

Assessing the veteran's compensation and rehabilitation system Doctors on Demand Submission to the Productivity Commission

Executive Summary

- Telehealth is developing at a rapid rate and the shift is towards mobile telehealth applications
- Telehealth can benefit all Australians, but especially those in under resourced communities like our rural, remote and regional Australian communities
- Improving access to healthcare is critical to improving health outcomes

A system to meet the needs of future veterans

Telehealth is a cost-effective alternative for healthcare by facilitating two-way, real time interactive communication between the patient and doctor, without geographic boundaries. Telehealth provides many benefits for patients, doctors and the government, and although reduced costs is an easily measurable benefit, it is the benefit of improved healthcare and patient wellbeing that can have other benefits to society and the economy.

Telehealth is developing and changing at a rapid pace. A rehabilitation system which can adapt to integrate with telehealth to deliver a range of health services could drastically improve the wellbeing of veterans and their health outcomes whilst decreasing the cost of healthcare to the government and taxpayer.

The current Australian healthcare model limits telehealth services for specialist consults. Whilst this is a great start for telehealth in Australia, there is a growing need for access to GP and other allied health services particularly for remote and afterhours patients.

Many allied health programs can be delivered via telehealth, including the treatment of mental health conditions. The treatment of mental health conditions can be delivered in an effective and efficient manner via mobile health software, to allow veterans to access the specialised services they need regardless of their geographic location in Australia.

Remote and under-resourced communities could benefit the most from improved access to healthcare. Mobile telehealth applications can integrate with the government's MyHealth records (PCEHR) enabling the ability to collect the full patient history in remote or regional communities to improve onsite care and collaboration between health professionals.

Our service members are changing, our veterans are younger, and we have more female veterans. The way we provide access to healthcare must change to meet the needs of future veterans. Mobile telehealth is flexible, scalable and patient-centric and can keep pace with rapidly changing healthcare practices and needs of our veterans.

Telehealth Benefits

The following table details the key telehealth benefits:

Improved access to healthcare	<ul style="list-style-type: none">• Telehealth (mHealth) software• Accessible from any mobile device "A Doctor in your pocket"• Timely delivery of healthcare
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More complete and accurate health records	<ul style="list-style-type: none"> • Telehealth integrates with MyHealth records (PCEHR) • Available for all healthcare professionals (HCP)
Better health outcomes	<ul style="list-style-type: none"> • Telehealth is complementary to traditional healthcare - routine check-ups can be conducted using telehealth • Telehealth can conduct third party video-conferencing to include specialists or other HCPs
Lower healthcare costs	<ul style="list-style-type: none"> • CSRIO findings estimate cost savings more than \$3 billion per annum • Easier to manage chronic diseases with a well-rounded approach and complete health records

Telehealth will mostly advantage the following patient categories (but not limited to):

- Afterhours patients
- Patients who wish to receive confidential treatment
- Remote patients
- Indigenous Australians
- Personal/ embarrassing conditions
- Chronic disease management
- Time poor patients

Any patient using telehealth solutions sees the following benefits:

- Improved access to health services
- Reduced costs of healthcare
- Reduced travel costs for remote patients
- Timely delivery of healthcare
- Improved collaboration between healthcare professionals and greater use of MyHealth records (PCEHR) to improve healthcare outcomes for patients
- Streamlining administrative processes and thereby reducing costs

Helping people transition from the ADF

Transitional services following discharge have been identified as potential area of concern for veterans. Mobile telehealth solutions could bridge the gap in transitional care – access to the health services needed by a veteran can be provided via mobile telehealth at the time when they are needed. Continuity of care can be accommodated by providing access to health care professionals during service and as they transition to civilian life.

Health care

Healthcare System Challenges

Emergency Department Statistics:

- In 2014–15, there were almost 7.4 million emergency department presentations in public hospitals—approximately 20,000 per day
- In 2014–15, 77% of patients were assessed as urgent or semi-urgent. Less than 1% of patients required immediate treatment (urgent within 30 minutes, semi-urgent within 60 minutes)
- 22% of patients were assessed as non-urgent – approximately 4,400 per day
- Cost of a hospital bed per day is estimated at \$2,051

GPs Statistics:

- 70-75% of Medicare expenditure is for chronic conditions
- Medicare pays for more than 1 million items every day
- Many consults are for short administrative reasons

Impact on Healthcare Costs

A primary concern is whether greater access to healthcare through telehealth will lead to increased costs to Medicare through increased utilisation of available care by patients. However, research from the USA, the leader of telehealth initiatives, suggests that increased access to care, via telehealth services, does not result in increased costs.

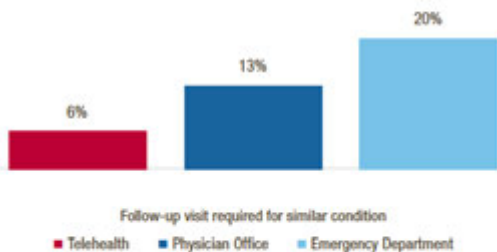
<http://www.aha.org/content/16/16telehealthissuebrief.pdf>

The study found that firstly, fewer follow up visits were required for a similar condition after a telehealth consultation than was required after an emergency department or GP visit (refer to Table 1). Secondly, that increased usage of telehealth occurred on weekends and holidays, times when emergency department visits typically increased (refer to Table 2).

Table 1

Fewer follow-up visits are required after telehealth visits, in comparison to physician offices and EDs.

Chart 1: Percentage of telehealth, physician office and emergency department visits where follow-up is required for similar condition, April 2012 - February 2013

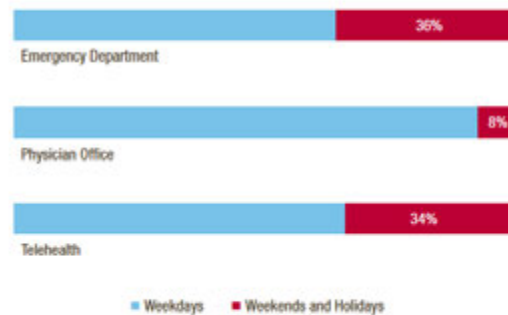


Source: Uscher-Pines, Lori, et al. *Analysis of Teledoc Use Seems to Indicate Access to Care for Patients without Prior Connection to a Provider*. Health Affairs. 33:12 (2014).

Table 2

Access to physician visits through telehealth could substitute for more costly ED visits.

Chart 2: Timing of telehealth, physician office and emergency department visits, April 2012 – February 2013



Source: Uscher-Pines, Lori, et al. *Analysis of Teledoc Use Seems to Indicate Access to Care for Patients without Prior Connection to a Provider*. Health Affairs. 33:12 (2014).

In comparing the cost of an emergency department visit, an afterhours home doctors visit or an afterhours telehealth consult, a telehealth consult is the cheapest option for Medicare. The table below summarises these three approximate costs per patient:

Emergency Department	Afterhours Home Doctor	Afterhours Telehealth
\$240-480	\$153	\$90

The Australian Institute of Health and Welfare has found a link between remote access to healthcare and higher rates of death due to chronic diseases. Although environmental and risk factors attribute to this statistic, it is the ease of access to healthcare such as GPs, hospitals and specialists in metro areas allowing greater usage of these services and reducing the severity of chronic disease.

(<http://www.aihw.gov.au/rural-health-impact-of-rurality/>)

(<https://www.mja.com.au/journal/2013/199/1/telehealth-australia-evolution-health-care-services>)

Telehealth Software

Traditional video conferencing technology is costly and commonly used by other telehealth providers. By using mobile technology such as mobile phones and tablets, whilst maintaining the core capabilities required for telehealth, telehealth can be delivered at a much lower cost.

Mobile telehealth applications can be incorporated with video communication and are easily updated and improved rapidly without costly upgrades to infrastructure. These applications can be run from a web-browser or mobile application (App) and only require an internet connection. The rollout of NBN coverage throughout Australia will improve accessibility, especially in remote communities.

Telehealth Programs

The NSW government has already seen the benefits of delivery of mental health sessions over our mobile health platform. We at Doctors on Demand are now assisting the employees of the NSW Education Department via iCare NSW to return to work after injury by conducting sessions over our platform. We engage specialist back- to- work counsellors and allow them to deliver their sessions anywhere in the State at any time of the day.

In addition, we currently provide Telehealth services 24/7 to over 300,000 students Australia wide for GP and Mental Health Services. We have partnered with over 2000 pharmacies nationwide for urgent delivery of medicines and have many B2B clients that utilise our platform.