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Specialist Training Program

Telehealth

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5 MINUTES WITH A TELEHEALTH TEAM: THE PHYSICIAN AND THE ADMINISTRATOR

The Royal Children's Hospital (RCH) in Melbourne is the major specialist paediatric hospital in Victoria with around 4,000 staff supporting 250,000 Specialist Clinic appointments. In 2011, the RCH began offering telehealth video consultations where these might be a better option for patients and their families than travelling to the RCH.

As the RCH reaches its fourth year of offering telehealth services, RACP News interviewed RACP Fellow and Director of Neurology, Associate Professor Andrew Kornberg, and the RCH's Telehealth Program Manager, Ms Susan Jury, to explore two different perspectives on one clinical telehealth team.

RACP News: What is telehealth used for at the RCH?

The Physician: Associate Professor Andrew Kornberg

In my area of paediatrics, telehealth has been great for families who otherwise face a long trip to the hospital with their child, which can be difficult when you have other young children, not to mention taking time off work and associated travel costs. Also, it allows us to see the patients in their own home where they are usually more relaxed and both parents can be involved in the discussion.

Telehealth also allows us to connect with paediatricians or GPs based in community clinics, and connect across multidisciplinary teams – so we can have multiple health professionals from across Victoria joining in on the same consultation, which can be invaluable and extremely efficient.

The Administrator: Ms Susan Jury

We began using video consultations back in 2011 after a regional GP contacted us asking about it. Telehealth works well for dialogue-based reviews, including using screen sharing to look together at imaging and other results. We also use telehealth for pre-admission planning and pre-anaesthetic assessments and to help facilitate earlier discharge. Most patients tend to have a mix of telehealth and face-to-face appointments.

RACP News: How difficult was it to convince the hospital to roll out telehealth?

The Physician: Associate Professor Andrew Kornberg

The RCH is very much at the forefront of delivering 'family-centred care' and was easily convinced. They've been very supportive. RCH and the RCH Foundation have committed significant resources and funding to allow us to establish the program, and telehealth is a strategic commitment on the hospital's 5-year Strategic Plan. This has been crucial in rolling out this service. Video-consulting is available to all departments, and we have an underlying principle of integrating telehealth as 'business as usual'.

Our next step is to encourage telehealth uptake by every department. As a benchmark to aim towards, we've recently set a baseline KPI target of 10% of all rural, regional or interstate review appointments by telehealth, although of course this will vary by specialty.



Ms Susan Jury

RACP News: What video technology is used at the RCH and is much training required?

The Physician: Associate Professor Andrew Kornberg

We began with Go-to-Meeting, which is general video-conferencing software,



Associate Professor Andrew Kornberg



Jury S 2013. Governance of a telehealth program in a tertiary hospital. The Royal Children's Hospital, Melbourne.

but have recently changed to Healthdirect Video Call, which is designed specifically for the healthcare sector. Using simple plug-in webcams and existing computers, telehealth is available from every doctor's desktop. We have avoided the need to book other rooms or have clinicians move locations to provide a telehealth consultation.

The Administrator: Ms Susan Jury

We're finding that people are increasingly comfortable with web video technologies as products like Skype and Facetime become

more mainstream. This is great for the introduction of video consultation in health. With Healthdirect Video Call, the caller – whether the patient or their GP or paediatrician – simply clicks on a button on our website. At our end, clinicians pick up the call from an 'online waiting room'. It's a very simple process and replicates the 'in person' processes.

RACP News: Is telehealth a good investment?

The Physician: Associate Professor Andrew Kornberg

Absolutely. Telehealth has really helped our hospital improve access to specialist care for patients. Telehealth infrastructure can also be used for other purposes such as education for community-based clinicians and colleagues, team meetings, staff interviews and so on. It greatly improves relationships between RCH and referring doctors, as it connects us more directly with the community-based multidisciplinary teams. We've also made huge inroads with our outreach work where we've been able to reduce some of our outreach visits through the use of telehealth.

However, the best thing our hospital has done has been to focus its investment on people, to set up and run the telehealth initiative rather than invest in expensive hardware and infrastructure. This has been instrumental in ensuring telehealth is available to anyone, anywhere. It's 'business as usual' and is not overly complex.

RACP News: How has your Department overcome barriers to telehealth use?

The Physician: Associate Professor Andrew Kornberg

There was some initial concern from some doctors that telehealth might add to their workload, but this has eased now that processes and systems are increasingly streamlined and easy. There are still some doctors who remain reluctant to offer telehealth, but we believe it's definitely becoming more the norm.

Some families were concerned that video consultations would take over and be the only option for their appointments. However, we make it clear that that's not the case and when they see they can still book a face-to-face appointment, the convenience and benefits of telehealth mean that it's been very popular with our patients.

The Administrator: Ms Susan Jury

Telehealth isn't for every patient or every consultation. We do encourage patients to ask about telehealth to encourage all clinicians in the hospital to offer it, but it is the clinician's choice as to whether and how telehealth is integrated into their daily work. Some doctors prefer to run a regular dedicated telehealth clinic; others offer one or two telehealth appointments at the start of their usual face-to-face consultations.

The other point to make is the value of having enthusiastic and well-supported administration staff. Before telehealth becomes a normal way of working, it is seen as a kind of 'extra', so staff need to be enthused and motivated in order to make it work. The difference they make is huge.

RACP News: Two things that you would say to a health service thinking about using telehealth?

The Physician: Associate Professor Andrew Kornberg

1. It's important that telehealth is not thought of as anything special or different, but simply another way of delivering services.
2. Telehealth offers significant benefits to patients and has many flow-on effects to the doctor, the hospital, community services and to clinical teams.

The Administrator: Ms Susan Jury

1. Look at it from the perspective of the patient – there are so many benefits, you can't ignore it.
2. For telehealth to be truly fully embedded in usual business, the aim should be for it to be as easy as making a telephone call, calling in a patient from the waiting room or arranging any other type of appointment.

More information about the RCH telehealth program is available at www.racptelehealth.com.au.

