

OPENING ADDRESS – 2ND GLOBAL TELEHEALTH INTERNATIONAL CONFERENCE

26 November 2012

It is my great pleasure to join you today to welcome members of the International Society for Telemedicine and eHealth, and to thank you for the opportunity to address the 2nd Global Telehealth International Conference.

I trust this Conference will build on the success of Global Telehealth 2010, held in Perth. This was certainly an exciting event for the Australasian Telehealth Society, given it was the first time the Annual Scientific Meeting of the International Society for Telemedicine and eHealth visited Australia.

Two years on, the Australasian Telehealth Society is once again hosting this international scientific meeting covering the full breadth of telehealth, and the great potential it offers the community.

I am sure that the tutorial sessions, peer reviewed paper presentations on current topics of interest, and the wide range of invited international experts as keynote speakers will provide all attendees a wealth of knowledge and inspiration to further our efforts in providing health care in a manner that improves quality of life for all.

Let me begin by saying that even before coming to office last year, after 16 years as Shadow Health Minister, I was highly conscious of the importance of telehealth in the provision of health services now and into the future.

I have long been convinced of the value of research leading to better understanding of disease, better treatments and better models of care combined with the many things that e-Health actually covers.

Patient care can be dramatically improved using electronic patient records, digital technology, teleconferencing, image sharing, and the multitude of applications where telehealth can make a profound difference – ranging from medication management to management of hospital beds.

These are initiatives of statewide, nationwide and global application.

But just as important are local innovations.

For example one of the pre-election commitments was to establish a Telehealth Technology Centre at Nepean Hospital motivated by admiration for your co-chair Mohomad Khadra's Telehealth proposal was at the clinician to patient level.

The purpose of the Centre is to develop and pilot clinician-sponsored telemedicine models of care, for the purposes of providing health services to patients who have to travel more than 100km for treatment, or are better suited to treatment in the comfort of their own home.

Staff at the Centre work with acute, primary and community care clinicians, Universities, the Commonwealth Government and the non-government sector to explore opportunities which provide care closer to home.

There are four themes underpinning the Nepean Telehealth Technology Centre: the development of telemedicine models of care; the trialling of telehealth technology; peer support for clinicians and administrative staff; and, the provision of health services closer to home.

In states like ours, where our major teaching hospitals are city and mostly coastal based, telehealth is being used to provide access to specialist services, 'bridging' the rural – urban gap.

Currently, there are over 600 telehealth videoconferencing units throughout NSW providing a wide range of services, including mental health, critical care, paediatrics, wound management, aged care, and eye services.

I would like to share with you some of the recently established services that use telehealth to provide greater access to clinician expertise in NSW.

One example is in the provision of eye services.

The development of an extron annotator now allows clinicians to take a picture of a patient's eye, and when reviewing the image, the annotator allows for the clinician to "draw" on the image to explain to the patient what the scan shows.

This means that a patient in Brewarrina (a town in outback NSW) can have the results of an eye scan immediately reviewed and explained to

them while in a videoconference session with clinicians at Prince of Wales Hospital (located a few kilometres from where we are today).

A second example is a recently commissioned project involving NETS – the Newborn and Paediatric Emergency Transport Service – looking after our youngest, seriously ill patients.

This initiative is in partnership with Variety – The Children’s Charity, and involves a videoconferencing system installed at NETS headquarters at Westmead being used by NETS clinicians to “see” a child in another hospital, allowing better opportunity to work with the local clinician to determine what may be required for the baby or child.

The old adage “a picture is worth a thousand words” holds true – and NETS clinicians are reporting that the addition of vision to their currently well established telephone support services is assisting them in making more informed decisions about patient care.

In addition to being able to view patients from NETS headquarters, we are now working to provide access to videoconferencing from clinicians’ homes using laptop computers.

Now, when a clinician is telephoned at home for advice on a sick child, the clinician can log onto the videoconferencing network and see the patient from their laptop just as they can from NETS headquarters.

This system is currently in trial phase, and while it is early days, initial feedback from clinicians at NETS and at the hospitals is that the system works very well.

Similar to the NETS project, NSW Health also has an extensive network of videoconferencing technology in hospital Emergency Departments that allows hospitals to connect together to provide even better treatment to patients attending hospital.

The Connecting Critical Care project has proven very effective in providing links between smaller rural hospitals and larger regional or metropolitan hospitals in order to allow clinicians to support each other and gain specialist advice on patient treatment. This service continues to be rolled out across the state and is making a tangible difference on the ground.

Just two weeks ago I released the government's Palliative Care Plan – and we have invited experienced providers to submit proposals to increase access to palliative care in the home.

Part of the motivation came from the knowledge that while 70% of people surveyed said they wanted to die at home whilst the actual number is only 16%. But another was the very moving video I saw of a rural family – from a fairly isolated country town – caring for their dying 5-year-old at home. Linked to all the support services 24/7 – at tertiary, regional and local level this meant parents, grandparents, siblings other relatives and friends could provide the love and comfort so desperately needed at such a time.

Another telehealth supported service is the Statewide Complex Epilepsy Network which now uses videoconferencing technology to link clinicians from a number of hospitals to discuss and review treatment and outcomes for patients with complex epilepsy.

These patients have very complex and specialised needs and so our clinicians are working together, using telehealth across the Network to view real time results of diagnostic tests, to better inform patient treatments. Previously, this information was shared via fax machines and telephone conversations.

As we all know, telehealth is not all about just linking hospital services.

With the National Broadband Network being rolled out the Ministry and eHealth are working with Local Health Districts to develop and trial the provision of health services to patients at home.

With the use of a laptop computer (and now iPads) with a camera, a patient can be visited at home and receive a specialist consultation using videoconferencing. This is particularly important for patients who experience chronic disease and need to visit a doctor often.

A current trial of the “at home” telehealth is occurring in the Illawarra region, for patients with neurological disorders making travel difficult. This is a large step forward in making our health services more responsive to the needs of our patients.

As part of ensuring that NSW Health's communication technologies are robust enough to support the ongoing development and roll out of health services using telehealth, NSW Health has purchased and deployed its own dedicated statewide Multi Conferencing Unit.

The purchase of this statewide infrastructure ensures that a suite of telehealth videoconferencing standards have been developed.

This initiative documents an agreed set of infrastructure standards relating to video, for the purposes of ensuring a consistent platform across NSW.

The standards have been agreed by all Local Health Districts and will ensure that all video communications benefit from the same standard.

There is still much to be done in terms of future infrastructure needs and clinical services to be developed.

In NSW, we are up to the challenge.

In terms of communications infrastructure, NSW Health is working towards providing video capability to the desktop, so any clinician, anywhere, can "meet" and engage with a patient using their computer.

As well, integration with products such as Microsoft Lync will allow clinicians to use their computer address book to see whether another clinician is available to assist or provide a consultation on a patient.

As an example, a patient with a severe burn attends a small country hospital and the local clinician does not have experience with the complexities of severe burns, that clinician can use Microsoft Lync to "look up" burns specialists and identify which specialists are available to remotely assist with the review of the burn patient and, if necessary arrange timely referral to a specialist burn service.

In terms of clinical service development, the Ministry of Health is working with one of our Local Health District's and the Agency for Clinical Information's Stroke Network to pilot a telestroke project with the intention of establishing a statewide technology platform for the use of telehealth in stroke.

The main outcome of the project is to increase the proportion of eligible stroke patients undergoing thrombolysis. The project will be implemented with an evaluation framework examining the use of videoconferencing in enabling clinical decision making particularly around the use of thrombolysis.

Other clinical service development priorities have been identified and discussed with the Agency for Clinical Innovation.

These include: NSW Severe Burn Injury Service, Paediatric Diabetes; Statewide Spinal Cord Injury Services; Endocrinology; Adult Renal Services; and, Rehabilitation (Stroke) Services.

Apart from health services providing direct consultations between patients and clinicians, the Ministry of Health is exploring ways to promote the use of telehealth in NSW.

A very important initiative of the NSW Telehealth Program is developing a Telehealth Service Directory (e-map) which will allow clinicians; health service managers; and, patients/consumers to more easily see where access to health services is available.

The map will also be used to raise awareness amongst consumers and health professionals of the benefits of telehealth; the availability of telehealth Services in NSW; and, information about the best way to access these services.

As you can see from my remarks, telehealth presents a unique opportunity to improve access to services and patient care in NSW, and elsewhere.

I wish you all the very best for the Congress over the next few days.