Telehealth innovations build opportunity and enhance knowledge transfer.
OVERVIEW

- TeleHealth NT Service Structure and Governance
- Social determinants of Indigenous Health
- Potential for TeleHealth to Innovate Health
  - Geographical and Logistical
  - Social Supports and Networking
  - Education and active participation
  - Building inclusive ethical models/ gaining respect
- How do we Combine Clinical Engagement with Empowerment.
- Towards the Future
Equipment deployment and Infrastructure upgrades completed in 2012. Seventeen remote area sites had fibre upgrades to support the video technology.

Approx. 60 other remote area sites have access to Video Conferencing software
Clinical implementation strategy is a combination of developing 3 main clinical pathways:

- Tele-Critical Care
- Tele-Specialist Clinics
- Tele-Workforce support

Leadership groups have been developed to facilitate clinical engagement.

eTowns TeleHealth
Conceptual Framework for Clinical Implementation

TeleHealth Steering Committee
Clinical Leadership Groups

Clinical Engagement

Community Engagement / Participation

Clinical Engagement Groups

Clinical Working/Leadership Groups
Meetings held monthly. Chair of each will also be a member of Telehealth Steering Committee (TSC).
Key objective to implement clinical vision for services
- Tele-Specialist Clinics
- Tele-Critical Care
- Tele-Workforce Support

Community Engagement/Participation processes
- Educate and discuss the equipment and service capabilities with community members and associated services.
- Better understand the community requirements or desired supports.
- To identify and develop resources that may be required.
- To ensure all communities/sectors have a mechanism to feedback into development of the TeleHealth service.
TELEHEALTH NETWORKING PRINCIPLES

Increase Impact

Better use of limited resources

Building a shared knowledge base

Information exchange and coordination

Ease of access
History

Cultural disconnect

3 Principles to move forward

• Improve conditions for daily life
• Tackle inequitable distribution of power
• Measure the problem and evaluate action
TELEHEALTH CHANGES WHAT?

- Communication
- Empowerment

Image from Centre for Appropriate Technology Web site, how Government needs to work in Remote Australia
Centre for Appropriate Technology GeoRSS-Feed
SOME APPROACHES
TELEHEALTH CAN SUPPORT ACTION WITH SOCIAL FRAMEWORK
GEOGRAPHICAL AND LOGISTICAL

- Majority of the NT is isolated - considered Rural or remote
- Travel and time away from community is hard on patients and families
- Attachment to land as a component of health and wellness
Social capital

Information and networking can be easily collaborated

Inclusive decision making and support
Technology to support cultural recognition

Two way learning

Incorporating Aboriginal knowledge, values and beliefs in day to day operations.
EDUCATION- PARTICIPATION IN HEALTH

- Traditional Beliefs and Understandings
- Active participation in Health and Health Education
- Health promotion and preventative health principles
Diversity and identity of Aboriginal First Nation population and language groups.

Consideration to human right principles and social accountability.

Cultural autonomy as an ethical principle

Respect for the lay understanding and patient centred concepts of care
HOW DO YOU COMBINE CLINICAL DEVELOPMENT WITH EMPOWERMENT?

The continuum of cross cultural client safety as identified in Walker and Cromarty 2006 (Walker et al 2009 p14)
Develop the Benefits framework with key stakeholders

Patients, family members/carers, staff and organisational benefits could be actualised in 5 main categories

- Access
- Quality
- Sustainability
- Satisfaction
- Efficiencies
CHALLENGES

Change management

Complex profile of social and environmental issues

Evaluation of outcomes
Empowered health care.
Less jurisdictional boundaries.
Networking agencies.
eHealth.
NBN
Looking to the future
Research
REFERENCES


