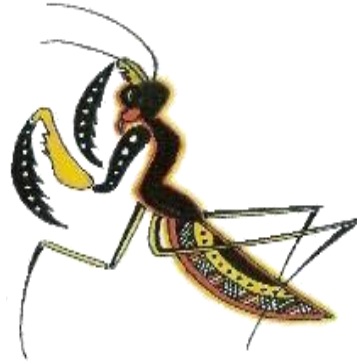


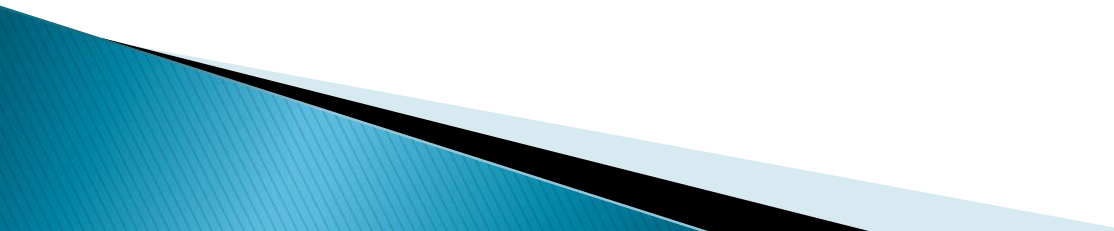


Specialist Outreach Clinics Using Video

Laurie Clay
Durri ACMS

Sharif Bagnulo
NSW RDN

Overview

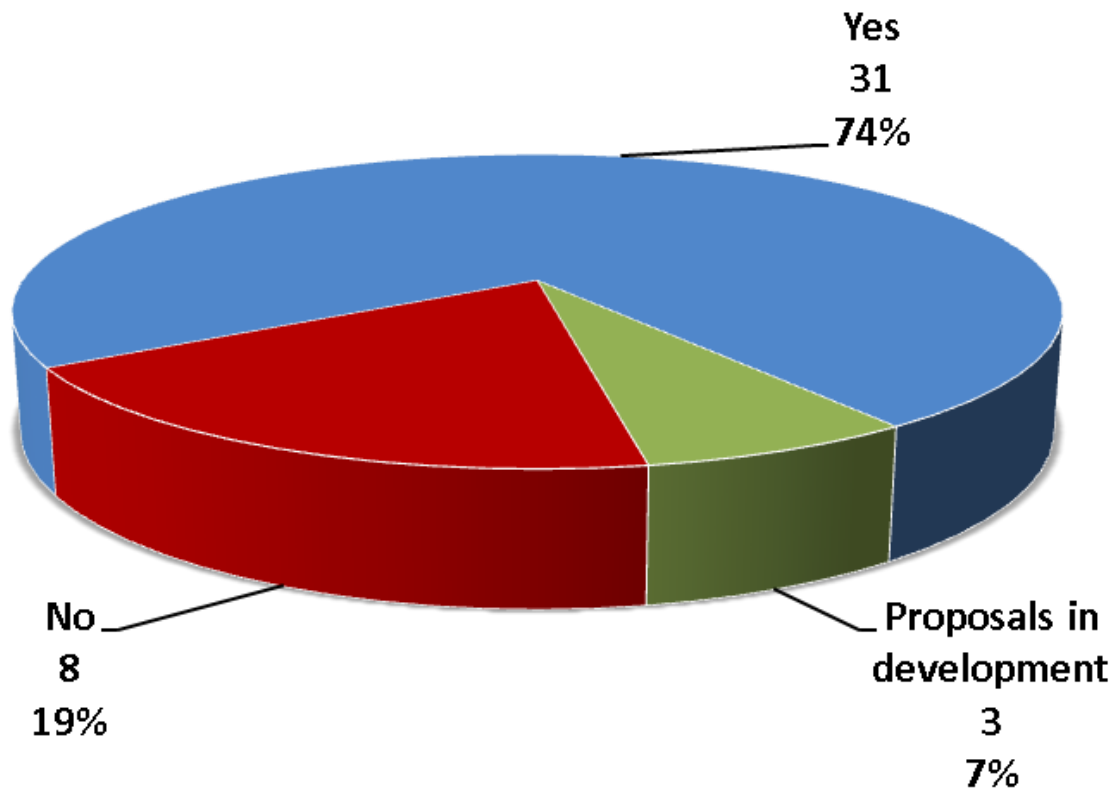
- ▶ RDN outreach and telehealth partnerships
 - ▶ What is telehealth?
 - ▶ How are referrals made?
 - ▶ How do we know who has been referred?
 - ▶ How do we organise the clinic?
 - ▶ What happens at the clinic?
 - ▶ Who is involved?
 - ▶ Is there case management or conferencing involved?
 - ▶ How does the clinic run on the day?
- 

Health Outreach Program Objectives

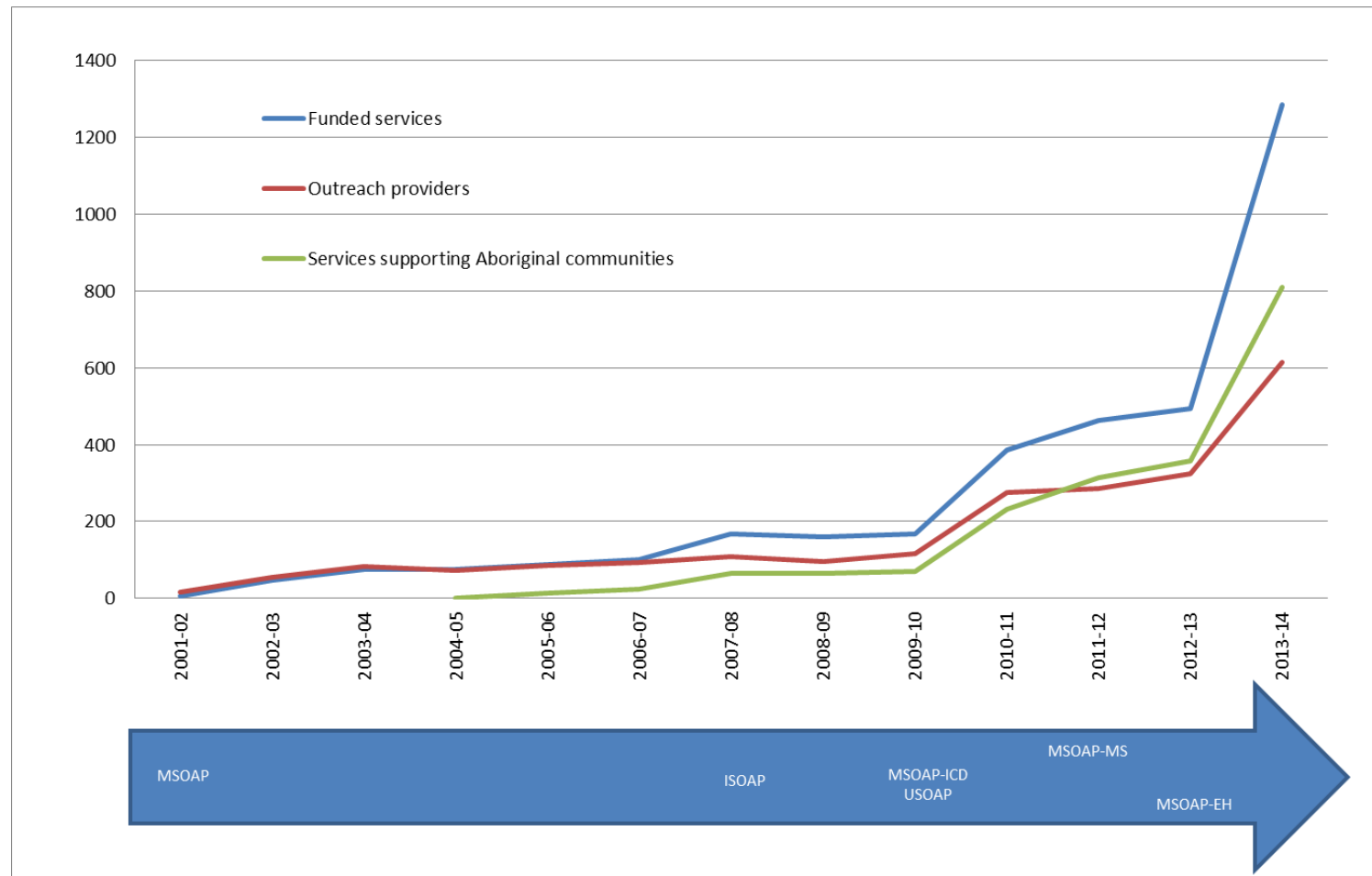
- Aim to improve rural, regional and Aboriginal communities' access to:
 - Medical specialists;
 - GPs;
 - Allied health practitioners;
 - Nurses;
 - Midwives; and
 - Aboriginal health workers.
- To maintain and enhance skills of local health workforce through outreach up-skilling.

Outreach Partnerships

AH&MRC members hosting outreach services

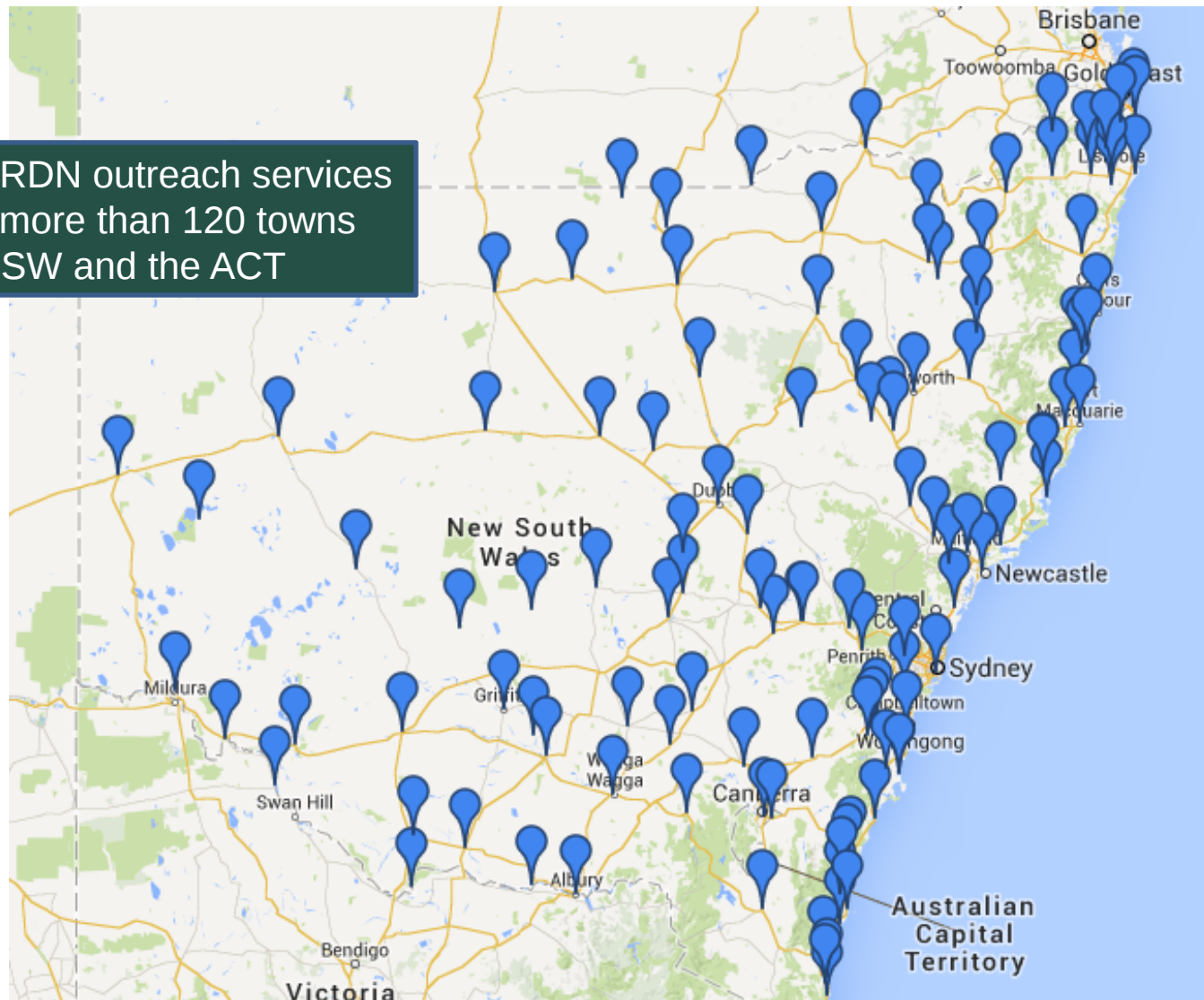


RDN Outreach Service Growth



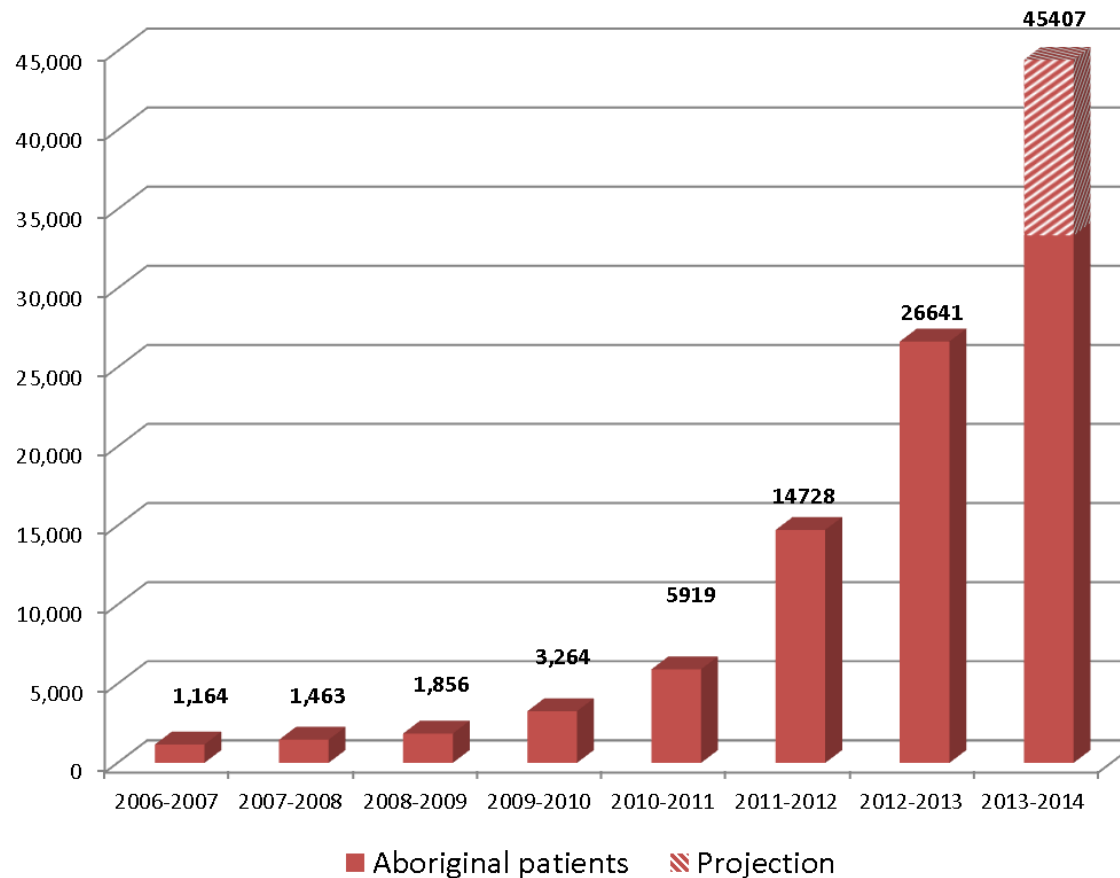
RDN Outreach Service Distribution

In 2013, RDN outreach services reached more than 120 towns across NSW and the ACT



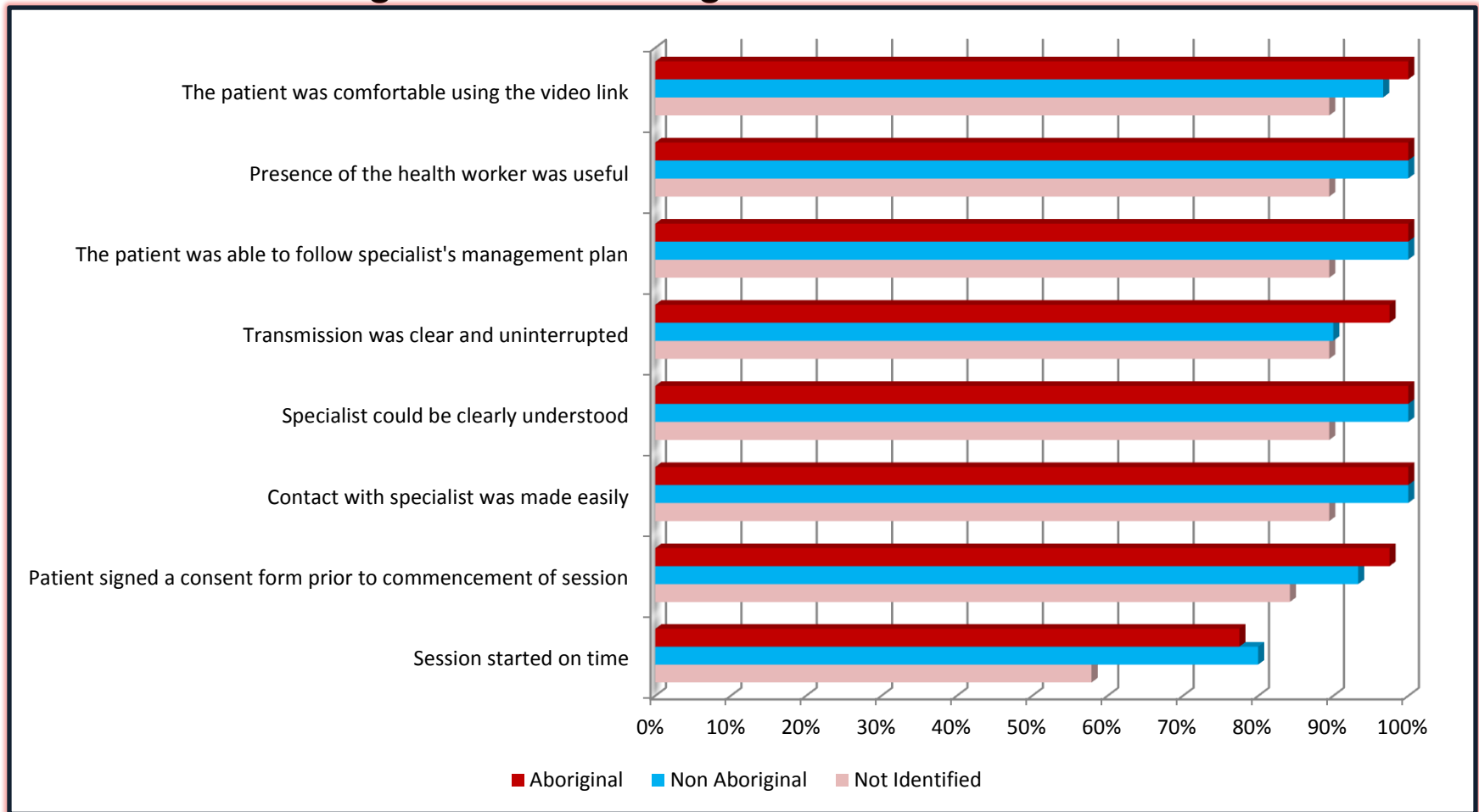
Increasing Access for Aboriginal Patients

**RDN outreach occasions of service
provided to Aboriginal patients**



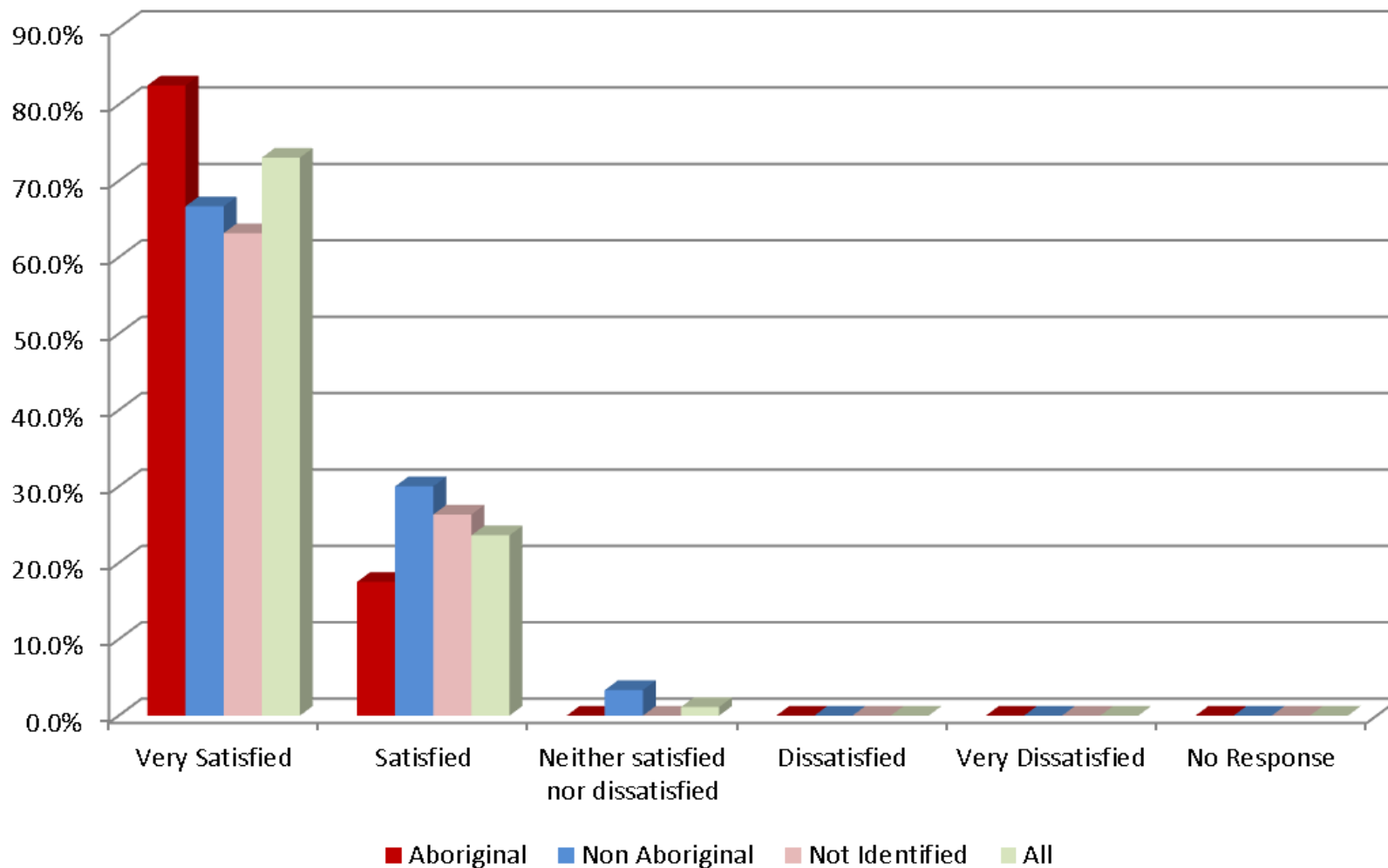
RDN Outreach Telehealth Trial 2013

Telehealth is a good fit for Aboriginal health



RDN Outreach Telehealth Trial 2013

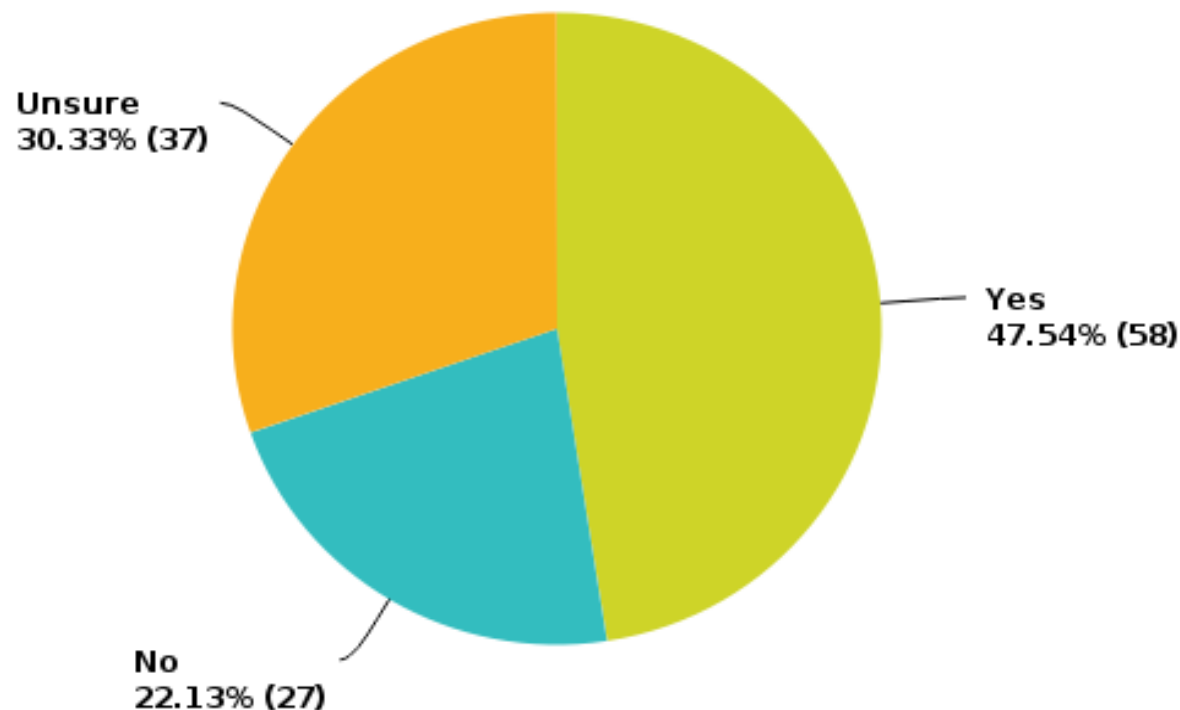
High patient satisfaction with telehealth (n=89)



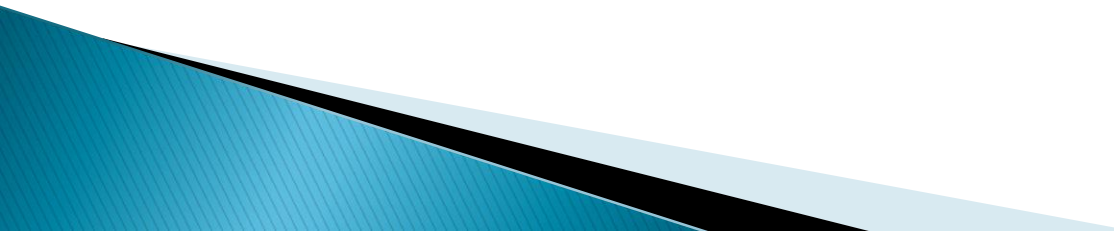
RDN Outreach Health Practitioner Survey 2014

Q23 Can access to your [Q2] service be enhanced by adding telehealth, video consultation clinics?

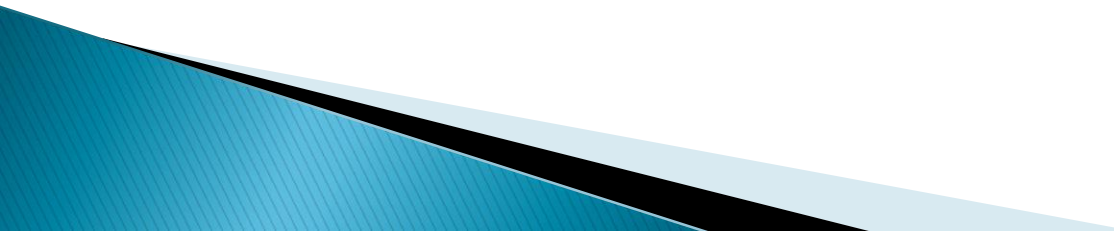
Answered: 122 Skipped: 33



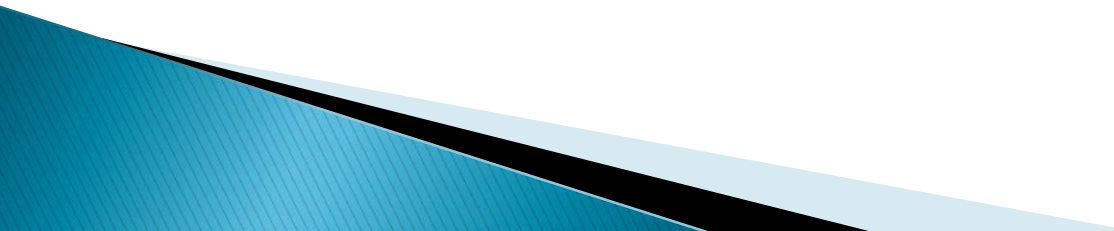
What Is Telehealth?

- ▶ Telehealth is a way of talking to and seeing health professionals from out of town by using a computer, camera and speakers, in order to provide patients with the best health care, without the need to travel too far from home.
 - ▶ Telehealth can help people in rural and remote areas who need follow-up care and other specialist healthcare. There are no charges to the patient for this kind of consult.
- 

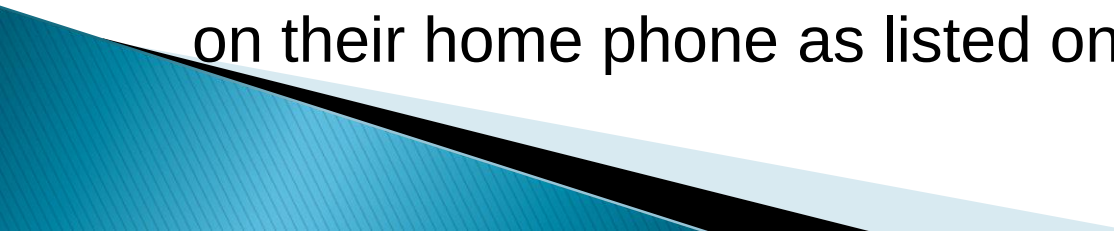
How Are Referrals Made?

- ▶ Only a General Practitioner (GP) can make a patient referral to the Endocrinologist. Other specialist physicians can also refer. However referrals are primarily received from the treating GP.
 - ▶ Referrals are made on the organisations letterhead, usually kept in the patients file electronically to save paper wastage.
 - ▶ Referrals include the reason why the patient is being referred, a brief history and any results of recent tests that will assist the Endocrinologist.
- 

How Do We Know Who Has Been Referred?

- ▶ At Durri ACMS, the GP's email the Chronic Disease Team (CDT) who facilitate the Endocrinologist clinics via telehealth.
 - ▶ The patient's name, date of birth, referring GP, referral date, referral expiry date (referrals are valid for 12 months from the date they are made) and reason for referral are entered onto a register. From here we enter every clinic the patient attends and when they are due to be recalled.
 - ▶ A copy of the referral is taken from the patients file and saved in a folder to be emailed to the specialist a week prior to the clinic.
- 

How Do We Organise The Clinic?

- ▶ Determine how long an initial and review consult will take.
 - ▶ Patients are made an appointment as soon as a referral is made.
 - ▶ The specialist will identify when patients are due for review.
 - ▶ Patients are then contacted to be advised by their appointment with the specialist with a letter sent in the mail, text messages one week and the day before the clinic.
 - ▶ Patients without a mobile phone are contacted directly on their home phone as listed on their file.
- 

What Happens At The Clinic?

- ▶ The patient presents to the clinic and is seen by an Aboriginal Health Worker (AHW). The AHW completes an number of general clinical observations such as:
 - Heights
 - Weights
 - Waist circumference
 - Temperature
 - Blood glucose level (BGL)
 - Blood pressure (BP)
 - HbA1c (3 monthly sugar)
 - ACR

These examinations assist the specialist in devising a treatment plan for the patient.



- ▶ The examinations are entered, where possible, immediately onto the patients electronic file.
 - ▶ The patient is then moved to the consult room with the telehealth equipment available.
 - ▶ The staff member in charge of facilitating the clinic accompanies the patient throughout the consult, however the patient has the right to request them to leave at any time. Depending on resources, a GP, RN, EN, or any other allied health practitioner may also be present.
 - ▶ Before, or after the consult with the specialist, depending on availability, the patient may also see an optometrist, podiatrist etc. to assist their health needs.
- 

Who Is Involved?

- ▶ Typically, the staff involved in the endocrine clinic are:
 - AHW (providing an examination prior to the consult)
 - AHW/EN (facilitating the telehealth consult)
 - GP (attending the case conferencing and selected consults)
 - RN (attending case conferencing)
 - AHW (additional to the AHW facilitating the consult)
 - Dietitian

Medicare Revenue

CASE CONFERENCING*		
Item#	Description	Fee
735	Case conference lasting 15 – 20 mins	\$51.00
739	Case conference lasting 20 – 40 mins	\$87.30
743	Case conference lasting at least 40 mins	\$145.50
10991	Incentive item <16 yrs or HCC holder	\$8.90
QAAMS^		
73840	HbA1c	\$14.55
73844	ACR	\$17.45
74991	Pathology incentive item <16 yrs or HCC holder	\$8.90

TELEHEALTH ATTENDANCE

Item#	Description	Fee
2100	Telehealth attendance by a GP – at least 5 minutes	\$21.60
2126	Telehealth attendance by a GP – less than 20 mins	\$47.10
2143	Telehealth attendance by a GP – at least 20 minutes	\$91.35
2195	Telehealth attendance by a GP – at least 40 minutes	\$134.40
10991	Incentive item <16 yrs or HCC holder	\$8.90

► The organisation has the potential to generate:

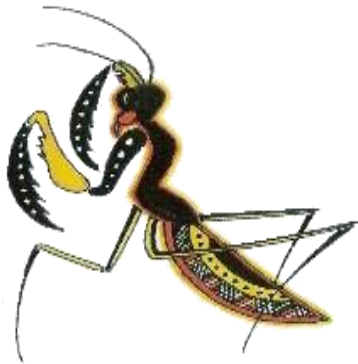
- At LEAST*
 - \$90.40 per patient (health care card holder)
 - \$140.20 IF QAAMS items claimed*
- OR
- At MOST^
 - \$297.70 per patient (health care card holder)
 - \$347.50 IF QAAMS items claimed*
- OR
- \$279.90 per patient
 - \$311.90 IF QAAMS items claimed (NON health care card)*

Is There Case Management or Conferencing Involved?

- ▶ The purpose of case conferencing is to provide multidisciplinary management of the health care needs of a patient with a chronic or terminal condition requiring complex care.
- ▶ Service providers who, in addition to GP's, may be included are:
 - ▶ Aboriginal Health Worker
 - ▶ Audiologist
 - ▶ Asthma Educators
 - ▶ Dental Therapist
 - ▶ Dietician
 - ▶ Diabetes Educator
 - ▶ Occupational Therapists
 - ▶ Optometrists
 - ▶ Personal Care Worker
 - ▶ Pharmacist
 - ▶ Physiotherapist
 - ▶ Podiatrist
 - ▶ Psychologist
 - ▶ Registered Nurse
 - ▶ Social Workers
 - ▶ Speech pathologists

Contact us:

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NSW RDN
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Supporting rural health in New South Wales, Australia

Telehealth Resources

- The Royal Australian College of Physician's telehealth website:
www.racptelehealth.com.au
- The Australian college of Rural and Remote Medicine has many telehealth resources and a growing directory of providers:
www.ehealth.acrrm.org.au
- Current information on Medicare's telehealth rebates can be found at:
www.mbsonline.gov.au/telehealth
- Information about RDN's outreach program is available at:
www.nswrdn.com.au
 - Including [RDN's guide to establishing telehealth services](http://www.nswrdn.com.au/site/outreach-resources) available on the outreach resources page
<http://www.nswrdn.com.au/site/outreach-resources>