

# METRO SOUTH TELEHEALTH

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## The importance of good coordination in a successful telehealth service

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*"Having clear indications of clinical requirements allows the administrator the flexibility to deliver a more patient centred care approach when offering telehealth as an alternative for suitable patients."*

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by Andrea Jeffery

Each case and clinic are different in their delivery of telehealth. Patients have the option to be seen at home via iPads or mobile devices, at their local medical centre or hospital thanks to this wonderful technological advancement. However, these options depend on the clinical requirement of the specialty. Some specialties need nursing support or another clinician in attendance with the patient whilst others are happy to see the patient without clinical support. With so many variables on a case by case and clinic by clinic basis, good administrative coordination of a telehealth service is paramount.

Having clear indications of clinical requirements allows the administrator the flexibility to deliver a more patient centred care approach when

offering telehealth as an alternative for suitable patients. Should the patient not require clinical support then a booking may be made in the privacy of their home given their internet speed is sufficient and they have the technological requirements of a microphone and speakers. However, booking patients for their appointments at distal sites can require more time.

Coordinating available clinical timeslots, appointment durations and support staff with distal sites can be quite difficult. Often the Provider's availability does not line up with room or staffing availabilities at the Recipient's end. Once an appropriate booking is made the patient then needs to be notified. Whether this is done via telephone or post there are factors involved which may mean that contact is difficult to make if the

timeframe is short. Once the recipient site is booked and the patient has been notified then the booking is complete. Cancellations and reschedules require the administrator to change the booking with their facility as well as the external site. This may result in staff at the recipient and provider ends being booked with no patient attendance which is why good coordination is so important in providing a successful telehealth service.

Good coordination of telehealth services is vital for their ongoing sustainability. Scheduling appointments, rescheduling clinics and cancellations have flow on effects outside of your hospital. Please also give our coordinators plenty of time and detail so that they can ensure an excellent experience for our telehealth patients.



## CENTRE OF RESEARCH EXCELLENCE IN TELEHEALTH FORUM:

### “Disruption of health service delivery through interactive gaming technologies”

Presenter:

Prof Stuart Smith  
Business Development Manager-Research  
Southern Cross University

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Light lunch afterwards



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## SERVICE PROFILE

### Increasing capacity to treat Hepatitis C in correctional facilities

By Lisa Garner

The prevalence of hepatitis C among prisoners in correctional facilities is about 40 times higher than that of the general population (Butler, 2005). This is due to a number of high-risk behaviours that are often carried out more frequently by prisoners, including re-using drug injection equipment, tattooing without proper sterilisation, as well as fighting and assault (DoH, 2008). A report on Australian prisoners found that upon entry to prison, only 2% of non-Indigenous participants and no Indigenous participants had received treatment for hepatitis C, implicating the need for better treatment services in prisons (Butler, 2005).

Conventional antiviral therapy for hepatitis C previously had aggression and mental health issues as a side effect, contributing to their low use in prisons. However, much progress has been made in hepatitis C treatment, these new treatments have around 95% cure rates, are easier to administer, have fewer side effects and require much less follow up. However, prescription is limited to those who are experienced in prescribing DAAs or do so under supervision of a specialist.

Under the conventional system in Queensland, only prisoners with advanced liver disease from hepatitis C, or those at relatively low risk of mental health side effects, were

therefore offered treatment. Mild to moderate cases were generally not eligible for treatment. Those receiving treatment were transported from their facility to the Princess Alexandra Hospital Secure Unit (PAHSU) in Brisbane for the initial assessment and a suite of tests. They then returned for an additional visit or two for an ultrasound and FibroScan, followed by videoconference appointments and referral to other services, before eventually being given a prescription for the medication. This process could take up to one year and consumed a lot of appointment time and resources.

#### The new telehealth supported Model of Care – Service Aim

To support, mentor and educate Prison Health Staff to manage hepatitis C patients and to be confident prescribers of the latest Direct Antiviral Agent (DAA) treatments available.

#### Service Model

In this service, hepatitis C treatment is made available to eligible prisoners, through fortnightly case conferencing clinics held via videoconference with Dr Graeme Macdonald and a Hepatology CNC.

The nurse practitioners at the correctional facilities identify prisoners for treatment, then blood tests are

ordered and the referral sent to the PAHSU Hepatology team.

During the case conferencing, patients are discussed to confirm treatment type and length suggested by the Nurse Practitioner referral. Subsequently, drug-drug interactions are confirmed and the Clinical Director of the prisoner health service arranges patient prescriptions. These telehealth-supported case conferences also facilitate time for reviews of patient progress, enabling Prison Health Staff to seek assistance with any queries or concerns as they arise. This service is currently delivered to five correctional facilities across West Moreton Prison Health.

#### References

Butler T, Boonwaat L, Hailstone S. National Prison Entrants' Bloodborne Virus Survey, 2004. Centre for Health Research in Criminal Justice & National Centre in HIV Epidemiology and Clinical Research, University of New South Wales. 2005. ISBN: 0 7347 37440.

The Department of Health. 2008. "Background to Hepatitis C in Custodial Settings in Australia". Australian Government. Access date: 21 Feb 2017. Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/phd-hepc-guidelines-custodial-evidence-l~phd-hepc-guidelines-custodial-evidence-l-ch2>.

# 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.

Source: <http://www.publish.csiro.au/ah/AH17135>



## Team Member Profile

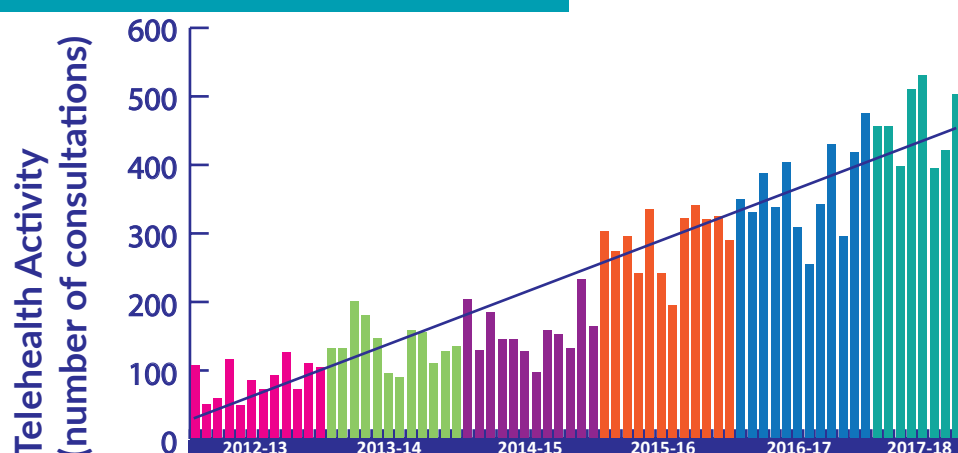
### Andrea Jeffery

Telehealth Administrator  
Division of Medicine

Andrea Jeffery has been working in telehealth on secondment for just over twelve months and recently joined the team on a permanent basis as Telehealth Administrator for the Division of Medicine.

Prior to this Andrea worked for the Division of Cancer Services for seven years, in a range of administrative positions, gaining a wealth of knowledge in referrals, outpatient procedures, multidisciplinary team meeting facilitation, medical typing and billing. As a Telehealth Administrator these skills are utilised daily as Andrea coordinates and supports State-wide clinics held over seven specialities under the umbrella of the Division of Medicine; Dermatology, Geriatrics, Gastroenterology, Immunology, Nephrology, Neurology and Rheumatology.

## METRO SOUTH SNAPSHOT





## RESEARCH PROFILE

### Rethinking diabetes care at Metro South Health

Through a collaboration between The University of Queensland's Centre for Online Health, MSHHS and CSIRO Australian E-Health Research Centre, the 'REMODEL' (REthinking Model of Diabetes care utilising Ehealth) project is evaluating a mobile health platform to improve diabetes care. The platform includes a mobile application that allows a person with diabetes to upload their blood glucose levels to a

portal and view graphical summaries of their data as well as receive auto-generated diabetes management feedback. For the clinicians, it offers a portal to monitor uploaded data and manage and prioritise patient's care based on accurate and timely information. A pilot study is under way in Metro South Health with another one ready to recruit patients from regional and rural areas.

The project team comprises Professor Len Gray, UQ, A/Prof Anthony Russell, MSHHS, Dr Farhad Fatehi, UQ and CSIRO, Dr Anish Menon, UQ and MSHHS, Dr Dominique Bird, UQ, and Dr Mohan Karunanithi, CSIRO. Ideally, in the future, REMODEL can be integrated in the patients' medical records and links primary care and specialist teams to facilitate better and more efficient diabetes management.

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## AUSTRALIA

## Successes and Failures in Telehealth

### 9<sup>th</sup> Annual Meeting of the Australasian Telehealth Society

22-24 OCTOBER 2018 | DARWIN CONVENTION CENTRE, AUSTRALIA

## TECHNOLOGY PROFILE

### Trialling new iPad trolleys to enhance patient experience

By Sean Halloran

The Queensland Health Telehealth Support Unit is trialling a new type of trolley to better allow the use of iPads at the patient's bed side. It is hoped that, by providing better accessibility and useability for iPads in medical environments, the patient-experience and quality of clinical interactions will be improved.

According to the manufacturer, the "Nova 2" modular tablet trolley by Tryten has a height-adjustable arm which provides adaptability and accessibility to the device at the bedside. The arm affords the user a wide variety of viewing angles with 180-degree tilt, 360-degree rotation and 360-degree pan to enhance the patient and physician's point-of-care experience. This full range



of motion allows the clinician to maintain eye contact and saves the patient from having to hold a device during a consultation. The trolley is lightweight and on wheels, allowing for easy manoeuvring and portability from bedside to bedside. The trolley is

specifically designed for use in medical environments and fits iPad 2, 3, 4, Air 2, and Pro 9.7 The inbuilt case features a built-in scratch-resistant screen protector and waterproof filters to keep out dust and moisture along with home button and front-facing camera accessibility for increased functionality. All aluminium surfaces are hospital-grade anodized and wipeable. An optional antimicrobial coating can be applied to all powder coated surfaces.

Trials with this trolley in a telehealth environment are ongoing and it is anticipated that these may be available for staff sometime in the near future.

More information can be found at:

<https://www.tryten.com/nova-2-modular-medical-tablet-cart.html>

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Ground Floor near library

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