Submission

Community Consultation on the National Digital Health Strategy

January 2017

Introduction

Services for Australian Rural and Remote Allied Health (SARRAH) maintains that every Australian should have access to equitable health services wherever they live and that allied health services are basic and fundamental to Australians' health care and wellbeing. SARRAH is nationally recognised as a peak body representing rural and remote allied health professionals (AHPs) who work in the public and private sectors.

SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH also supports AHPs who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services to people who reside in the bush.

SARRAH's representation comes from a range of AHPs including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology. These AHPs provide a range of clinical and health education services to individuals who live in rural and remote Australian communities. AHPs are critical for the management of their clients' health needs, particularly in relation to chronic disease and complex care needs.

SARRAH welcomes the opportunity to provide a submission to the Community Consultation on the National Digital Health Strategy (NDHS). SARRAH sought input from members on the NDHS and this submission reflects that feedback.

National Digital Healthcare Strategy

In the current environment, technology is continually evolving to meet the changing needs of the healthcare sector. The costs for these technology based solutions continue to drop whilst choice is increasing. At the same time the demand for and cost of healthcare is rising, which is challenging the Australian healthcare budget. The development of a NDHS for Australia is an opportunity to better use technology and deliver health services in an innovative way that will address inequity in the provision of healthcare to rural and remote communities.

The development of high quality technology based health services and robust infrastructure that enables access by health consumers living in the most rural and remote areas of Australia should be a major priority of any digital healthcare solution for Australia.

Ensuring access to technology based allied health services have the potential to augment the services provided by a scarce number of AHPs working in rural and remote Australia. This is essential for developing sustainable and equitable allied health services for all Australians which is supported by evidence that SARRAH has reported on previously regarding the reasons for allied health service deficiencies in rural Australia[1].

Appropriate use of innovative health technologies has the potential to increase access to and maximise the efficiency of allied health services. This increases their reach into rural and remote communities and has the potential to improve long term health outcomes for people living in rural and remote Australia.

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[1] Literature review supporting the transition of Allied Health Professional to Remote and Rural Practice. 28/06/16
http://sarrah.org.au/content/challenges-remote-and-rural-allied-health-practice

What gets in the way of health of health professionals being able to connect, communicate and coordinate with the right people?

Access to both hardware in terms of reliable devices such as laptops and tablets as well as software packages that are standards compliant and compatible with projects such as **My Health Record** (MHR) are essential for AHPs and consumers living and working in rural and remote Australia.

Continued Federal Government investment and support for robust infrastructure is required to support consumers and healthcare practitioners located in rural and remote communities to enable access to the digital health network. The significant issue of poor digital infrastructure in rural and remote areas has become a significant barrier for both health professionals and clients attempting to access digital health services. This will need to be addressed as a first step in any NDHS.

The need to address this specific inequity has been highlighted by the formation of the Rural, Regional and **Remote Communications Coalition.**

> *"We the undersigned join together as a Coalition to highlight our collective concern about the lack of equitable access to reliable and quality telecommunications services in regional, rural and remote Australia." [2]*

As recently as January 2017, the AMA expressed concerns that broadband infrastructure is not sufficient to meet the needs of rural and remote health care services[3]. SARRAH shares this view and considers addressing the Broadband gap between metropolitan, rural and remote Australia as being a core component of addressing the health care gap. Therefore a significant investment in digital infrastructure in rural and remote Australia is required to address, the inequity of service for these communities. The most remote communities stand to reap the most significant health gains if this issue of access to digital health care services is addressed.

There has been little investment and/or support by the Commonwealth Government in the allied health space in comparison to GP's, for practices to invest in digital health software. General practice is well advanced in the use of technology and has been financially supported by the government to utilise digital healthcare information and technology through the Practice Incentives eHealth Incentive[4].

AHPs working in rural and remote communities are limited in their ability to invest in IT infrastructure that can enable access to innovative and effective digital health solutions.

Access to a limited number of subsidised software applications that are standards based and compatible with MHR would increase access and also ensure consistency in data collection, management and security. Consequently a subsidy could be in the form of an incentive that makes it easier for AHPs to choose the appropriate product for their practice.

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[2] The Connected Consumer The future of consumer focused communication services June 2016 accessed 16/12/2016 http://accan.org.au/our-work/policy/1245-the-future-of-consumer-focused-communication-services
[3] Australian Medical Association Position Paper: Better Access to High Speed Broadband for Rural and Remote Health Care – 2016 https://ama.com.au/position-statement/better-access-high-speed-broadband-rural-and-remote-health-care-2016
[4] Practice incentive program https://www.humanservices.gov.au/health-professionals/services/medicare/practice-incentives-program.

What do health professionals need to be able to effectively connect, communicate and coordinate with the right people?

Remote monitoring programs similar to those utilised by GPs that are supported by software and training would be of benefit to the rural and remote AHP workforce. This includes combining wearables for example, Fit Bit's with monitoring or reporting programs to take a proactive approach for chronic health care conditions.

There are a number of examples of remote monitoring programs for consumers with chronic diseases such as Chronic Obstructive Pulmonary Disease (COPD) and Diabetes that limit the need to attend clinic appointments but still receive appropriate and timely advice. An example of this is the Virtual Clinical Care Program (VCC). The VCC Service utilises home tele-monitoring technology to provide regular clinical information to a monitoring service to detect significant changes in an individual's health, which may require rapid intervention in order to avoid hospitalisation.

Subsidised or prescribed wearables that are PBS supported and provided to AHPs such as physiotherapists for remote monitoring in cardio rehabilitation exercise programs would be useful. Technology embedded insoles have the capacity to monitor offloading, temperature and other variables that can be interpreted resulting in SMS alerts being emailed to a client, a podiatrist or another AHP to intervene in a timely manner.

In addition, consumers need to have access to the digital platforms in the same way as AHPs. Access to monitoring devices such as wearables monitoring devices and accompanying software loaded onto mobile phones need to be affordable for the consumers. These could be subsidised by private healthcare funds which is an approach is being trialled in Japan[5].

The proposed program is geared to support clients with chronic disease to better self-manage their conditions without need to physically access a healthcare site. Telehealth plays a significant role in this approach, therefore it is important for AHPs and consumers to have access to appropriate digital infrastructure and software platforms that enable the clear transmission of video. This can be supported by access to Wi-Fi enabled monitoring devices such as glucose meters and Sphygmomanometers.

What should be the immediate priority initiative for the My Health Record to ensure it delivers real value for healthcare professionals?

For an Electronic Health Record platform to be successful it must be user oriented, accessible and user friendly for both consumers and AHPs. For participants in the healthcare sector to be engaged in a digital healthcare platform it needs to deliver a function that the client desires. It also needs to capture meaningful information AHPs require to enable an effective multi-disciplinary approach that is timely and appropriate for improving the health of their patients.

It is important to define what the functional need is and then implement the IT solutions to meet the challenge. For example, is the biggest need for people to book on line appointments, check results from clinical tests or look up videos that take them through a home exercise program? All of these need different IT solutions.

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[5] Subsidized Fitbit Flex comes to Japan with $5-a-month SoftBank Healthcare plan. Accessed 16/12/2016
http://www.theverge.com/2013/5/7/4307612/fitbit-flex-subsidized-in-japan-with-softbank-healthcare

It has been postulated that if consumers access a digital solution for the function they desire for example booking appointments, then they are more likely to engage with other elements of the platform[6]. All consumer encounters should be with practices that have easy access to software systems which are compliant with MHR. This will maximise uptake and make best use of the MHR program.

The platform also needs to deliver access to healthcare information that represents an improvement in information accessible to clinicians over and above a local paper based record, which will result in an improvement in clinical care. Compatibility with clinical diagnostics systems such as imaging and pathology systems is also imperative.

How could data and technology be better used to improve health and wellbeing?

Providing health services in rural and remote areas is challenging:

- It is expensive to provide services to dispersed populations.
- There are an increasing proportion of older people in the population as a whole, a sizeable minority of who have complex health needs.
- Staff and patients routinely travel considerable distances to either access or deliver services.
- Fiscal constraints in the public sector associated with the economic downturn have created further financial pressures that require health and social care service providers to identify new and more efficient delivery models. There is considerable potential for new and existing technologies to be used to overcome some of these challenges.

There are numerous examples of small scale eHealth trials such as VCC that need government support to be adopted as a main stream service delivery methodology with the appropriate investment and reimbursement for the health care providers.

The utilisation of digital health solutions will facilitate increased communication between health consumers and AHPs within a multidisciplinary setting. This will support increased adherence to drug regimens, rehabilitation programs and in turn improving health outcomes. This can reduce pharmaceutical costs which is one area where everyone benefits from a digital solution[7].

Data Security

There is a level of confusion amongst AHPs and consumers in terms of access security and ownership of digital health data. A significant barrier to the adoption of an eHealth strategy is the perception of data security coupled with the complexities of a multi-jurisdictional regulatory framework.

No single agreed standard exists for data protection, privacy and security in the different healthcare environments. For example public and private, Federal, State and Territory health services using a plethora of digital devices and cloud based services. Some data centres that support these services are housed overseas which further complicates the security and privacy of information.

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[6] Dohan & Tan Consumer-Oriented Web-Based Health Tools: A Meta-Analysis Proceedings of the Nineteenth Americas Conference on Information Systems, Chicago, Illinois, August 15-17, 2013. 1 Perceived Usefulness and Behavioural Intention to Use Consumer-Oriented Web-Based Health Tools: A Meta-Analysis.

[7] Mobile healthcare in Africa, Orange healthcare, May2014 Accessed Dec 2016 http://healthcare.orange.com/eng/news/latests-news/2014/mHealth-in-Africa

A lack of clear ownership and governance structures for the use of health data, including being able to share data from health applications and eHealth Records with third party developers etc. require further action.

The need to give consumers control over their own data, specifically the kind of information they want to share, while maintain the right not to share, as well as enabling consumers to see who is using data and for what purpose is important. A clear national approach to these aspects of digital health will be essential if these technologies are to become main stream.

Recommendations

1   Increase Federal government support for development of IT infrastructure across rural and remote areas of Australia to enable access to stable internet facilities for all AHPs and consumers living and working in these settings.
2   Introduce Commonwealth Government subsidies to support AHPs to purchase My Health Record compatible software.
3   Develop a clear national standard for data protection and access policy across all health environments.
4   Establish subsidised wearables / Wi-Fi enabled monitoring devices for consumers living in rural and remote areas.
5   Build an approved verified library of health apps that AHPs and consumers can download for free to use in the delivery of telehealth services.