Connecting Care Through Telehealth

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Why do we want to utilise Telehealth?

• Cognitive Assessment & Management (CAM) Unit – 13 bed complex care unit - admits patients with challenging behaviours secondary to delirium and neuro-cognitive disorders

• Collaborative model of care with Geriatrician, Psycho geriatrician, Nursing, Social Worker, Other Allied Health Professionals (Speech Therapists & Dietician) & Pharmacist

• CAM unit provides in-reach and outreach consultative services

• Increasing referrals from within hospital (inpatients, outpatients – Geriatric/Memory Clinic), follow-up of discharged CAMU patients & RACF

• Increasing workload to CAM Outreach Nurses
What are the results we want to achieve?

• Continuing care for discharged CAM Unit patients at RACF or Home

• Challenging Behaviour Action Plan (CBAP) - evaluating preventive strategies for escalation of challenging behaviours

• Monitoring for adverse reactions with psychotropics and de-prescribing

• Hospital avoidance

• One year trial from Feb 2017 – Jan 2018
Referral sources to Outreach Team

- CAM
- TPCH Memory clinic
- TPCH Physician PP Clinics
- Other Physician
- Community Service provider
- GP
- IMS
- HITH
- RACF

Legend:
- 2014
- 2015
- 2016
- 2017
Comparison of Outreach Episodes and Patients receiving the outreach service

- **Years:** 2013, 2014, 2015, 2016, 2017
- **Occasions of Outreach Service:**
  - 2013: 358
  - 2014: 322
  - 2015: 486
  - 2016: 700
  - 2017: 260

- **Number of Actual Patients:**
  - 2013: 89
  - 2014: 87
  - 2016: 136
  - 2017: 71

Legend:
- **Number of episodes of outreach**
How do we deliver Telehealth Clinic

• Telehealth service events can be reported once by the provider & recipient-end facility for:

  • Specialist outpatient clinics
  
  • Allied Health/clinical nurse outpatient clinics

Provider and Facility-end:

• The service is a substitute for a face to face service event

• The service meets the definition of a non-admitted patient service event (an interaction between one or more healthcare provider's) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient’s medical record

• Details of the service event are captured through an electronic or manual booking system

• *Medical officer/other health professional (located at the recipient-end) must be present for the entire service event*
ABF Tier 2 Prices – 2016/2017
Medical Officer 20.09 = New $307/Review $215
Nursing (RN and above)/Allied Health 40.36 = New $264/Review $264

Eligible for incentive funding $200 (2016/17) per service event for new services or services greater than previous year.

QHealth Facility
Doctor

Telehealth to patient location
Residential Aged Care Facility (RACF) or their home

With assistance of QHealth Nurse

ABF
Metro North Hospital and Health Service
What are the key strategies employed to achieve better outcomes?

- Provide meaningful information & education for PwD, their carers/families and GP
- Promote the use of Behaviour Management Guidelines – A Guide to Good Practice & Guide to Family Carers dealing with behaviours in PwD
- Monitor for polypharmacy & limitation of psychotropic use (e.g., Risperidone up to 12 weeks*.
- Advance clinical research projects for Quality assurance.
- Support the role of adult guardian and QCAT in relation to the interests of people with impaired capacity & EoL care pathway.

* Therapeutic Goods Australia - Medicines Safety Update Vol 6, Number 5, Aug 2015
How do we deliver a Telehealth Clinic?

- **CAM Unit Inpatient**
  - Review Apppt Required?
    - NO: Patient Discharged
    - YES: Post Discharge Request received by IMS AO
      - Post Discharge form completed
        - NO: Patient Discharged
        - YES: Review OPD Appointment booked by IMS AO
          - Post Discharge Appointment completed
            - NO: Patient Discharged
            - YES: Telehealth Review Required
              - YES: IMS AO forwards Post Discharge appointment to CAM AO to book Telehealth Appointment
                - Appointment completed
                  - NO: Patient discharged
                  - YES: Patient discharged
                - Follow up appointment required?
                  - NO: Patient discharged
                  - YES: Review appointment telehealth
            - NO: Consultant requests new referral (RC) from GP
              - New continuation referral received
                - NO: Review appointment booked by IMS AO
                  - Repeat previous steps until patient is discharged from service
                - YES: Repeat previous steps until patient is discharged from service
What benefits for the various stakeholders?

**Patient and Carer’s benefits**
- Continuity of care
- Reduce inconvenience
- Opportunity to have better outcomes

**Clinician’s benefits**
- Focus only on patients who need to be seen
- Specialists and PHN can work hand in hand
- Better patient care

**HHS benefits**
- Cost reduction and timely access to specialists.
- Minimise admissions/readmissions
- Opens up new revenue streams
# Current and Projected ABF Funding and Activity

ABF Funding Based on Review Clinics only

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<th>Geriatric</th>
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Source: ABF Tier 2 (2016/17)

Legend:
- MAC Clinic = Monthly Activity Collection Clinic Type
- OOS = Occasions of service
- YTD = Year to Date

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Moving Forward.....
GP Referral Pathway

GP REFERAL RECEIVED VIA CPU

IMS AO received via (R-Track/eRM)

Referral triaged by consultant

Accepted

YES

OPD Appointment required

NEW OPD Appointment booked by IMS AO

Patient Discharged

NO

OPD Clinic Appointment completed

Additional follow up required?

YES

Is review telehealth suitable?

YES

Review appointment booked by IMS AO

NO

No further steps required

Repeat previous steps until patient is discharged from service

Consultant will advise if referred patient is Telehealth suitable. All telehealth appointment within RA13 zone will be ABF funded.

IMS AO forwards continuation referral to CAM AO to Book Telehealth Review Appt

Appointment completed

Follow up appointment required?

YES

Book Telehealth Review as required

NO

Repeat previous steps until patient is discharged from service

GP REFERRAL – APPOINTMENT FLOW
A consultant with Rights of Private Practice (RoPP) is able to MBS bill patients who reside in a Residential Aged Care Facility (RACF) or if they are identified as Aboriginal or Torres Strait Islander (ATSI) and they live within the ineligible RA1 area.

There are also MBS Telehealth item numbers available for both specialist end and patient end. To be eligible for these:

- Patient must be non-admitted
- Specialist must have a named valid referral

Brisbane RA1 (Medicare eligibility) area

If a patient is located within the RA1 area then the appointment is not eligible for MBS payments (unless the patient is located within a RACF or identifies as ATSI)

Telehealth Portal in MNHHS

- EOI to all clinical teams in October/November 2016 – OPD, ED avoidance
- 34 groups expressed interest
- Services are in the process of being established. Some clinics e.g. Periprocedural support are well established with others about to commence or providing an ad hoc service.
- Six months evaluation project with QUT funded by HIU. Project Officer commences 5th June 2017

Range of Reasons to use Telehealth Portal:

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<th>Newly available Visualisation (complements existing service)</th>
<th>Enables Telehealth (mostly where usual telehealth delivery in hospitals was difficult to organise)</th>
<th>At home/Aged Care facility and phone service wasn’t appropriate</th>
<th>Visualisation plus at home plus Flexible timing</th>
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- Replaces existing scheduled phone service – post discharge pharmacy clinics
- Replaces/ Complements existing local home visit – rehab, palliative care, Complex Chronic Disease Team
- Peri procedural Support Unit – pre op clinics
- Tertiary services for patients across Queensland – adult Cystic Fibrosis, Genetics, complex sleep patients.
- Also opportunity to provide online group patient education/liaison that can be difficult for this cohort with rarer conditions and wide geographical split.
- Patients who are unable to travel or for patients who find it difficult to travel– MND patients, OPD appointments for patients in RACF’s
- TPCH Post Children’s ED attendance clinic
- Involving relatives in different locations in OPD clinics
- Gestational Diabetes and complex case maternity OPD clinics
- Lactation consultations when baby ready for a breast feed
- RACF ED avoidance
- Out of town relatives involved in Inpatient Ward Rounds – Neonatology
- Haemophilia patients experiencing complications
This is the start of a journey
The possibilities of how we could use the technology are only just becoming apparent

Some examples of how the Telehealth Portal has already been used:

**RBWH Pre-admission clinic**
Appointment was scheduled to see a patient being in Hervey Bay via Telehealth. The patient was elderly, had difficulty hearing and was known to get confused during medical appointments. The patient’s daughter who lives in Brisbane wanted to be involved in the appointment to both support her father and help him understand what would happen. With approval from clinical staff, the patient’s daughter using the Telehealth Portal was able to be involved in the appointment without having to be with her father in Hervey Bay.

**RBWH Neonatology**
Dr Pieter Koortz is able to conduct post discharge follow ups with a Mother and her newborn twins after they returned to their home on Norfolk Island.

**RDH Palliative Care**
Dr Darshit Thaker connects to external agency Silverchain to see palliative patients in their homes within MNHHS.