

# National Digital Health Strategy

A submission to the

Australian Digital Health Agency

by the

Australian Telehealth Society

November 2021

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# 1 Summary

This submission aims to describe the benefits of telehealth with respect to the use of digital technologies supporting healthcare over a distance and suggests ways in which these benefits can be achieved.

Several of the challenges being faced by the health system are summarised, including inequality of access, an ageing population, chronic disease, maintenance of safety and quality, technology consistency, both for service providers and customers, workforce issues and indigenous health. Aspects of all of these challenges can be addressed through a coordinated approach to the use of telehealth, within a national digital health strategy.

There are a number of evidence based international models for national health networks. All of these have concluded that significant health service innovation will need to be encouraged, supported and strategically directed in order to develop new models for health care delivery, integrate relevant clinical applications and service the customer regardless of location. Many case studies document successful use of digital technologies to care for people at a distance, support remote and isolated clinicians, enable multi-disciplinary team care and exchange of experiences; all of which contribute to the improved quality and safety of healthcare. All these activities need to be supported by a national digital health strategy and built into long-term healthcare reform.

One of the strongest recommendations for a digital health strategy is to recognise that telehealth is an enabler; the submission works to support the case that healthcare at a distance is a considerable factor in driving the need for digitized healthcare. We need to have secure electronic messaging, a medical record that follows the customer and a scheduling solution that connects all resources, people, rooms and peripherals required for efficient consultations. We need to increase health literacy and develop self-management and monitoring skills within the population. We need to provide more user-friendly and accessible solutions to equip people with the knowledge and skills to maintain and improve their health. All these activities need to be underpinned by accessible, reliable, affordable connectivity. National policy will need to be adapted and new funding models will be required to resource systematic change. Appropriate incentives should support payment by outcomes instead of payment solely relating to activity.

There is increasing availability of online health information and applications, although not all communities can easily access and use these services. These include mobile applications (apps), wearable devices and clinical information, some of which are safe and based on good clinical evidence whilst some are not. Our healthcare system needs to provide services, advice and guidance to our citizens which give them confidence in the safety and security of health provision as well as deliver specific strategies to address digital health literacy and access inequities.

## 2 Introduction

### 2.1 *The Australasian Telehealth Society*

The Australasian Telehealth Society was formed in 2008 to fill a long-felt need to create a forum for all of those involved in telehealth in Australia and New Zealand. It is the National Member for Australia and New Zealand of the International Society for Telemedicine and eHealth (ISfTeH).

Some of its roles include:

- Bringing together a community which was previously fragmented and did not have a single forum for sharing of issues. It brings researchers, telehealth practitioners, clinicians and industry partners together in a unique interdisciplinary grouping. It is the only Australian organisation specifically addressing the needs of the telehealth community.
- Creating a credible channel for bringing issues effecting telehealth services to the attention of decision makers and encouraging the use of remote healthcare models and services to address issues confronting the Australian health system.
- Recommending guidelines and standards of practice for telehealth services ensuring that quality /safety and optimal patient care are maintained.
- Assisting in resolving such issues as billing for telehealth services or the delivery of services across jurisdictional boundaries.
- Investigating and influencing policy /legislative opportunities to integrate telehealth services into mainstream healthcare.
- Keeping our members aware of developments in telehealth services.
- Making Australia a part of the international telehealth community, through membership of the International Society for Telemedicine and eHealth (ISfTeH) and other relevant international organisations.
- Organising an annual peer-reviewed national conference, Successes and Failures in Telehealth.

More information about the Australian telehealth Society can be found at [www.aths.org.au](http://www.aths.org.au).

### 2.2 *What is telehealth*

The term *Telehealth* refers to healthcare delivery, or closely-related processes (such as education), in which some of the participants are separated by distance and information and communications technologies are used to overcome that distance. The term Telemedicine is sometimes used in a slightly more restricted sense to denote the actual delivery of (medical) health care, but the two terms are commonly used interchangeably.

While some Australian jurisdictions have started using the term *Virtual Care* in place of Telehealth based on the proposition virtual care encompasses a broader gambit of emerging technologies, there is considerable diversity in the nomenclature used in this type of healthcare. Telehealth, virtual health, digital health, telemedicine, mhealth and ehealth are all used to refer to initiatives using some form of information technology in healthcare. Throughout this document we will refer to them all as telehealth services. The International Standards Organization in the publication ISO/IS 13131:2021 Health informatics — Telehealth services — Quality planning guidelines, defines a telehealth service as:

*any healthcare activity supported at a distance by information and communication technology service(s)*

Following the COVID-19 pandemic, almost every healthcare specialty, including General Practice and Nursing, Allied health, and Aboriginal Health Practitioners, are making use of telehealth services. The challenge is now how to embed the use of digital technologies at scale to deliver appropriate, safe healthcare

### ***2.3 The current state of telehealth services***

Technologies do not exist in isolation from the health system, society or cultures. In Australia, which had extensive telehealth services prior to the pandemic, health organisations reorganised existing services to support remote consultations and advice for a range of conditions. In this country, the priorities for care were set by new political necessities which influenced organisational priorities. The new priority was to provide remote consultations supporting the triaging of patients with possible COVID-19 infections or other conditions according to the seriousness of their condition. Depending on the triaging decision, patients were then managed either remotely or within a health facility. We saw large increases in the volume of remote consultations in the Australian public hospital sector; all state health organisations reported increases of more than 150% in video consultations in the first three months of the pandemic. The Australian private hospital sector also responded to the pandemic by extending existing telehealth services or setting up new ones.

In the Australian primary and specialist health sector where consultations are subsidised by Australian Government via the Medicare Benefits Schedule (MBS), key regulatory changes to the payment regulations legitimised and resourced the use of telehealth across a much greater range of healthcare activities than was previously permissible. Subsequently, there were huge increases in the volume of telephone and video-based consultations between doctors and patients for services funded by the MBS. As of November 2020, remote consultations comprised 25% of 11.8 million general practice consultations, 15% of 2.5 million specialist consultations, 27% of 1.0 million mental health consultations, 20% of 56,500 nurse practitioner consultations and 4% of 1.0 million allied health consultations. Consultations provided by General Practitioners (GPs) since the start of the pandemic using telephone or video modalities increased, while in-person consultations declined. However, between September and November 2020, when the pandemic was suppressed in Australia, the number of in-person consultations began to rise proportionately, while telehealth consultations fell. Only time will tell where the new normal level for telephone and video (conference) consultations will stabilise, or if more than short-term stability will eventuate.

States and territories have been developing telehealth programs for over 25 years across Australia. In more coordinated models such as Queensland, Northern Territory and Western Australia, these models have become robust. However, they have existed due to the remoteness of their patients where telehealth just makes sense. In more populated areas with fewer issues around remoteness the argument for telehealth is a different one. In these more populated areas the use of mobile devices and applications is what is driving the need for a more integrated health service to provide connection and continuity for the day to day needs of the consumer.

These mobile technologies have not been widely adopted by the health system. There is an opportunity to leverage mobile device-based applications to promote wellness and help stem the rising tide of healthcare costs and demand. There is an opportunity to use these devices to allow patients to monitor their own, or family member's, health and only report those exceptions to the GP. However, an increase in health and digital literacy is needed to allow many communities to better manage their own health.

## **3 Pain points for the health system**

### ***3.1 Demand for healthcare***

Health systems throughout Australia are struggling to cope with increasing demands and expectations. While use of new technologies can often be shown to improve health care outcomes, the cost of these technologies can place extra burdens on limited health budgets, most are expected to be adopted into clinical practice without any key business drivers or direct remuneration. Many of the current challenges facing our health sector can be at least partially addressed through appropriate application of digital technologies, and later sections of this document will address some of these in more detail.

### ***3.2 Inequality of access to healthcare***

Australia's health systems are capable of providing healthcare which is internationally recognised as being of a high standard, and most Australians regard access to such healthcare as one of their fundamental rights as citizens. But Australia's large distances and widely distributed demographics create challenges in providing this equity of access. In a recent study of men's health, the Australian Institute of Health and Welfare found that life expectancy for non-indigenous males living outside major cities was three years less than the life expectancy for their metropolitan counterparts. These inequalities become more significant for people living further away from major metropolitan cities.

### ***3.3 Caring for an ageing population***

The ageing of the population in Australia and most advanced countries will place large burdens on health systems. Currently, more than a quarter of Australian government spending is directed to health, age-related pensions and aged care. Australian government spending on these areas is projected to increase significantly, pushing their share of total spending to almost half by 2049-50. The concept of "Ageing in Place" encourages the elderly to remain independent for as long as possible. This has obvious social benefits for older adults, and produces economic benefits for providers of health and aged care. Information and communications technologies have played a role in aged care since the introduction of wireless personal alarms. Use of digital technologies can provide various forms of interaction for the subjects (such as high quality videoconferencing with a carer), as well as automated systems for monitoring vital signs and other measures of well-being. Additionally the current Commonwealth aged-care reform agenda and the recent Royal Commission into Aged Care Quality and Safety recommendations support the introduction of digital technologies to support both functional needs and the management of the safety of older people.

### ***3.4 Chronic disease management***

Most industrialised countries are facing an increase in long-term and chronic disease, such as diabetes mellitus or chronic obstructive pulmonary disease. Many of these conditions can be largely managed by the patients themselves with careful monitoring, support and prompt intervention when necessary. As with aged care, the use of information communication technologies (ICT) for vital signs monitoring and videoconferencing can assist patients in self-management and ensure that intervention, when necessary, is responsive and reduces serious harm.

### ***3.5 Governing the safety and quality of remote healthcare***

Despite the high quality of health care in Australia, "adverse events" in the hospital system have been estimated to cost the nation between \$1billion and \$2billion annually, with a large proportion of such events seen to be preventable. Medical practitioners in regional areas may be placed in situations

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which are beyond their level of training and be without adequate supervision or contact with their peers. There is a role for telehealth in creating such contacts and providing facilities for mentoring and monitoring the performance of isolated practitioners.

### ***3.6 Supporting a stretched workforce***

It is likely that on-going management of the COVID-19 pandemic will place additional demands on the health workforce. While use of digital technologies cannot create new health professionals, they can play a role in ensuring that the existing workforce is used efficiently and to its full capacity. For example, a specialist located in one hospital could deliver some services across a number of centres, helping to maintain facilities such as intensive care units in regional locations, which might not be large enough to make use of such a specialist on a full-time basis.

While workforce issues are most prominent outside capital cities, there are many hospitals with minimal specialist cover in metropolitan areas, and telehealth can play a role in sustaining such smaller metropolitan hospitals by having specialists deliver some services through telehealth, even when the distances involved are a few kilometers.

### ***3.7 Improving indigenous health outcomes***

Australia's indigenous population has some of the worst health outcomes in the world. Many of the conditions suffered by the indigenous population are well-controlled and are not life-threatening in the broader population. The publication *Closing the Gap; Prime Minister's Report 2011* [8] reported that the current gap in life expectancy is estimated at 11.5 years for males and 9.7 years for females. Approximately 70% of this gap is attributable to chronic disease.

Many indigenous Australians live in rural and remote regions. In the Northern Territory, 81% of the indigenous population live in remote or very remote areas, and in Western Australia this figure is 41% [9]. This makes very difficult the delivery of any services, especially health, and care delivery by telehealth is hampered by the lack of suitable supporting infrastructure.

### ***3.8 Ensuring the safety and quality of remote care***

With the increased use of telehealth services, there is a perception that governance frameworks, standards and guidelines may not adequately ensure the safety and quality of remote care. Whilst during the pandemic a number of existing guidelines were revised, and new ones created, there is a case for enhancing existing Australian Commission on Safety and Quality in Health Care standards for in-person care to cover healthcare activities performed at a distance. The recently published National Safety and Quality Digital Mental Health Standards provide an example which could be followed for other health specialties.

### ***3.9 Balancing remote versus in-person care***

With the COVID-19 pandemic there was a necessary shift to providing care remotely, creating a surge in telehealth. This was a necessary response to protect both patients and staff while enabling the delivery of high-quality care. However, the return of in-person appointments should not result in telehealth being discounted. Patients have been demanding greater access to telehealth services from providers resulting from their day-to-day exposure to an ever-increasing range of the virtual options available.

Healthcare organisations have fallen behind other industries in their use of some digital technologies, and this has resulted in dissatisfaction of our consumers. The pandemic and the rapid ramp up

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deployment and provision of telehealth has provided more clinician engagement and acceptance of telehealth by consumers. This needs to be built on and sustained rather than being a temporary stop gap measure.

Better patient and health care business outcomes can be achieved by understanding our patients' populations, gaps and needs. With this knowledge, opening up access to care and addressing the impact of access to both in-person and virtual services should be a key focus.

As telehealth expands and grows in acceptance organisations need to be strategic about which services to provide remotely with consideration needing to be given to the clinical capabilities and digital maturity of each organisation. Ultimately, it is about what both patients and clinicians are prepared to do in relation to telehealth with patient experience being core, whether remotely or in-person. Telehealth should not hinder the clinician's ability to provide the same level of care as they would face-to-face.

The physical locations for the provision and delivery of remote consultations are important. Organisations should factor in appropriate spaces for the clinicians to provide these consultations. Both patient and clinician need to have a level of comfort or trust the remote consults is as secure and private as a face-to-face appointment.

Organisations need to be constantly assessing their landscape to ensure continued evolution to meet the needs to the patients and stay current with technology. There needs to be a patient centred choice of in-person or remote care.

## **4 Strategies for embedding the use of digital technologies in healthcare**

### ***4.1 Adapting the health system to support remote care***

During the COVID-19 pandemic the increased provision of remote care, in many cases, required changes to the organisational pathways for managing patients. However, the impact on workflow organisation within health services stemming from this was not immediately apparent to those outside an organisation.

The technologies employed by telehealth services are diverse and rapidly changing. This is creating new opportunities for healthcare delivery at a distance on a daily basis. However, the use of digital technologies cannot transform the healthcare system without significant changes to the organisational and funding arrangements for care.

Following the pandemic, from the point of view of health administrators, the health system of the future will be less constrained by geography, since more health services will be delivered over a distance. It will no longer be as important as it is now to cluster all specialties in a small number of very large hospitals; smaller hospitals will be able to offer specialist advice to other hospitals in the same cluster. For example, intensive care services can be offered even where there is not the patient load to support a full time intensivist. By distributing services, systems can achieve greater efficiencies through specialists offering services outside their immediate geographical area. There will be savings in not moving as many patients physically from one hospital another, or paying for patients to attend clinics in major centres.

When patients can be followed both through online consultations and through access to electronic patient records, from their home to their GP, through hospital stays and post discharge. For complex and chronic conditions, this continuity of care will allow health systems to better tailor treatment to the patient's condition, independent of where they live. Chronic disease and lifestyle management skills and resources are important to the whole population. For disadvantaged sectors of the population access to these skills and resources is especially important. These sectors include:

- rural residents
- indigenous people
- aged care residents
- people with disabilities; and
- socio-economically disadvantaged populations

Telehealth services can be used within new models of health care that will: move the focus of health care closer to the consumer and their primary care team within the community. New models of care can improve access and equity, reduce pressure on acute and specialist facilities; ensure the continuity of care and patient management; and offer scalable and sustainable solutions able to integrate with in-person services. Some of the clinical activities that can be supported by telehealth services include:

- preemptive health care management, helping manage chronic disease before acute attacks
- promote wellness amongst the community through the use of 'safe' consumer products
- diagnosis, pre-treatment and post treatment care
- team based health care service provision
- remote monitoring and care of patients
- integrated use of mobile applications and devices which draw on standardised guidelines and evidence
- preventative health and wellness
- targeted care for health cohorts e.g. chronic disease, aged care.

There are significant opportunities for telehealth services to reduce the costs associated with healthcare delivery and to improve the equity of access to services, particularly in rural and remote areas of Australia, as well as in other under-service areas. Based on appropriate evidence on safety, clinical and cost effectiveness of telehealth services, they should become a normalised part of mainstream healthcare integrated into the coordination of care for individuals.

### Recommendations

Federal, state governments, and health care organisations, should ensure that:

- a) Telehealth services should include remote monitoring options within shared care packages funded by care or capitation payments for health professionals.
- b) Hospital avoidance programs and outpatient services should include remote monitoring capabilities within their telehealth services.
- c) Health information and promotion services can be delivered using telehealth services accessible by mobile device applications.

- d) Telehealth services are resourced to become routinely available to all sections of society and communities in formats that are linguistically and culturally appropriate, and digitally inclusive.

## ***4.2 Legitimising telehealth services***

The substitution of in-person care with remote care using telehealth services was seen as a means of maintaining healthcare services during the COVID-19 pandemic. Thus, for the first time, the wide-scale use of telehealth services at scale was legitimised. In Australia, changes to legislation and regulations enabled greater use of telehealth services. On 13 March 2020, at a time when in-person consultations were already decreasing, the Australian government introduced legislative and regulatory changes to make temporary MBS COVID-19 telehealth items available. These new items enabled GPs, specialists, nurse practitioners and allied health professionals to claim subsidies for telephone and video consultations. The new items in the MBS mirrored the pre-existing, in-person consultation items by adding rebates for telehealth and telephone consultations. The effect of these regulatory measures was to legitimise the use of technology-supported healthcare across a much greater range of healthcare activities than had been the case.

While changes to MBS regulations have been important to the legitimisation of telehealth services the governance of the safety and quality of these services also plays an important role in legitimizing and embedding remote care practices within the health system. Appropriate standards, guidelines, regulations and policies can provide this governance framework.

The addition of digital technologies to the health professional's toolkit does not change the fundamental nature of healthcare and hence, existing governance, standards, guidelines and regulations for healthcare should also apply to telehealth services. Nevertheless, it is important to identify the areas where specific standards, guidelines or regulations for the use of digital technologies in healthcare are needed. In 2011, the Australian Government provided resources to a number of organisations to develop guidelines for telehealth services. These guidelines are still in existence, are useful and some have been updated. Currently a wide range of clinical guidelines and generic guidelines for telehealth services already exist (See the ATHS website <http://www.aths.org.au/resources/>).

Different sets of guidelines to support the safety and quality of telehealth services may be appropriate in different situations, and be suitable for different groups, clinical specialties or models of care. In particular, the peak bodies representing clinical disciplines should continue to be supported to develop clinical guidelines for telehealth services and guidelines for telehealth services based on acknowledged risk based quality management processes.

### Recommendations

The following measures to support the safety and quality of telehealth services are recommended:

- a) Where a need is identified by a health organisation the Department of Health should resource the development of additional guidelines for the use of telehealth services in healthcare;
- b) The Australian Commission on Safety and Quality in Health Care should consult throughout the health sector as to how existing standards should be enhanced to cover healthcare activities performed at a distance;
- c) The Department of Health should resource Standards Australia to develop and harmonise national and international standards relevant to the use in Australia of digital technologies in healthcare which complement ISO/IS 13131, Health informatics — Telehealth services — Quality planning guidelines, and other Australian or international standards;

- d) The Office of the Information Commissioner Guide to health privacy should be extended to include the use of technology to deliver healthcare as opposed to developing a separate guidance; and
- e) All the above activities should be undertaken with the maximum transparency to ensure widespread stakeholder engagement, including publicly available repositories, submissions, documented processes, evidence trails and responsive communications with stakeholders.

### **4.3 Resourcing telehealth services**

As with any service, telehealth services require adequate funding to pay for staff time, available and reliable digital technology infrastructure, a workforce skilled in the use of digital technologies and appropriate physical spaces for providers and patients to undertake consultations.

A frequently overlooked component of telehealth is the time and effort added to day-to-day tasks to enable the telehealth appointment. Telehealth services may require changes to workflows with additional touch points between administration staff, patient, carers and clinician to negotiate and finalise appointments. Documentation and sharing of information between partner organisations with no shared single patient record also need to be considered as additional tasks. This can be seen as a barrier to organisations offering telehealth.

Inequities in the access to digital technology infrastructure remain in Australia. While the National Broadband Network has been the greatest single enabler of telehealth expansion in Australia, parts of Australia remain where internet connectivity is poor, does not exist or cannot be accessed for technical and financial reasons. Additionally, some health and residential aged care facilities do not possess the internal infrastructure such as WiFi networks to distribute internet connectivity to rooms within buildings.

Healthcare whether delivered via an in-person or remote consultation is most efficient, effective and safe when supported by quality information systems accessible from a variety of fixed and mobile devices connecting to electronic health records, health decision support and care management processes, health education and self-care advice. Applications accessing these systems need to be designed to provide a smooth user experience, interoperate with multiple systems, and be capable of customization for specific user groups. In particular, the support of shared, connected care within a telehealth service environment produces organization, access and security challenges that need to be overcome.

#### Recommendations

Health services, primary health care organisations, professional bodies and agencies should extend the coverage, safety, efficiency and effectiveness of health services by using telehealth services and by resourcing the Australian Digital Health Agency to:

- a) Cooperate with federal, State agencies and the National Broadband Network to reduce the gaps in coverage of the NBN for healthcare providers and patients.
- b) Focus on improving the interoperability of patient facing public and private systems in order to improve the patient experience of online services such as bookings, enquiries, reminders, referrals, prescribing and pre-consult assessments.
- c) Establish a service to advise on best practice in the application of user experience design methods for solutions, including aspects relating directly to variability in consumer capacity to participate.
- d) Consult widely about the development of guidelines for the integration of applications within platforms and services that can better support shared, connected care delivered by telehealth services.

#### ***4.4 Building confidence in the use of digital technologies***

The health professions are adept at applying technology whenever it can improve care. Digital technologies are evolving quickly. Mobile devices and the applications they host are becoming more versatile and powerful. Internet based communications are become faster and more reliable. Application of these technologies in healthcare can become routine when health providers are confident that digital technologies are accepted as easy to use by consumers and health professionals, and support the safe delivery, coverage, efficiency and effectiveness of healthcare. In particular, online interaction between patients and health services for bookings, enquiries, reminders, referrals, prescribing and pre-consult assessment should be seamless and easy to use. For health professionals, accessible training packages can ensure that they are as familiar with digital technologies as they are with the stethoscope or scalpel.

Key to the building of confidence in the use of digital technologies is the demonstration of the value proposition of telehealth in a given situation, through a comprehensive evaluation. Many studies of the costs versus benefits of telehealth services do not take into account the overall benefit to the patient, family and health system. This is often because the economic benefits may not accrue to the funders or they might occur several years into the future as longer life expectancy or a reduced rate of admission to hospital in later life. There is a clear need for a better understanding of the benefits that can be realized through the use of telehealth, and a research effort in this area should be part of a National Digital Health Strategy.

##### Recommendations

To build confidence in the use of telehealth services and digital technologies, federal, state governments, and health care organisations, should ensure that:

- a) Professional development and training programs for health professionals using telehealth services are developed and made widely available
- b) Provisions made for community-based organisations and programs to support consumer development in digital health literacy, skills and confidence to participate in telehealth and other virtual care modalities and platforms
- c) All digital technology initiatives are funded to assess their coverage, safety, efficiency and effectiveness for the delivery of health services
- d) Cross-disciplinary collaborative research into the outcomes and application of digital technology programs within specific health service contexts is encouraged.

#### ***4.5 Building relationships to support the use of digital technologies***

Collaboration between health professionals across the organizational and funding boundaries of traditional place-based care can improve health outcomes for patients by developing the skills of health professionals in the use of digital technologies. Multi-layered, collaborative approaches to developing and operating new health services supported by digital technologies include:

- creation of multidisciplinary teams to support technology adoption by telehealth-based services;
- promotion of telehealth services as a collaboration medium with existing rurally-based health services to ensure that remote care complements and supports these services;
- connection of health services and professionals delivering shared, connected healthcare through telehealth communities of practice; and
- creation and support of community-based facilities for consumers to improve digital health literacy and skills and access to telehealth services, in collaboration with local health providers.

Embedding telehealth into routine service delivery is complex and takes long-term financial and organisational commitment. Also, considerable challenges to adoption, scaling and sustainability of access to telehealth services exist.

Evaluation of a Telehealth Community of Practice in Victoria has shown significant benefits. Members identified that it enabled them to share knowledge, resources, collaborate and problem-solve issues. This community assisted telehealth practitioners to draw on each other's experience in specialist care for rural and regional patients and reduced professional isolation. Meeting each other at workshops, posting questions on the online discussion forum, enabled relationship building and collaboration and led to subsequent meetings and site visits to further discuss specific issues; for example, in data collection, reporting and mapping, use of interpreters and to address issues with clinical software programs.

The following quotes reinforce the valuable role a community of practice played in enabling telehealth service delivery in Victoria:

*'The ability for new and experienced telehealth practitioners to meet, share and collaborate improves the quality of telehealth services in Victoria and reduces the implementation time and burden for new services. The collaboration also allows us to problem-solve for the benefit of all, and to provide collective input into regional, state and national initiatives.'*

*'The Community of Practice is inclusive and provides a communication channel for rural and regional health services, which often have no choice but to work in relative isolation.'*

*In a field such as telehealth – with the speed at which technology is developing – and in healthcare – where resources and funding are often limited – this kind of collaboration brings significant benefit to the health system as a whole by reducing the change burden and implementation timeframes for the introduction of innovative and effective models of care supported by new technology.*

While communities of practice exist in Victoria and Queensland, and medical colleges, societies and research centres bring together telehealth practitioners, jurisdictional variation in health services and technology availability means that there is significant cross country variation in the implementation of telehealth services.

A national community of practice can enable learning across boundaries. Doing this nationally supports the broad agenda to provide a consistent use of digital technologies to access to health care across Australia. Sustainability of a community of practice requires ongoing coordination and leadership. Currently, no single body in Australia has the ongoing resources required to support a telehealth community of practice.

## Recommendations

A collaborative national telehealth community of practice should be established by the Australian Digital Health Agency in cooperation with the ATHS. Resources should be made available to operate a service enabling telehealth professionals to connect with others, collaborate on solutions, promote best practice, latest news and upcoming events through:

- a) An online discussion forum, member database, resource/knowledge base, health service directory, and regular newsletter;
- b) Workshops, for members to share knowledge & resources, problem solve, identify solutions to common challenges, and seek advice from the experiences of more established telehealth programs;
- c) Webinars and web meetings, to explore a specific topic with emphasis on active participation and increased diversity of engagement (regional and external parties) and educational activities; and
- d) Resource management, including the development and sharing of resources and templates in a structured way via online forums and websites.

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