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TELEHEALTH CLOSES THE GAP ON INDIGENOUS HEALTH

dreamt

An integrated telehealth service could help close the gap for Indigenous Australians with dementia living in rural and remote communities. The University of Queensland's Centre for Online Health is working with Aboriginal and Torres Strait Islander health services on a new telehealth-supported project to help Indigenous dementia patients.

Professor Anthony Smith, Director of the Centre for Online Health, said the service would provide specialist geriatric consultations via videoconference to people with dementia and their carers living in rural and remote areas of Queensland. "Aboriginal and Torres Strait Islander people as young as 45 are being diagnosed with dementia, and Indigenous people experience dementia at a rate 3 to 5 times higher than the general population," Professor Smith said. "It's hoped that this new service has the potential to help close the dementia gap in our Indigenous communities."

The service, based at the Princess Alexandra Hospital Telehealth Centre

and at Cairns Hospital, aims to provide earlier diagnosis and better treatment close to home for people in these communities.

Kerry Crumblin, Cunnamulla Aboriginal Corporation for Health CEO, said areas previously not covered by specialist services would benefit from the program, and it would also provide dementia screening and prevention initiatives for Indigenous people at high risk. "By having a telehealth-supported dementia service based at a primary health care centre, it means people will not have to travel to access care, and the equipment will also be available for other telehealth services as well," Ms Crumblin said.

Indigenous Health Workers in each

community will set up, support and accompany patients and their carers during the telehealth consultations. They will receive support from the Dementia, Regional and Remote, Empowering, Aboriginal and Torres Strait, Medicine, Telehealth (DREAMT) project team to provide education, awareness and prevention programs. The DREAMT project team will also supply and install telehealth equipment at the communities involved where needed, as well as provide ongoing training and technical support to their staff.

The service will be evaluated for its feasibility, community response, clinical effectiveness and economic outcomes, to enable improvements and gauge its suitability for other communities in the future.

The DREAMT project is funded by the Department of Health, Dementia and Aged Care Services Fund.

For more information, contact Christine Howard, DREAMT Project Manager, (07) 3176-4486 christine.howard@uq.edu.au.

THE UNIVERSITY OF QUEENSLAND AUSTRALIA | DREAMT

Celebrating **5000** Telehealth Consultations this financial year!

Metro South Health

We care about you

Princess Alexandra Hospital
Telehealth Centre

Queensland Government

TECHNOLOGY PROFILE

Popular mobile app Pexip revamped

The popular mobile application 'Pexip' has a new look, and is now available for download from the App store on your mobile device as 'Pexip Infinity Connect'. The new application sports a futuristic looking chromosomal X to distinguish it from its preceding, soon-to-be-retired, application called 'Pexip'.

The new application is built on a more robust platform offering greater flexibility, scalability and reliability. Early adopters are able to download a copy of the new application from their app store now. If you have patients or sites using the Pexip app please advise them to download the new application during the transition period to ensure you have minimal down time while your clinic is running. The application is now identical between the android and apple operating systems, making troubleshooting a breeze.

Contact Karen Lucas on mshhs.telehealth@health.qld.gov.au for a copy of the user guide or grab it on QHEPS here.

RESEARCH PROFILE

Economic modelling of telehealth substitution of face-to-face specialist outpatient consultations for Queensland Correctional facilities

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Abstract

Objective The provision of healthcare services to inmates in correctional facilities is costly and resource-intensive. This study aimed to estimate the costs of transporting prisoners from 11 Queensland correctional facilities to the Princess Alexandra Hospital Secure Unit (PAHSU) in Brisbane for non-urgent specialist outpatient consultations and identify the cost consequences that would result from the substitution of face-to-face visits with telehealth consultations.

Methods A 12-month retrospective review of patient activity at the PAHSU was conducted to obtain the number of transfers per correctional facility. The total cost of transfers was calculated with estimates for transport vehicle costs and correctional staff escort wages, per diem and accommodation costs. A cost model was developed to estimate the potential cost savings from substituting face-to-face consultations with telehealth consultations. A sensitivity analysis on the cost variables was conducted. Costs are reported from a government funding perspective and presented in 2016 Australian dollars (A$).

Results There were 3539 inmate appointments from July 2015 to June 2016 at the PAHSU, primarily for imaging, general practice, and orthopaedics. Telehealth may result in cost savings from negligible to A$969 731, depending on the proportion, and travel distance, of face-to-face consultations substituted by telehealth. Wages of correctional staff were found to be the most sensitive variable.

Conclusions Under the modelled conditions, telehealth may reduce the cost of providing specialist outpatient consultations to prisoners in Queensland correctional facilities. Telehealth may improve the timeliness of services to a traditionally underserved population.

SFT-18 AUSTRALIA

Successes and Failures in Telehealth
9th Annual Meeting of the Australasian Telehealth Society
22-24 OCTOBER 2018 | DARWIN, AUSTRALIA

MSAMHS & TELEHEALTH - NEXT GENERATION CLINICAL CARE

Metro South Addiction and Mental Health Services catchment spans 3, 856 square kilometres and covers the area from the Brisbane River in the north to Redland City, including the Bay Islands, in the east, south to Logan and the eastern portion of the Scenic Rim to the border of New South Wales. It encompasses 17 sites including 5 hospitals, 1400 plus employees working across 10 Academic Clinical units and includes a number of Statewide Programs. With such a large area to cover and consumers living in remote areas, the implementation of Telehealth Services will enhance consumer outcomes/safety through the timely access to clinical services, improve communication within the Service and with external service partners, increase efficiency of clinical service provision by reducing travel time and associated costs and will foster clinical excellence through the development of new models of care.

"Telehealth services will enhance consumer outcomes/safety"

The initial stage of Telehealth Service Development consisted of a Telehealth Equipment/Licence Audit and a Trial Process which included:

- A Community Trial, conducting clinical consultations between the L.A.D.D.E.R.S Team and their consumers and the Post Disaster Recovery Team and their consumers in their own home or other location.
- An Emergency Department Trial, connecting 'open' consumers that presented to the Logan MH ED to their case managers in the Logan Psychosis Team.
- Inpatient Trial, allowing the Logan (Beenleigh) Team to participate in Dr Rang Rattehalli's Multi Disciplinary Case Review meetings held in the Logan Inpatient Unit.

With the trial successfully completed, the implementation process has commenced with a number of services working towards integrating Telehealth into their day to day activities and an understanding of the versatility of using videoconferencing and training in the use of Telehealth equipment is being undertaken by staff across the administration and clinical fields.

The Logan Mood and Psychosis teams based at Beenleigh, Browns Plains and Logan Central are now connecting to 5 Multidisciplinary Case Reviews per week at the Logan Hospital thereby enhancing continuity of care between community/inpatient services, assisting with effective discharge planning and reducing travel time for community based clinicians.

Child and Youth Services are already using Telehealth to link their community teams into their Multidisciplinary Case Reviews and will be expanding the use of Telehealth to connect their community case managers and potentially family members to inpatient family meetings. The Mental Health ACT Team will be using Telehealth for their Mental Health Review Tribunal (MHRT) and Assessment and Risk Management Committee (ARMC) meetings allowing greater flexibility for participation.

Medical Education is using Telehealth to provide education sessions to the medical staff. Presenters now only have to make one presentation covering three sites instead of three separate presentations..

PAH Mental Health Emergency Department will soon begin connecting 'open' consumers to their community case managers in the Woolloongabba and Inala Mood and Psychosis Teams.

We are still in the early stages, however staff enthusiasm and engagement is high and momentum is building. MSAMHS is ready and willing to embrace Telehealth and the benefits it can bring to the service.

Team Member Profile

Patricia Eales
Telehealth Service Development

Patricia Eales has been with Metro South Addiction and Mental Health Services since November 2017 and is currently working with them to integrate the use of Telehealth across the service. Prior to this, Tricia worked on a short Telehealth project at the Redland Hospital working with the Chronic Disease team to implement Telehealth into their services and establishing a connection between the Redlands Emergency Department and the Marie Rose Centre using a TEMSU model of care.

Working for Queensland Health for over 12 years in a range of administrative positions at Redland Hospital, Royal Children's Hospital, Lady Cilento Children's Hospital and Child and Youth Mental Health Services, Tricia has gained a wealth of experience and knowledge in the workings of wards, emergency department, renal unit, fracture clinic, medical records, data management, rehab and surgical outpatients. The knowledge and the skills she has acquired have provided a solid base for understanding the complexities behind integrating Telehealth into current services and establishing new models of care.

Ongoing engagement with Metro South GPs

Recently, the Telehealth team in conjunction with the Central Referral Hub and the Brisbane South PHN have started a project to engage with local GPs. The aim is to increase awareness of telehealth with local GPs and the services available to their patients. Achievements to date include:

- Presenting on Metro South Telehealth at a GP breakfast meeting at the Central Referral Hub, and to the PHN executive team
- An article on Telehealth was circulate in the PHN monthly newsletter
- Details of telehealth on the Refer your Patient website
- A public facing website for GPs to get more information on telehealth

Over time we hope GPs will learn more about telehealth, and even if they aren't involved, their patients might benefit from access services this way.

For more information contact mshhs.telehealth@health.qld.gov.au

CENTRE OF RESEARCH EXCELLENCE IN TELEHEALTH FORUM:

"3D total body photography for early detection and screening of melanoma "

Presenters:
Prof Peter Soyer and Dr Anthony Raphael
Dermatology Research Centre
UQ Diamantina Institute

Friday 10 Aug 11.00-12.00
TRI Room 2004, PAH campus
Light lunch afterwards

For VC details:
https://cretelehealth.centre.uq.edu.au/files/426/Using-ZOOM-for-CRE-Forums.pdf

To receive the CRE in Telehealth forums' notifications:
email: info.cretelehealth@uq.edu.au

3D Total body photography for early detection and screening of melanoma

When melanomas are detected early, patients have a very promising prognosis. Dermatology is a visual clinical speciality where images may be used to monitor response to treatment and disease progression, and document the location of lesions biopsied.

In monitoring pigmented lesions, dermatologists have traditionally employed subjective visual assessment, clinical memory recall and, if available, 2D digital images. However, manipulation of a 3D surface such as the human skin into a 2D format can compromise accuracy. Composing a body map of a patient via 2D imaging is also time-consuming: requiring multiple separate images of the patient to be taken in a variety of anatomical positions that may overlap or conversely fail to include naevi if they are not captured from a specific anatomical / camera angle.

The presentation will outline the clinical utility of a novel total body 3D imaging technology that will allow for objective and secure data collection providing highly advanced avatars of people imaged. These avatars enable documentation of all skin surfaces (except soles of feet, scalp and areas covered by clothing) to unprecedented levels of detail.

The integration of AI-assisted diagnostic algorithms combined with a telehealth network will contribute towards a paradigm changing protocol-driven decision support system targeting healthcare services effectively, efficiently and equitably to those at greatest need.

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www.pahtelehealth.com