealth Survey* (Appendix 2.0). The questionnaire was open from 26 May 2014 to 16 June 2014.

The questionnaire consisted of 22 questions. The first two questions collected information about the participants' profession and the geographical location they provide health services to in Queensland.

Questions three and four asked participants to categorise a range of factors as either an 'enabler' or 'barrier' to the uptake and delivery of Telehealth.

Question five asked participants to comment on infrastructure and resources required to improve Telehealth service delivery.

Question six, seven and eight asked participants about their experience with and preference for various Telehealth platforms.

Question nine asked participants to rate the quality of Telehealth experiences. Question ten asked participants about the level of administration and technical support available to assist Telehealth sessions.

Questions 11-14 asked participants if and how they have worked with the QDoH service providers to deliver Telehealth and to rate their experience.

Questions 15 and 16 asked participants to rate their personal level of commitment to Telehealth and their view of the extent of change required across the health sector to increase Telehealth uptake.

Question 17 asked participants to rate and comment on the outcomes Telehealth sessions they have delivered.

Question 18 asked participants to rate their current level of readiness to deliver Telehealth sessions by rating their knowledge, skills and experience relevant to Telehealth service delivery. It also asked participants about equipment they required for Telehealth service delivery.

Question 19 asked participants to outline considerations for best practice in Telehealth (including working with Aboriginal and Torres Strait Islander people and a range of geographical locations).

Question 20 asked participants to provide detail on their key learnings from Telehealth service delivery experiences.

Question 21 asked participants to provide ideas and solutions for better Telehealth service delivery uptake.

Question 22 asked participants to share good news stories related to Telehealth service delivery.

Table 1 provides a summary of data collected from each question and how each question links to the three survey purposes identified above.

Question	Data collected	Purpose
1-2	Participants' health profession Location of service delivery in QLD	N/A
3-4	Enablers and Barriers to Telehealth uptake and service delivery	1, 3
5	Infrastructure and resources to improve Telehealth service delivery	3
6-8	Experience with and preference of Telehealth platforms	1,2, 4
9	Quality of Telehealth experience	1,2,3
10	Level of administration and technical support to assist Telehealth sessions	1,2,3
11-14	Involvement with and experience of working with QDoH service providers to deliver Telehealth and to rate their experience	1,2,3,4
15-16	Personal commitment to Telehealth and change required within health sector to support uptake	2,3
17	Outcomes of delivered Telehealth sessions	2
18	Telehealth provider readiness: Knowledge, Skills, Experience and Equipment	1,3
19	Considerations for best practice in Telehealth (including working with Aboriginal and Torres Strait Islander people and a range of geographical locations)	2,3
20	Key learnings from Telehealth service delivery experiences	1,3
21	Ideas and solutions for better Telehealth service delivery uptake	1,3
22	Telehealth good news stories	2

Table 1: Data collected from each question and link to survey purposes

Survey Results

This section presents the survey results. It commences with a description of survey participants (Questions 1-2) followed by the results for Questions 3-22.

Description of participants: Question 1 & 2

Fifty nine (59) people participated in the survey. Of the 59 participants, 27% of the health professionals were Allied Health professionals, 15% were Health Care Managers, 12% were Specialists, 7% were Nurses and 7% were Telehealth Coordinators. The remaining participants included Primary Health Care Managers, Midwives, GPs, Practice Managers and people working for peak bodies (see Figure 1). Of the 59 participants there was a total of 120 regional representations. This means that each participant works in at least two Outreach regions as identified by CheckUP[1] (Appendix 4).
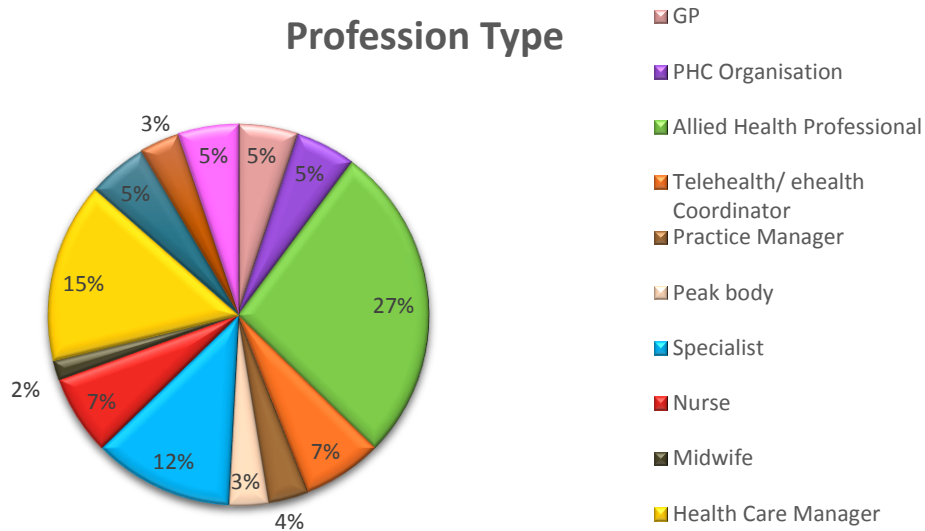
Profession Type

Figure 1:   Telehealth Survey Respondents by Profession (2014)

[1]CheckUP has identified six outreach regions for the purpose of planning and consultation. The six regions include: Far North, North, North West, Central, South West and South East. For more information on the CheckUP regions see CheckUP's website (www.checkup.org.au)

Enablers and Barriers: Question 3 & 4

Question 3 asked participants to categorise 11 factors that impact on the uptake of Telehealth services either as an 'Enabler' or 'Barrier'. There was an 'Unsure' option provided for participants who did not know if the factor was an enabler or barrier. If participants identified any of the 11 factors as barriers they were asked to briefly describe how it was impacting on delivery of Telehealth services.

The 11 factors participants were asked to categorise as 'Enablers' or 'Barriers' were:
1. Patient access
2. Patient awareness
3. Patient rapport
4. Cultural awareness
5. Service delivery related (i.e. policies, procedures etc.)
6. Payment and billing related
7. Workforce skill related

8. Workforce awareness related

9. Functionality and reliability of programs

10. Infrastructure/resources (external)

11. Infrastructure/resources (internal)

Participants rated the **top three 'Barriers'** to Telehealth delivery as:

1. External infrastructure and resources

2. Patient awareness

3. Workforce skill related

Participants rated the **top three 'Enablers'** to Telehealth delivery as:

1. Internal Infrastructure and Resources

2. Patient Access

3. Patient Rapport

The three factors that participants were unsure about whether they were an 'Enabler' or 'Barrier' were:

1. Payment and Billing related

2. Cultural Awareness

3. Functionality and Reliability of Programs

Table 2 provides a summary of the 'Enablers', 'Barriers' and areas for further investigation. For a detailed summary of the results to Question 3 refer to Appendix 5.

Enablers	Barriers	Unsure
1. Internal Infrastructure and Resources	1. External infrastructure and Resources	1. Payment and Billing related
2. Patient Access	2. Patient Awareness	2. Cultural Awareness
3. Patient Rapport	3. Workforce Skill related issues	3. Functionality and Reliability of Programs

Table 2: Top three factors: Enablers, barriers and areas for further investigation

Question 4 provided participants free text space to add any additional factors that act as enablers and or barriers to Telehealth uptake. Additional barriers identified included:

- Silo agencies who are delivering Telehealth services

- Lack of central coordination to ensure optimal use of services

- Appropriate standard for Telehealth consults

- Time associated with administration

- The need for 'hands on' treatment

Increase in infrastructure and resources required to improve Telehealth service delivery – Question 5

Participants were asked to rate the level of change required in infrastructure and resources to improve Telehealth service delivery. Participants were asked to rate the level of change required using a five point scale which included: 'No increase (current level of resources are sufficient)', 'A little increase (up to 30%)', 'Somewhat of an increase (up to 50%)', 'A major increase (greater than 50%)', 'Unsure'.

Results were:
- No increase (current level of resources are sufficient): 10%
- A little increase (up to 30%): 20%
- Somewhat of an increase (up to 50%): 25%
- A major increase (greater than 50%): 25%
- Unsure: 20%

If participants indicated a change was required in resources and infrastructure they were asked to provide further comments on changes they perceived were required. Comments included:

- Improved broadband access (i.e. appropriate bandwidth for rural and remote areas)

- Equipment

- Dedicated local administration staff

- Quality training

- Standardised processes and procedures

- Common technology platforms

- Capacity to use technology in culturally safe and appropriate ways

Australian College of Rural and Remote Medicine (ACRRM) Directory – Question 6

Participants were asked to indicate if they had used the existing ACRRM provider directory to help locate clinicians who provide Telehealth services. Results were:

- Yes: 37%

- No: 63%

Existing Video Conferencing software that connects with Queensland Department of Health – Question 7

Participants were asked to indicate if they had used the existing Cisco 'Jabber' video conferencing software that connects with QDoH network. Results were:

- Yes: 34%

- No: 66%

Please note: Question 8-14 were questions about participants experience in Telehealth programs and if and how participants may have worked with QDoH. These questions are outside of the direct scope of this report. CheckUP can provide responses to these questions upon request.

Commitment to Delivering Telehealth Services – Question 15

Participants were asked to rate their level of commitment to Telehealth service delivery across seven domains which included:

1. Improving personal/workforce awareness

2. Improving patient awareness

3. Collaborating with key stakeholder organisations

4. Collaborating with other professionals

5. Improving patient health outcomes

6. Improving patient health care experience

7. Overall commitment to using Telehealth

Participants were asked to rate their level of commitment to each of the seven domains using a five point scale which included: 'Not committed', 'Somewhat committed', 'Impartial', 'Mostly committed' or 'Very committed'.

Out of the 59 participants, 39 rated their 'Overall commitment to using Telehealth'. Responses included:

- Very committed: 64%
- Mostly committed: 10%
- Impartial: 5%
- Somewhat committed: 8%
- Not committed: 10%

The **top three domains participants indicated they were 'Very committed'** to were:

1. Patient Health Outcome – 65%
2. Improving the patient health care experience – 63%
3. Collaborating with other professionals – 54%
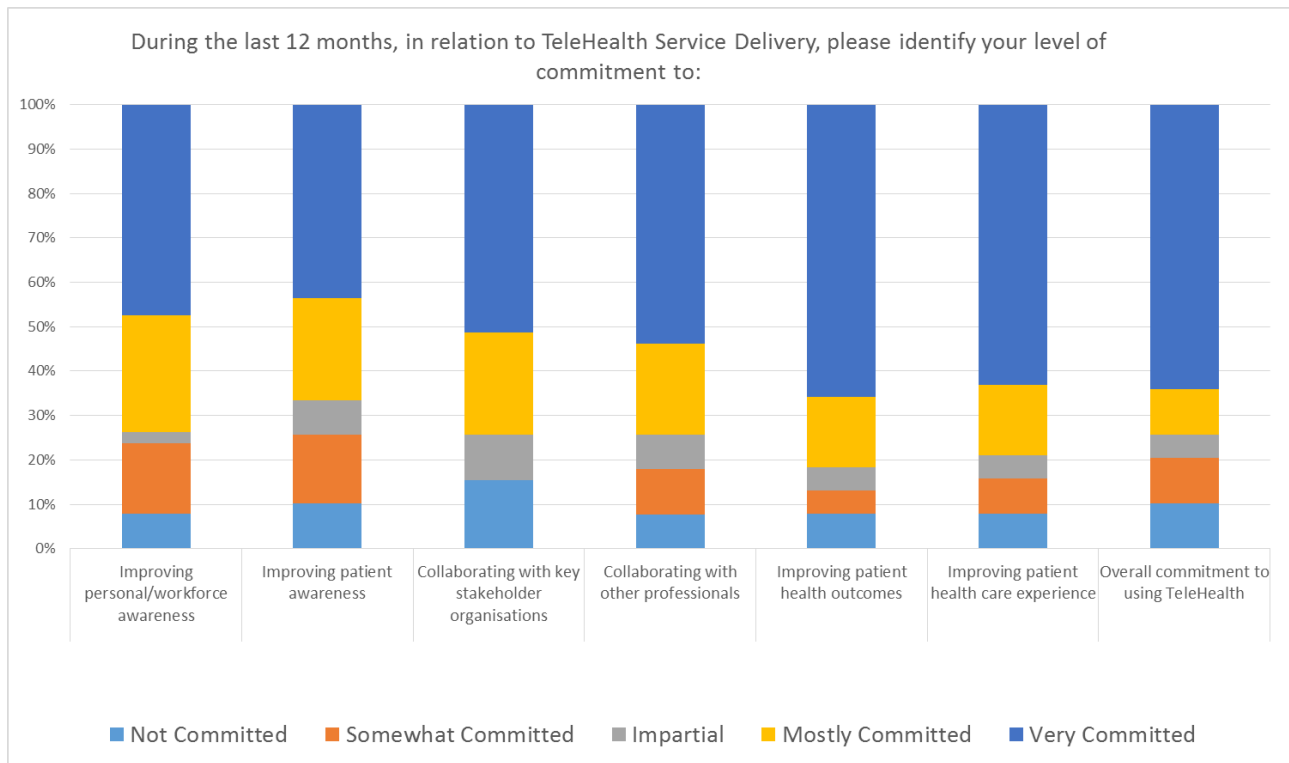
Figure 2:   Commitment to Telehealth Service Delivery

Change needed to increase Telehealth service delivery – Question 16

Participants were asked to rate the level of change needed across the health sector to increase Telehealth service delivery across seven domains which included:

1. Improving personal/workforce awareness

2. Improving patient awareness

3. Collaborating with key stakeholder organisations

4. Collaborating with other professionals

5. Improving patient health outcomes

6. Improving patient health care experience

7. Overall commitment to using Telehealth

Participants were asked to rate the level of change needed in each of the seven domains using a five point scale which included: 'Major change', 'A lot of change', 'Some change', 'A little change' or 'No change'.

The **top three domains participants indicated needing 'Major change'** were:

1. Collaborating with Key Stakeholder Organisations –38%

2. Collaborating with Other Professionals –35%

3. Improving personal/workforce awareness – 29%
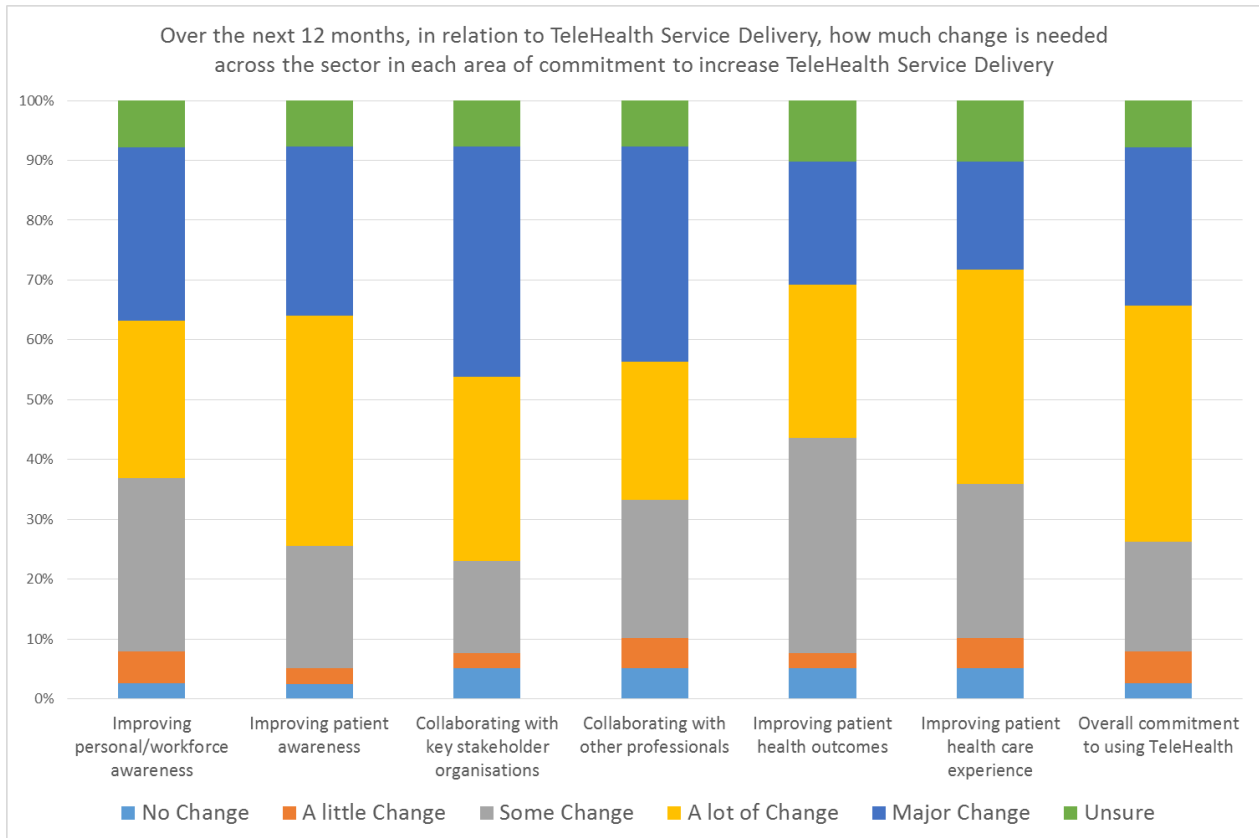
Figure 3: Areas of Identified Commitment Requiring Change

Impact of Telehealth on Service Delivery – Question 17

Participants were asked to indicate the impact Telehealth has had on their service delivery. Three options were provided:

1. Reduced the number of face-to-face sessions normallly delivered (i.e. Telehealth have replaced face-to-face sessions)

2. Supplemented face-to-face sessions (i.e. have been provided on top of face-to-face sessions)

3. Incrased face-to-face sessions normally delivered (i.e. Telehealth has lead to an increase in face-to-face follow up care

The majority of respondents (60%) identified that the Telehealth services delivered supplemented their face-to-face sessions (i.e. have been provided on top of face-to-face sessions). See Figure 4
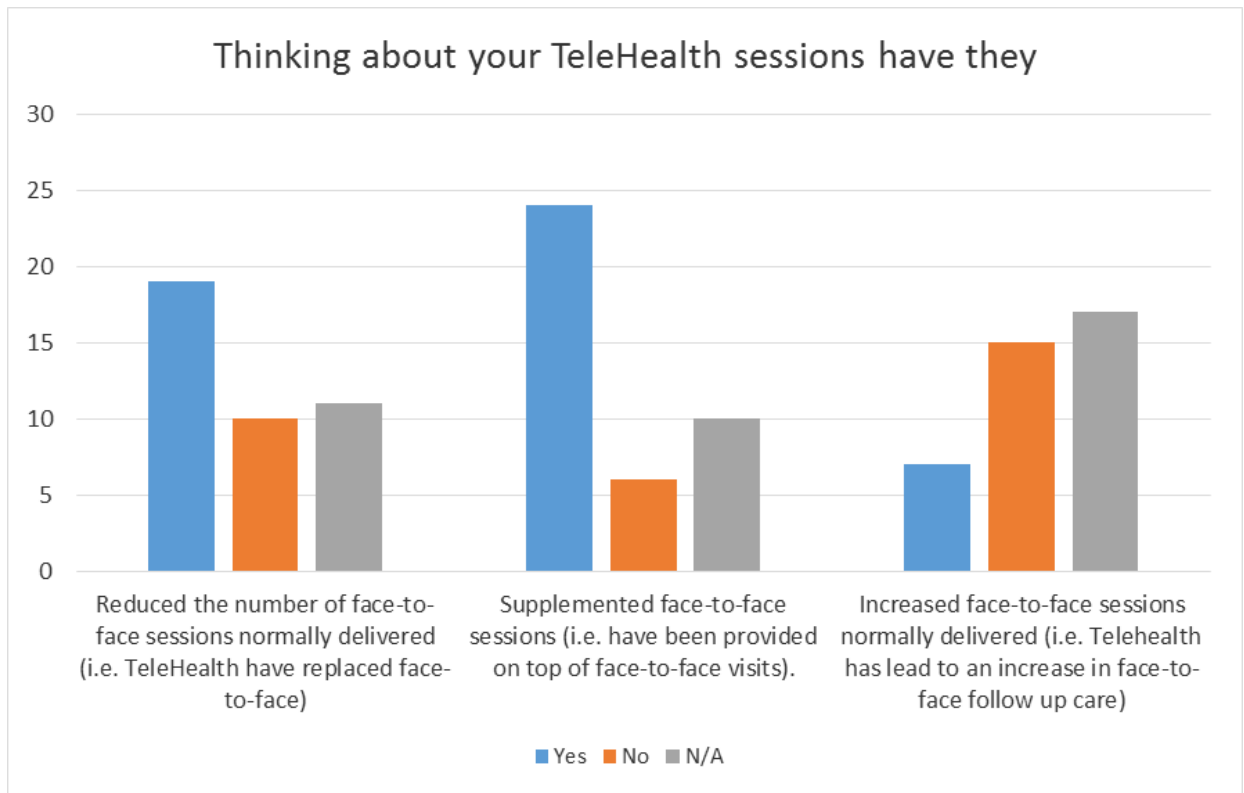
Figure 4: Telehealth Service Delivery Impact

Readiness to deliver Telehealth sessions: Knowledge, Skills, Experience and Equipment to deliver Telehealth – Question 18

Participants were asked to rate their level of readiness to deliver Telehealth sessions across four variables which were:

1. Required knowledge to facilitate a Telehealth session

2. Required skills to facilitate a Telehealth session

3. Sufficient experience to facilitate a Telehealth session

4. Access to the necessary equipment to facilitate a Telehealth session

Of the 59 respondents, 40 rate their level of readiness for Telehealth service delivery. Participants were asked to rate their readiness across the four variables using a five point scale which included: 'Strongly Agree', 'Agree', 'Neutral', 'Disagree' or 'Strongly Disagree'.

- Required knowledge to facilitate a session: 80% 'Agree' or 'Strongly Agree'

- Required skills to facilitate a session: 75% 'Agree' or 'Strongly Agree'

- Required experience to facilitate a session: 62% 'Agree' or 'Strongly Agree'

- Access to the necessary equipment to facilitate a session: 60% 'Agree' or 'Strongly Agree'

(See Figure 5)
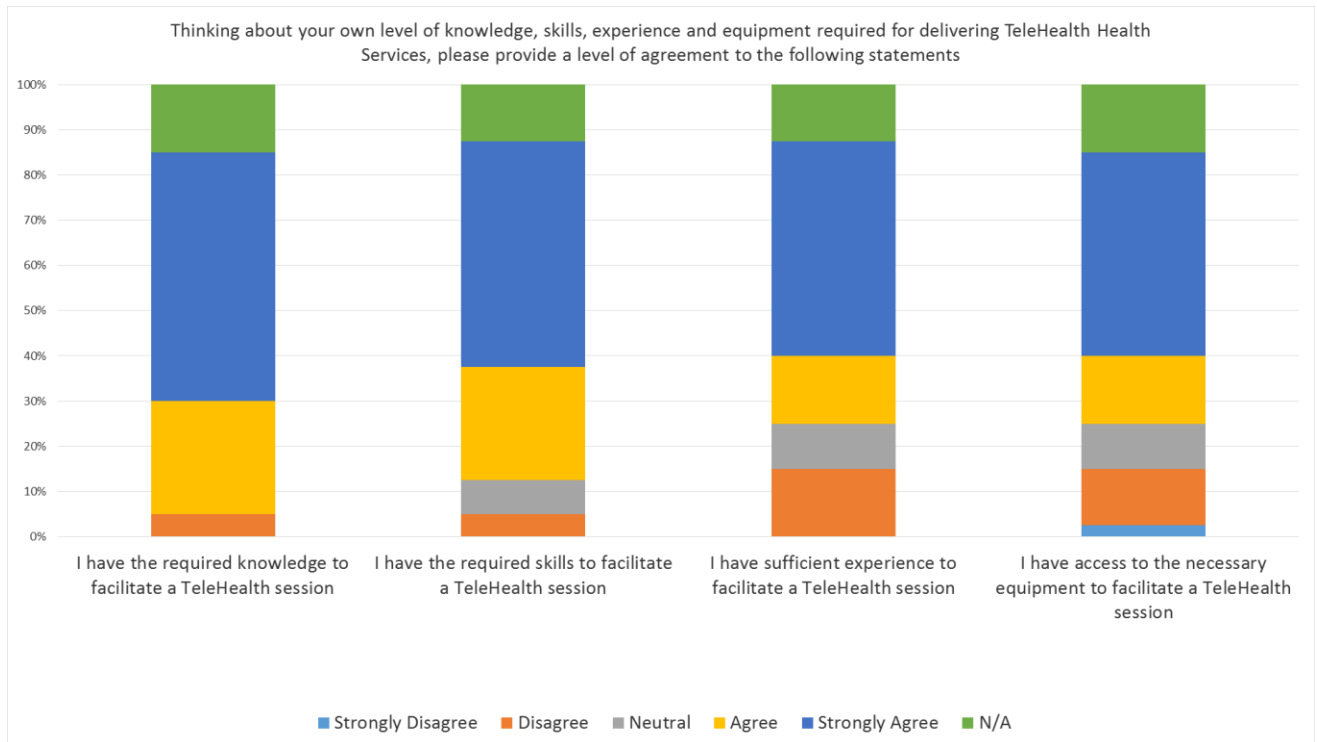
Figure 5: Individual Capacity to deliver Telehealth

Key best practice procedures to deliver Telehealth services – Question 19

Participants were asked to provide considerations for best practice procedures to deliver Telehealth services (including working with Aboriginal and Torres Strait Islander people and a range of geographical locations). Five common key areas were identified:

- Working within current standards as set by RACGP, ACCRM and other key documents
- Patient oriented practice
- Culturally appropriate and responsiveness to vulnerable consumer groups
- Infrastructure availability
- Workforce capacity to provide technical and process/referral support

Key Learnings from Telehealth Service Delivery – Question 20

Participants were asked to share any key learnings they have gained through delivering Telehealth services. Common learnings identified:

- Appropriate service delivery via Telehealth medium requires ongoing quality improvement process

- Effective Telehealth service delivery requires technical support at both ends (i.e. for both clinicians and patients)

- Health professionals need to understand the bigger picture of service delivery and how this medium can support and enhance patient oriented care

- Training in the technology *as well as* how to deliver 'virtual care' well to patients

- Run trial sessions prior to actual appointments to build health professional's confidence to deal with technical issues and be comfortable with virtual service delivery

- Strong working relationships with partnering health services is essential

- Organisational support is essential – a health professional should be able to walk into the room and see the patient on the screen ready for their appointment as they do with a face-to-face session

Ideas and solutions for better access and Telehealth service delivery: Question 21

Participants were asked to provide any ideas and solutions they have that would lead to better access, uptake and delivery of Telehealth services for both workforce and patients. Six themes emerged:

1. Improved Information Technology function and systems

2. Improved access to suitable IT and infrastructure

3. Organisational support (i.e. administration, time, policies and procedures etc.)

4. Funding models to support a broader range of health professions to bill through MBS

5. Improved workforce awareness

6. Improved patient awareness

A discussion of the results

Results are discussed in this section are in relation to the identified enablers and barriers that impact on Telehealth service uptake and delivery.

Enablers and barriers that impact on Telehealth service uptake and delivery

Participants' results consistently demonstrate common enablers and barriers that impact on Telehealth service delivery. Interestingly, what participants identified as enablers were also identified as barriers when not implemented appropriately or well. Enablers and barriers to Telehealth uptake and service delivery include:

- Information Technology systems and function

- Organisational support (i.e. administration, time, policies and procedures etc.)

- Incentivised funding models that support all health professionals

- Improved workforce awareness

- Improved patient awareness

A summary of findings for each barrier and enabler is provided.

Information Technology function and systems

Participants identified Information Technology function and systems as both an enabler and a barrier to effective Telehealth service delivery. When identified as an enabler, participants stated that they had a well-functioning internet connection suitable for Telehealth service delivery and effective software systems that enabled high quality service delivery. However, if the internet connection or program software were ineffective or of low quality then participants identified the Information Technology function and systems as a barrier to effective Telehealth service delivery. When appropriate Information Technology function and systems were not in place, participants commented that Telehealth service delivery was a 'time drain' and 'difficult' to undertake. This negative experience lead to an unwillingness to incorporate Telehealth service delivery into their patient care approach.

This finding demonstrates that it is critical for organisations to invest the required resources into establishing appropriate Information Technology functions and systems before health professionals invest time in scheduling and running appointments. A key learning identified by participants experienced in delivering Telehealth sessions was that it be the responsibility of administration staff to trial the software and ensure technology is prepared and ready prior to the health professional conducting the consult (as they would a standard face-to-face consult). The health professional should be able to walk into the consult with the patient 'on the screen ready to go'. In addition to this, participants stressed it is critical to have technical support at both ends of the consult (i.e. on the health professional and patient end) to provide support with any technical issues that may arise. Putting these systems in place would reduce the 'time drain' health professionals associate with Telehealth establishment and administration and reduce the negative perception that it is 'difficult to do'.

Therefore three key factors related to Information Technology function and systems have been identified to reorient this contributing factor from being a barrier to an enabler:

1. Organisations invest in the appropriate Information Technology function and systems to enable quality Telehealth service delivery.

2. Administration staff (rather than the health professional) coordinate and organise appointments and ensure the technology is functioning prior to Telehealth consults.

3. Technical support is available for both the health professional and patient to overcome technical issues if they arise.

Organisational support

Participants identified several critical factors related to organisational support that impact on a health professional's capacity to deliver Telehealth services. Critical factors include:

1. Training in how to use Telehealth technology

2. Training in how to deliver appropriate and effective 'virtual patient care'

3. Training in how to deliver culturally appropriate Telehealth sessions (i.e. Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse groups)

4. Administration support for appointment bookings and technology preparation and issues that may occur during consults

5. Time to learn, organise and trial technology (if no administration support available)

6. Technical support available during consult on both health professional and patient end

7. Appropriate office space to conduct consults

8. Policies and procedures that reflect an ongoing quality improvement and learning process

Participants stated that when these factors were not in place at an organisational level, their capacity to deliver high quality Telehealth services was either not possible or comprised.

Funding models

Funding models that incentivise Telehealth service delivery were identified as a significant barrier for GPs and Allied Health Professionals. Participants commented that if funding models supported all health professionals in the way Specialists are currently supported to conduct Telehealth sessions there would be greater uptake across the health sector.

MBS billing models were identified as a significant enabler for broader Telehealth uptake and service delivery.

Workforce awareness

Participants stressed the importance of increasing workforce awareness about Telehealth as a significant enabler. Participants identified two common misconceptions about Telehealth that impact on uptake and service delivery. First, that Telehealth will replace face-to-face consultations which then impacts negatively on patient rapport. However, participants who use Telehealth as a regular service delivery medium stated this is not the case. Rather, Telehealth service delivery provides a

mechanism to increase the number of services by providing additional appointments in-between usual face-to-face visits. Participants commented that an increase in appointments inevitably leads to better rapport between the patient and health professional.

> Increasing workforce awareness about how to use the medium appropriately to compliment face-to-face visits and enhance a patient's care experience would help overcome this misconception and reorient the barrier to an enabler.

Second, participants commented that there is a level of fear that using Telehealth technology is 'difficult', which impacts on workforce willingness to try the medium. Participants who use Telehealth as a regular service delivery medium stated this is not the case. Rather, Telehealth technology is 'easy to learn how to use' when supported with appropriate training.

> Increasing workforce awareness about how to use the technology would help overcome this misconception and reorient this barrier to an enabler.

Several participants also stated that their understanding about how to deliver appropriate 'virtual patient care' was a barrier to their willingness to try the technology as a service medium.

> Investing in workforce training about how to deliver appropriate 'virtual' patient-centered care could be an effective strategy to reorient this barrier to an enabler.

Patient awareness

Several participants highlighted the need to increase patient awareness about the benefits Telehealth services can have on their health care experience. Participants who use Telehealth to deliver services regularly indicated that, when done well, the additional care that can be provided through Telehealth services can enhance a patient's care experience and outcomes.

Several participants commented that the Telehealth is not an appropriate medium for Aboriginal and Torres Strait Islander people or culturally and linguistically diverse (CALD) groups. However, it was stated that in some cases Aboriginal and Torres Strait Islander people and CALD groups prefer it to phone calls or emails as a means for contact in between appointments. A suggestion was made to

establish community 'Telehealth hubs' where people can go to access services through Telehealth and/or learn how health care can be delivered and received in this way. It was also highlighted consistently throughout the findings that training in how to deliver culturally appropriate care via the Telehealth medium would be an important component for health professional training.

Overcoming the misconception that Telehealth services will replace face-to-face consults was raised as a key factor to support better patient awareness and understanding of Telehealth service delivery potential.

It was suggested that investing in mass media and social marketing strategies could help build better patient awareness of Telehealth service potential and positive impact on their health care experience.

Table 3 provides a detailed summary on how Telehealth enablers become barriers and how barriers can be reoriented to enable Telehealth.

Enabler	Barrier
Suitable **IT function and systems** enable effective and high quality Telehealth services	Unsuitable and or ineffective **IT function and systems** are a barrier to effective Telehealth services
Adequate **organisational support** is essential for effective Telehealth service delivery. Participants identified organisational support as: • training in how to use Telehealth technology • training in how to deliver appropriate and effective 'virtual patient care' • training in how to deliver culturally appropriate Telehealth sessions (i.e. Aboriginal and Torres Strait Islander people and culturally and linguistically diverse groups) • administration support for appointment bookings and technology preparation • time to organise and trial technology (where administration support not available) • technical support available during consult on both health professional and patient end • appropriate office space to conduct consults • policies and procedures that reflect an ongoing quality improvement and learning process	Inadequate **organisational support** across a range of areas will impact on health professionals' capacity to deliver effective and quality Telehealth sessions. Examples include a lack of: • training in how to use technology • understanding about how to deliver appropriate and effective 'virtual patient care' • additional administration support for appointment bookings and technology preparation • time to organise and trial technology where administration support not available • technical support available during consult on both health professional and patient end • appropriate office space to conduct consults • policies and procedures that reflect an ongoing quality improvement and learning process
Funding models that support a broader range of health professions to bill through MBS will increase incentive and uptake of Telehealth service delivery	A lack of **funding models** that support a range of health professions to bill through MBS will limit incentive and uptake of Telehealth service delivery
An increase in **workforce awareness** about Telehealth will enable better uptake. Participants identified the need to improve awareness and understanding about the following factors: • Patient benefits of Telehealth services • How to deliver appropriate 'virtual patient care' via a Telehealth medium • How to use Telehealth technology	A lack of **workforce awareness** about the benefits of Telehealth service delivery is a barrier for uptake
An increase in **patient awareness** about the benefits of Telehealth will increase understanding about how their health care can be supported and enhanced via this medium	A lack of **patient awareness** about the benefits of Telehealth service delivery is a barrier to the use of this medium

Table 3: Common enablers and barriers identified for Telehealth service delivery uptake

Commitment to use Telehealth

Another significant finding that emerged from the results was why health professionals feel committed to use Telehealth. More than half of the participants stated that the two top reasons they were 'very committed' to Telehealth service delivery was to 'improve patient health outcomes' and to 'Improve the patient experience'. These findings are interesting because it indicates the motivators for health professionals to use Telehealth.

Understanding motivating factors to use Telehealth are important because Telehealth should be used to develop relevant and meaningful communication strategies, training sessions and organisational processes to support Telehealth service delivery uptake. Messages about how Telehealth can 'improve patient health outcomes' and the 'patient health care experience' need to be embedded throughout all communication and social marketing strategies. Using consistent language and messages to promote how Telehealth can improve patient health outcomes and experience will also help to ensure misconceptions are addressed and long term benefits are understood. It also provides health professionals with consistent messages to share with patients which in turn will increase patient awareness about Telehealth benefits.

Statewide coordination

Several participants identified the need to centralise the significant support work associated with establishing, implementing and coordinating Telehealth service delivery at a state level. Participants noted that several organisations implement Telehealth service delivery in a siloed approach which leads to a fragmented and uncoordinated approach.

Participants identified several useful State functions to support a greater uptake and delivery of Telehealth. Functions include:

- Collaboration between all the partners - 'Bring the silos together'
- Streamline Statewide approach to policies and procedures
- Recommend appropriate Information Technology function and systems
- Centralise and promote a Telehealth directory
- Recommend, share and showcase best practice approaches to Telehealth service delivery

Recommendations

Survey results have provided significant insight into the enablers and barriers that impact on Telehealth uptake and service delivery. It is recommended that a change management strategy is developed, implemented and evaluated at a statewide level to reorient barriers to enablers. Based on the survey findings, it is suggested that the change management strategy incorporate five key components which include:

1. IT systems and function

2. Organisational support (i.e. administration, time, policies and procedures etc.)

3. Incentivised funding models that support all health professionals

4. Improved workforce awareness

5. Improved patient awareness

Results indicate that if suggested changes are made to these five key areas, organisational capacity to support health professionals to deliver Telehealth services could increase significantly. Table 4 provides an overview of the proposed *Telehealth Change Management Strategy* and specific actions within each of the five components.

IT functions and systems	Organisational support	Funding models	Workforce awareness	Patient awareness
•Internet connectivity •appropriate software •Technical support	•Training - how to: use technology; deliver 'virtual care' for patients and culturally appropriate delivery •Administration and technical support •Appropriate office space •Policies and procedure informed by ongoing Quality Improvement processes	•Incentivised funding models developed for all health professionals (i.e. MBS)	•Patient benefits of Telehealth services •How to deliver appropriate 'virtual patient care' via a Telehealth medium •How to use Telehealth technology	•How health care can be supported and enhanced via Telehealth medium

Table 4: Proposed Telehealth Change Management Strategy based on 2014 survey findings

Consistent with survey findings, a statewide approach to develop, implement and evaluate the *Telehealth Change Management Strategy* is recommended. CheckUP is keen to progress discussion around progressing key learnings with Outreach Providers and other key stakeholders. Queensland Department of Health Telehealth Coordinators and CheckUP's Outreach Regional Coordinators are an existing workforce who could support strategy development, implementation and evaluation.

Next Steps

CheckUP through the management of the Outreach program and vested interest in the delivery of health services to Queensland communities will aim to disseminate and build awareness of the potential strategies that could be embedded into Telehealth to improve health service access and health outcomes. An initial strategy, as highlighted by this report, will be to investigate and support the notion of becoming a facilitator in creating clear communication between relevant stakeholders to ensure the Telehealth agenda is systematic and based on a shared vision of achieving quality improvement milestones.

CheckUP would like to thank all survey respondents for their time, input, and valuable insight into the Telehealth Consultation Survey.

It is envisaged that other states and territories will be able to also benefit from these findings, firstly through building awareness and understanding of the issues surrounding Telehealth from a Health Provider perspective and, secondly, to consider also implementing a consultation process at other state and territory levels to build a broader national understanding to plan for a national approach for improving Telehealth services.

In line with the cyclical review process of the Outreach Program services funding, Telehealth consultations will be an included standard component to gain further insight and reckoning of ongoing changes and improvements impacting on Telehealth service delivery. The next round of Outreach Consultations will be held during the latter part of 2014, in preparation and planning for 2015-2016 services funding.

Appendices

Appendix 1.0 **OUTREACH Provider and Stakeholder TeleHealth Information Sheet**

CheckUP and QAIHC Outreach Provider and Stakeholder Telehealth Survey

As you are aware, CheckUP in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) is the jurisdictional fundholder for the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the Healthy Ears – Better Hearing, Better Listening programs in Queensland.

These programs support increased access to medical specialist, general practitioner and allied health professional services to people living in urban, regional, rural and remote locations across Queensland, including Aboriginal and Torres Strait Islander communities.

As part of the state-wide consultation and planning process which has been undertaken to inform the development of services plans for 2014 - 2015, we are seeking your expertise and advice regarding strategies and mechanisms to support and increase the uptake of telehealth services by outreach providers.

As a valued provider or stakeholder you are invited to take part in the first online *Outreach Services Telehealth Survey*.

The survey has been developed to gain insight into the barriers, issues, infrastructure, resources and key enablers that may impact upon the uptake and utilisation of Telehealth as a viable medium for health service delivery within the Outreach program.

We have worked collaboratively with the Department of Health (Health Systems Innovations Branch) and the Australian College of Rural and Remote Medicine to develop questions that capture important and relevant information that will help us to better understand and develop strategies to increase the uptake of outreach telehealth services in Queensland.

We value your expertise and are looking for your ideas and solutions that will help us move forward.

The survey is not only about focusing on the issues, but we also want to hear your positive stories, to learn from those experiences, and to know what worked well, how it was achieved and how to support the implementation of best practice models.

We appreciate your commitment and time in completing the survey.

The closing date is Monday 16 June 2014.

Complete the Survey https://www.surveymonkey.com/s/CheckUP_Outreach_TeleHealth

For further information on Telehealth standards and resources endorsed by a national Telehealth committee and the Telehealth Provider Directory, visit the ACRRM website: **http://www.ehealth.acrrm.org.au/**.

For further information about Qld Department of Health Telehealth services visit **http://www.health.qld.gov.au/telehealth/** or the broader work of the Clinical Access and Redesign unit **http://www.health.qld.gov.au/caru/about-us.asp**

If you have any questions about this survey or additional information that you would like to provide please contact **David Hodgson, Business Coordinator, CheckUP** on **07 3105 8300** or **projects3@checkup.org.au**.

If sending by post, please notify us via email when it is on the way.

David Hodgson
Business Coordinator

Appendix 1.1 OUTREACH Provider and Stakeholder TeleHealth Survey Flyer

OUTREACH health care where it's needed most

QAIHC Queensland Aboriginal and Islander Health Council

CHECKUP

Telehealth Matters - Have Your Say!
Together we can build a better health system

Opportunities to improve the uptake or provision of services using the telehealth modality emerged as key theme throughout the Stakeholder Consultation and Provider Review process undertaken by CheckUP and QAIHC to inform the development of outreach service plans for 2014 -2015.

To support the increased uptake of telehealth services, we have worked collaboratively with the Department of Health (Health Systems Innovations Branch) and the Australian College of Rural and Remote Medicine to develop an online survey, and better understand what is needed to provide effective and efficient telehealth services in locations across Queensland.

The survey not only focuses on the issues, but we also want to hear your positive stories, to learn from those experiences, to know what worked well and how it was achieved. This will enable system developers to learn from what works well and to incorporate best practice models in the development of a whole of sector approach.

We are seeking your expertise and advice **NOW**

Telehealth

How can I access the survey?

Go to the web site at www.checkup.org.au

AND

Go to the *News and Updates* section

OR

Access the survey directly via:

surveymonkey.com/s/CheckUP_Outreach_TeleHealth

Telehealth Resources

The Australian College of Rural and Remote Medicine has developed a comprehensive set of resources to promote the uptake of telehealth and these can be accessed via the ACRRM web site at: www.acrrm.org.au/ or contact:
Jane Connolly
(Project Co-ordinator - eHealth) via:
j.connolly@acrrm.org.au

SURVEY CLOSES MONDAY 16 JUNE 2014
For further information, please contact David Hodgson, Business Coordinator on 07 3105 8353 or email at projects3@checkup.org.au

Appendix 2 **OUTREACH Provider and Stakeholder TeleHealth Survey**

BACKGROUND

As you are aware, CheckUP in partnership with the Queensland Aboriginal and Islander Health Council (QAIHC) is the jurisdictional fundholder for the Rural Health Outreach Fund (RHOF), the Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the Healthy Ears – Better Hearing, Better Listening programs in Queensland.

These programs support increased access to medical specialist, general practitioner and allied health professional services to people living in urban, regional, rural and remote locations across Queensland, including Aboriginal and Torres Strait Islander communities.

The survey has also been developed in collaboration with Australian College of Rural and Remote Medicine and Queensland Government Department of Health Service Innovation Branch

CONSULTATION AND PLANNING FOR TELEHEALTH SERVICE DELIVERY

Since the approval of the 2013-14 Outreach Services plan, CheckUP and QAIHC have continued to work closely with our partners in each of the six Regions to continue an ongoing Outreach Service review process.

WHY WE ARE UNDERTAKING THE CONSULTATION AND PLANNING PROCESS FOR TELEHEALTH SERVICE DELIVERY

There are three key purposes to commencing this consultation survey:

1. To understand the issues that currently surround the uptake of TeleHealth as a means for delivering Outreach health services to Aboriginal and Torres Strait Islander patients and rural and remote regions under the MOICDP and RHOF.
2. To gain insight into potential solutions for increasing TeleHealth uptake, assuming this will lead to improve patient health outcomes through increasing access to specialist care and follow up services.
3. To utilise the potential solutions in future planning activities to enhance Outreach service provision through effective and research-based TeleHealth inclusive interventions.

INVITATION TO PARTICIPATE IN THE ONLINE SURVEY

CheckUP and QAIHC are inviting all stakeholders to complete this TeleHealth Service Delivery survey to collect information to better understand the regional needs, issues and priorities and inform Outreach Service planning.

Increased TeleHealth service delivery has been identified as a key activity, from the 2014-15 Needs Assessment Survey Consultation process, to be increased across all regions, which is supported by the Federal Department of Health for all three Outreach programs (MOICDP, RHOF, Healthy Ears – Better Listening, Better Learning).

PLEASE NOTE: In this review, you have the ability to exit and enter until your review is submitted. Responses will be saved each time you exit the review. IN ORDER FOR YOUR RESPONSES ON A PAGE TO BE SAVED YOU MUST SELECT [NEXT](at the bottom of the page)TO SAVE THE RESPONSES PROVIDED ON THAT PAGE. IF YOU EXIT THE SURVEY WITHOUT DOING THIS THE RESPONSES ON THIS PAGE WILL BE LOST. Once the [Done] button is clicked, you can no longer re-enter. **For this to occur you will need to re-enter the review on the same computer and have cookies enabled**

SURVEY CLOSES: Please complete the survey by COB 16 June 2014

If you have any questions about this survey or additional service planning information that you would like to provide to us please contact:

David Hodgson, Business Coordinator, CheckUP.
(07) 3105 8314
projects3@checkup.org.au

If sending by post, please notify us via email when it is on the way.

David Hodgson
Business Coordinator
CheckUP
PO Box 3205
South Brisbane
Qld, 4101

THANK YOU

Thank you for your participation in this survey. Your knowledge and input into this process will support the improved planning and delivery of outreach services to better address regional health needs and priorities.

We look forward to continuing our work with you during 2014-15.

Sections

1. **Participant Details**

    Name
    Contact Number
    Email
    Position/Profession
    Organisation
    Region/s delivering TeleHealth/Outreach Services to

2. **Fundamental requirements for TeleHealth service delivery**

    2a) Please identify the level of impact that the **Enablers/Barriers** listed below are currently having on delivering services via TeleHealth: (Enablers being 1-4 and Barriers being 6-10, with 5 being neither an Enabler or Barrier)
      i)   Patient access
      ii)   Patient awareness
      iii) Patient rapport
      iv)   Cultural awareness
      v)   Service delivery related (eg. Policies/Procedures)
      vi)   Payment/Billing related
      vii) Workforce skill related
      viii) Workforce awareness related
      ix)   Functionality and Reliability of programs
      x)   Infrastructure/resources (internal)
      xi)   Infrastructure/resources (external)

    2b) If you identified any of the above items as **Barriers** please briefly describe how they are impacting on delivering TeleHealth services.

    2c) Please identify any other enablers/barriers not listed above and give an outline of their impact on delivering TeleHealth services.

3. **Infrastructure and resources**

    3a) What level of increase in infrastructure and resources are needed to improve TeleHealth service delivery? (no increase (current level of resources are sufficient); a little increase (up to 30%); somewhat of an increase (up to 50%); and a major increase (greater than 50%).

    3b) If you selected that there needs to be an increase in infrastructure and resources, please briefly outline what the needs are for the region

    3c) Have you used the existing ACRRM provider directory – to help locate Specialists doing TeleHealth (Yes, No)

3d) Have you used the existing Cisco "Jabber" Video Conferencing software that connects with the Qld Department of Health network. (Yes, No)

3e) What TeleHealth platforms have you used to deliver TeleHealth: (Never, Sometimes, Mostly, Always)

- i) Own Free Web software
- ii) Own Subscription/Fee based Web Software
- iii) Queensland Government Services
- iv) Non Government Organisation Facilities
- v) Comment: What is your preferred Software/App?

3d) Thinking about your usual TeleHealth experience, please rate the quality of session when using the different types of systems: (Poor, Low, Good, High, Excellent, NA)

- i) Own Free Web software
- ii) Own Subscription/Fee based Web Software
- iii) Queensland Government Services
- iv) Non Government Organisation Facilities

3e) When delivering TeleHealth services is there admin/tech support to assist the session at: (Never, Sometimes, Mostly, Always)

- i) The patient site
- ii) At the provider/specialist site

4. **Specifically relating to Qld Department of Health (QDoH) State wide TeleHealth Program**

4a) To what extent have you or your organisation been involved in clinical TeleHealth activity with QDoH providers e.g. Specialists, Allied Health/Nursing Professionals? (Not at all, Rarely, Regularly, All the time)

4b) If you or your organisation has been involved with clinical TeleHealth activity with QDoH providers where would you place the experience on the scale? (scale of 1 to 10, with 1 being the lowest value and 10 the highest)

4c) Based on the above, what do you see as the most valuable/least valuable aspects of its use? (comment)

4d) If you or your organisation has **NOT** participated in TeleHealth activity with QDoH providers, could you see it being useful and if so, under what circumstances?

4e) If you would like to be contacted by the QDoH Telehealth Support Unit to explore options to engage with the Telehealth Program, please list your preferred way of being contacted? (Phone/Email)

5. Commitment to delivering TeleHealth Services

5a) During the last 12 months, in relation to TeleHealth Service Delivery, please identify your level of commitment to: (Not Committed – Very Committed – 5 point scale)
- i) Improving personal/workforce awareness
- ii) Improving patient awareness
- iii) Collaborating with key stakeholder organisations
- iv) Collaborating with other professionals
- v) Improving patient health outcomes
- vi) Improving patient health care experience
- vii) Overall commitment to using TeleHealth

5b) Over the next 12 months, in relation to TeleHealth Service Delivery, how much change is needed across the sector in each area of commitment to increase TeleHealth Service Delivery: (No Change – A lot of Change – 5 point scale)
- i) Improving personal/workforce awareness
- ii) Improving patient awareness
- iii) Collaborating with key stakeholder organisations
- iv) Collaborating with other professionals
- v) Improving patient health outcomes
- vi) Improving patient health care experience
- vii) Overall commitment to using TeleHealth

5c) Thinking about your TeleHealth sessions have they: (yes, no, n/a)
- i) Reduced the number of face-to-face sessions normally delivered (ie, TeleHealth have replaced face-to-face)
- ii) Have supplemented face-to-face sessions (ie, have been provided on top of face-to-face visits).
- iii) Increased face-to-face sessions normally delivered (ie, Telehealth have led to an increase in face-to-face follow up care)

5d) Thinking about your own level of knowledge, skill, experience and equipment required for delivering TeleHealth Health Services: (Completely Agree – Completely Disagree 5 point scale +Not Sure) (this will assist in identifying what training is required for providers)

- i) I have the required knowledge to facilitate a TeleHealth session
- ii) I have the required skills to facilitate a TeleHealth session
- iii) I have sufficient experience to facilitate a TeleHealth session
- iv) I have access to the necessary equipment to facilitate a TeleHealth session

6. TeleHealth service delivery examples

6a) Based on your experiences, please provide an outline of considerations that contributed to providing Best Practice in delivering TeleHealth Services, including; working cross-culturally with

Aboriginal and Torres Strait Islander peoples; and across rural, regional, remote, isolated and urban communities.

5b) Based on your experience in delivering TeleHealth services, what were the key learnings from any service delivery experiences that enhanced your service delivery.

7. **Ideas and solutions for improving TeleHealth access, uptake and delivery**

Thinking about the larger picture of TeleHealth services and how it fits in with the changing nature of health care needs of Queenslanders, please provide any ideas and solutions that would lead to better access, uptake and delivery of TeleHealth Services – for both workforce and patients.

8. **Good news stories**

Please share any good news stories that you have experienced from being involved in TeleHealth services, thinking about for example:
- how it has benefited the patient or community e.g. patient health outcomes and patient health care experience;
- the community service and the health care delivery process;
- your capacity to deliver health services;
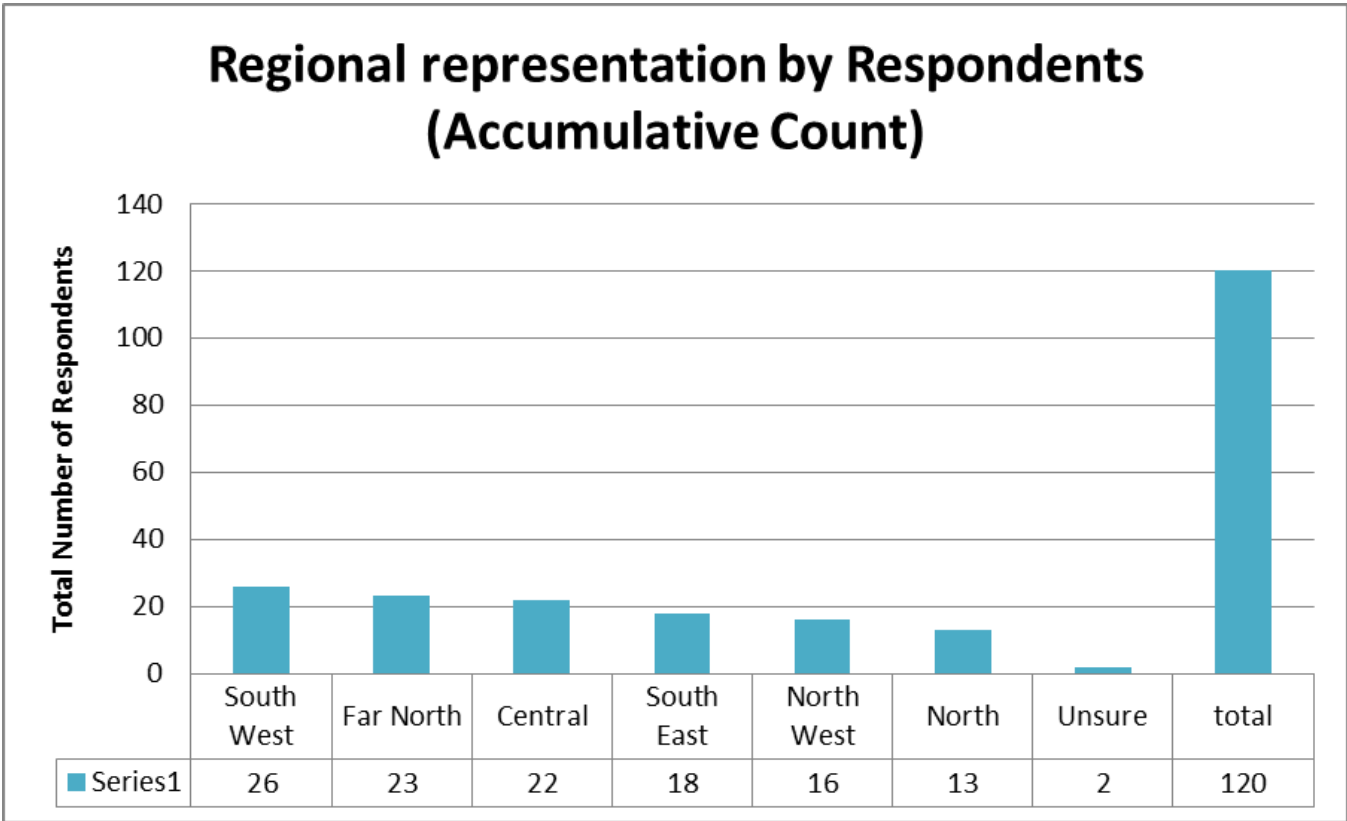
9. **Thank you.**
Thank you for your participation in this survey. Your knowledge and input into this process will support the improved planning and delivery of outreach services to better address regional health needs and priorities.

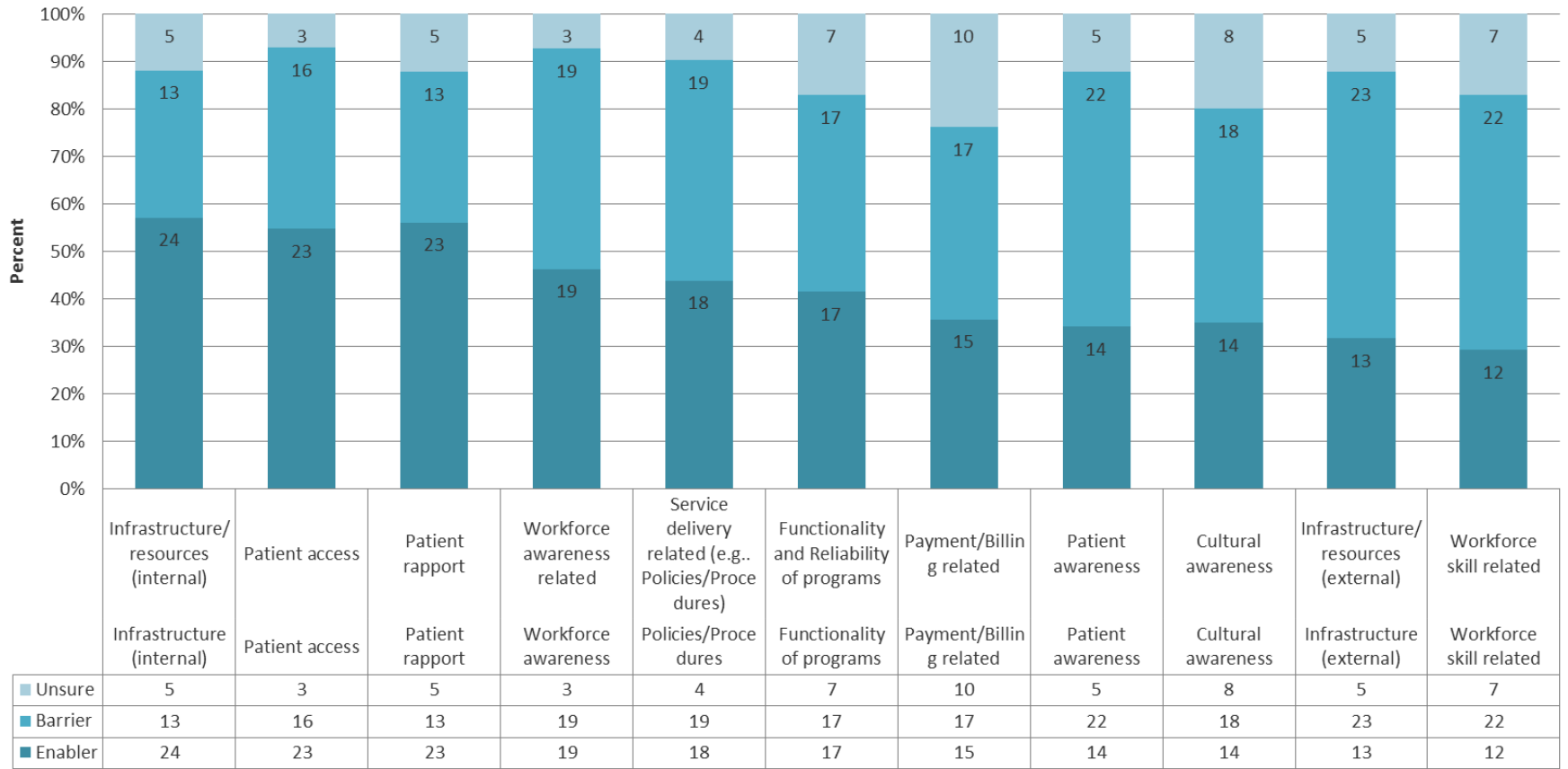Appendix 3: **Types of Professions and Organisations that provided input**

Professions	Organisations
Chemist	Anglicare Southern Queensland
Credentialed Diabetes Educator - RN	Apunipima Cape York Health Council
Dietitian	Cairns and Hinterland Health Service
eHealth program Manager	Cairns Hospital, Queensland Health
ENT Surgeon	Cape York Hospital Health Service
flight nurse	Carbal Medical Centre
GP	Central and North West Queensland Medicare Local
Gynecologist	Central Queensland Medicare Local
Health Care Management	Central West Hospital and Health Service
Health Policy	CQ Physio Group
Indigenous Health Professional	Darling downs South West QLD Medicare Local
Management	Ethnic Communities Council of Queensland
Medical Practitioner	Far North Queensland Medicare Local
Midwife	Family Planning Queensland
Nurse	Griffith University
Occupational Therapist	Heart Foundation
Optometry	Indigenous Respiratory Outreach Care Program
Outreach worker	Lung Foundation Australia
Paediatrician	Lutheran Community Care
Physician and Endocrinologist	Luxottica
physiotherapist	Metro South Health
Practice Manager	NACCHO
Primary Health Care	National Disability Services Queensland
Primary Health Care Manager	Nhulundu Health Service
Principal Project Officer	Queensland Department of Health
Project Manager	Queensland Health and Cairns Diabetes Centre
Psychologist	Royal Flying Doctor Service (Qld)
Public Health Practitioner	self employed
Registered Nurse Div 1	South West HHS
Social Work	Spinal Outreach Team, PAH
Specialist Geriatrician	Sunshine Coast Medicare Local
Specialist medical officer	The Prince Charles Hospital
Specialist Support Officer	Townsville Aboriginal and Islander Health Service
Speech Pathologist	Townsville Mackay Medicare Local
Telehealth	Vital Health
Telehealth Coordinator	William Boyd Medical Pty Ltd
	Women's Health Queensland Wide
	Wuchopperen Health Service

Appendix 4: **Regional Representation by Respondents (Accumulative Count)**

Regional representation by Respondents (Accumulative Count)

Series1	South West	Far North	Central	South East	North West	North	Unsure	total
	26	23	22	18	16	13	2	120

Appendix 5: **Perceived Contributing Factors to Current Telehealth Service Delivery**

From your experience and thinking about the region/s you visit, please categorise the following factors that contribute to uptake and delivery of telehealth, either as enablers or barriers for that region:

	Infrastructure/ resources (internal) Infrastructure (internal)	Patient access Patient access	Patient rapport Patient rapport	Workforce awareness related Workforce awareness	Service delivery related (e.g.. Policies/Proce dures) Policies/Proce dures	Functionality and Reliability of programs Functionality of programs	Payment/Billin g related Payment/Billin g related	Patient awareness Patient awareness	Cultural awareness Cultural awareness	Infrastructure/ resources (external) Infrastructure (external)	Workforce skill related Workforce skill related
Unsure	5	3	5	3	4	7	10	5	8	5	7
Barrier	13	16	13	19	19	17	17	22	18	23	22
Enabler	24	23	23	19	18	17	15	14	14	13	12