

# Jumping on the telehealth bandwagon

There's a \$6000 telehealth rebate waiting for you – so why aren't you claiming it? *Mark O'Brien* looks at how to get started.

**WHEN** it comes to telehealth, West Australian GP Dr Mike Civil is what you might call an early adopter.

Since putting together a video-conferencing unit for about \$2000 last year, Dr Civil's Strik Medical Group at Kalamunda has claimed about 300 consultations under the telehealth MBS items rolled out by the government last year.

While he's not quite alone, Dr Civil is one of an enterprising few: figures show that only about 2200 video consultations involving GPs were claimed for the six months the items were available.

That's well short of the numbers needed to meet the government's expectations of 495,000 telehealth consultations over four years and something of a puzzle when there's \$6000 available to each GP as an incentive the first time they claim a telehealth item.

"We got involved after we were approached by a rheumatologist who wanted to do [dual energy x-ray absorptiometry] DEXA scanning for rheumatoid arthritis in our clinic and follow up with video consultations," Dr Civil says.

"I bought a relatively recent

computer tower, picked up a high definition TV through a garage sale, just 25 or 26 inches, and went to Harvey Norman for a high-definition camera which was a couple of hundred dollars."

With the PC connected to the practice network via a wireless adapter and mounted on a moveable cabinet bought from the nearest Bunnings, with "the old sound system from one of the kids' computers at home", each of the doctors in the practice has logged at least one telehealth consultation.

Considering telehealth consultations attract up to \$60 in rebates on top of the usual consultation rebate, adding the incentive payment for each of the practice's 10 GPs and accounting for a 60–40 fee split, the initial \$2000 outlay has earned back about \$30,000 in six months.

And while Dr Civil, as chair of the RACGP telehealth standards taskforce, might be at something of an advantage when it comes to cobbling together video-conferencing equipment, his experience shows it is possible for GPs to pass what another telehealth trailblazer calls the "Dick Smith test".

Dr David Allen is a Sydney-

based occupational physician whose experience with telehealth prompted him to set up the not-for-profit Telehealth Solutions Australia, an organisation dedicated to providing some of the infrastructure needed to get GPs and other doctors online.

"I think there are a lot of GPs out there who are passionate about telehealth but GPs, particularly rural and regional GPs, are very time poor," Dr Allen says.

**"To sit in with the patient requires an extra consultation to be added to the workflow quote"** Dr Morton

"There are literally hundreds of options available in video-conferencing, [but for busy GPs to begin to use one] it has to be simple. You have to be using equipment you could pick up at your local Dick Smith or Harvey Norman."

Dr Allen, whose practice regularly includes video consultations with patients on worksites around the country, says the improvement to patient experiences is "the stand out benefit" of telemedicine.

"The patient feedback is uniformly outstanding," he says.

"A lot of specialists really feel for patients travelling huge distances for a short consultation, but we sometimes may not appreciate they have spent 10 hours in a car with three screaming kids to get there and then have to turn around and do it again on the way home."

As Australia and New Zealand manager for video communi-

cations provider LifeSize, Tim Fulton believes that to be appealing, video communication in healthcare needs to blend into the background.

This means the technology has to work first time, every time, and that's where Mr Fulton says GPs could strike problems running free software solutions like Skype through an under-powered office computer.

"The reality of the health industry is often the computer

is not very new or powerful and may have other applications running. Once you're doing that, and you then combine video on it, the video quality suffers," he Mr Fulton says.

"One of the pitfalls with software solutions is the experience can be pretty poor from a patient perspective because the GP's computer is not necessarily set up for video-conferencing, and it's at the GP's desk and the camera doesn't pan or zoom and the lighting is no good."

Skype is a vexed issue for industry insiders who are at once pleased to see the free video-conferencing software giving GPs an easy entry to telehealth, but worried it doesn't show off everything that video-consulting can really do.

Chris Ryan is the principal telehealth consultant for Attend Anywhere, a company which has developed its own video-consultation management software for practices. He says most telehealth novices are drawn to Skype because "they don't know what they are doing and it is easy".

"There's daylight between the ease of use of Skype and most of



## INCENTIVES

	2011-12	2012-13	2013-14	2014-15
Telehealth On-Board (one-off)	\$6000	\$4800	\$3900	\$3300
Telehealth Service	\$40	\$32	\$26	\$22
Telehealth Bulk Billing	\$20	\$16	\$13	\$11
(Total Consultation Fee)	(\$60)	(\$48)	(\$39)	(\$33)

the commercial grade systems," Mr Ryan says.

"But there are issues about data being stored outside Australia, and while the security of the actual transmissions may not be a problem, the records of those transmissions are usually kept unencrypted on everybody's computer."

Dr Allen likens Skype to your first car, the "old banger" you love because it's your first experience of the open road but "sooner or later you trade up".

"All the commercial grade systems are better than the freebies, they are more manageable and configurable, you can share documents and desktops, share x-rays and PowerPoint presentations," he says.

It may be worth investing in one of these solutions sooner rather than later. The one-off 'on board' incentives and telehealth item rebates will be cut by 20% from 1 July and progressively reduced further over the following two years from the \$6000 incentive and \$60 (bulk-billed) rebate available now to a \$3300 incentive and \$33 rebate in 2015 (see box).

AMA Council of General Practice chair Dr Brian Morton says he isn't surprised this sliding scale of incentive and rebate payments has failed to lure most GPs into telehealth in the first year.

"I find these timelines artificial," Dr Morton says.

"As a profession we are very conservative, we're patient focused rather than business focused."

"[GPs] will... get around to this but the artificial timeline is a government thing and I think if they are really looking at efficiencies and improving the lot for rural GPs and patients they shouldn't be putting timelines on it."

He suspects GPs are taking their time to work through the logistics of how they could fit extra consultations into the workflow of their practice to accommodate video consultations.

"For a specialist it is a consultation that would have been booked anyway, but done via video-conferencing, but for a GP to sit in with the patient requires an extra consultation to be added to the workflow," he says.

"There are a lot of practical logistics for GPs... and because it's fairly new, people will have to work out their own systems and how to do it effectively and that will depend on the relationship with the specialist."

But according to Dr Victoria Wade, former CEO of General Practice SA Inc (GPSA) who is undertaking a PhD on the uptake of telehealth in Australia, workflow issues can and have been overcome.

## What you'll need

### Do it yourself

- **Computer:** Any new PC bought today will meet the minimum system requirements for Skype (Windows XP, Windows Vista or Windows 7 PC with a 1GHz processor, 256 MB RAM and DirectX v9.0 or above). Other video-conferencing software options will require more processing power and memory but any \$700 to \$1000 PC should be sufficient.
- **Webcam:** High definition web cameras are available online or in electronics retailers for \$150-\$200 and feature in-built microphones (e.g. Logitech HD Pro retails for \$150, features stereo microphones, shoots 720p video and can take still 10 megapixel pictures).
- **Speakers:** Most PCs will feature built-in speakers but a good pair of external speakers will cost about \$100 at electronics retailers.
- **Monitor:** A 24-inch high definition flat-screen monitor can be bought for less than \$200, or can be included with the PC as part of a package.
- **Software:** Free video-conferencing software like Skype or Windows Live Messenger is

available for download. Commercial software designed specifically for medical practitioners is also available and offers a range of features including the ability to schedule consultations in a 'virtual waiting room'.

- **Internet connection:** ADSL 2+ is the fastest option available until the NBN becomes a reality but is not available in rural areas. ADSL 1 is available in most rural areas but the quality of video calls will vary with the connection speed.
- **TOTAL COST:** \$1200 plus internet costs and software licences.

### Commercial systems

- Entry level commercial video-conferencing systems can be bought to act as a dedicated PC with pre-loaded proprietary software. They include a camera, microphone, speakers and screen. Price varies according to specifications. Providers include LifeSize (www.lifesize.com), Polycom (www.polycom.com.au) and Cisco (www.cisco.com/web/telepresence/index.html).
- **TOTAL COST:** Starting at \$2000

Dr Wade's study of ethical, medico-legal and clinical governance matters relating to Australian telehealth services, published in the *Journal of Telemedicine and Telecare* recently, found potential problems had been "easily managed in practice".

After conducting 37 interviews concerning 36 telehealth services between July 2009 and February 2010, most involving GPs, Dr Wade concluded telehealth consultations could improve physical privacy in consultations and were sometimes preferable to patients than face-to-face care.

"This fact, as well as the benefits to access and quality of care, should be more widely disseminated to clinicians, as it may help overcome reluctance to take up

telehealth practice," wrote Dr Wade, a PhD candidate at the University of Adelaide.

"Telehealth was reported to be beneficial by reducing adverse events, improving health outcomes, offering increased patient choice of service delivery, and improving access to services for rural areas and home care."

One NSW practice that typifies Dr Wade's research is Young Medical Centre, where practice manager David Kay has found Skype, despite its limitations, to be the best option for now.

"We just use the normal workstation that's in a room at the practice, but we put some better speakers and a camera in there," Dr Kay says.

ists approached us and decided to use Skype because that's what the specialists were most familiar with."

Rural Doctors Association of Australia president Dr Paul Mara, an admittedly reluctant convert to the benefits of telehealth, has also found necessity to be the mother of telehealth invention.

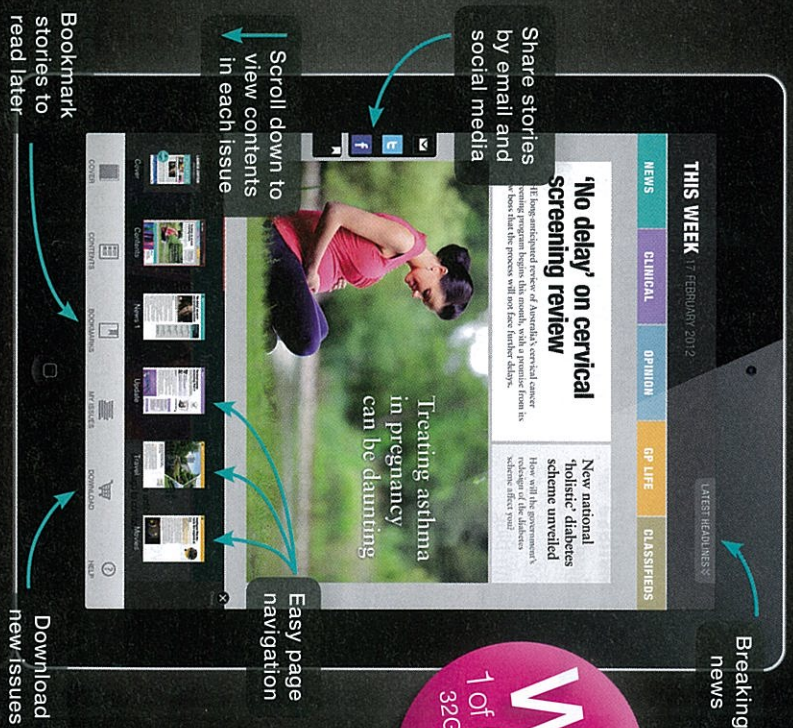
"Although Skype doesn't allow for advanced document sharing you can take a picture of the x-ray with the iPhone and message that off," Dr Mara says.

"Ultimately there will be a better system around but Skype is sufficient for now. I was pretty sceptical but I found it useful and the patients found it useful."

"[Telehealth] is one of the better parts of health reform."

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