



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



Fulfils Individual  
Need

Supports  
Community 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.



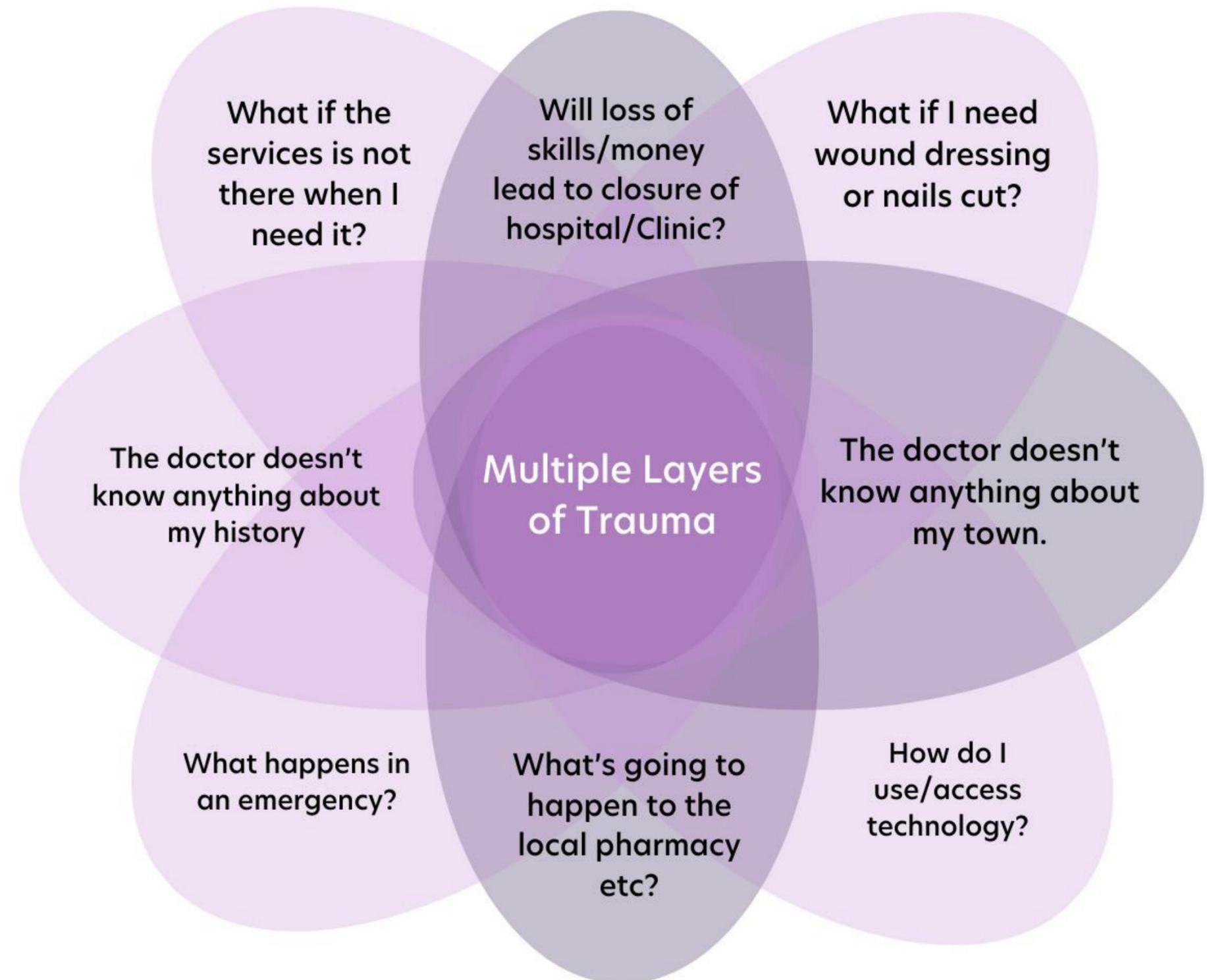
Fragmentation of care for rural LGBTIQ+ people.



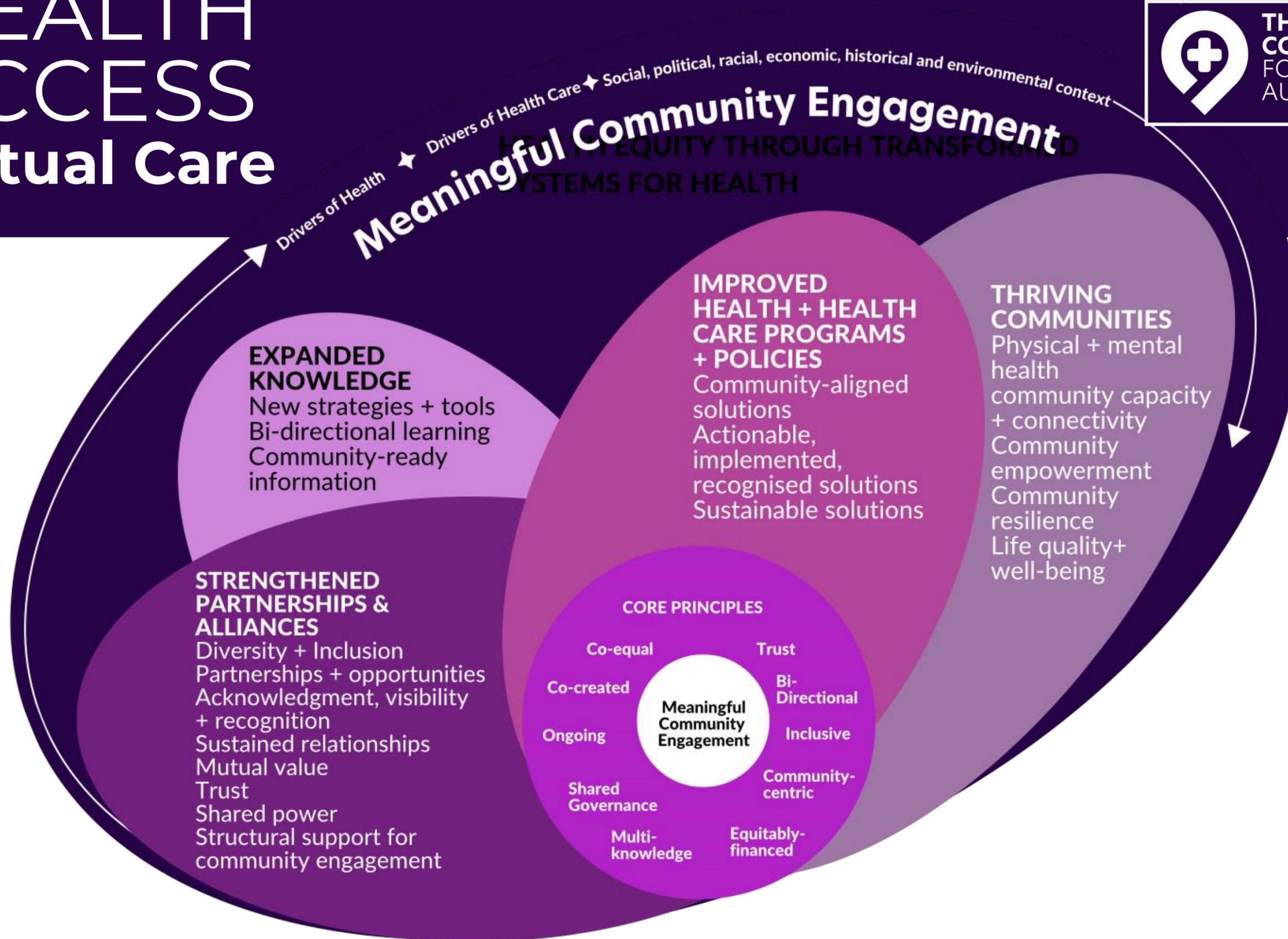
Very high teenage pregnancy rates due to lack of access to appropriate services.

# HEALTH ACCESS Virtual Care

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



# HEALTH ACCESS Virtual Care

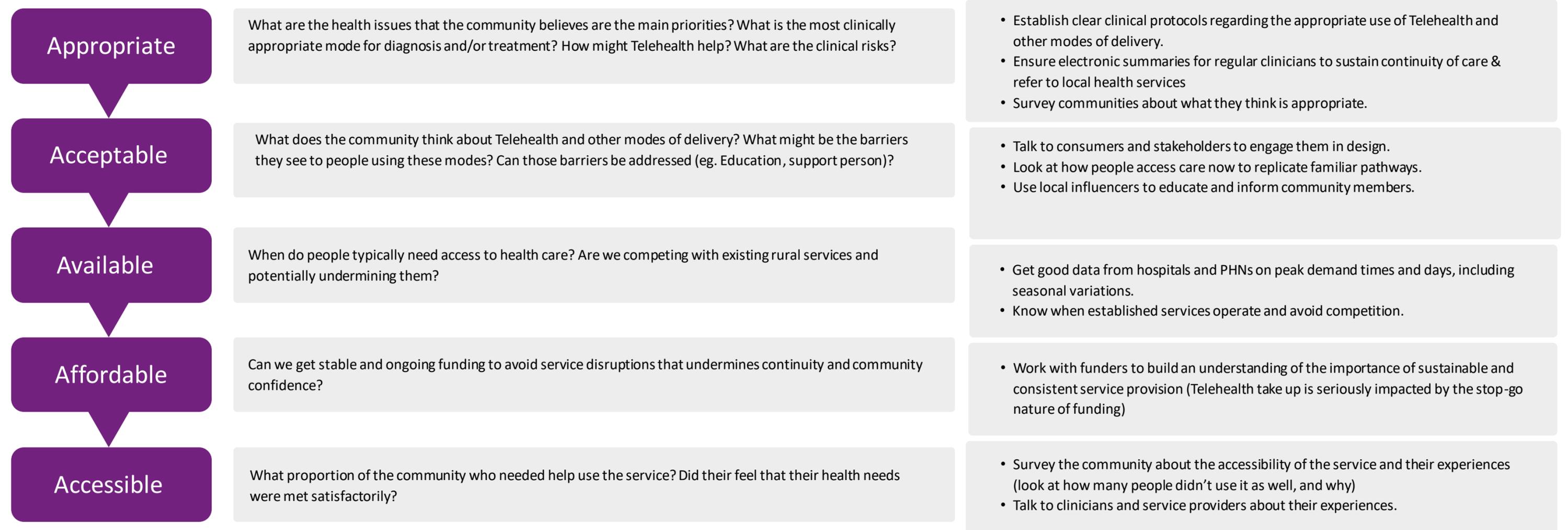


Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. 2022. Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health. NAM Perspectives. Commentary, National Academy of Medicine, Washington, DC. <https://nam.edu/programs/value-science-driven-health-care/assessing-meaningful-community-engagement/>.

# The 5As - HealthAccess Design

- Appropriate
  - Acceptable
  - Available
4. Affordable
  5. Accessible

## People-centred design



## 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 call-  
outs to take  
patients to ED

# HEALTH ACCESS

- HEALTH ACCESS Community Care
- HEALTH ACCESS Home Care
- HEALTH ACCESS Mobile Care
- HEALTH ACCESS Virtual Care
- HEALTH ACCESS Mind Care
- HEALTH ACCESS Integrated Care



# 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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