



Making Telehealth Sustainable in South Australia

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The Promise of Telehealth

- Increase access to health care for underserved groups
- Help solve health workforce maldistribution and rural retention
- Improve health service integration and patient safety
- Improve quality of care
- Reduce the costs and inefficiencies of travel
- Deliver effective chronic disease management to the home

The Problems of Telehealth

- Slow uptake
- More pilots than Qantas
- Low numbers
- Fragmented services
- Lack of sustainability



“Failure to adopt has dominated much of our scientific consideration of telemedicine in the last 20 years” – Roald C Merrel, Editor-in-Chief, Telemedicine Journal and e-Health” 2012

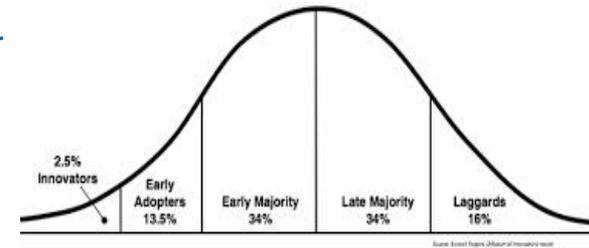
Telehealth Barriers and Enablers

Area	Telehealth Enablers	Telehealth Barriers
Funding	Initial capital investment Provider reimbursement	Short term funding cycles
Technology	Technology capability	Lack of IT training and support
Organisational	Organisational structures and protocols developed Integrated into routine services Collaborative relationships Future planning of services	Ad hoc approach
Attitudes	Participant acceptance Senior executive support	Lack of participation
Governance	Standards and policies developed	Legal and regulatory barriers - lack of insurance - jurisdictional licencing
Outcomes	Demonstrably delivers value	

Theories of Telehealth Uptake and Sustainability

Individual Theories: *personal agency is most important*

- Rogers' diffusion of innovation
- Knowledge barrier perspective
- Technology Acceptance Model (TAM)



Relationship Theories: *between individual and technology*

- Human Factors approach
- Sociotechnical model

Process Theories: *development over time*

- Lifecycle theories
- Disruptive innovation
- Normalisation Process Theory (NPT)

System Theories: *all components considered together*

- Complexity theory
- General systems theory

Specific Research Questions

- What is the key factor in initiating telehealth services?
- What is the key factor for sustainable telehealth services?
- What model explains how a telehealth service become sustainable?

Where should you focus to get the best results for your efforts with limited time and money?

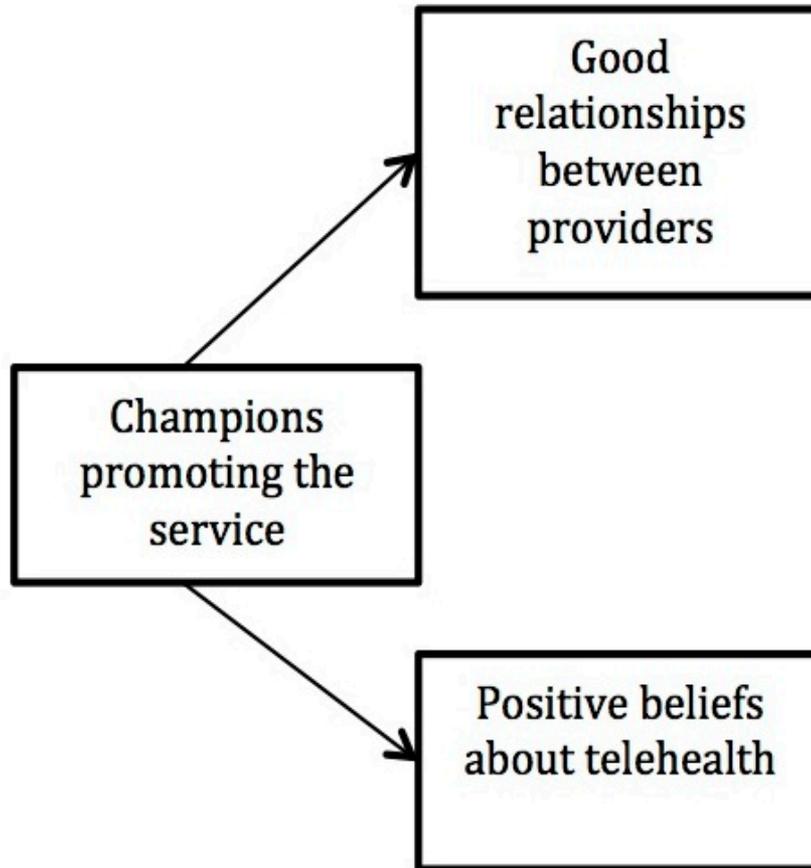
The Telehealth Services Study

METHODS: A qualitative grounded theory study

- I interviewed 39 people about 37 different telehealth services in Australia
- I aimed to find out what were the key factors that promoted uptake and created sustainability
- Along the way I also found out about the vulnerability of telehealth services
- 80% of the services were real time video, and 70% delivered services to rural areas

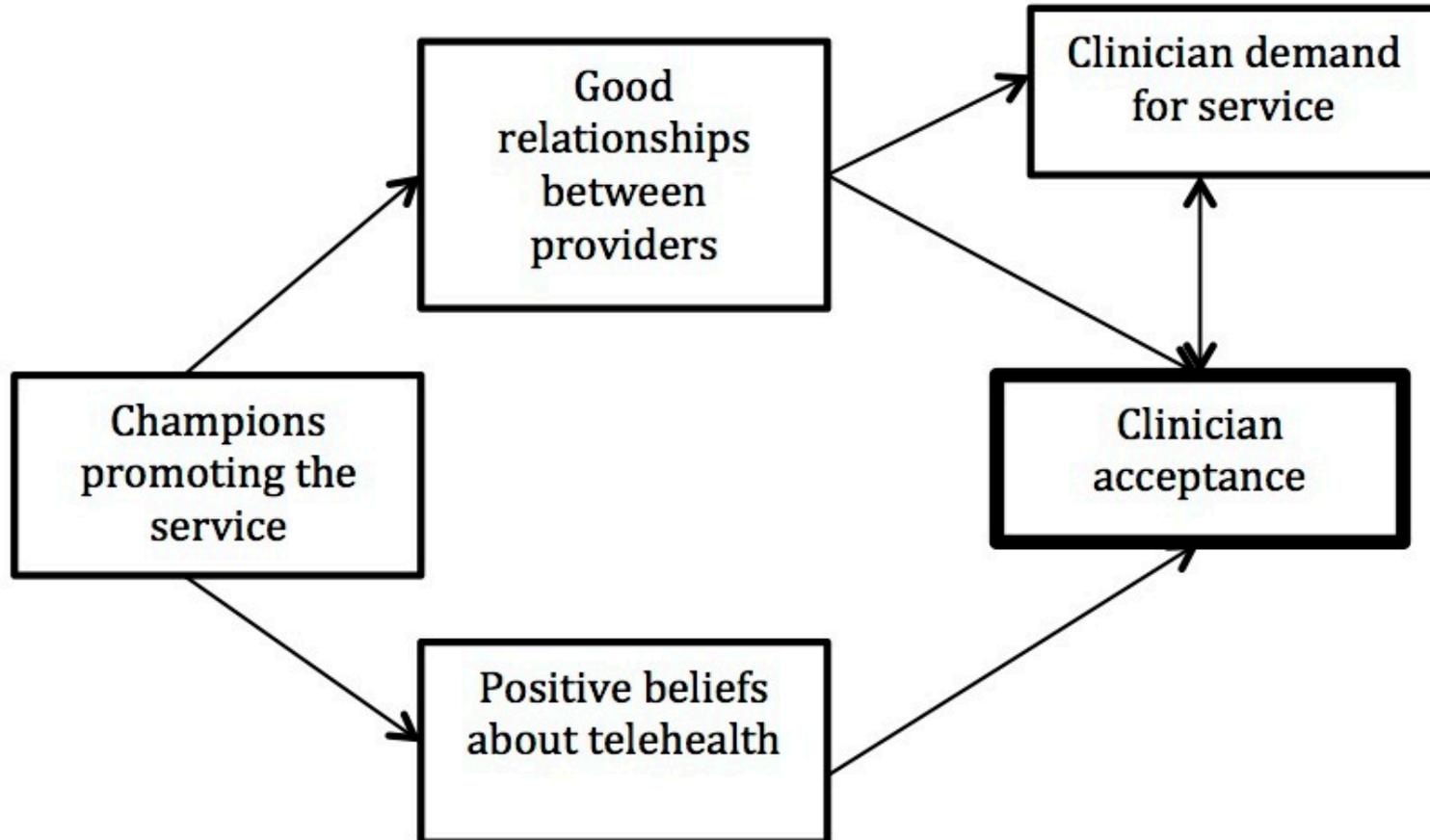
Initiation of Telehealth Services

Question 1: What is the key factor in initiating telehealth services?

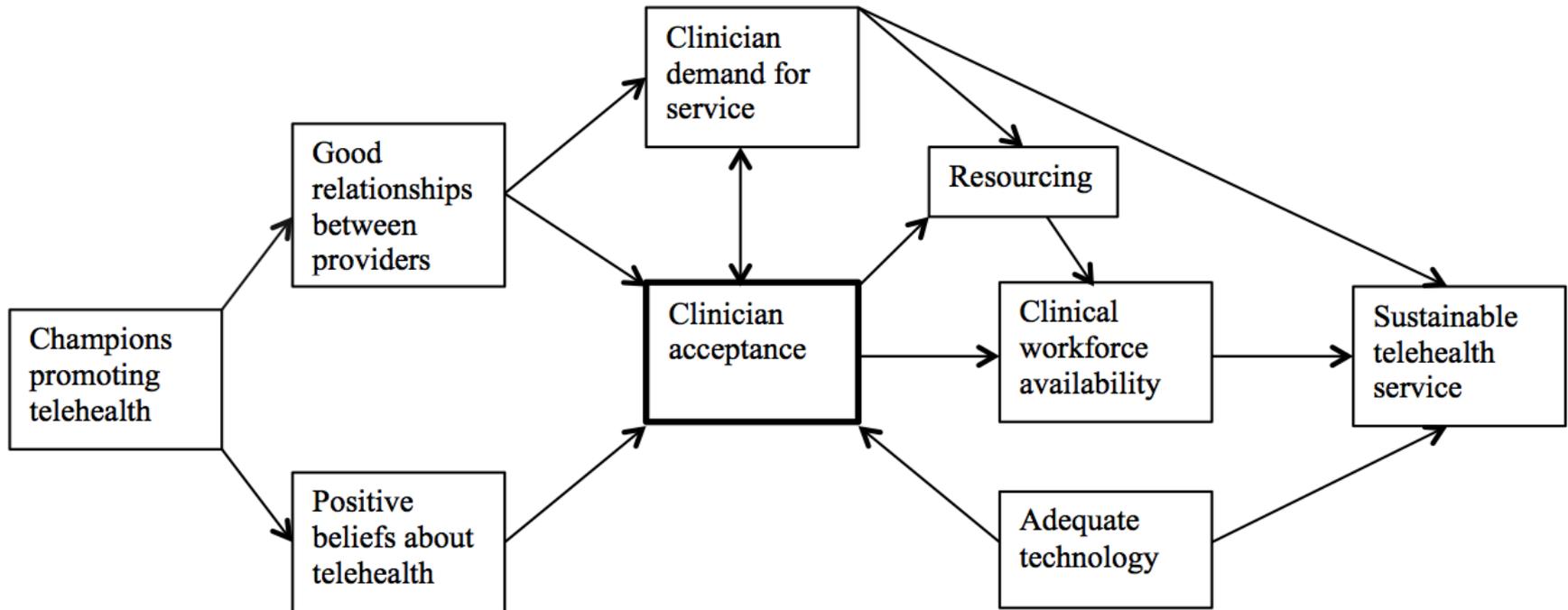


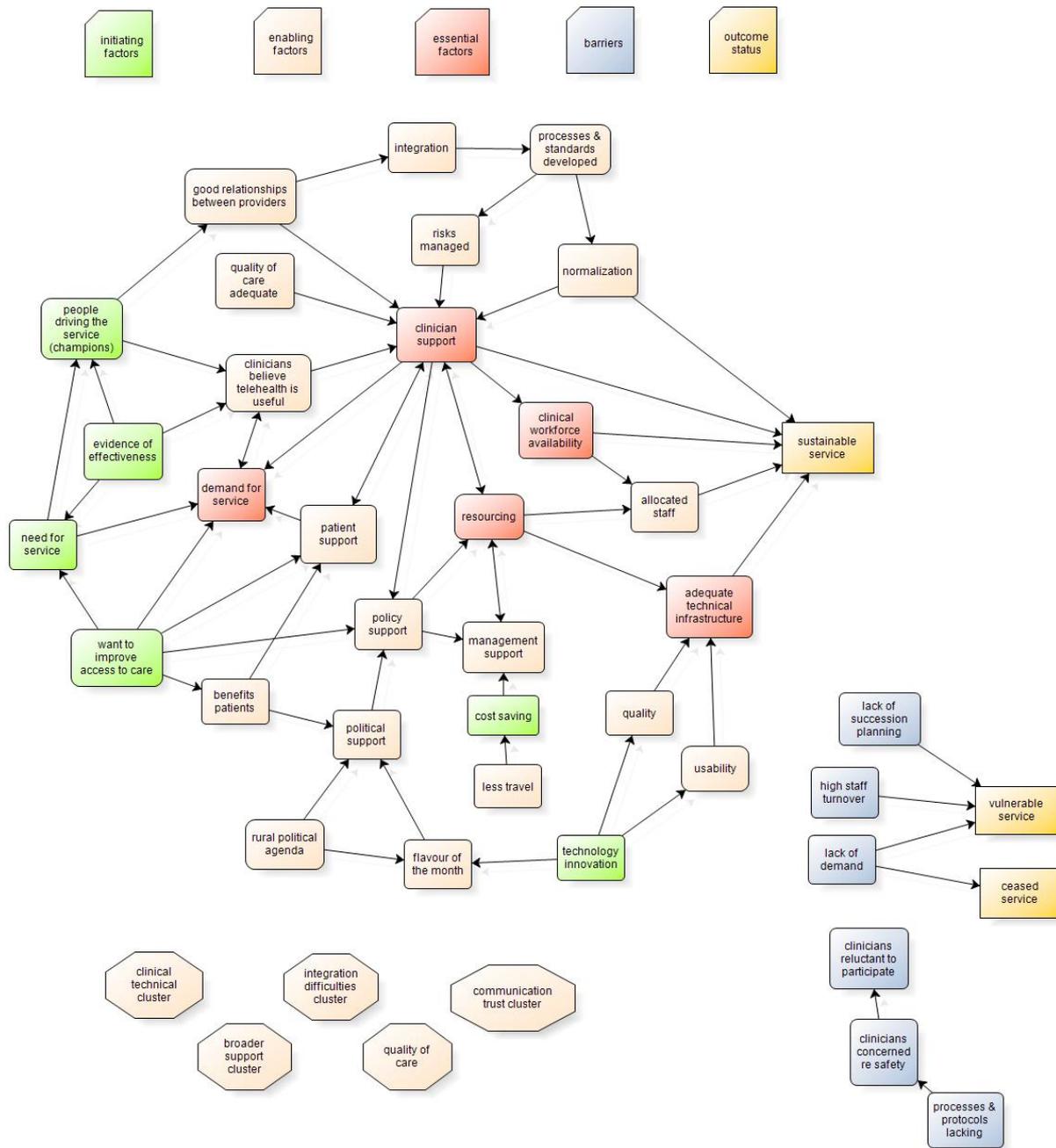
1. Telehealth is safe
2. Telehealth is effective
3. Telehealth is usual care

Uptake of Telehealth Services



Sustainable Telehealth Operations





Effect of Technology

- Technology must be adequate
- Above this level, if clinicians want to do telehealth they will work with the technology they are given
- Clinicians had little influence on the type and quality of the technology they were using
- Internal IT support was much more important than external vendors

Clinician Acceptance and Service Development

- It's not just about the technology !!!
- It's **REALLY** not just about the technology !!!
- Telehealth services are new models of care
- Telehealth changes the WHO, WHERE, WHAT and HOW of health care
- Telehealth changes how patients, providers and organisations relate to each other

Telehealth in South Australia

- Public sector was an early leader in telehealth from the mid-1990's (driven by grants)
- Rural and Remote Mental Health Services
- North-West Adelaide Telehealth Network: renal, surgical, respiratory from TQEH
- Government sector then paused until the DTN
- Home medication management RDNS from 2007
- Flinders home telehealth project

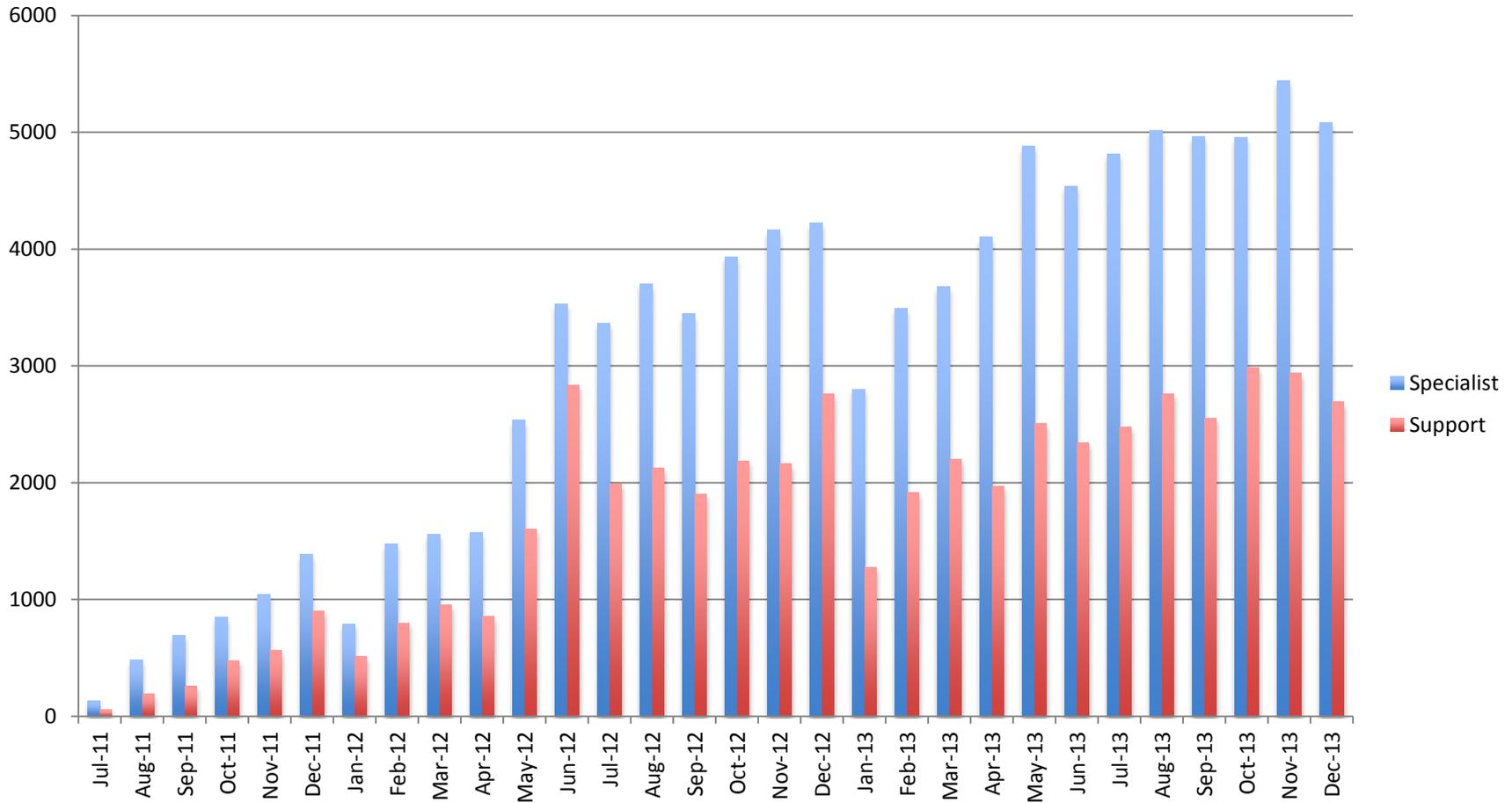
Telehealth Delivering Health Outcomes



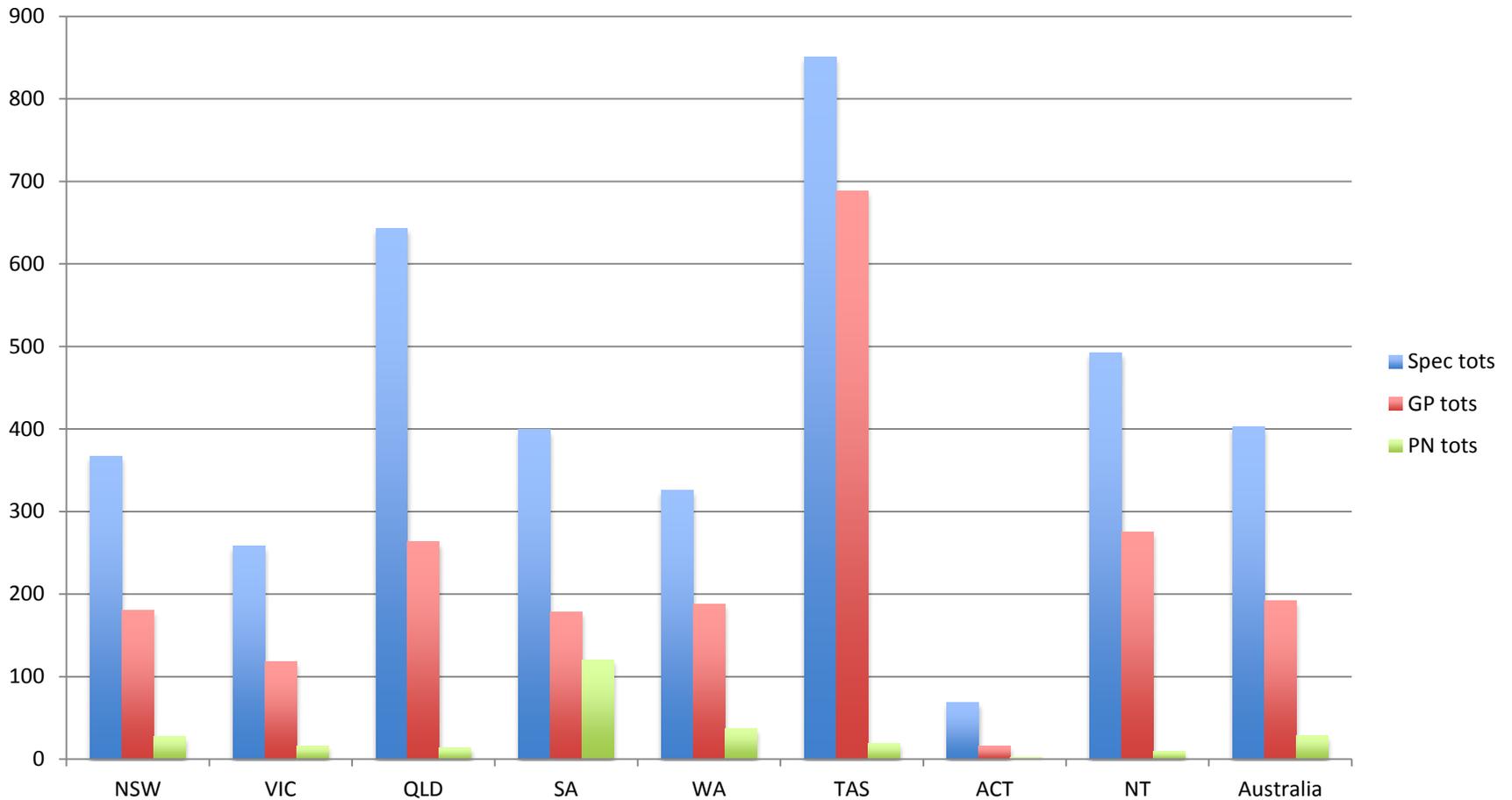
Began 12 years ago; been statewide for 5 years

Includes a telephone hot line, ECG interpretation, Point of care testing, TNK delivery, clinical guidelines, video consulting ... they have halved the death rate for acute cardiac presentations in rural South Australia; it is now the same as the urban rate.

Telehealth in the private sector: uptake of Medicare item numbers



Per Capita Medicare Uptake by Jurisdiction



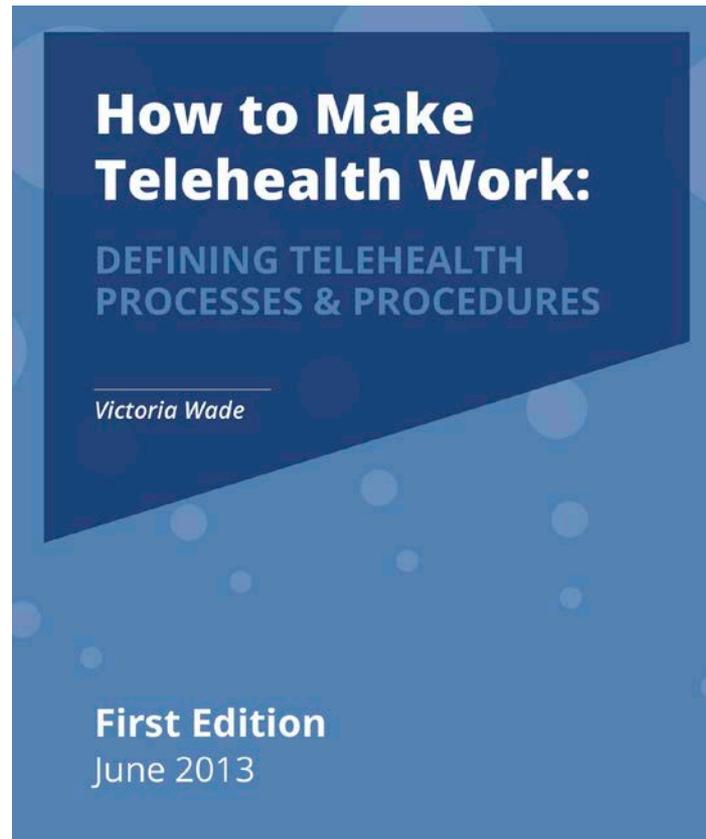
5 Key Summary Points

1. Telehealth services are small and fragmented
2. Champions initiate services
3. Clinician acceptance creates sustainability
4. Good relationships, positive beliefs and well functioning service models create clinician acceptance
5. Getting the service model right is **more important than the technology**

Prospects for Telehealth in South Australia

- Small Population of 1.67m, ideal for whole of system integration
- Some leading innovations, ready for wider scale roll out
- Need to work together to achieve a critical mass
- How about a combined three university telehealth/e-health research, education and practice unit?

Free e-Book about Telehealth Service Models



www.e-unicare.com.au

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Thank You and Questions

