Needs Analysis: Reducing the obstacles to adoption of appropriate integrated telehealth workflow solutions for GPs by providing training on the Risks, the business model, technology and connectedness to other health professionals.

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Currently there are no available face to face telehealth training on offer for GPs nationally that provide a hands on approach to implementing Telehealth into a GPs practice. Whilst there are considerable links to information, directories and online training offered by RACGP and ACRRM on the websites given the rapid changes to technology offerings it is anticipated that some of these resources will need to be updated considering some of the new technologies, ehealth records, integration options to current PMS.
https://www.racgp.org.au/running-a-practice/technology/telehealth. ACRRM-
https://www.acrrm.org.au/rural-and-remote-medicine-resources/ehealth-and-telehealth ACRRM has taken the initiative to provide a comprehensive Tool Kit for doctors based mainly in Regional areas. However Telehealth for metro clients due to restrictions placed around available item numbers has shown little take up by the doctors. Yet during focus groups GPs have suggested that consults to regular patients by video for repeat prescriptions, referrals and test results would provide a more efficient use of time.

What is not explained to GPs is a how to integrate Telehealth workflows into their practice. Currently there are no courses that incorporate topics such as: Insurance, Risk, potential cases and how to set up technology into their current PMS (Practice Management Software), train support staff and integrated booking system to allow for an efficient use of their time. Removing all these obstacles is important. [2] In the research by Gill the conclusions found 'there is a demand for clear, concise communication, education and targeted change management for telehealth' [4]

GPs in several more regional areas have participated in 'Closing the Gap' programs which still require remote patients to travel to their clinics. Programs like 'Closing the Gap' have produced keen interest by doctors but they are stuck at the workflow required to actually undertake efficient consults. [2]. Whilst item numbers through Medicare are available for Metro doctors to assist residents in Aged Care and Indigenous communities there has been little take up of these due to integration issues and lack of knowledge on how to go about it. There are also limited opportunities for GPs to participate in cultural awareness training: Western NSW & Far West Local Health Districts provide a 'Respecting the Difference Cultural Awareness Training' however it is only for staff of that district. By offering Telehealth training to these GPs it would enable a patient to engage and refer with speciality services in familiar local environments and in the company of their family and trusted health care providers, resulting in greatly improved cultural and language communication and decision making. [1] This method of consultation delivers real benefits in a highly cost-effective and sustainable manner. Telehealth is being applied to an increasingly diverse range of clinical interactions, providing highly valuable improvements in health care delivery to patients. Telehealth is rapidly becoming a community

expectation, the new paradigm of equitable access to health care in remote Australia.' [1] Training by all participating parties is essential for the adoption across health care disciplines.

The Financial model is often overlooked and without a clear idea of what doctors can potentially achieve in terms of remuneration is complex. Whilst in many cases there will need to be a reliance on co-pay by the consumer current trends point to a willingness by consumers to cover some of these costs. [4]. Recent reviews into Telehealth rebatable Medicare item numbers have have resulted in a report which has made recommendations for changes and inclusion of GPs as 'Program partners are keen to establish an incentivised remuneration system to reduce the financial burden on remote primary health clinics.' [2]. In order to be prepared for these changes it is essential to train and integrate Telehealth into a GPs current practice.

Technology limitations also results in limited uptake of telehealth by community health clinics, for a variety of reasons particularly inadequate access to broadband [2]. Where solutions are available for more appropriate mobile technology using 3 & 4G. There is a need to develop a 'model of innovative service delivery for local health, education and other community-based organisations, evaluating video-conferencing, diagnostic devices, communications hardware and software used in telehealth'. [2]

GPs suggest they are interested in incorporating Telehealth in their current practices but are unsure how to provide appropriate services that are cost effective and efficient that supplements their current care model. [3] Whilst there is much evidence based research and support for the beneficial adoption and inclusion of Telehealth in primary health care for both patient outcomes and doctors, GPs suggest that they are unsure of the risks associated with providing consults through Telehealth. It is useful for clinicians to engage in networking with other health professionals to understand the case by case scenarios that develop confidence to introduce to their everyday practice and patient benefits. This can only be achieved with a central training organisation platform sharing cases with others.
https://www.meksi.com/Community-Physician.php [6]

Gill suggests 'Service content needs to be focused nationally on the main four or five key medical conditions which offer most return to the community' (Home based rehabilitation, Mental Health, Access to rural and coordination and education of key stakeholders. [4] Further, clinicians and consumers tend to be motivated by similar objectives, but with different thresholds for change requiring different approaches. A consumer is more likely to embrace a new technology on the promise of its benefit, than clinicians who will tend to wait on the evidence of impact being widely accepted. Satisfying both sides to the health relationship is difficult but Gill suggests 'the majority of people will only adopt a product or service when the value proposition can be clearly communicated (even better if by word of mouth) and significantly exceeds their perceived risk of participation' [4]

Removing risk and being covered under GPs medical insurance companies is an important consideration. Insurance cover by Avant suggest that at the time of video consult that proper consulting notes need to added.
https://www.avant.org.au/resources/start-a-practice/practice-operations/systems-and-procedures/telehealth/ ‘ Specialists should keep full notes of their consults with patients as though the patient was sitting in the room with them. Practitioners at the patient-end must keep records of the consultations that specifically document’. This is only possible with a fully interactive cloud based system with participation from both parties. In research commissioned by Philips, the *Telehealth: delivering value across institutional and geographical borders* report ‘38 per cent of healthcare professionals said accessible, secure information sharing platforms between healthcare professionals would have the most positive impact on Australians taking care of their health.’ ‘74 per cent said IT-based cloud solutions around communication, record management and reporting will have a positive impact on primary care, hospital or healthcare staff’. ‘22 per cent saying that they do not understand the easiest way to share data with a healthcare professional’. 7

Further this report identified five key factors that are potential, though not insurmountable, barriers to widespread telehealth adoption, which include outdated reimbursement and payment models, inadequate technological infrastructures, restrictive policies, cultural attitudes and a lack of financial incentives’. 7 ‘Success in telehealth will ultimately be based on the involvement of multiple actors – healthcare professionals, the general population, payers, regulators and the private sector .

GPs see the benefits of Telehealth to include 3. Offering continuity of care by providing patients better, more convenient healthcare that will keep them coming back 3; Increasing value by maintaining valuable face-to-face consultation time for your patients who need it most 3; Unlocking revenue 3; Maintaining control where you decide which patients can access the service and what types of topics are suitable for messaging. 3

‘Telehealth itself is less of a technical issue than it is a clinical workflow issue, especially in primary care environments it is fundamentally about enhancing team based care, collaboration and patient access’. 4 There is a requirement to ensure that clinicians understand when to and when not to use video consultation and how to develop and include follow-up consults into their patient management. Gill suggested that there is a need for a National Directory database of participating Telehealth GPs and Specialists. ACRRM have an extensive database however what is clear is that there are so many variable technology platforms. This also needs to be explored with integration and collaboration with Technology companies.

In a research survey by HealthEngine they found: ‘Just over one-third (34 per cent) of patients surveyed admitted they delay going to see their GP because making a face-to-face appointment is inconvenient. ‘Of this group, 72 per cent wait for their symptoms to become worse before actually making an appointment’. 3. In further research conducted by the UNSW the preliminary findings suggest 92.9% of participants found ‘found the trialled ‘mobile technology’ useful for

doctor consultation and '66.6% said they 'intend to use the trialled 'mobile technology' in the next 6 months. [5]

This course intends to further develop the body of research on the use of Telehealth and the outcomes for both patients and primary health providers.

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