

Telehealth now and into the future

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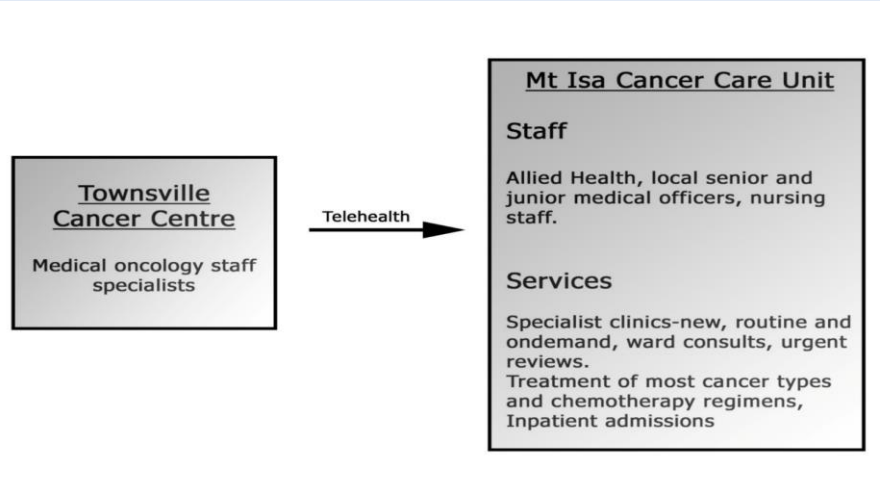


Overview:

- Pre COVID status of telehealth
- Current status of telehealth
- Future opportunities
- Use of implementation science in shaping the system

Enhancing access using telehealth

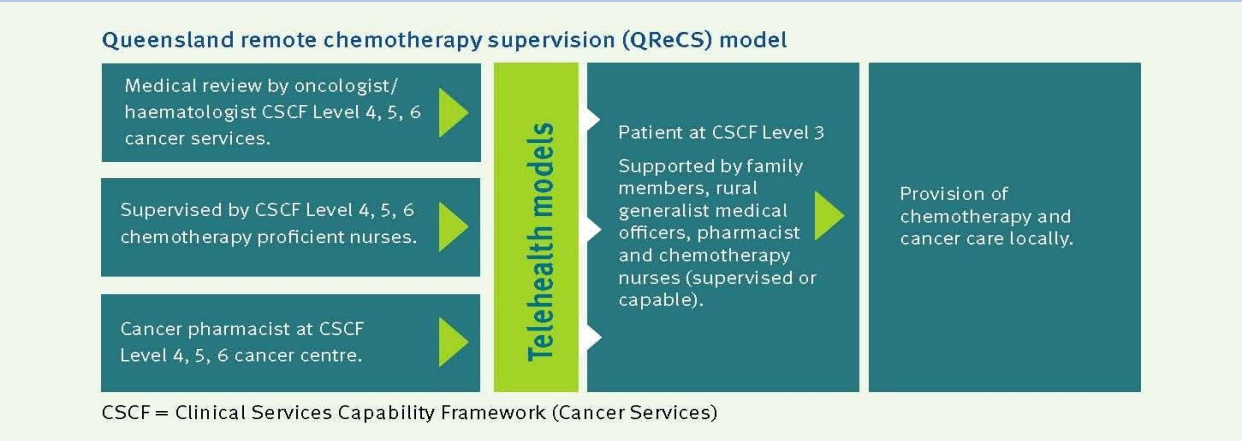
Medical, nursing and allied health consultations



Supervision, education and training models



Treatment models(chemotherapy, and biotherapy)



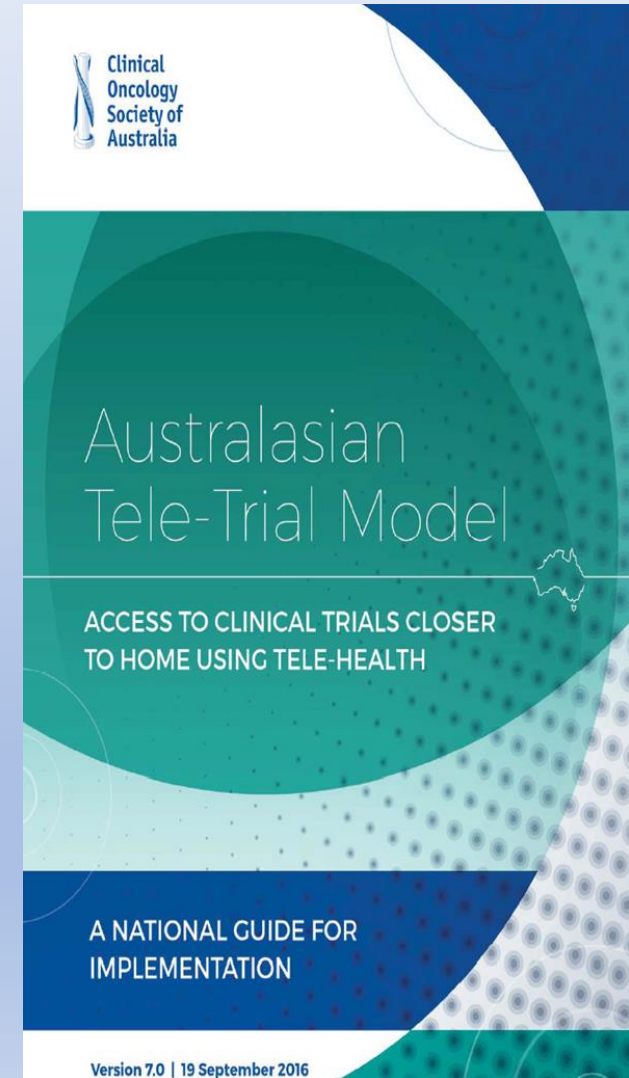
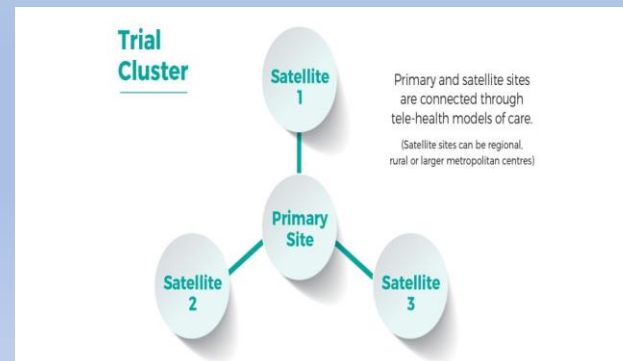
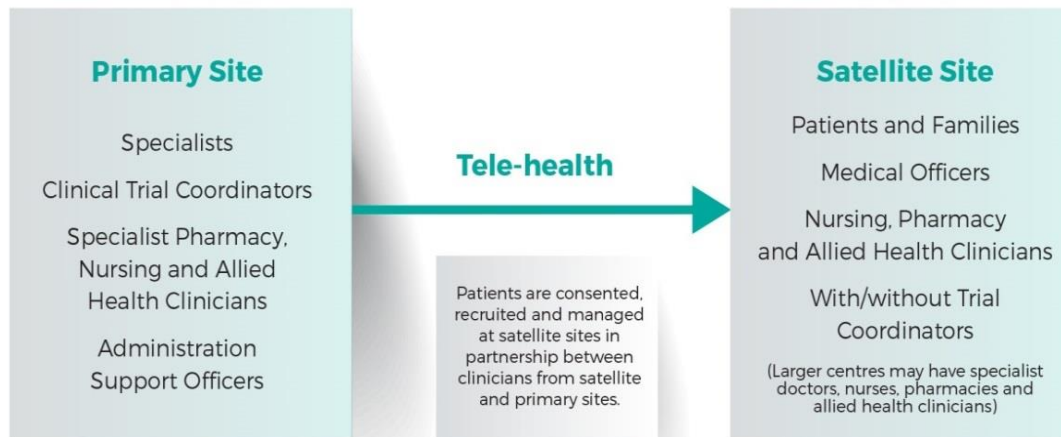
COVID 19 control measures



Australasian Teletrial Model

Use of telehealth to connect regional and rural and any sites to other centres and to reach patients at home and provide trial medications closer to home

Australasian Tele-trial Model



Canadian models

Kansas University model

Summary of the oncology literature

Townsville Teleoncology Model

Feasible to provide Radiation Oncology Services

Hamilton et al Clin Transl Radiat Oncol 2019

Improved waiting times

Sabesan et al AJRH 2014

Feasible to provide comprehensive services

Sabesan et al IMJ 2012, Doolittle et al JOP 2006

Acceptable to patients and health
professionals

Mooi et al AJRH 2012, Doolittle et al JOP 2007

Seems Safe to supervise chemotherapy remotely

Chan et al MJA 2015, Sabesan et al JOP 2018

Saves money to the health system

Thaker et al MJA 2013, Doolittle et al JOP 2006

Expanded rural scope of practice and Improved rural workforce

Sabesan and Zalcborg, NEJM 2018

Teletrial pilot evidence:

Creation of interconnected clinical trial networks and remote medical therapy systems across the state and country using telehealth



- More satellites acquired trial capabilities
- More rural/regional staff underwent GCP training
- Enhanced collaboration between sites at clinical, management and RGO levels
- Ability to have multiple primary sites depending on the nature of trials
- More patients gained access locally

Sabesan S et al, Implementation of the Australasian Teletrial Model: Lessons from practice, APJCO 2019

COVID measures:



Changes to telehealth during COVID:

Usage within metro locations and by general practice

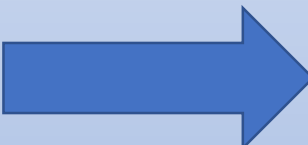
- Clinicians may have to rely on family members as support persons for the patient. Other family members can be encouraged to join a consultation via videoconferencing.
- End-of-life discussions and breaking bad news conversations which are usually undertaken face-to-face may need to occur via telehealth.
- Consultations may take place by specialists, general practitioners, health professionals and junior medical officers who are not familiar with the patient.

Medical trial lifeline brings fresh hope for cancer patient

Grant McArthur, Herald Sun

May 7, 2020 8:00pm

 Subscriber only



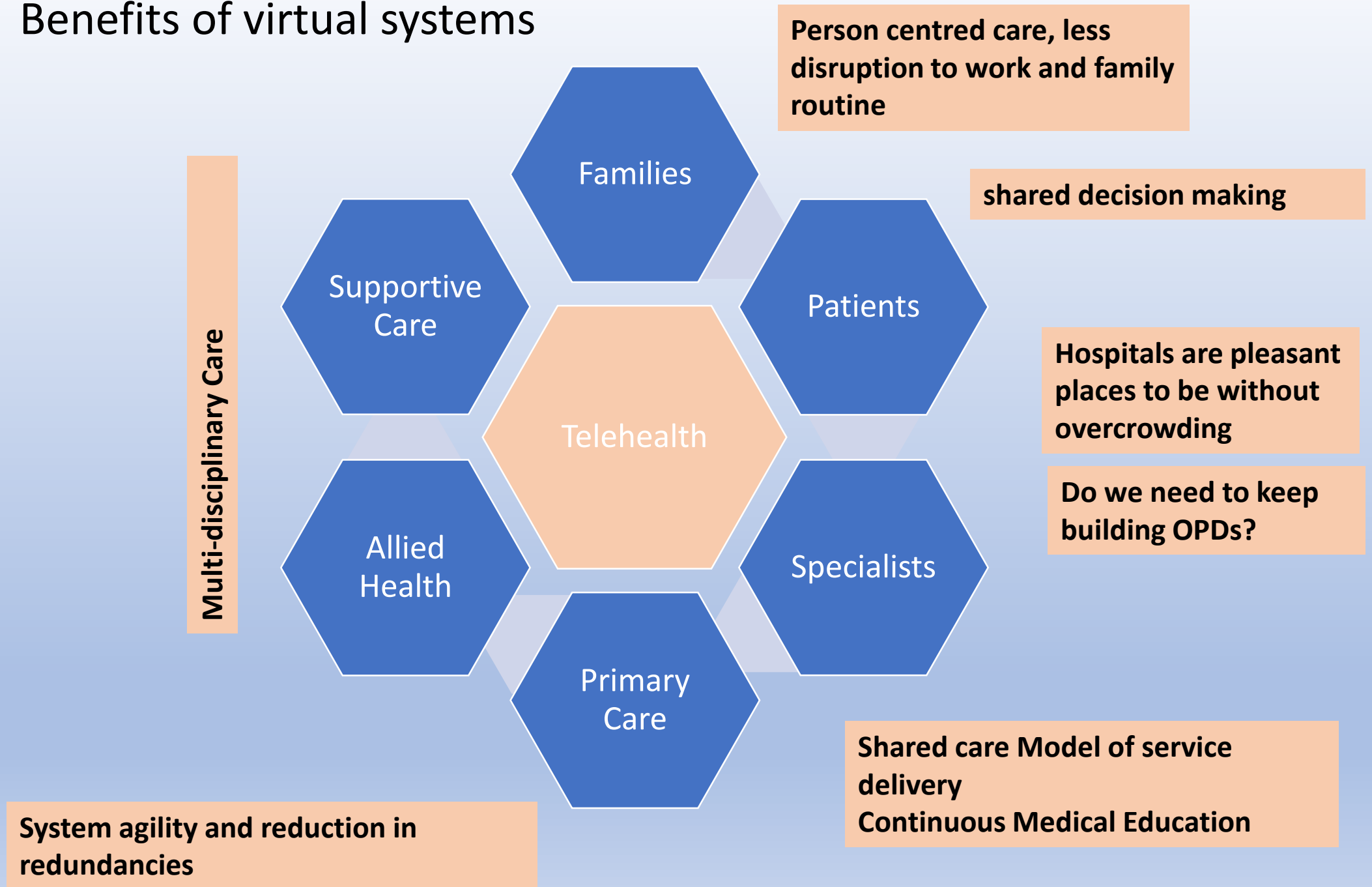
A mother cut off from her experimental cancer treatment by the COVID-19 lockdown has been handed a lifeline in an Australian-first medical trial.

World first Phase 1 trial using the Australasian Teletrial Model between Alfred and Hobart; breaking down the state borders between Victoria and Tasmania

Many ongoing issues:

1. Technology and network
2. Coordination capacity
3. Communication skills in telehealth
4. More phone calls than telehealth
5. Access to vulnerable groups

Benefits of virtual systems



How do we maintain some of the benefits?

- **Development of a holistic and value based telehealth system for all Australians regardless of geography and provider setting as a policy (if you want funding)**

Maintenance of COVID telehealth MBS items for carefully selected indications

- **Incorporation of policy into system operations as routine practice; driven by key performance indicators**

Sustained implementation using Implementation Science

PARiHS Framework- Evidence, Context/Setting and Facilitation

Planning to include Education, management of change including technology and audit
(Consideration for people with access and literacy issues)

Training and education need to be part of the package for patients and health care professionals

Current frameworks for doctor-patient communications and end-of-life and breaking bad news discussion apply to telehealth with attention to technical considerations.

MJA Insight

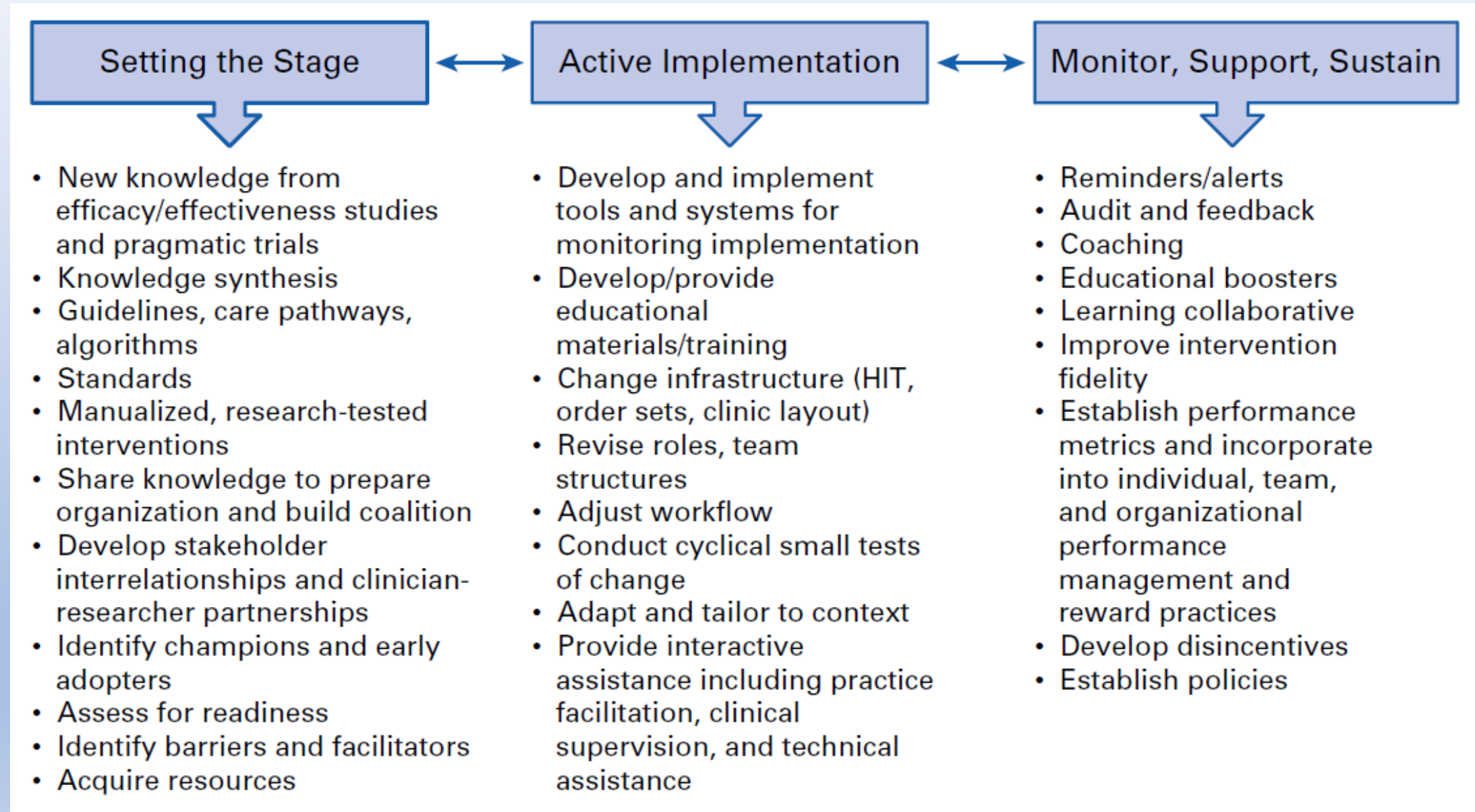
<https://insightplus.mja.com.au/2020/18/doctor-patient-communication-and-relationship-in-telehealth/>

Evaluation of impact and criteria for evaluation decided at the outset

Table 3 Revised PARIHS framework for a task-oriented approach to implementation: $SI = \text{function of } E, C, F$

Elements	Sub-elements
<i>E: Evidence and EBP Characteristics</i>	<ul style="list-style-type: none">• Research and published guidelines• Clinical experiences and perceptions• Patient experiences, needs, and preferences• Local practice information• Characteristics of the targeted EBP:<ul style="list-style-type: none">• Relative advantage• Observability• Compatibility• Complexity• Trialability• Design quality and packaging• Costs
<i>C: Contextual Readiness for Targeted EBP Implementation</i>	<ul style="list-style-type: none">• Leadership support• Culture• Evaluation capabilities• Receptivity to the targeted innovation/change
<i>F: Facilitation</i>	<p><i>Role of facilitator:</i></p> <ul style="list-style-type: none">• Purpose, external and/or internal role• Expectations and activities• Skills and attributes of facilitator <p><i>Other implementation interventions</i> suggested per site diagnostic assessment or relevant sources (e.g., prior research/literature and supplementary theories) and used by the <i>Facilitator</i> and others</p> <ul style="list-style-type: none">• Related to <i>E</i>• Related to <i>C</i>• Other
<i>SI: Successful Implementation</i>	<ul style="list-style-type: none">• Implementation plan and its realization• EBP innovation uptake: uptake of clinical interventions and/or delivery system interventions• Patient and organizational outcomes achievement

Strategic Implementation Framework: Mitchell & Chambers 2017



Flow chart for Setting the stage (of the Strategic Implementation Framework)

Problem

- Is this a common Problem?
- Is it backed up by data?
- Does it align with organisational or government strategic priority?

No

Probably need to identify and work on common issues

Yes

Solution

- Is there an existing solution?
- Is it found in literature?
- Has it been, or can you make it part of guidelines, standards and algorithms?
- If not, do you have consensus from your colleagues, stakeholders or line managers?

No

- Keep involving others, address concerns and negotiate to develop a solution
- Identify clinician levers to make your negotiations effective

Yes

Implementation Plan

- Can you imagine how this could be incorporated into routine business?
- Have you got input from others?
- Does it have financial implication?
- Can you identify funding source?

No

- Keep involving stakeholders and colleagues, address concerns and negotiate to develop a plan
- Identify clinician levers to make your negotiations effective

Yes

Enablers and Barriers

Have you identified

- enablers?
- barriers and how to overcome them?
- main stakeholders?
- your clinician levers when you are failing in your negotiations of your plans?

No

- Keep working on enablers and barriers, stakeholders and clinician levers

Yes

Develop the details of solution and its implementation plan

Driving action through purpose

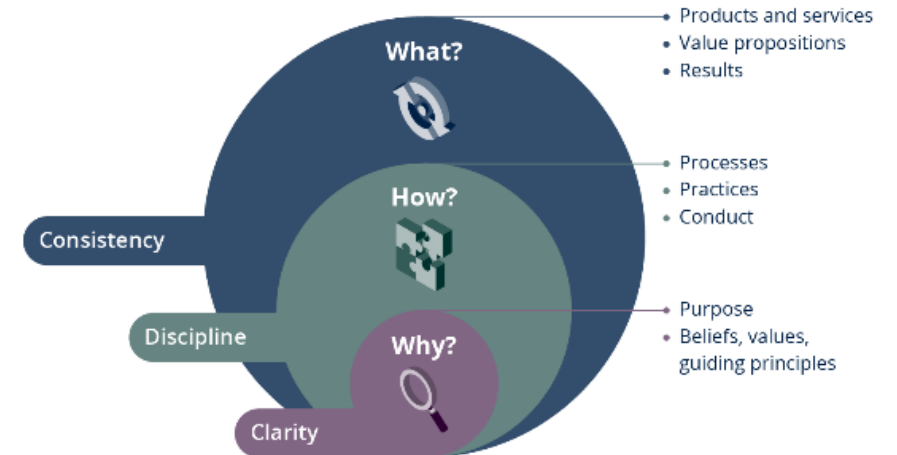


Figure 1: The Golden Circle.
(Adapted from: Sinek, 2009)

Role of clinician levers

Items or mechanisms clinicians can use, when they face barriers to implementation; provided they have fulfilled the criteria of implementation frameworks

Sabesan et al, Enhancing capabilities of rural hospitals: Implementation of a telechemotherapy model, JOP, 2018

- **COVID has precipitated the need for telehealth as a social distancing measure**
- **Uptake was increased and many flow on benefits have been observed as a result**
- **Lessons can be useful for redesigning the health system for it to be efficient and patient centred**
- **System level interventions at policy and clinical levels required**
- **Implementation science can inform sustainability mechanisms and QI approaches**

