

Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

Topic 15: Telehealth, interoperability and shared records - how to engage patients and embed change in your organisation

This topic was discussed by groups in Auckland and Wellington.

Auckland delegates' responses

Barriers/challenges	<ul style="list-style-type: none">• Clinicians want a perfect system• Good once a relationship is established, not good for starting• Patient needs to be briefed on limitations of telehealth• How to let the patient decide when to use• Decisioning challenge on what is right for telehealth• Open notes have downsides on information sensitivity• Pre-concept that a call from hospital going to hospital• DHBs spend less than 2% on it. Compare to banking at 4-8%• Value of calls vs visit to pharmacy care• Education that telehealth is an option + the benefits• Can't have effective telehealth without good data• Doctors still want to see a patient Face-to-Face first• For such a small and manageable population, our systems are too fragmented• Systems rollout is stopping at the core service (i.e., GP/hospital) not taking in paramedics, midwifery etc.• Different and non-consistent data coding standard• Shared records are a policy question. The technology exists to solve this• Telehealth needs to be used appropriately in course of clinical process• Is capacity or GP/hospital driving telehealth uptake• How best to show the value and benefit of telehealth• Hospital policies need to be updated to embrace new technologies• Access to data and devices to address social inequity challenges
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- How are communities educated on the appropriate use cases for telehealth?
- Security and privacy need to be carefully considered, electronically and in the setting where they are used
- Wi-Fi coverage is inconsistent across healthcare sites. Key enabler
- How does rural community get appropriate tech coverage first?
- How do we rollout telehealth and make it stick? How to go beyond the pilot
- How to cater for audio/visual impairment in telehealth settings
- Insurance cover cannot be accessed by healthcare providers
- How do preventative providers get integrated into the ecosystem
- How is telehealth positioned for different demographics/cultures?
- How to provide a safety net for vulnerable communities
- How do we energise the leadership to build a standard care
- How do we ingest records from overseas (for migrants and returning citizens/permanent residents)? How to interpret non-searchable records/objects
- How to develop foundational trust??
- How can the clinician trust the information being provided by a patient is true and accurate and not influenced?
- Is the barrier to telehealth adoption with the providers?
- How much of a barrier to telehealth access is the provision of foundational technology
- How to handle the upfront privacy disclaimers and physician security
- How to get an accurate record on consultation when focussing on the screen and how does the patient get an accurate copy?
- What is the cognitive impact of back-to-back telehealth sessions on clinicians?
- How do we capture stories from people to help inform the telehealth user experience development
- What are the legal implications of video recording a consultation
- Does sharing records increase the health outcome?
- How can all citizens get access to consistent service?
- How is the population educated about the delivery options available?
- How do we create a new model of care fit for now?
- Is the question more about how an organisation best services the patient?
- How do we address the price and perceived value of a telehealth consultation?
- How do we adapt delivery models to individual cultural needs?

	<ul style="list-style-type: none"> • How do outcomes get feedback to the medical team? • How can funding be distributed on a national basis rather than being constrained by DHB regions?
Solutions/ideas	<ul style="list-style-type: none"> • Ministry to provide standard security and privacy training to primary care providers • Learn from app store concept. Freedom within defined standard • Improved data collection + cleansing processes • Interface for practitioners should be standard. User needs to have their choice of interface • Get the patient to carry/provide access to their record. Be the integration point • Do we have high touch/in person first before going to telehealth? • Locate service delivery point in/close to marae so Māori men can access easily • Can the GP be based overseas? Why do they need to be based in NZ? • How about writing a prescription for technology enablement?

Wellington delegates' responses

Barriers/challenges	<ul style="list-style-type: none"> • No single pane view/complete picture • One way data input – how do we engage customer and empower them? • Interoperability – we have building blocks but fragmented national terminology service • Data duplication • Motivation – becomes a priority as it becomes a problem, support from DHBs not a priority • Engaging with consumer (patient and clinicians) – how? • Data: <ul style="list-style-type: none"> ○ Challenging private and public sector practice – access difficult ○ Consumer to drive own data ownership – could this help address the challenge? ○ Transparency key, trust is not a given • Equity: Navigator key – digital natives • How aware is the consumer of Telehealth? NOT VERY! • No common technology/process to support • Multi logons for other areas – Single Sign-on is desirable • Embedding change – natural upskilling through COVID
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	<ul style="list-style-type: none"> • Interoperability – not a level playing field, standards differ • Do we know why adoption has slowed – financial drivers? • Data standards: Complex, not level, playing field
Solutions/ideas	<ul style="list-style-type: none"> • 3rd party interoperability – wearables sharing • How aware is the consumer? Need to make sure benefits, how to access, why remote appointments, are clearly understood • Zero rated data – key to ensure equity • Data quality: <ul style="list-style-type: none"> ○ e.g., what’s dispensed vs. what’s taken ○ Standard set framework by MoH ○ Detail list of medication for ease of reference • Data sharing: <ul style="list-style-type: none"> ○ Customer access – right point in time ○ Specialist ○ Pharmacy • Embed change equitably – Change management must be lead from the top • Interoperability and shared data – booking process should be integrated with PMS/PAS • Benefit of the Telehealth in rest homes – comment about how this was unforeseen but very beneficial – key point here was there was a health navigator (in this case a nurse or care giver) that assisted to give older people confidence in using the technology • Good leadership needed to drive change: <ul style="list-style-type: none"> ○ Identify change champions. Show the value return, socially, financially ○ Challenge the bias • Enablement: <ul style="list-style-type: none"> ○ Technology to drive efficiency – free up nurses to focus on other areas ○ Instant access to services • How do you get SLT on board with Telehealth: <ul style="list-style-type: none"> ○ Show returns, value around DNAs ○ Find the middle ground – choice changes the perspective. It’s a journey

	<ul style="list-style-type: none"> ○ Reporting – integrate Patient-reported outcome and experience measures – get the feedback – show the results/benefits ○ Solutions and platforms need to be configurable ○ Creating momentum – speak up ● Very real barriers between DHBs - they are competitive in nature. How do we address this? <ul style="list-style-type: none"> ○ Share business cases! ○ Can we standardise on a portal ○ Build a culture of information and change ● Interoperability, shared data - supporting systems (underpinning) ● Leadership driving change: <ul style="list-style-type: none"> ○ Key but also consumer input very important ○ Clinical input also key ● Health Hubs for those who don't have access and likely will not ● Patient management system needs to include Telehealth approach/options ● Education on these options to assist driving behaviour changes: <ul style="list-style-type: none"> ○ Financial levers? ○ Social gains – demonstrated ● MoH can assist by funding POCs, then optimise ● Approach to change: <ul style="list-style-type: none"> ○ Top down and bottom up required – leadership to set targets, ensure appropriately funded and results measured. At the same time consumers need to be aware a service is available and the benefits of the service to them, so they can demand it ○ What customer need does this align? ● How do we design an equitable model? <ul style="list-style-type: none"> ○ Co-design ○ Benefits and evidence demonstrated – market ○ Interoperability, shared data feed into a successful design ○ Flexibility ○ Start non-digital – evolve digital is the enabler!
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