MAKING TELEHEALTH SUSTAINABLE: A PRACTICE NURSE PERSPECTIVE

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OVERVIEW

- Background
- Creating Telehealth opportunity
- Lessons Learnt; successes and challenges
- Key points for general practice
- Making the future sustainable
FOUR MEDICAL CENTRES
My role provides strategic direction within a senior management team for a successful Telehealth program with 3 key components in the approach:

- Proactive
- Reactive and
- Reflective

Core underpinning: Needed to Align Telehealth program with company ethos; affordable, accessible and equitable health care; bulk billing general practice services.
BACKGROUND

Be proactive

- Set up collaborative teams in 4 centres; GPs, Practice Nurses, Mental Health Nurses, Credentialed Diabetes Educator, Podiatrist, Reception, Senior management team; principals, strategic manager, operations manager, IT manager and HR manager

- Mental Health Nurse Led Telehealth Service

- IT systems for Telehealth need to be well resourced
BACKGROUND

Be Reactive

- Services need to support existing health needs: we have 25,000 rural clients
- Capture opportunistic funding available for Telehealth, MHNIP and PNIP
- Align Telehealth with preventative health programs; DVA CVC program, Closing the gap, Enhanced Primary Care
- Engaging with new Telehealth specialists
FUNDING OPPORTUNITIES

Australian Government
Department of Veterans’ Affairs
BACKGROUND

Be Reflective :

• Measure growth: After 18 months: now conducting about 20 Telehealth conferences a week
• Seek Patient feedback: positive
• Seek Specialist feedback: positive
• Check funding: Good for GP Business income
• Check needs to sustain growth: more staff and space
Gibbs (1981) Model of Reflective Practice
CREATING TELEHEALTH OPPORTUNITY

- Need be reliable provider, and source reliable specialists
- Develop a regime for appointments and confirmation: at both ends GP & Specialist
- Provide a ‘Billing process’ guideline for administration staff
- Facilitate timely referral and report processing by GPs
- Patient education given to maximize attendance = optimal outcomes
CREATING TELEHEALTH OPPORTUNITY

Have reliable IT systems

- IT Manager
- Out with the old and in with the new: High Definition and quality sound
- Large screen with access to electronic health record
- Quiet room
- Adequate Broadband width to support the videolink
Practice Nurses role:

- Practice nurse is the “Agent of connectivity” 3 ways; between patient, GP and specialist (Phillips et al 2011)
- Checks consent
- Documentation of Telehealth consult
- Convey information as needed from GP to specialist, eg; about medication regime, investigations and/or remind patient of symptoms
Lessons Learnt; coordination

- Offer a reliable service; Positive word of mouth = Success
- Allow time for Telehealth appointment coordination
- Keep electronic health record up to date
- Have secure messaging (such as ARGUS) to send & receive referrals efficiently
- Keep to the same room for maximum IT efficiency
Lessons Learnt; Efficient IT systems

- Feedback IT transmission problems to specialist in consult immediately = quick fix
- Be aware of Broadband width; know your limits!
- Have large HD monitor for proportionate face size to maximum verbal and non-verbal engagement
- Optimize time efficiency: use auto fills in IT Program & templates available (such as on RACGP website)
KEY POINTS FOR GENERAL PRACTICE

• Know the health needs of your patient's and funding opportunities available
• Keep patient's informed and always seek feedback
• It takes a dedicated TEAM: education & support
• IT Infrastructure is critical; room and integrated high definition quality equipment
MAKING THE FUTURE SUSTAINABLE

Sources of motivation for General Practice:

- $ Funding for the GP business: Nurses & Infrastructure
- Link to programs
- Link to patient enrolment and patient outcomes
- Link to After-Hours revenue
Emergency Care:

- Practice Nurses; advanced nurse/nurse practitioner Telehealth between GP and/or ED & Specialists; including cardiologist, psychiatrists, pediatricians
- In Hours and After Hours
Residential Aged Care Facilities:

- Telehealth Aged Care Nurses to specialized nurse practitioners, wound care nurses, continence nurses, specialists, ED Departments
Chronic disease management

Practice Nurses/ Diabetes Educators/ Mental Health Nurses doing home visits; Telehealth back to GP.

Or, from the surgery, Practice Nurses offer advise to patient in the home, could be incorporated with DVA CVC Program
Preventative Health Groups

Practice Nurses Telehealth with patients to Allied Health Professionals and specialist nurses across multiple sites;

eg children’s obesity groups, falls prevention education, continence advice
Early Childhood Health

Link children with services to Allied Health Professionals in Community Health and Hospitals.

Consider link to audiologist, speech pathologist, occupational therapist; long wait for these services in our area.
ATSI Groups

Empower with health education from practice nurses.

Group education to multiple sites could include Early childhood feeding, Parenting behaviours, Diabetes prevention, Quit smoking
KEY POINTS FOR THE FUTURE

Sustainability comes in providing Telehealth programs that:

- Support change in patients needs: convenience, here & now, low cost
- Supporting the practice nurses in care delivery; telecommunication skills
- Providing adequate infrastructure local, regional and national
- Funding the GP business for adequate nurses and infrastructure
USEFUL RESOURCES

- APNA
  (APNA Online survey for all nurses currently being conducted)

- RACGP
  http://www.racgp.org.au/telehealth

- ACRRM

- MBS Online
  www.mbsonline.gov.au/telehealth
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Standards Advisory Group Project to develop Telehealth Professional Practice Standards and Clinical Guidelines for Nursing and Midwifery (TeleSAG)

Health Informatics Society of Australia (HISA)
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Online Degrees
Wikepedia
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Australian Doctor
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Deakin University
Bargain Babe
Team leaders
Aged Care Guide
Infant Hearing Organisation
ACRRM
QUESTIONS?