Queensland Health

Telehealth Strategy

2021 - 2026
Telehealth Strategy
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For more information contact: Telehealth Support Unit, Clinical Excellence Queensland, Department of Health, GPO Box 48, Brisbane QLD 4001, email Telehealth@health.qld.gov.au.
An electronic version of this document is available at www.health.qld.gov.au/telehealth

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Message from our executives

Telehealth has transformed the delivery of healthcare to all Queenslanders; augmenting the traditional mode of traveling to a facility for care, to allowing a consultation to take place from any location that has an internet or phone connection. Consumers have embraced this method of care and the number of telehealth sessions has increased year on year, with the recent COVID-19 pandemic providing a need for an expansion in capacity.

As the population in Queensland increases, putting pressure on the health service statewide, having new digital capability that allows inclusive care from any location, is a critical pathway for the future. This Telehealth Strategy articulates the future for remote care, adding tools available to health professionals, connecting personal technology, increasing remote monitoring and moving to proactive care in the community.

With the increasing digitisation of services and information, the opportunity to collaborate using technology as a communication channel has never been greater, and as new tools become available, they can be added into the platform. In addition to its convenience—for patients and clinicians alike, as well as its financial benefits available to the system as a whole—telehealth continues to make healthcare more accessible than it has ever been.

I am excited about the future of telehealth in Queensland. This strategy outlines how we will continue to drive healthier outcomes for Queenslanders wherever you are. Clinical Excellence and eHealth Queensland have developed a formidable partnership in supporting these outcomes and I am looking forward to fulfilling this strategy with our Hospital and Health services for all of Queensland.

Damian Green
Deputy Director-General, eHealth Queensland
and Chief Information Officer, Queensland Health

Significant system and cultural change is often gradual. And while Queensland is a national leader in telehealth, it was the COVID-19 pandemic, and our agile response to it, that pushed us all forward, closer to a more telehealth-accepting future. Because we needed to physically distance, we were compelled to stay connected using technology. We became more confident and comfortable using these tools, and we realised that there are some activities that we could do virtually, and that connection can be at least as good as or sometimes better than face-to-face.

Importantly, our consumers told us that they want the option of telehealth for consultations. They want their healthcare providers to be able to easily communicate with each other. They want to interact with hospitals in the way that suits them, similarly to how they interact with their bank or an airline. They also want these interactions to be secure, and simple to initiate and navigate.

The Telehealth Strategy 2021-2026 capitalises on the momentum of technology acceptance, the community motivation, and our organisation’s desire to deliver a positive consumer experience alongside safe and efficient care.

The increased uptake of telehealth over recent years signals that Queensland Health is driven to embrace new ways of managing our essential services, supporting equity across the state. This Strategy aims to broaden the range of services offering telehealth, expand telehealth beyond videoconferencing, and connect with related innovative models of care.

Our vision is to enable consumer-centred care delivery for any model of care or physical location. I hope you will join us on our voyage.

Shelley Nowlan
A/Deputy Director-General, Clinical Excellence Queensland,
Queensland Health
Consumers are able to better access care wherever they live, and receive high-quality care closer to home, meaning less time away from community, work and school.

Clinicians can benefit from peer support, professional development opportunities, and reduced isolation, while delivering high-quality care from wherever they are.
Introduction

The Telehealth Strategy (The Strategy), jointly developed by Clinical Excellence Queensland and eHealth Queensland, sets out the future direction of the Telehealth Program. Extensive stakeholder engagement in preparation of this strategy identified the need for targeted investment, clinical advocacy, policy development and governance. Supporting these recommendations will ensure Queensland Health maintains a position as an international leader in the delivery of healthcare through telehealth.

Strategic Context

Queensland’s widely distributed population requires the support of a network of public hospitals and multipurpose health centres located throughout the state, including rural and remote Queensland. There has been significant investment in telehealth software and hardware end points, as well as in the supporting network.

Telehealth enabled care offers the greatest benefit to rural and remote communities, enabling high quality care without the need to travel to a large tertiary hospital. Such health facilities are limited in the capacity of services that they can provide due to healthcare infrastructure and workforce, which has been traditionally focussed in areas of high population density. There are also significant benefits to metropolitan based patients by providing access to high volume specialist clinics through telehealth, in their home.

The vision proposed by this strategy is to enable consumer-centred care delivery, monitoring, collaboration and education, for any model of care or physical location.

To deliver on this vision, Queensland Health will leverage the existing telehealth infrastructure as the foundational platform to innovate and meet the changing needs of our clinicians and their patients. This will be achieved through:

- promoting the use of telehealth across Queensland within the public health sector and in the broader community;
- developing changes to policy and standards to create a consistent and well understood environment for the use of telehealth;
- refreshed governance model with a focus on providing an expert advisory function;
- defined funding, investment strategies, and incentivisation models that will deliver mature and sustainable telehealth enabled models of care;
- offering technical solutions with a focus on seamless clinician and patient experience; and
- collaborating with relevant organisational initiatives such as virtual healthcare and satellite hospitals.

Related Queensland Health strategic documents
What is clinical telehealth?

Telehealth is the delivery of health services using information communication technologies and ties in with many innovations in healthcare. Clinical telehealth uses dedicated technical infrastructure, so those services are prioritised over other communication technology uses. But telehealth is more than videoconferencing. Queensland Health supports a variety of functional and secure technology enabled models of care, with the main categories being:

- **eConsultation**
  A type of telehealth where healthcare providers can communicate online, requesting and receiving timely clinical assessments. The patient is not present during an eConsultation and the communication that occurs between the healthcare providers does not happen in a real-time videoconference. Instead, eConsultation involves the asynchronous electronic transmission, receipt, storage, retrieval, and assessment of digitised clinical data between healthcare providers. Different to a referral, an eConsultation offers healthcare providers the opportunity to continue managing patients locally, by having the ability to access timely specialist advice.
  eConsultations support the continuity of care of patients with their local healthcare professional, and support reduction of unnecessary referrals, helping reduce demand on Queensland’s hospitals.

- **Remote Patient Monitoring (RPM)**
  Technology to enable patients to be monitored outside conventional clinical settings, meaning they can go home instead of staying in hospital. RPM is relatively new to Queensland Health. It is recognised that improvements to technology and bandwidth will meet a demand for patients to receive more services in their home where clinically appropriate.

- **Clinical videoconferencing (VC)**
  The most common method of delivering telehealth services in Queensland. It allows two or more parties to interact with each other by the simultaneous exchange of video and audio, substituting the need for an in-person service.

Queensland’s clinical telehealth journey

Queensland’s clinical telehealth program is acknowledged as mature by national and international standards. This has been achieved through recognition of the importance of telehealth and related programs at a Queensland Government level. The telehealth program has demonstrated its flexibility and responsiveness, catering to more than double the usual demand during Queensland’s response to the COVID-19 pandemic. During this time, 5 per cent of total specialist outpatient activity was delivered by telehealth, with year-on-year growth averaging above 30 per cent. An enthusiastic and well organised network of technical and coordination teams have supported this growth, while also optimising the delivery of care.

The spike in activity from March 2020 demonstrates Queensland Health’s increased use of telehealth in response to the COVID-19 pandemic.

In addition to the existing foundational telehealth service, new technology has meant that in the last 5 years, several new telehealth enabled models of care have emerged. These include TeleCardiac stress testing, remote patient monitoring and procedural telehealth in remote trauma situations. It is expected that as accessibility and connectivity improves, uptake of telehealth services will increase.

Proportion of telehealth by services model, Queensland Health, 2019-2020

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-admitted</td>
<td>68.16%</td>
</tr>
<tr>
<td>Admitted</td>
<td>4.61%</td>
</tr>
<tr>
<td>Emergency</td>
<td>0.50%</td>
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<tr>
<td>Mental Health</td>
<td>24.30%</td>
</tr>
<tr>
<td>eConsult</td>
<td>2.43%</td>
</tr>
</tbody>
</table>

Source: Telehealth Support Unit, Healthcare Improvement Unit, Clinical Excellence Queensland

Total number of Non-admitted patient telehealth service agents, by month, by financial year

Source: Monthly Activity Collection and Queensland Health Non-Admitted Patient Data Collection, Queensland Health
Queensland’s clinical telehealth landscape

The challenges of providing effective and efficient healthcare across Queensland are complex, compounded by limited access to infrastructure, geographical distance and unique community profiles.

### Telehealth – current state

There are currently over 100 specialty services provided through telehealth today, supporting growth in multiple models of care. This equated to more than 745 telehealth enabled clinical events per day in 2019-2020.

- **More than 272,800** clinical telehealth events reported across Queensland in 2019-2020
- **More than 12,500** admitted patient telehealth events
- **More than 185,900** non-admitted telehealth service events
- **More than 66,290** mental health telehealth provisions of service

### Challenges to accessing healthcare services are increasing:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>In 2016-17</th>
<th>Expected in 2026-27</th>
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<tbody>
<tr>
<td>GP presentations</td>
<td>24 million</td>
<td>32 million</td>
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<tr>
<td>Presentations to emergency departments</td>
<td>1.9 million</td>
<td>2.6 million</td>
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<tr>
<td>Non-admitted patient services provided in public hospitals</td>
<td>5.9 million</td>
<td>9.3 million</td>
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<tr>
<td>Hospital admissions</td>
<td>2.5 million</td>
<td>3.7 million</td>
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</table>

### Telehealth is expanding access to new and innovative models of care:

- **Patients with chronic conditions can be better monitored and managed through remote monitoring**
- **Better access to specialist and other traditionally hospital-based service**

**People in remote and very remote areas said not having a specialist nearby stopped them from seeing one**
(Source: Survey of Health Care: selected findings for rural and remote Australians Australian Institute of Health and Welfare, 2018)

**Annually more than 71,500 patients**

**Travel great distances to access healthcare**
(FYTD 2021-2022 to May – PTSS)
To transform telehealth we will need to overcome...

### Health services challenges

- **Current service delivery and funding model does not adequately support all participants/contributors involved in clinical consultations**
- **Better alignment is required between telehealth incentives and patient travel subsidies, to ensure that patient experience and convenience is maximised**
- **A perception that telehealth increases demand on rural facilities’ capacity and funding**
- **A complex administrative process to coordinate both ends of a telehealth appointment**
- **Telehealth equipment is not easy to access or use**
- **Funding models trail technical capabilities in the development of emerging telehealth models of care**
- **Telehealth services unit is limited to business hours for most services provided to patients**
- **Patients are able to access care at or closer to home for many services, supported by policy and performance indicators that reduce patient travel**
- **A standardised, centrally supported and managed set of user friendly capabilities, based on user requirements and service needs**
- **Funding models are responsive to new and innovative models of care**
- **Telehealth is recognised as a sustainable and safe mode of care delivery, and is the default choice for patients and clinicians alike**

### Telehealth - Future State

- **Telehealth services are seamlessly scheduled and initiated from a single portal and fully integrating with other scheduling applications**
- **Service delivery and funding models are fit for purpose, encourage ongoing adoption and are not a barrier to implementing telehealth or virtualised models of care**
- **Patients are able to access care at or closer to home for many services, supported by policy and performance indicators that reduce patient travel**
- **A standardised, centrally supported and managed set of user friendly capabilities, based on user requirements and service needs**
- **Funding models are responsive to new and innovative models of care**
- **Telehealth support grows commensurate with clinical need and is responsive to emerging models of care and technical advancements, e.g. virtual healthcare, remote patient monitoring etc**

### ICT challenges

- **Connectivity and networking will need to meet the peak demands**
- **Limited agility and ability to innovate and upscale due to organisational structure and capability limitations**
- **Lack of remote patient monitoring, scheduling and eConsultation platforms**
- **Limited "off the shelf" integration of digital collaboration platforms and tools**
- **Connectivity, bandwidth and digital disadvantage in remote and other locations**
- **Heavy reliance on manual processes and resources to facilitate new clinic setup and maintenance due to lack of interoperability**
- **Appropriate and adequate cybersecurity controls are needed to ensure patient confidentiality and integrity of patient information**
- **Cumbersome user experience when the end to end service is considered**
- **The rollout of other software based collaboration tools has led to confusion over what services to use**
- **Wi-Fi in some facilities is unable to support wireless telehealth**
Benefits

Consumers
Telehealth enables better access to healthcare regardless of where people live, improving healthcare equity. Telehealth is consumer centred, providing care closer to home, resulting in less time away from community, workplace and school. Convenient and safe, high-quality care is easily accessed through Queensland Health’s Telehealth Program.

- Videoconference consultations with a specialist from home.
- Having your condition monitored at home.
- Improving communication between your GP and specialist services.
- Better coordination of all the health services you access.
- Supports improved carer involvement.

Telehealth means that access to healthcare no longer requires me to travel, sometimes long distance, just to access care.

Goal
By 2026, through implementation of the strategy, investment in infrastructure, and improved administrative and clinical processes, every Queenslander will be considered, and where clinically appropriate have the choice to access their healthcare by telehealth.

Healthcare partners
Telehealth supports GPs to provide continuity of care for patients by making it easier to access specialist advice and support. Partnership with hospital specialist services is enabled by methods of communication that suit the busy primary care environment.

- Participate in specialist consultations with patients via videoconference.
- Access specialist advice through eConsults.
- Extend the scope of primary care to manage patients locally through video-enabled case conferencing e.g. Project ECHO

Goal
By 2026 Clinicians feel confident and recognise the benefits of delivering health services to their patients using telehealth.

Telehealth aids delivery of local access in a more timely manner, breaking down barriers to quality healthcare.
Clinicians
Telehealth is easy to use, reliable, integrated into workflows, and supported by locally available expertise. Telehealth provides a way for clinicians to deliver safe, high quality healthcare from wherever they are. Telehealth improves access to peer support and professional development for the clinical workforce, helping to reduce clinical isolation and contributing to the recruitment and retention of skilled clinicians in rural and remote communities.

“ I feel confident and supported to use telehealth as a safe and effective way of delivering care to my patients.”

Goal
By 2026 clinicians feel confident and recognise the benefits of delivering health services to their patients using telehealth.

The health system
Telehealth supports a sustainable, effective and efficient health system by delivering services in the most appropriate setting to optimise capacity, manage growth in demand and advance value-based healthcare. Policies and funding for telehealth services incentivises and promotes telehealth uptake. As the clinical workforce is our major asset, telehealth helps to optimise their capacity and capability by making the best use of their time and by enhancing their scope of practice through access to professional development opportunities.

“ Telehealth offers us a great opportunity to deliver high quality healthcare while meeting the increasing demand for healthcare from Queenslanders.”

Goal
By 2026, the health system is better optimised using inpatient, emergency, eConsult and Remote Patient Monitoring telehealth models of care.
Focus Area 1 - Emergency

Videoconferencing

Videoconferencing in the emergency setting is a well-established model of care within Queensland Health, enabled through Retrieval Services Queensland, along with its complimentary low-acuity advice service through the Telehealth Emergency Management Support Unit (TEMSU) and over 110 rural resuscitation bay videoconferencing solutions.

Expanding on this model into the future will require innovation in technologies to allow videoconference access across the patient’s entire emergency event (e.g. at the roadside, during transportation and within the facility).

In the future, emergency management will be further enhanced through technology features such as virtual waiting rooms, wearable devices, augmented reality and live annotation capability to improve safety and accuracy through earlier intervention and streamlined continuity of care. Procedural telehealth is a form of trauma care where surgeons use augmented reality to provide real-time procedural advice during surgery.

Real-time monitoring

In an emergency setting, access to real-time information on the patient’s condition is critical to optimising the continuity of care, patient safety and clinical communication. Allowing clinicians to seamlessly view vital signs, regardless of their location, will improve the integrity of clinical advice and system capacity.

eConsultation

eConsultation in the emergency context is the secure transfer of clinical information with the intent of providing rapid specialist advice, particularly where, for example, a high-quality image is more useful than a videoconference.

To provide a sustainable and scalable solution for eConsultation, with a focus on usability, alignment to Queensland Health’s information security standards is required.

What is needed to realise the future state?

- Rapid access to specialist support to ensure clinicians can quickly access appropriate support or supervision in emergency situations.
- Biomedical device integration to enable real-time visibility of patient vital signs.
- An eConsultation platform integrated with digital collaboration capabilities for faster and more appropriate communication between primary healthcare providers and hospital-based clinicians.
Patient Profile

G’day, I’m Barry. I’m a 55-year-old bloke who lives and works on a sorghum farm outside of Moura. An electrical fault caused a fire near one of my silos and started to engulf my shed very quickly. When I started trying to put out the fire, I suffered severe burns to my arms and chest, about 30% of my body. My wife saw the accident and called 000.

Patient Journey

Barry’s wife calls 000

An ambulance collects Barry and RSQ are consulted in the ambulance via telehealth

Barry is connected to biomedical devices which continually record his vital signs

Barry’s vital signs as well as some clinical procedure guidelines are displayed in smart glasses worn by the head clinician at the Moura Hospital

RSQ engage the on-call burns specialist in Brisbane

The Moura doctor wears camera glasses so the burns specialist can have a better image and angle of Barry’s injuries

Barry arrives at Moura Community Hospital and the team in the resus bay consult RSQ via telehealth using a dual camera system

Barry undergoes an emergency escharotomy in Moura guided by the Brisbane specialist, using a tablet with live annotation and collaboration tools

Barry’s surgery is complete, and he is stable to be transported to Brisbane for specialist care

Digitally enabled outcomes

• Improved safety and precision through advanced technologies
• Quicker access to specialist services
• Better coordination between care teams
• Seamless access to multidisciplinary clinicians
Focus Area 2 - Outpatient

Videoconferencing

Specialist outpatient services delivered by videoconference represents the majority of telehealth activity within Queensland. It also offers the greatest potential for growth with over three million in-person outpatient appointments delivered in 2018-2019. Numerous system-wide benefits are able to be delivered through the scaling of outpatient telehealth models of care, including reduced wait lists, reduced burden on physical facilities, increased patient attendance, less patient travel and equitable access to specialist services closer to home.

Future telehealth solutions will need to be device agnostic, as easy to use as consumer grade videoconferencing solutions, and will need to seamlessly integrate with a range of peripheral devices and digital collaboration platforms. This will encourage the scalability of outpatient telehealth, allowing clinicians and patients to effortlessly access secure telehealth services on any device, in any location, at any time.

Patient management

Many of the current telehealth clinics are at capacity using the current telehealth solutions, and are administered in a resource intensive manner. The future of high volume outpatient telehealth clinics requires a transformational change with new technical platforms to deliver greater patient throughput. Improving efficiencies of telehealth clinics will allow clinical services to focus on non-traditional patient groups, such as those living in metropolitan areas.

Patient communication

The implementation of online tools that provide clear and timely appointment information, rescheduling capabilities and enable patient preferences will improve patient experience, reduce confusion, increase patient attendance and improve system efficiency. Such online tools may also be a mechanism for providing cross-agency treatment plans and health promotion information to the patient.

What is needed to realise the future state?

| mHealth Apps are required to enhance patient-clinician engagement | Accessibility on any device to allow specialist appointments closer to home, or in the home. | A single telehealth online portal that includes booking of relevant telehealth equipment and shares information with patients. |
**Patient Profile**

Hi! I’m Lina. I’m a 16-year-old girl and I live in the suburbs of the Gold Coast. Last year I hurt my knee playing netball and had knee surgery. I’m due to be reviewed by my specialist.

**Digitally enabled outcomes**

- Reduced disruptions and travel time for the patient, patient remains within their community
- More equitable access to care
- Improved patient experience, patient empowerment
- Technology assists patient in self-care
- Primary carer has access to specialist advice
Inpatient telehealth models of care enable the provision of high-level specialist advice into facilities that do not have the capability to treat on-site. The benefits of inpatient telehealth include enabling patients to be admitted closer to home, to efficiently plan resource capacity across an HHS, and to virtually expand the capability of rural services.

To deliver inpatient telehealth at scale, videoconferencing capabilities are required to be seamlessly available at the patient’s bedside. Such a service should be available on any device amenable to patient care, such as Workstations on Wheels, Queensland Health managed tablet PCs, Patient Entertainment Systems or on patient devices.

The ability to allow staff working in rural and remote facilities to confirm the availability of and schedule time with specialists would support more systematic adoption of inpatient telehealth models of care. Advanced technology that integrates with videoconferencing platforms including live annotation, augmented reality and robotic-assisted procedures will also assist in the development of new inpatient models of care.

Among the various inpatient models of care, TeleHandover is a process where interdisciplinary teams utilise telehealth to provide clinical handover for patients transferring into hospital or between healthcare facilities. Patients who are complex, non-critical and requiring rehabilitation or ongoing care can benefit from TeleHandover by delivering increased clinician satisfaction, patient and family engagement, improved collaboration between teams and facilities, knowledge transfer, and efficient and safe high-quality handovers.

Providing care to higher acuity patients in an inpatient setting requires the availability of accurate and timely physiological data to support clinical decision making. Greater access to this information with real-time connections to biomedical appliances and stored patient data will allow for improved management of patients with increasingly complex conditions where geographic isolation is a significant barrier. Access to this data will allow real-time in hospital monitoring, either from a centralised monitoring station within a hospital, or remotely from another location.

What is needed to realise the future state?

- **Biomedical device integration and information sharing for real time vital-sign review**
- **Medical records access is required to ensure remotely located clinicians can provide timely and accurate advice**
- **At the bedside consultations and advice enabled through appropriate Wi-Fi and bandwidth, and telehealth on any device**
**Patient Profile**

Namaste. My name is Shruti. I'm a 43-year-old woman living in Chinchilla, west of Toowoomba. I am usually fit and well with no significant medical history, but lately I have had a cough that won’t go away, and my fever has been going up. I was starting to have difficulty breathing, so I went to the local hospital.

**Digitally enabled outcomes**

- Patient remains at home, with easier access to family and visitors
- Reduced travel and inconvenience for patients, carers and providers
- Better Hospital and Health Service capacity planning
Focus Area 4 - Integrated care

**eConsultation**

There is increasing evidence that improved collaboration between community based primary health providers and hospital specialists results in more efficient and effective uses of services as well as improved outcomes for patients. eConsultation platforms reduce barriers that traditionally exist between community and hospital health providers by allowing a quick, usable and secure exchange of information and expert advice on a patient’s condition. The implementation of eConsultation will provide greater levels of collaboration and shared care planning across care teams, enabling clinicians to provide more holistic care through access to specialist advice.

**Videoconference**

Patients and community healthcare partners will greatly benefit from integrated care enabled through videoconferencing on any device, at any location. Through implementation of web-based platforms, patients will gain access to care closer to home and community healthcare partners will be able to participate more meaningfully in the specialist care of patients.

**Remote patient monitoring**

Queensland will always have a need to invest in bricks and mortar health facilities to meet the changing needs of our population, however improvements in technology will systematically complement traditional models of care. Remote patient monitoring technologies, including wearable devices will allow for patients to remain in their home where clinically appropriate, and experience care comparable to an inpatient setting with ongoing monitoring of their condition.

Patients identified with chronic conditions may be better managed in non-traditional settings and identified early if their condition deteriorates. The integration of similar technology will also enable wellness models through cross-agency collaboration.

**Knowledge sharing**

Telehealth is a tool that supports better communication among clinicians, increases access to best practice care and reduces health disparities in both hospital and community settings. Online, interactive case discussions provide a platform for collaborative learning by primary care clinicians, educators and social care partners to empower providers to deliver their full scope of practice and reduce clinical isolation.

**Screening and diagnostics**

Models of care that seek to detect asymptomatic conditions within at-risk populations may be delivered with increasing economies-of-scale with telehealth technologies. Using these technologies, screening and diagnostic models can increase the reach of these programs into hard to access communities. Efficiencies can be realised by reducing the need for patient and/or clinician travel and the transmission of clinical information for remote assessment. Traditional screening and diagnostic services that have already successfully incorporated technical improvements include cardiac stress testing, Holter monitor assessments and the review of fundus photographs of patients at risk of diabetic retinopathy.

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**What is needed to realise the future state?**

- **The availability of screening and diagnostic programs would be improved by the accessibility of contemporary telehealth technology**
- **Knowledge sharing between clinicians, enabled through an education platform for collaborative learning**
- **Patients can be managed and monitored in their homes through remote monitoring programs and technology, particularly for patients with chronic illness**
Patient Profile

Hello, I’m Walter. I’m 64 years old and a proud Yuru man. I live in Bowen, in North Queensland. I have smoked all my life and have chronic obstructive pulmonary disease (COPD) which has been getting worse. The mob at the Girudala Community Health Service usually look after me but I often go to the emergency department at Bowen Hospital when I feel really bad.

Digitally enabled outcomes

- Remote monitoring allows rapid detection of any deterioration in condition
- Reduced travel and stress for patient
- Decrease in emergency presentations and hospital bed days
- Convenient interaction with physicians and clinicians
- Hospital care integrated with local indigenous care to meet patient’s needs and preferences
Through telehealth’s transformation of healthcare, patients, clinicians and communities will benefit from the new and enhanced services, closer to home, across the full spectrum of service delivery.
Key terms

**Telehealth**: The delivery of health services using information communication technologies e.g. videoconference, eConsult, and Remote Patient Monitoring.

**Patient**: A person who is receiving care in a health service organisation.

**Consumer**: A person who has used, or may potentially use, health services, or is a carer for a patient using health services.

**Co-design**: A meaningful and authentic process, supported by theory and tools, that uses common language, shares power and builds partnerships to co-create health services. Co-design considers consumers and community to be partners that are involved from the research and conception phase of an initiative (or reconceptualisation) through detailed planning, design, delivery and review. Source: Metro North Hospital and Health Service, “Co-designing with consumers at Metro North Health”

**Videoconference**: Live audio and video interactive link for clinical and educational purposes.

**eConsult**: The acquisition and storing of an image or health information for clinical purposes that is then forwarded to, or retrieved by, another clinician at another site for the purposes of clinical evaluation.

**Remote Patient Monitoring**: Telehealth services and equipment to monitor people’s health in their homes.

**Virtual Healthcare**: An emerging and broad term that encompasses all the ways healthcare providers and organisations remotely interact with patients, consumers and communities. While telehealth refers to the delivery of clinical care, virtual healthcare is a much broader term that refers to a variety of digital healthcare services. In Queensland Health, Telehealth may be regarded as an aspect of Virtual Healthcare.

Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>Clinician</td>
<td>an aggregate term for healthcare workers - doctors, nurses, allied health and others</td>
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<tr>
<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
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<tr>
<td>ECHO</td>
<td>extension for community healthcare outcomes</td>
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<tr>
<td>GP</td>
<td>general practice / general practitioner</td>
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<td>hospital and health service</td>
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<td>hospital in the home</td>
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<td>ICT</td>
<td>information communication technology</td>
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<td>ieMR</td>
<td>integrated electronic medical record</td>
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<td>VC</td>
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