

# Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

## Topic 4: The future of telehealth

This topic was discussed by groups in Auckland, Wellington and Christchurch.

### Auckland delegates' responses

<b>Challenges/barriers</b>	<ul style="list-style-type: none"><li>• Access to devices and free connectivity?</li><li>• Are we studying telehealth with redundant technology?</li><li>• Are wearable good enough? How are they manufacturing to ensure transformative for health system?</li><li>• Big increase, virtual consultation</li><li>• Break business hours issues</li><li>• Break the business tools? Continuity of care, is that a blocker?</li><li>• Can clinicians get enough information to make an informed diagnosis?</li><li>• Channel use being prescribed → frustration</li><li>• Channels and perspectives</li><li>• Clinicians became IT techs</li><li>• Consumers:<ul style="list-style-type: none"><li>○ Pushback → quality of consult, value perception, visual trust</li><li>○ Consumers' value perception gets in the way</li><li>○ Consumers are driving/demanding → clinician input?</li><li>○ Not consumer focused</li></ul></li><li>• COVID drove this far but is that sustainable?</li><li>• Does it need to include a physician?</li><li>• Funding:<ul style="list-style-type: none"><li>○ Creating capacity for self-funding</li><li>○ Funding model has changed for ACC consultations</li></ul></li><li>• GPs look at everything going on from total physical view</li><li>• Healthcare loves data driven decisions. Does telehealth facilitate the creation of this set?</li></ul>
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- How do you regulate telehealth in the private market?
- How does clinician collect enough information to make an informed decision
- How does telehealth assist in gaining insights? Not just data transfer and collection?
- How to triage → face to face vs. online
- How will physical ailments be managed?
- In “real COVID” countries, T/H is the new normal and has been systematically entrenched
- Is access and digital divide in the way?
- Is telehealth the wild west? Could it be as rogue as Facebook?
- Loneliness, compassion, touch, humanity → how do these happen?
- March 22 → COVID drive to digital. Voice and fax did work to an extent but cashflow suffered
- Needs scale, needs commitment
- Not just a transaction, need to observe all and build trust
- One size does not fit all, what is the value to each cohort/demographer/need?
- Overnight change due to COVID
- Partial expectation, e.g., especially for physio
- People centred, communication is more difficult
- Perceived value of telehealth consult
- Post lockdown, revert to as old ways
- Privacy → not all 3T spaces are private. Hearing disabilities
- Role of IoT and data collection → distribution
- Still much to do to get clear on scope
- Telehealth = data feedback, data integrity risks
- Telehealth needs entire industry’s co-operation
- Telehealth vs. digital health? What are we talking about?
- Telehealth: Will it move us to enable individual based funding?
- Training of medical professionals doesn’t include tech. How should this work?
- Wearable not as accurate
- What does telehealth mean, scope, engagement with the sector that isn’t face to face?
- Who’s been left behind? Patients and clinicians

	<ul style="list-style-type: none"> <li>• Why can't it be like an Uber engine?</li> </ul>
<b>Ideas/solutions</b>	<ul style="list-style-type: none"> <li>• Can collect all the information at home, then show your clinician in qualified engagement</li> <li>• Central reporting of all individual health data, fed by devices</li> <li>• Clinician to clinician valuable, especially for specialist expertise</li> <li>• Data is basic fundamentally, so everyone can analyse the consequences of data and how it is used</li> <li>• Education: → value health data, education for health workers, education to ensure safe devices and use</li> <li>• Informal consent of data privacy</li> <li>• Invest in access</li> <li>• Messaging as a way of avoiding anxious response</li> <li>• Not just a diagnosis but a community insight</li> <li>• Not just video consult, also smart devices, IoT</li> <li>• Open credibility to other jurisdictions, telehealth as a lever to bridge the gap and commence</li> <li>• Patient device, tele-medicines, another channel, choice, consumer control</li> <li>• Quality of the interaction, not just admin and hygiene</li> <li>• Real value in digital only clinics to consumer</li> <li>• Should there be access to funding → devices?</li> <li>• Specific and focused</li> <li>• Surgeon perspective → telehealth vital to integrated care and post traumatic intervention</li> <li>• Targeted intervention, delivered to the clinician that is relevant</li> <li>• Telehealth as a proactive promoter of health education and advice guidance → individualised, specific and targeted</li> <li>• Telehealth as part of breaking service how constraints and crisis/emergency management?</li> <li>• Telehealth facilitation patient engagement and empowerment</li> <li>• Telehealth gives choice for patient</li> <li>• Telehealth is a continuum → in and around care</li> <li>• Telehealth to manage chronically ill in their own homes, critically ill in hospitals</li> <li>• The value is cross-clinician to consumer, shift the power</li> <li>• UX → one to many. Single, universal, multi-channel</li> <li>• Very few did not attend post COVID on telehealth</li> <li>• Wearables and the ability to collect information</li> </ul>

	<ul style="list-style-type: none"> <li>• Whole environment monthly management</li> </ul>
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## Christchurch delegates' responses

<b>Challenges/barriers</b>	<ul style="list-style-type: none"> <li>• How do you enable the culture to sustain tele consults as the norm?</li> <li>• How or what to do with the data</li> <li>• The final answer of data analysis still needs a specialist to review etc.</li> <li>• Is the use of Tele consults over COVID/pandemic setting good enough to continue outside of pandemics – is it sustainable?</li> <li>• Is the word “Tele” old? Is it virtual health? This needs to be a person-to-person care-to-care transformation</li> <li>• What could the consumer do to be more proactive?</li> <li>• Are nationalising standards etc. going to slow things down?</li> <li>• How to measure, KPI etc. across the country – patient experience, data available, no shows etc.</li> <li>• Data, metrics etc. need to make the doctor a better doctor – both culturally and diversity</li> <li>• Virtual care is difficult for some people</li> <li>• This needs to be integrated into workflow. With virtual waiting rooms, hand offs to other clinicians, how does it work for registrars?</li> <li>• How do you stop change fatigue for patients/users</li> <li>• Currently, a lot of time is spent on why not, rather than just doing it</li> <li>• Barriers are high on the journey to telehealth: <ul style="list-style-type: none"> <li>○ Funding</li> <li>○ Records</li> <li>○ Training</li> <li>○ Culture</li> <li>○ Patient consent</li> <li>○ Privacy</li> <li>○ Security</li> </ul> </li> </ul> <p>Therefore, this is going to be a long journey</p>
<b>Ideas/solutions</b>	<ul style="list-style-type: none"> <li>• AI – needs to be built into virtual health</li> </ul>

	<ul style="list-style-type: none"> <li>• Access to data: All patient data needs to be available; patients need access to their own data and have more control over engagement, i.e., bookings, scheduling</li> <li>• Allow specialists to co-collaborate across regions/countries on different disciplines and giving them the right tools for their job</li> <li>• APIs between legacy systems to enable comprehensive view – seamlessly</li> <li>• Automated systems with rules around conditions being met then they need to see this video etc.</li> <li>• Bookings, patient records, workflow, extended services</li> <li>• Can be an enabler and improve care across population</li> <li>• Care or consults available 24/7 for all communities. Also bring in wider groups like employees</li> <li>• Charging is the same in person and virtual</li> <li>• Communication and training on tools available</li> <li>• Communities or like-minded – connections with same disabilities or focus</li> <li>• Could the consults be free on the phone?</li> <li>• Covid has set standards for GPs and some prefer it now</li> <li>• Culture is very important</li> <li>• Data and AI key - interoperability</li> <li>• Data, events, history monitoring, on a dashboard, AI, machine learning – patterns</li> <li>• Digital health navigators – tech checks</li> <li>• Establishment of a relationship may need to be there to enable telehealth – options need to be developed on levels for engagement</li> <li>• Exception process, i.e., maybe 90% can be done via Tele consults but a small percentage can still be done face-to-face</li> <li>• Flexible funding solutions – in primary care – to enable people to use any GP/clinician/specialist at any time</li> <li>• For telehealth, everything needs to be connected, i.e., meds, x-ray – interoperability across everything</li> <li>• Channels: Have the right channels of care, e.g., aged care, youth,</li> <li>• Health providers – Telehealth needs to be flexible to all communities</li> <li>• How to monitor body language, i.e., sweats, hands, body movement</li> <li>• In person consults can be deemed from all data/history/triage from tele consults</li> <li>• Integrate health systems for single platform consults to enable and include APIs, bookings, reminders, notes, meds, etc., so everything is at fingertips</li> <li>• Interoperability</li> </ul>
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	<ul style="list-style-type: none"> <li>• It would be beneficial for the MoH to create standards etc., but not to enforce stewardship</li> <li>• Leverage global processes and expertise</li> <li>• More area information needs to be available to caregivers – repository of care available</li> <li>• Multi-disciplinary teams across geographic areas</li> <li>• New models of care, like GPs attending outpost etc.</li> <li>• New technologies need to be included in Tele consult solutions, i.e., technology like HoloLens, AI, wearables</li> <li>• Opportunity to leverage global capability/expertise</li> <li>• Peer to peer – bringing it in seamlessly</li> <li>• Repository of data</li> <li>• Start by prioritising what goes first etc. – map our journey</li> <li>• Telehealth word should mean everything, not just consults</li> <li>• The pro is that whānau can attend from anywhere</li> <li>• To share across world and leverage services will cut down financial burden of NZ</li> <li>• Training and confidence to make tele consults more mainstream as COVID has shown it's proven useful and is preferred</li> <li>• Training is key – reading people, enable levels of comfort and confidence</li> <li>• Triage Bot – pre-screening</li> <li>• Upscaling unregistered workforce to get tail end of population to use Telehealth</li> <li>• Use co-design to include all players in journey and interactions, i.e., a GP has different day-to-day process than a urologist</li> <li>• Virtual care: Can extend the services, i.e., available rooms, technology has got more reliable</li> <li>• Wearables etc. are the future of telehealth and can change outcomes and save costs/time – reactive to proactive care like diabetes, sleep, heart monitoring</li> <li>• What is telehealth? Is it just consultants or medicine? It can be all sorts of things including paper, face-to-face etc.</li> </ul>
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## Wellington delegates' responses

<b>Challenges/barriers</b>	<ul style="list-style-type: none"> <li>• Approximately 30% to conversion rate</li> <li>• What's the liability of clinicians (when they get it wrong) on Telehealth as hard to diagnose over technology?</li> <li>• Payment structure needs to be sorted, i.e., sending invoices not good</li> <li>• Validation of wearables – is it working, i.e., changing health outcomes?</li> <li>• Access to clinical records, and plan of care needs to be connected</li> <li>• Clinicians need to be trained appropriately</li> <li>• How would the clinician/GP be paid ongoing... if more people go to tele consult – who would get the revenue, or allocation?</li> <li>• Data accessibility – i.e., finding information about my condition</li> </ul>
<b>Ideas/solutions</b>	<ul style="list-style-type: none"> <li>• Used across all parts of sector, i.e., nursing, patient engagement</li> <li>• No standard way of doing telehealth – narrow down to a “platform” – consistency of process</li> <li>• Needs to be council for standards</li> <li>• Tele consults: Need to be a permanent solution – options need to be there within solutions, will have a positive impact on equity</li> <li>• How do we make the funding model change to absorb another medium? Don't make funding a barrier</li> <li>• Create modes of access for population that doesn't have access to technology, i.e., pharmacy, employer, community, ARCs</li> <li>• Repository of solutions where case studies, examples of who has done what, are shared across sector</li> <li>• Consultations for all cultures and communities for what telehealth is – to gain support</li> <li>• Have levels of teleconsultations, i.e., nurse/triage clinician... like Healthline</li> <li>• Form telehealth working group to communicate standards, case studies, research, repository of everything telehealth</li> <li>• Telehealth to augment care, not replace existing relationships</li> <li>• External devices like remote monitoring devices feed into Telehealth external monitoring – wearables</li> <li>• Access to more data for patient to change care, medications etc.</li> <li>• Access to where, when, etc. of delivery of care</li> <li>• Need to build in new augmented reality</li> <li>• Telehealth needs to be another channel of care/engagement</li> <li>• Digital enablement needs to be adopted across all</li> <li>• Options for telehealth, i.e., consult, remote monitoring need to be available</li> <li>• A need is there for a consumer led solution for access to own health data</li> </ul>

	<ul style="list-style-type: none"> <li>• Ease, quality, affordable, choice of connectivity needs to be thought out first</li> <li>• Telehealth to provide more structure of care, i.e., mental health – consistency of provider</li> <li>• Carry out analysis to find out how telehealth would save costs across the sector</li> <li>• Consumer will drive telehealth – needs to be a consumable solution</li> <li>• Telehealth is just part of care, needs to be simple, part of day-to-day, routine clinic appointments, all tools would be the same, whether face-to-face or online</li> <li>• Remote telehealth enables cost savings and is good for those with time constraints</li> <li>• Prototypes needs to be run and POC/output for effectiveness – standards and governance are hard but need to be a process developed</li> <li>• Capital intensive diagnostic devices, i.e., connected – this should feed into telehealth as well</li> <li>• Develop innovation teams – across sector – to trial solutions to feed into Telehealth</li> <li>• Create commercial partnerships to develop Telehealth solutions, i.e., extend consults into what? IOT automation, remote monitoring</li> <li>• POCs need to be sustainable, outside of POC timeframe</li> <li>• Engage universities early for design thinking</li> <li>• How to standardise as a consumer solution – exploit it</li> <li>• Needs to be patient-driven</li> <li>• Free data for patients who don't have access to technology/or can afford it – MSD?</li> <li>• Accessibility at the workspace for calls, etc.</li> <li>• Can't be GP opt in – needs to be standard</li> <li>• Training for all – i.e., if introvert, make sure they are comfortable</li> <li>• Wearables data needs to be embedded into clinical record</li> <li>• Patient data needs to be owned by them, can opt into sharing in clinical record</li> <li>• Bring the young into the fore for new ways of working</li> <li>• Remote/wearables monitoring into clinical record</li> <li>• Governance and standards need to be developed</li> <li>• Accessibility for patients, i.e., community, church, employer</li> <li>• Training for clinicians to be easy, no choice</li> <li>• Levels of care, i.e., triage for nurses, referrals and GP consults within Telehealth</li> </ul>
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	<ul style="list-style-type: none"><li>• Innovation of IOT/data need to be developed</li><li>• Share POC details across sector – this needs to be easily available</li><li>• Work needs to happen on equitable consults</li><li>• Engage the younger generation to new ways of working ideas, i.e., universities etc.</li></ul>
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