



The role of community co-design in the delivery of high quality and effective
Telehealth care
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Telehealth must address spectrum of individual needs ...



Greater Convenience

Greater Access





... and community dimensions of need







... and the complex of social, economic & health conditions



Closure of rural & remote primary health centres.



Adverse health outcomes for Aboriginal people, homeless and low income.



Decline in GPs
prepared to admit or
treat residents of
aged care facilities.



Fragmentation of care for rural LGBTIQA+ people.



Very high teenage pregnancy rates due to lack of access to appropriate services.

HEALTH ACCESS Virtual Care

Rural attitudes to Telehealth are a complex of individual & community needs



What if the services is not there when I need it?

Will loss of skills/money lead to closure of hospital/Clinic?

What if I need wound dressing or nails cut?

The doctor doesn't know anything about my history

Multiple Layers of Trauma

The doctor doesn't know anything about my town.

What happens in an emergency?

What's going to happen to the local pharmacy etc?

How do I use/access technology?

Loss of GP

Loss of Clinic

Decline of Hospital

Decline of Town

HEALTH ACCESS **Virtual Care**





KNOWLEDGE

EXPANDED

New strategies + tools Bi-directional learning Community-ready information

STRENGTHENED PARTNERSHIPS & **ALLIANCES**

Diversity + Inclusion Partnerships + opportunities Acknowledgment, visibility + recognition Sustained relationships Mutual value Trust Shared power Structural support for community engagement

IMPROVED HEALTH + HEALTH CARE PROGRAMS + POLICIES Community-aligned solutions Actionable, implemented,

recognised solutions

Sustainable solutions

CORE PRINCIPLES

Trust Co-equal Bi-Co-created Directional Meaningful Community Inclusive Ongoing Engagement Community-Shared centric Governance Equitably-Multifinanced knowledge

THRIVING COMMUNITIES

Physical + mental health community capacity + connectivity Community empowerment Community resilience Life quality+ well-being

> Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. 2022. Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. NAM Perspectives. Commentary, National Academy of Medicine, Washington,

DC. https://nam.edu/programs /value-science-driven-healthcare/assessing-meaningfulcommunity-engagement/.





The 5As - HealthAccess Design

- Appropriate
- Acceptable
- Available

- 4. Affordable
- 5. Accessible

Levesque, JF., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health 12, 18 (2013). https://doi.org/10.1186/1475-9276-12-18





People-centred design

Appropriate

What are the health issues that the community believes are the main priorities? What is the most clinically appropriate mode for diagnosis and/or treatment? How might Telehealth help? What are the clinical risks?

Acceptable

What does the community think about Telehealth and other modes of delivery? What might be the barriers they see to people using these modes? Can those barriers be addressed (eg. Education, support person)?

Available

When do people typically need access to health care? Are we competing with existing rural services and potentially undermining them?

Affordable

Can we get stable and ongoing funding to avoid service disruptions that undermines continuity and community confidence?

Accessible

What proportion of the community who needed help use the service? Did their feel that their health needs were met satisfactorily?

- Establish clear clinical protocols regarding the appropriate use of Telehealth and other modes of delivery.
- Ensure electronic summaries for regular clinicians to sustain continuity of care & refer to local health services
- Survey communities about what they think is appropriate.
- Talk to consumers and stakeholders to engage them in design.
- Look at how people access care now to replicate familiar pathways.
- Use local influencers to educate and inform community members.
- Get good data from hospitals and PHNs on peak demand times and days, including seasonal variations.
- Know when established services operate and avoid competition.
- Work with funders to build an understanding of the importance of sustainable and consistent service provision (Telehealth take up is seriously impacted by the stop-go nature of funding)
- Survey the community about the accessibility of the service and their experiences (look at how many people didn't use it as well, and why)
- Talk to clinicians and service providers about their experiences.





CASE STUDY

Low Acuity ED Avoidance



Replicate established care pathways to capture people & avoid technology barriers.



Use trusted intermediaries to engage patients around clinical quality & privacy



Use local GPs, or GPs with experience in regions



Post-presentation surveying to monitor patient & community experience



Electronic summaries to regular GP for continuity & referrals to local health services





CASE STUDY

Residential Aged Care



Quarterly face to face GP consult, and weekly virtual with same doctor or NP



Upskilling local RACF staff to act as support people



Use of visiting Nurse Practitioners for regular on-site care



Electronic summaries to regular GP for continuity & referrals to local health services



Post-presentation surveying to monitor patient & community experience





CASE STUDY

GP After Hours



Meet GPs and health services providers around model of care



Referral pathways to local providers and e-summaries for continuity



Call-back service to allow regular GP to discuss treatments with virtual GP



Local doctors first policy
to support
supplementation of
income & keep money in
region



Post-presentation surveying to monitor clinician experience & regular touch-base forums





Impact



95%

Patient & Clinician Satisfaction



16,000

Consultations in the last 3 months



33%

Reduction in avoidable patient transfers



\$303

Average saving per patient (ED)



80%

Reduction in callouts to take patients to ED

HEALTH ACCESS



















Success factors

Building a successful health service in rural, remote & Aboriginal communities, including Telehealth, takes time, communication and local expertise:

- listening to local people (community and clinicians)
- integrating with local systems
- using trusted local people as part of service delivery
- focussing on strengthening local health services and economies
- measuring impact and surveying participants
- augmenting local care (not replacing it)





Thank-you
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