

Telehealth and Funding – What’s the story?

A question telehealth staff commonly get asked is “How is telehealth funded?” So here is the story....the short version.

Telehealth services can attract funding on three levels:

Activity-based funding

Telehealth occasions of service for non-admitted patients is activity based funded the same as face to face consultations (using the Tier 2 Price weights). This is provided it meets the definition of that consultation (see the IPHA Manual). Funding is provided to both the provider and recipient sites (ABF-funded only). This allows ABF hospitals hosting telehealth consultations to be reimbursed for their activity. Activity is reported via the Monthly Activity Collection (MAC) reporting.

Medicare bulk-billing

Specialist telehealth consultations can be Medicare bulk-billed and receive a 50% loading on the normal item number. This is only available for patients whose appointment takes place in a Remote Area 2 or greater geographic location (<http://www.doctorconnect.gov.au/>). Patients must also be located at least 15km from their specialist. Please note: Residents of aged care facilities and patients of Aboriginal medical services are exempt from the geographic boundary requirements. More information can be found on MBS Online.

(<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>)

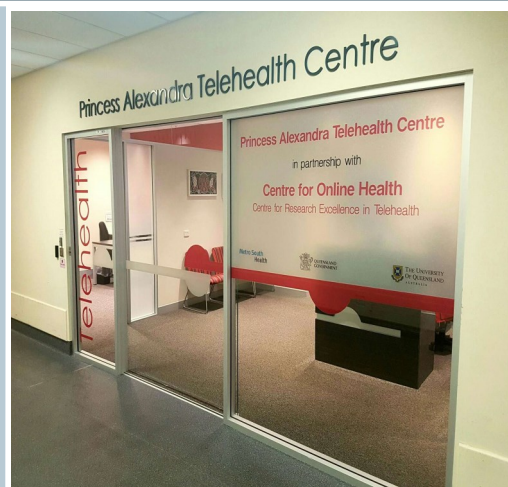
Telehealth Incentive payments (some conditions apply)

Incentive payments are available for the following telehealth services (ABF and Block-funded facilities):

- Outpatient consultations (Medical officer / Other Health Professional) = \$200
- Inpatient consultations (Medical officer only) = \$200
- Emergency consultations = \$100
- Store and Forward Telehealth (SAFT) = \$100 (medical), \$50 (allied health, nursing)

If you’d like more information please contact

mshhs.telehealth@health.qld.gov.au



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Funding Opportunity

Do you informally
consult via email?

If yes.....

Please contact us
regarding available
funding.

mshhs.telehealth@health.qld.gov.au

Telehealth service profile:

A Multi-Disciplinary Telehealth Service for Liver Transplant Patients

In September 2017, recruitment commenced for a pilot randomised controlled trial to assess feasibility of a telemedicine delivered cardio-protective lifestyle intervention to mitigate metabolic risk in liver transplant recipients.

Dietary advice and exercise sessions have been delivered from the Princess Alexandra Hospital Telehealth studios. Participants connect to the study Dietitian and Exercise Physiologist from wherever they may be using the Queensland Health Telehealth Portal via PC, laptop, tablet or smart phone.

Background

The Qld Liver Transplant Service at the PAH provides a state-wide service for liver transplantation. With 29% of liver transplant recipients (LTR) living outside metropolitan areas, patients are geographically dispersed and exposed to variation in local services. Within 3 months of surgery, LTR are generally residing in their hometown, only returning to Brisbane for annual medical review.

Managing chronic conditions generally requires long term follow up but the tertiary hospital is not a place that otherwise well recipients want to come. Patients have told us loud and clear that they want diet and exercise advice to lead as healthy a life as possible, but they simply cannot face more appointments at the hospital.

“29% of liver transplant recipients (LTR) living outside metropolitan areas, patients are geographically dispersed and exposed to variation in local services.”

Aim

The primary aim of the pilot study is to assess the feasibility of a 12-week cardio-protective initiative, which teaches liver transplant recipients how to sustain a healthy diet and commence or continue active lifestyles. Dietary advice is based around sustaining food choices from Mediterranean eating patterns such as mostly plants, lots of vegetables, fruit, legumes and nuts, more fish and seafood, liberal use of extra virgin olive oil, and less red meat and dairy products. Exercise advice is individualised around this unique patient groups physical needs and encourages regular moderate physical activity.

The study will also assess the clinical effect of cardio-protective eating and exercise on features of the metabolic syndrome and the cost per patient of implementing and sustaining a state-wide telehealth service for lifestyle intervention.

Outcomes

Patient and staff enthusiasm for the development of targeted advice for long term management and support after a liver transplant has been excellent. The PA Telehealth Centre, through the Centre for Online Health, has been invaluable in assisting our team to establish this novel service. We are dedicated to providing equitable service to all liver transplant recipients receiving care from the Princess Alexandra Hospital and look forward to learning directly from the patients regarding the barriers and enablers to delivering lifestyle interventions via telehealth.



Team member profile:

Lisa Garner

Lisa Garner has been part of the team at UQ Centre for Online Health since 2008. She initially worked in telepaediatric coordination, facilitating videoconference clinics for a broad range of paediatric sub-specialist disciplines, such as ENT, haemophilia, neurology and paediatric surgery.

Her current role as a Telehealth Project Officer encompasses the management of the [Health-e-Regions](#) project (funded by QGC/Shell), which connects school children to allied health services via telehealth. Lisa is also working together with Metro South Hospital and Health Service and West Moreton Prisoner Health to facilitate the design, development and implementation of a suite of outpatient telehealth services into correctional centres.



Technology Profile:

Collaboration Meeting Rooms (CMRs)

A collaboration meeting room is a virtual place or 'room' where multiple participants meet for a discussion, appointment or meeting. This handy tool is used by a range of people who organise telehealth appointments. It allows a patient to connect privately to a room a few minutes prior to their appointment and wait for their clinician to connect, just as they would sit in a waiting room at their local GP office. This dial number (the CMR) is like an address both the patient and clinician go to, using video conferencing equipment, computer or a mobile device. When both arrive at the same place the appointment begins. Pretty neat, huh?

The use of CMRs is an easier administrative process for keeping track of dial-in details for clinics. Each CMR is available 24 hours a day, 7 days a week and belongs to your telehealth service. For information on how to create a CMR please visit the statewide telehealth site on QHEPS (<http://qheps.health.qld.gov.au/telehealth/home.htm>)

Fast Facts

Metro South 2016-2017

Number of PAH patients seen by the QH Portal:
2%

Number of occasions of service:
4304

Growth on the last financial year:
23%

Number of specialty areas providing telehealth:
29

Fastest growing specialty is:
Nephrology

Top 5 outpatient services

1. Endocrinology
2. Orthopaedics
3. Dermatology
4. Nephrology
5. Rheumatology

UPCOMING EVENTS

Successes and Failures in Telehealth

30-31 October 2017—Brisbane

To register go to:

<http://event.icebergevents.com.au/sft-2017/register/delegate-registration-2017>

www.sftconference.com

Research Profile:

The Efficacy of Telemedicine-Supported Discharge Within an In Home Model of Care

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Patient Flow Program, Metro South Hospital and Health Service, Brisbane, Australia. ²

Australian Institute for Suicide Research and Prevention, Brisbane, Australia ³

Abstract

OBJECTIVE:

To determine if mobile videoconferencing technology can facilitate the discharge of low-acuity patients receiving in-home care without compromising short-term health outcomes.

METHODS:

A 6-month trial commenced in July 2015 with 345 patients considered unsuited to Criteria Led Discharge (CLD) receiving in-home care included as participants. Nurses providing clinical support to patients in their homes were supplied with a tablet computer (Apple iPad) with Internet connectivity (Telstra 4G Network) and videoconferencing software (Cisco Jabber for Telepresence). Device usage data combined with hospital admission records were collected to determine (a) instances where a telemedicine-facilitated discharge occurred and (b) if the accepted measure of short-term health outcomes (readmission within 28 days) was adversely affected by this alternative method.

RESULTS:

Telemedicine technology facilitated the discharge of 10.1% (n = 35) of patients considered unsuitable for CLD from the Hospital in the Home model during the trial period. Statistically insignificant differences in rates of readmission between patients discharged in person versus those participating in the telemedicine-supported model suggest that the clinical standards of the service have been maintained.

CONCLUSION:

The results of evaluating telemedicine support for nurses providing low-acuity in-home care indicate that patients may be discharged remotely while maintaining the existing clinical standards of the service.

<https://www.ncbi.nlm.nih.gov/pubmed/28328390>

SFT-17
AUSTRALIA



Successes and Failures in Telehealth

8th Annual Meeting of the Australasian Telehealth Society

30-31 OCTOBER 2017 | BRISBANE, AUSTRALIA



Metro South
Health



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

**CENTRE FOR
ONLINE HEALTH**

Princess Alexandra Hospital
Telehealth Centre



**Queensland
Government**

For bookings or further information please call 3176 8181 or alternatively email pah_telehealth@uq.edu.au