Government response to recommendations
Health and Community Services Committee:
Inquiry into telehealth services in Queensland
(Report 55)



Introduction

In March 2013, following examination of the Department of Health 2012-13 Annual Report the Health and Community Services Committee (the Committee) initiated an inquiry into the implementation of telehealth in public sector health services in Queensland.

The Committee initiated the inquiry using its public accounts powers under section 94 of the Parliament of Queensland Act 2001, following the allocation of \$30.9 million for telehealth, allocated over four years: 2013-14 to 2016-17.

On 12 September 2014 the Committee submitted its report *Inquiry into telehealth services in Queensland*, Report 55 (the Report) to the Legislative Assembly. This document articulates the Queensland Government's (the Government) response to the report.

The committee asserts that delivery of health services by telehealth presents an opportunity to reconsider some of the 'ways we deliver healthcare' and to plan and deliver services in ways that put benefits to patients at the centre of how the health system functions.

The committee has identified that clinician engagement is a key factor in overcoming the barriers to the greater uptake of telehealth and states that "delivering health services by telehealth requires that health service providers and health administrators think differently about the way they work, and to focus on delivering patient-centred care".

The committee has determined that the most significant benefits of delivering services by telehealth accrue to patients and considers the Department of Health and Hospital and Health Services need to take a more deliberate approach to planning the implementation of telehealth.

Through the launch of the *Blueprint for Better Healthcare in Queensland* (2013), the Government has committed to delivering a revitalised Queensland Public Health System including the introduction of the Rural Telehealth Service to "provide unprecedented access to a new generation of safe and sustainable care for residents in small, rural or remote communities for the very first time".

Additionally, through implementation of key recommendations presented in the *Better Healthcare for the Bush* (2014), the Government has further committed to take decisive action to improve rural and remote healthcare, including the expanded use of telehealth and new technologies to broaden the scope of locally available healthcare.

The Government recognises that rural and remote communities are seeking improved access to specialist services such as allied health, oncology, drug and alcohol, child health and mental health and it is evident that historical service delivery models are unlikely to be sustainable.

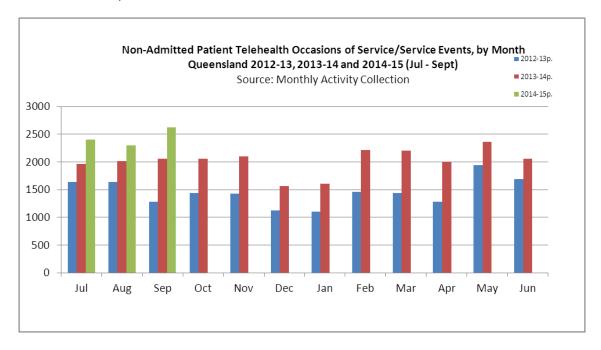
The Committee acknowledges the inquiry was conducted during the first year of the \$30.9 million funding allocation and use of the telehealth infrastructure for the benefit of patients has begun to grow but is still low.

In this first year the Government has set the foundation for the Rural Telehealth Service. More Queenslanders are experiencing improved access to specialist consultation in their local communities and a growing number of isolated clinicians have access to emergency management advice and support across the state.

In 2013-14 the Department of Health has:

- established dedicated telehealth coordinators across all Hospital and Health Services supporting implementation of telehealth enabled service delivery models;
- established the Telehealth Support Unit;
- established the Telehealth Emergency Management Support Unit to enable provision of emergency management support and advice for rural and remote communities with an initial focus on seven evaluation sites (Alpha, Bedourie, Eidsvold, Kowanyama, Moura, Normanton and Roma). As of 30 July, the service was live at 36 facilities across the South West, Central West, West Moreton, Wide Bay, Central Queensland and Torres and Cape Hospital and Health Services;
- established the Telehealth Governance Committee;
- defined and implemented a range of new telehealth purchasing incentives;
- commenced a review of current telehealth service models to inform longer term planning which focuses on system wide telehealth enabled services, systems and processes.

The benefits of this investment are already being realised. In 2013-14, there were over 24,000 non-admitted telehealth occasions of services reported, a 39 per cent increase on the previous year. Similar growth has been demonstrated in the first quarter of 2014-15. As depicted below.



The Committee's report includes 17 recommendations for consideration by the Government and one for consideration of a committee of the next parliament. The Government have accepted or accepted in principal all 17 recommendations and recognise they will further support commitments in the *Blueprint for Better Healthcare in Queensland* (2013) to deliver new services and advanced treatment options in places where they were never previously available.

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Policy and funding context for telehealth	The committee recommends that the Minister for Health make representations to the Commonwealth Minister for Health to amend the Medicare Benefits Schedule to: • enable billing by a general practitioner for patient consultations by telehealth, including consultations between a medical specialist and a general practitioner about a patient • extend eligibility for telehealth billing to metropolitan areas for people in certain circumstances who have difficulty accessing health care services, for example, the elderly, people with a disability or someone with a terminal illness.	The Minister for Health will write to the Commonwealth Minister for Health to propose amendments to the Medicare Benefits Schedule.
2. Infrastructure	The committee recommends that the Minister for Health ensure that the Department of Health gives greater priority to the implementation of improved interconnectivity for clinicians to the Queensland Health telehealth network from personal devices.	The Department of Health will continue to expand the uptake and utility of personal devices to support telehealth enabled service delivery, including further deployment of the 'bring your own device' capability.
3. Infrastructure	The committee recommends that the Queensland Government propose to the Commonwealth that priority be given to implementation of the National Broadband Network in remote communities to provide better access to health services for Aboriginal and Torres Strait Islander peoples and other remote residents.	The Minister for Health will write to the Commonwealth Minister for Communications to propose that priority be given to implementation of the National Broadband Network in remote communities to provide

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		better access to health services for Aboriginal and Torres Strait Islander peoples and other remote residents.
4. Evaluation of telehealth services	The committee recommends that the Minister for Health ensure that the Department of Health and Hospital and Health Services examine what measures, policies and clinical key performance indicators can be implemented to: • ensure that outpatient clinicians are informed of the travel required for individual patients from rural, remote and outer metropolitan locations to attend outpatient appointments and encouraged to offer telehealth services to patients • inform and encourage consumers to ask whether their outpatient appointments can be delivered by telehealth.	The Department of Health will examine patient referral pathways and report on utilistaion of the patient travel subsidy scheme to inform Hospital and Health Services of patients who are traveling for specilaist consultation which may be amenable to telehealth. The patient travel subsidy scheme referral form provides prompts for the referring provider to discuss telehealth options with patients and the referrer can indicate on the form that the consultation may be appropriate for telehealth.
5. Evaluation of telehealth services	The committee recommends that the Minister for Health ask the Department of Health to examine ways to promote public awareness of telehealth and encourage consumers to ask for telehealth, including by collaborating with the Centre for Online Health.	The Department of Health will continue to broadly promote telehealth awareness, strategies include dissemination of reference material to consumers across Hospital and Health Services, the provision online content via the internet

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		http://www.health.qld.gov.au/telehealth/default.asp and via collaboration with the Centre for Online Health to promote and deliver a range of professional and public forums.
6. Evaluation of telehealth services	 The committee recommends that the Minister for Health ensure that: the Department of Health and Hospital and Health Services consider how telehealth can be used to provide services for consumers with a disability to improve their access to health services the Department of Health consult with Deaf Services Queensland to explore arrangements to improve access to health services for hearing impaired patients by using telehealth for Auslan interpreting the Department of Health inform Hospital and Health Services about arrangements for Auslan interpreting by telehealth and monitor implementation of those arrangements. 	The Department of Health will work with the National Disability Services, Deaf Services Queensland and the Hospital and Health Services to identify opportunities to improve access to health services for consumers with a disability.
7. Evaluation of telehealth services	The committee recommends that the Minister for Health ask the Department of Health to: • take steps to validate and quality assure its telehealth activity data for 2012-13 and 2013-14 to determine whether it is an accurate record of	The Department of Health will continue to monitor the quality of telehealth activity data captured as part of statewide statistical collections. Validation of the data is

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	 telehealth activity across the state during this period develop and implement measures to ensure the integrity of telehealth activity data for Hospital and Health Services and clinic types in the future. 	conducted at the time of data entry, on submission to the Health Statistics Branch and prior to submission to the Commonwealth. • The Department will continue to provide end user training, education and supporting guidelines to ensure comprehensive understanding of data collection requirements and promote timely and accurate capture of activity data.
8. Barriers and enablers to telehealth implementation	 all Hospital and Health Services and the Department of Health place greater emphasis on clinician engagement and change management in the future development of telehealth in Queensland the Department of Health develop a communication strategy to foster Hospital and Health Service and clinician engagement and support for telehealth, including the provision of information about plans for, and progress in the implementation of telehealth improvements. 	The Department of Health will continue to collaborate with Hospital and Health Services, Statewide Clinical Networks and key stakeholder groups to drive engagement and promote telehealth adoption across the clinical workforce. The Department of Health in collaboration with the Hospital and Health services will define statewide and localised communication and engagement strategies and disseminate activity and performance reporting against the Hospital and Health Service key performance indicator for telehealth as defined in relevant Hospital and Health service agreements.

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9. Barriers and enablers to telehealth implementation	The committee recommends that the Minister for Health consider whether a statewide telehealth scheduling system should be implemented to facilitate the effective and efficient use of telehealth to deliver health services.	The Department of Health will consider options in regard implementation of a statewide telehealth scheduling system in the context of the broader e-health agenda.
10. Barriers and enablers to telehealth implementation	The committee recommends that the Minister for Health ensure that there is an accessible on-line repository of relevant telehealth guidance material including documents developed to support delivery of services by telehealth in specific specialties or types of clinic.	The Department of Health currently maintains a variety of online resources designed to support planning, implementation and delivery of telehealth services. The Department will continue to develop and publish material including resources to support provision of telehealth in specific specialties or clinic types.
11. Barriers and enablers to telehealth implementation	The committee recommends that the Minister for Health direct the Department of Health, in consultation with Hospital and Health Services, to identify any policy or legislative barriers to the use of telehealth to deliver health services and to propose steps to address those barriers.	The Department of Health currently publishes information regarding credentialing and medical indemnity as it pertains to telehealth and will seek legal advice in relation to any policy or legislation which is determined to be a barrier to the use of telehealth in Queensland.

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12. Resources and incentives	The committee recommends that the Minister for Health consider directing the Department of Health to include telehealth in its Service Delivery Statements, which would include the development of appropriate service standards.	The Department of Health will recommend a new service delivery standard be defined for all Hospital and Health Services to report on the percentage increase of the number of non-admitted patient telehealth service events reported annually.
13. Resources and incentives	The committee recommends that the Minister for Health ask Hospital and Health Boards to consider redirecting any savings in Patient Travel Subsidy Scheme expenditure that arise from telehealth service delivery back to supporting telehealth, in particular ensuring that the rural health workforce is able to support telehealth.	The Minister for Health will write to Hospital and Health Service Boards requesting consideration be given to the redirection of savings in Patient Travel Subsidy Scheme expenditure that arise from telehealth service delivery back to supporting telehealth.
14. Planning and integration of telehealth into service delivery	The committee recommends that the Minister for Health direct the Department of Health to: • review the objectives of the telehealth program for 2013-14 to 2016-17 and communicate clear objectives to Hospital and Health Services, staff and stakeholders • develop measures of the effectiveness and efficiency of the telehealth program to evaluate it and to inform decisions about future delivery of health services via telehealth	The Department of Health will review the objectives of the telehealth program for 2013-17 and provide annual action plans to Hospital and Health Services and key stakeholders. The Department of Health will collaborate with the clinical workforce and academic partners to identify safety, clinical effectiveness and cost effectiveness

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	 include performance measures that take account of the safety, clinical effectiveness and cost effectiveness of telehealth, and the financial and social impact of telehealth on patients. 	measures and seek to determine the financial and social impact of telehealth on patients.
15. Planning and integration of telehealth into service delivery	The committee recommends that the Minister for Health consider including telehealth implementation performance targets in the employment arrangements for senior executives in the Department of Health and chief executives of Hospital and Health Services.	Key performance targets promoting telehealth expansion are included in rural and remote Hospital and Health Service Agreements in 2014-15. The Department of Health will consider a performance indicator for telehealth as part of the KPI governance and prioritisation process for the 2015-16 Hospital and Health Service Agreements.
16. Planning and integration of telehealth into service delivery	 The committee recommends that the Minister for Health ensure that the Department of Health: consider chronic disease management programs in its planning for telehealth implementation commence, as soon as practical, the collection of relevant data to enable analysis of the impact of telehealth on hospital admissions and hospital avoidance consider options to make arrangements for longer term independent research on the impact of telehealth on hospital admissions and hospital 	The Department of Health will continue to consider telehealth strategies in its planning for chronic disease management programs. The Department of Health will monitor research outputs and work with academic partners to review and contribute to the evidence base relating to the impact of telehealth on chronic disease management, hospital admission and hospital avoidance.

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17. Planning and integration of telehealth into service delivery	avoidance, including commissioning an independent study in collaboration with other organisations. The committee recommends that the Minister for Health ensure that the Department of Health and Hospital and Health Services continues and expands the use of Queensland's telehealth network for the professional development of the rural and remote health workforce.	The Department of Health is engaging with cross-departmental and Hospital and Health Service educational and professional development units to expand utilisation of the telehealth network to support ongoing professional development of the rural and remote workforce.
18. Planning and integration of telehealth into service delivery	The committee recommends that a committee of the next Parliament consider further inquiring into the Department of Health's implementation of telehealth and its expenditure of the \$30.9 million allocated for telehealth for the four years commencing in 2013-14.	Noted