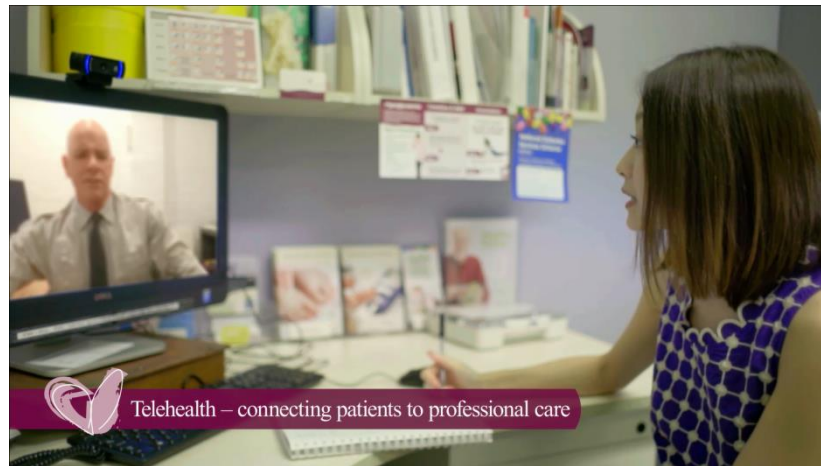


Diabetes Telehealth for Country WA



A Partnership Approach



Presented by: Kate Hawkings WA Country Health Service (WACHS)

Prepared by: Kate Hawkings & Carole Rainsford (WACHS),
Deborah Schofield, Amanda Lee & Gill Denny (Diabetes WA)



The Imperative

Poorer health outcomes for people with diabetes living in regional WA

- Bill's story
- 62 year old man, 14 year history of type 2 diabetes, out of range glycaemic control, advanced complications
- Severe neuropathic pain and facing his third amputation
- Had never seen an endocrinologist, dietitian or diabetes educator (to his recollection)
- Felt out of control and depressed
- Was making an 8 hr round trip to Perth weekly to attend a tertiary hospital for dressings
- Had to stop work and was limited in his ability to socialise
- Poor access to a consistent GP and presented to the local hospital for pain management

Purpose

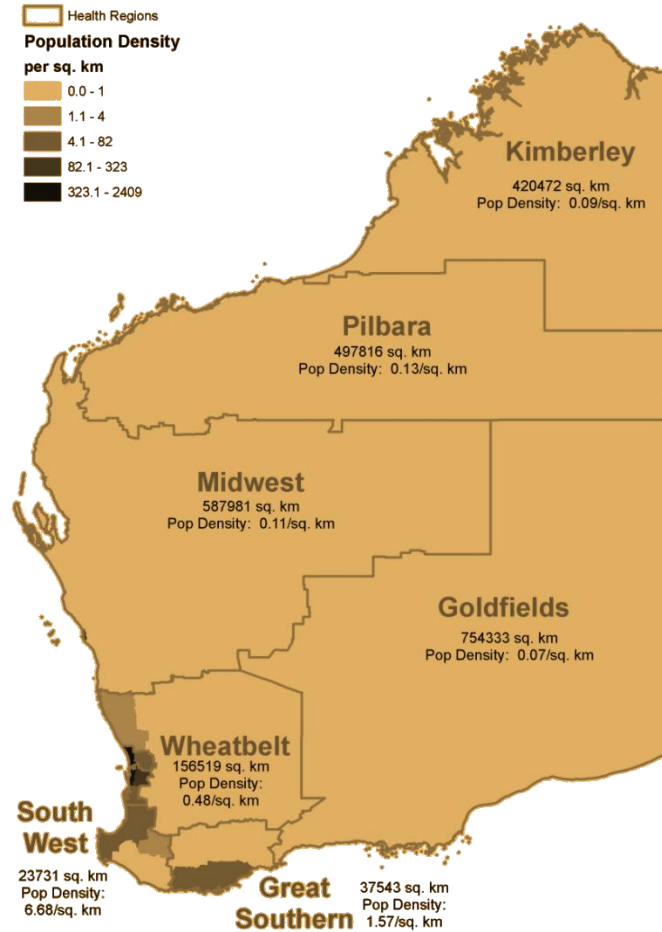
Improve health outcomes for people with diabetes living in regional WA

- Overcome diabetes education service, geographical and specialist staffing limitations
- Provide timely equitable access to diabetes education assessment, triage and consultation closer to home across Country Western Australia reducing travel burden
- Enable planned and supported generalist workforce development to improve capacity
- Service offered in a manner both complementary and supplementary to existing services

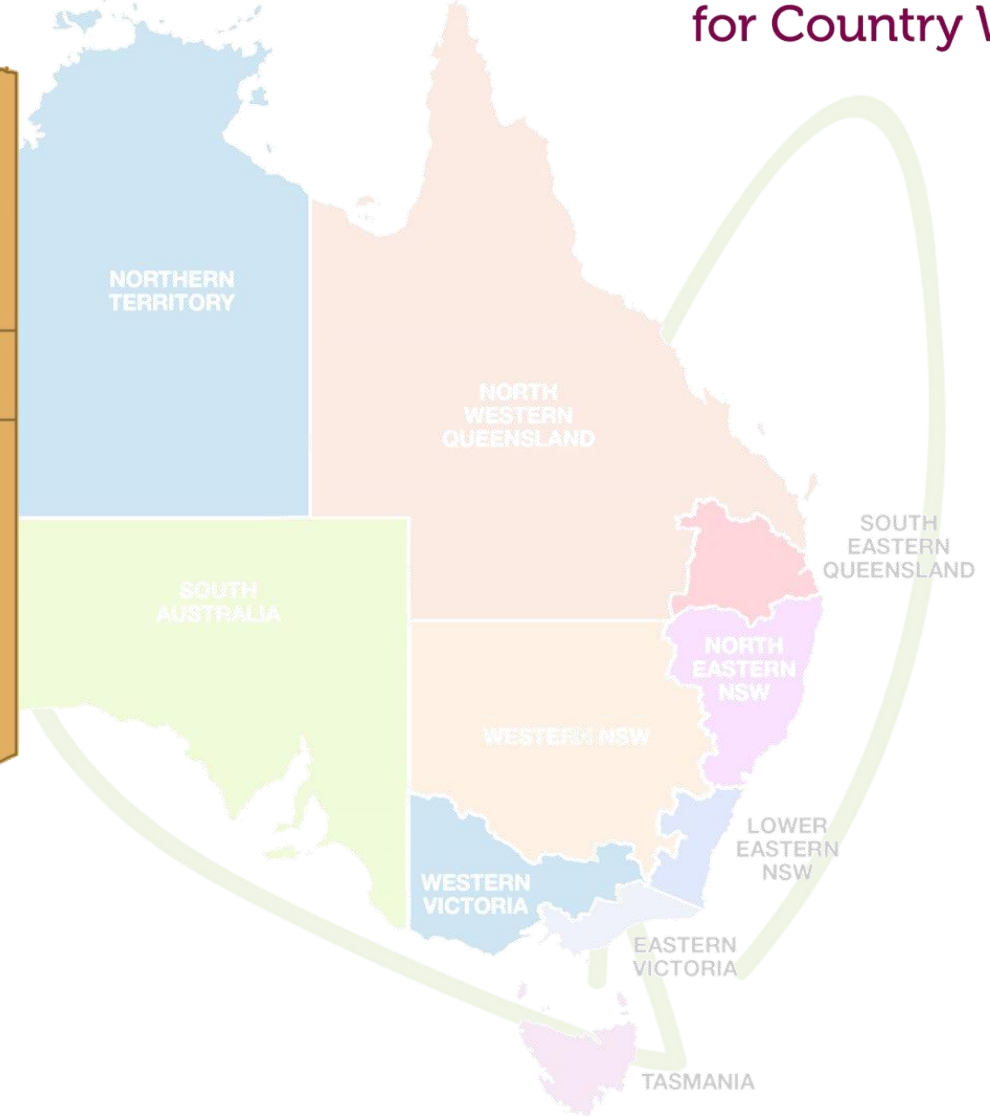


Context

- WA Country Health Service covers an area of 2.5million kms²
- Encompassing 7 regional Health services
- Widely dispersed, low density population (551,066)
- High diabetes prevalence
- Significant travel demands
- Limited service access



Diabetes Telehealth for Country WA



This project has been funded by the WA Country Health Service and WA Primary Health Alliance.



Government of Western Australia
WA Country Health Service



WAPHA
WA Primary Health Alliance

phn

PERTH NORTH, PERTH SOUTH,
COUNTRY WA

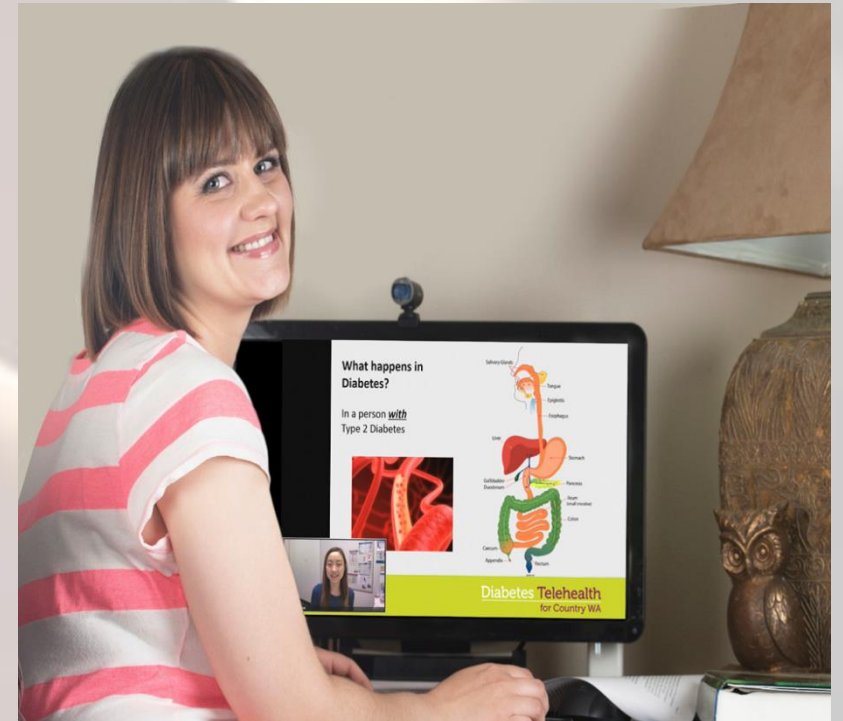
An Australian Government Initiative

- Developed by WA Country Health Service (WACHS) in partnership with Diabetes WA (DWA) and later in collaboration with WA Primary Health Alliance (WAPHA)
- 1:1 DE and support via multiple videoconference platforms from a healthcare facility or home
- Integrated with WACHS services, GP's, Non Government (NGO) and Aboriginal Community Controlled Organisations (ACCHO)
- Shared care approach ensures consumers with comorbidities and complex care needs are referred for appropriate care and support
- No wrong door approach – referral method to suit the referrer

Partnership Approach

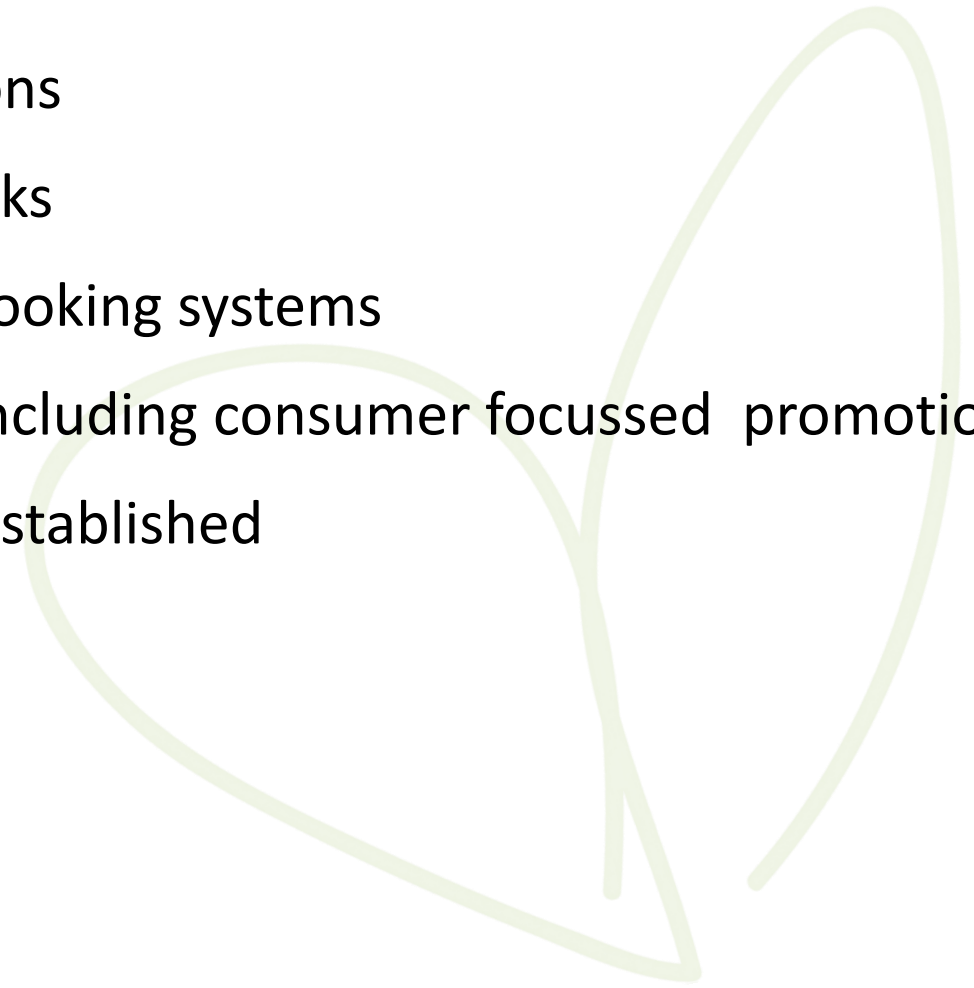
Model of care

- Empowerment - person centred care
- Traditional diabetes education methods, remodelled for the videoconference environment, screen based tools, document camera
- Shared care, refer on to local services where available
- Aim to fill both short and long term diabetes education gaps



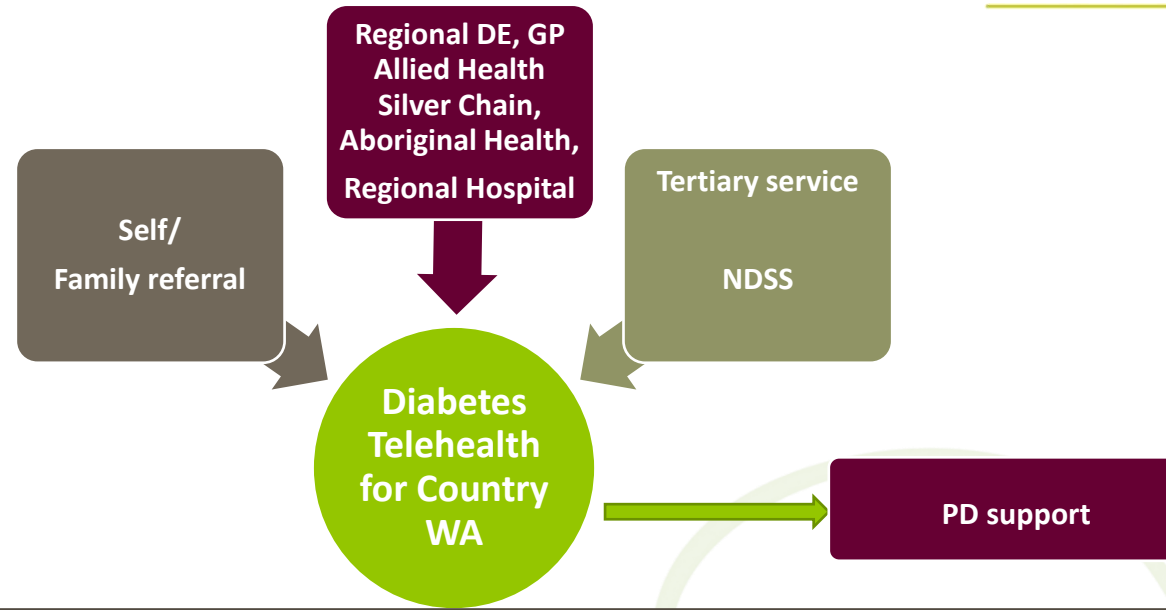
Service Development and Promotion

- Staged roll-out across all seven (7) WACHS regions
- Integration with regional health service networks
- Integration with WACHS electronic telehealth booking systems
- Targeted communication & engagement plan, including consumer focussed promotions
- Collaborative funding and governance models established
- Integration with WAPHA 'Health Pathways'
- **Further promotion potential**
- Local Government
- pharmacies



Referral

No wrong door approach



Designed to fill Gaps where no local face to face or telehealth service exists

Refer On

- Refer to Local service if available
- Pre diabetes
- Gestational Diabetes (GDM) – under KEMH

Service

- Diabetes Education via Telehealth
- Involve and report back to local provider

Network

- Synergy with local care coordinator & services and facilities
- Health Navigator Referral (Where available)

Issues to consider

Issue	Solution
Each region and location has specific needs	Tailoring & pathways
Health Professionals perspectives of the service, and concerns?	Engaging, listening and responding
Local diabetes educators – concerns re service effect on workload (private/public)	Demonstrate benefits of cross referral. Involve in PD program. Provide holiday cover
Effective communication- with GP's Responding to varying needs of GP's Providing support to GP's in diabetes management strategies	Structured referral and reporting, using medical practice software. Shared care offered. PD program.
Provide holistic approach to diabetes management – significant % complex referrals–limited alternative options	Establish shared care roles– link with GP's other “MDT” team at distance. On referral.
Embedding service model, maintenance of quality	Service procedures defined and refined
Technical service definition and problem solving	Partner with State Telehealth & expert support
Building trust	Reliability, responding to need
Report and evaluate to show value	Ongoing review & evaluation – share learning



Impact of the Diabetes Telehealth Service

Between March 2015 and June 2018



2463

Occasions of Service



656.5 kms

Average Travel Saved
Per Person



1917

Clients Seen



1111

Referrals to Service



28.2 days

Average Time from
Referral to First Session



174 Clients

From Priority Populations
Includes clients who identify as
ATSI or CALD

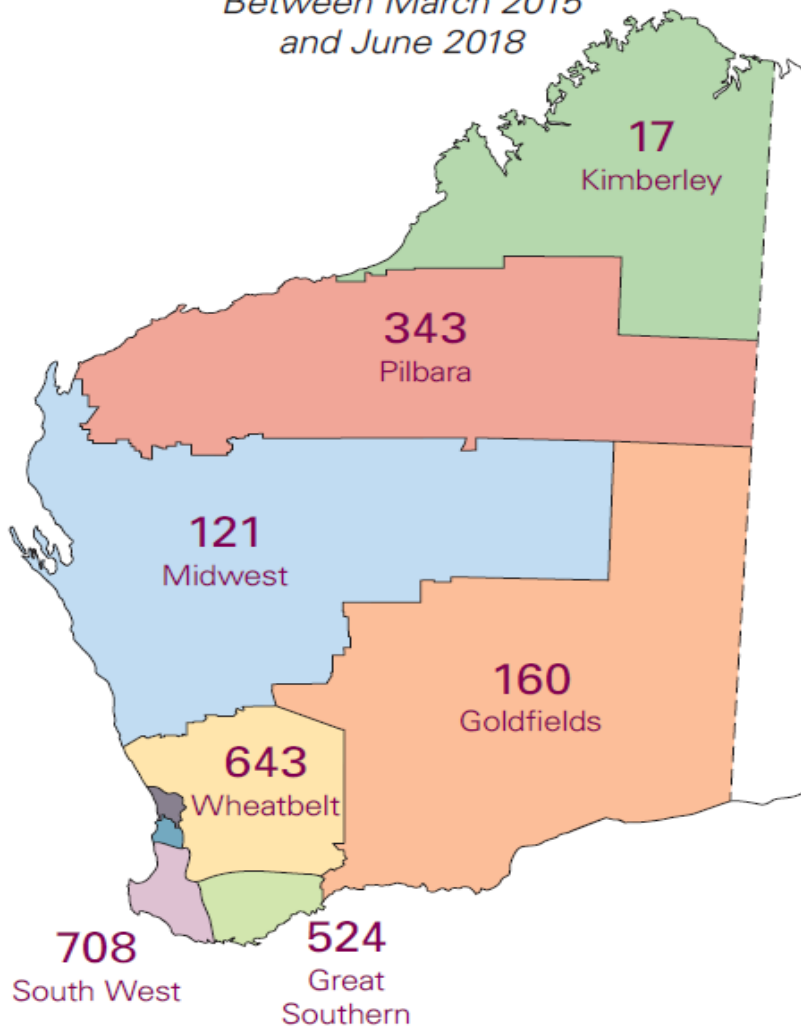
**Over 1,250,000 kms
of road travel saved***

Since March 2015

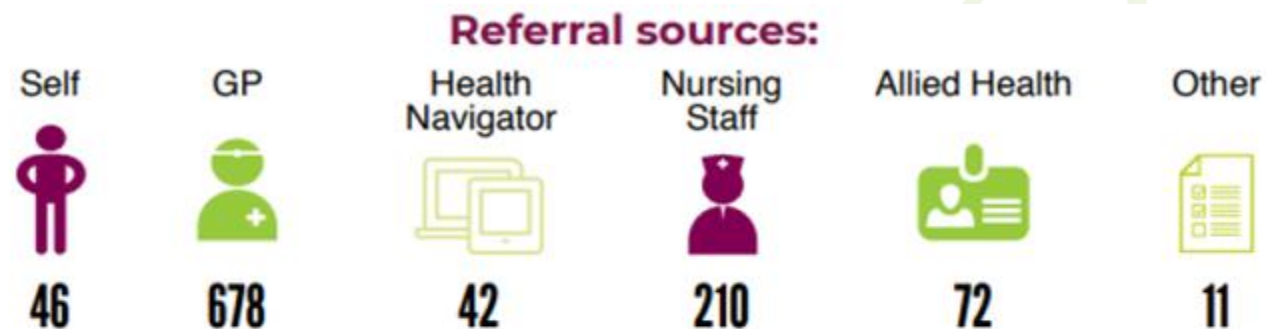
**Distance between patient residence
and nearest regional centre*

Occasions of Service by Region

Between March 2015 and June 2018



Diabetes Telehealth for Country WA

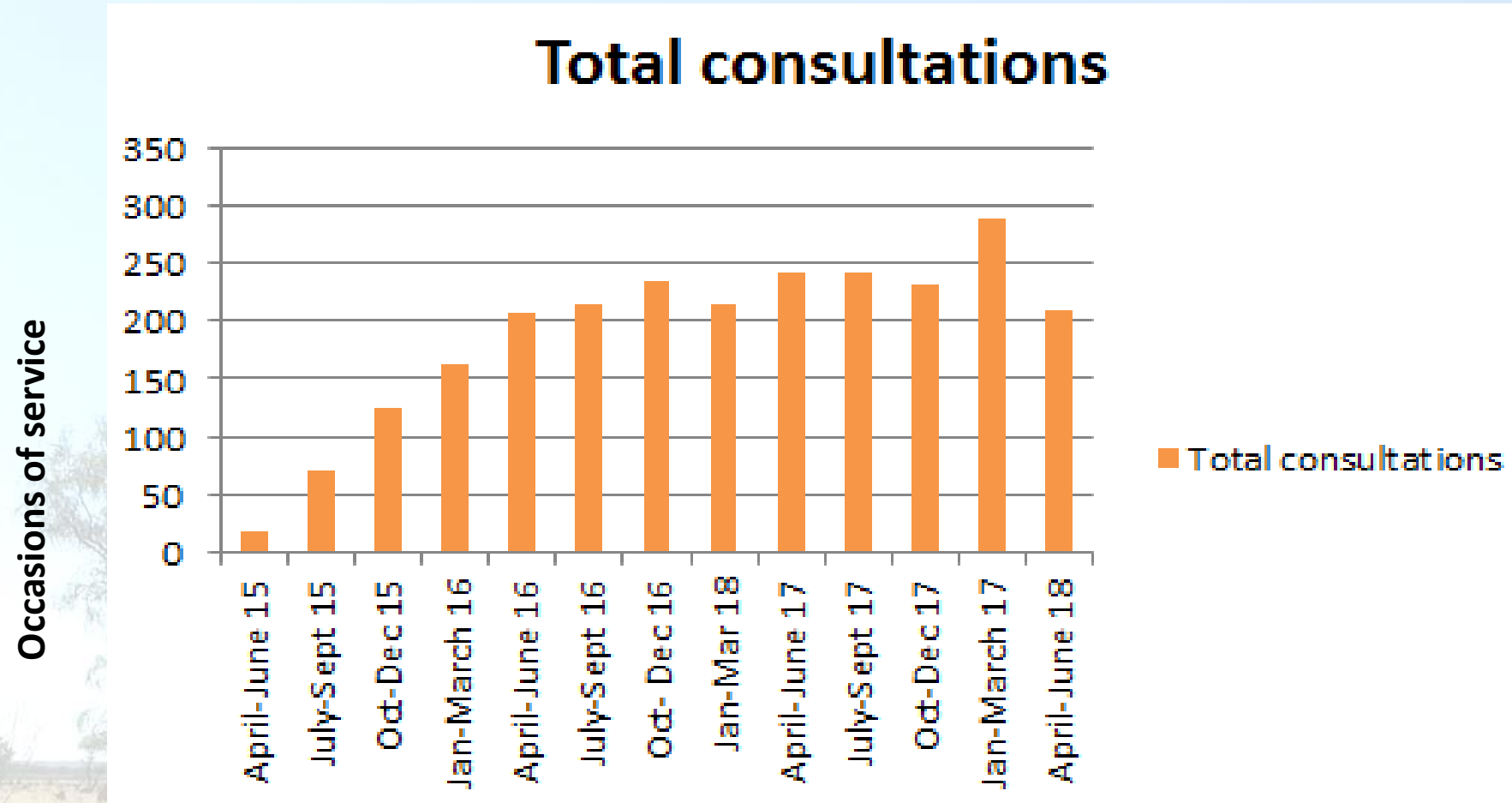


This project has been funded by the WA Country Health Service and WA Primary Health Alliance.



Quarterly Growth

March 2015-July 2018



One-to-One Consultations Per Quarter
Diabetes Telehealth Service

1. **Food label reading**
Monday 3 July
Sheryl Moore, Dietitian, DE, Diabetes WA.
[Register via Eventbrite.](#)
2. **Update on ATSI DESMOND program**
Monday 17 July
Asha Singh and Melissa Robinson, Diabetes WA.
[Register via Eventbrite.](#)
3. **New guidelines for type 1 diabetes and exercise**
Monday 7 August
Marian Brennan, Exercise Physiologist, CDE, Diabetes WA.
[Register via Eventbrite.](#)
4. **Care of older people with diabetes and complementary therapies for diabetes**
Monday 28 August
Professor Trisha Dunning, affiliated with IDF, ADEA and Diabetes Australia.
[Register via Eventbrite.](#)
5. **Pregnancy with type 1 diabetes**
Monday 4 September
Marina Mickleson, Midwife, CDE, King Edward Memorial Hospital.
[Register via Eventbrite.](#)
6. **Diabetes management in aged care**
Monday 18 September
Ree Van Galen, NDSS.
[Register via Eventbrite.](#)
7. **Diabetes and driver's licence requirements**
Monday 9 October
Nyree Lawler, RN, CDE, Diabetes WA.
[Register via Eventbrite.](#)
8. **Diabetes annual cycle of care**
Monday 23 October
Amanda Lee, Dietitian, DE, and Christine Carne, RN, CDE, Diabetes WA.
[Register via Eventbrite.](#)
9. **Saving feet in regional areas**
Monday 6 November.
Amy Freeman, Regional Podiatrist, Boab Health.
[Register via Eventbrite.](#)
10. **Erectile dysfunction**
Monday 27 November
To be advised.
[Register via Eventbrite.](#)
11. **Ask the panel**
Monday 11 December
June Lee, CDE and RN,
Marian Brennan, Exercise Physiologist and CDE
Rebecca Flavel, Dietitian and DE
[Register via Eventbrite.](#)

March 2015-July 2018



72.25 hours
Of Upskilling
Sessions Provided



1651
Health Professionals
Attended

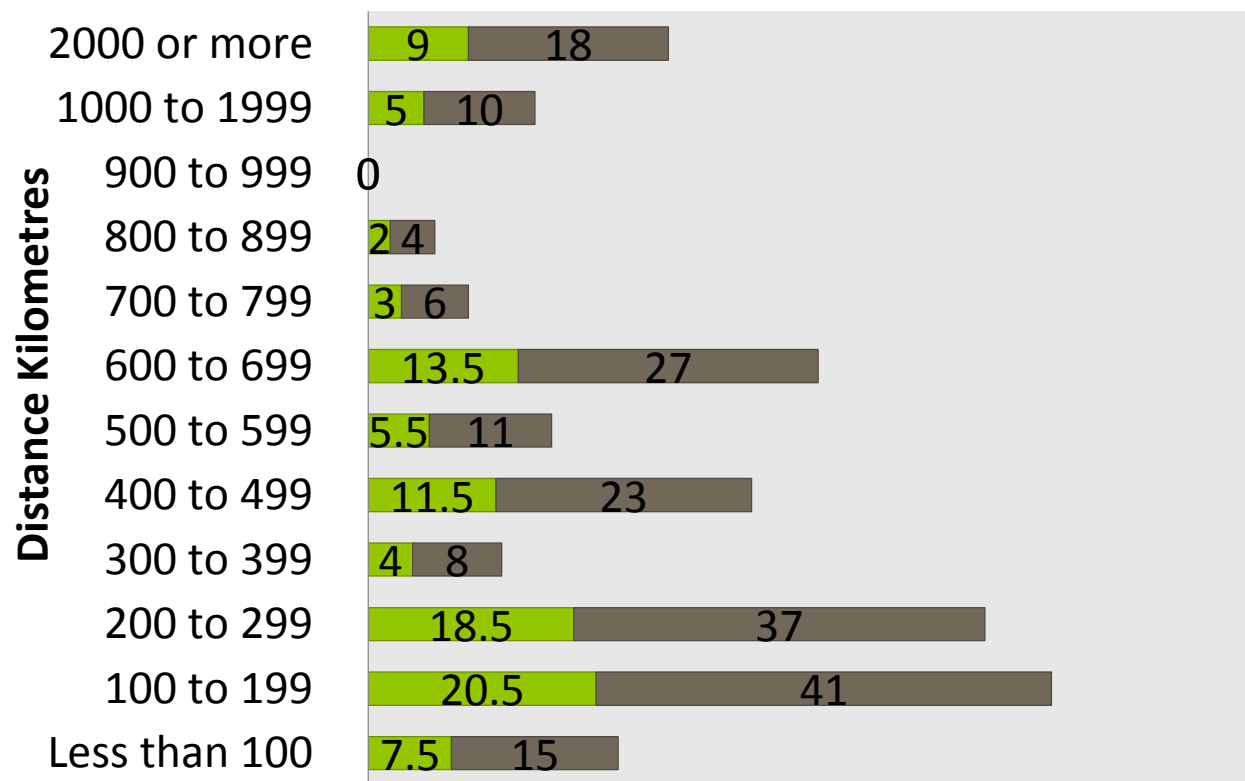
15-20 Sites
attending on a
regular basis

**All 7 WA health
regions
participating
including remote
locations**

Professional Development

How far would you have to travel to access face to face diabetes upskilling?

■ % percentage of attendees ■ number of attendees



Consumer Stories

Sophie

Key issues

- Referred post diabetic ketoacidosis (DKA), also frequent low blood sugar (hypo) events
- Diagnosed Type 1 diabetes(DM) in early 30's, 2 years ago
- Very limited understanding of diabetes self management
- Felt disempowered, no blood glucose (BG) testing for 8 months

Solution

- Intensive education, re diabetes, diet, insulin, problem solving, bi-weekly reviews initially
- Recommend GP and endocrinology review
- and engaging with multidisciplinary team (MDT)

Health Outcome

- Hypos reduced by 80%
- Consumer reported increased confidence in self management of problem solving for blood glucose control

Comprehensive report to GP

Consumer Stories

Jenny

Key Issues

- 48 year old Aboriginal woman in remote community, 20 years since diagnosis
- Doesn't recall seeing a diabetes educator
- Feels kidney problems are inevitable, "a death sentence" and a sense of fault, that blood glucose is not controlled. High long term blood glucose (HbA1c), declining kidney (renal) function
- Had not gained full understanding of reasons to take medications

Solution

- Diabetes education provided in shared care setting with remote area nurse and family support
- Through discussion Jenny's understanding of medications and how they help the body was advanced
- Discussed home blood glucose monitoring, consumer willing to try home testing
- Provided a glucometer

Health Outcome

- Motivated and taking medications twice a day, diabetes management improved
- Has commenced blood glucose testing at home
- Blood glucose levels have reduced
- Has been happy to follow up with diabetes educator by phone
- Consumer suggested that she may need insulin to bring blood sugars down

Comprehensive report to GP and AMS

Consumer Stories

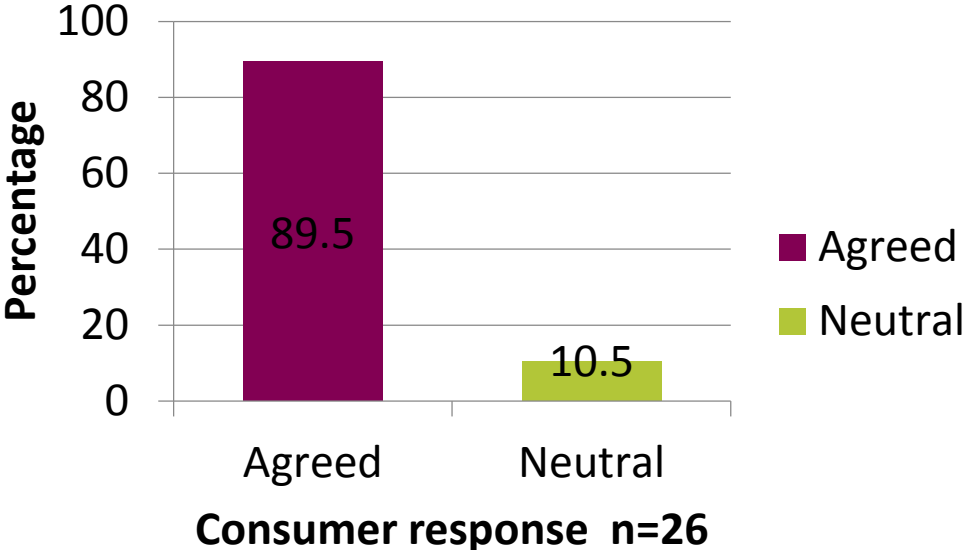


WB Southern Cross Hospital

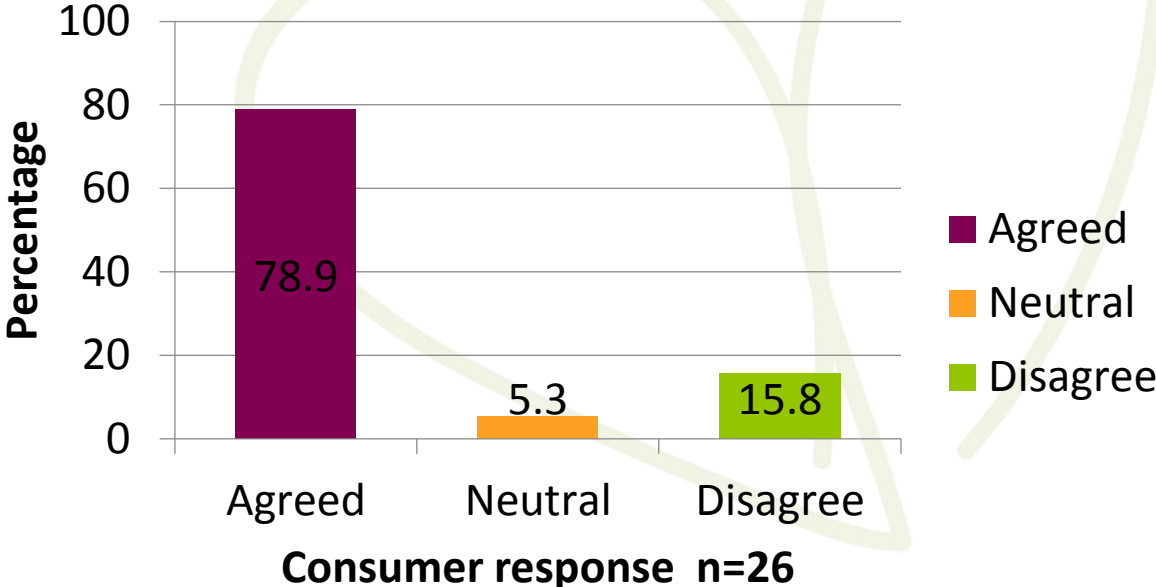
Consumer feedback

“The fact that you don’t have to go very far to get to it, you know we live at Lake Grace and it’s a four hour trip to Perth. So Telehealth is just go to your local hospital and you know Bob’s your Uncle. It’s about accessibility is the key.” Consumer quote

Using telehealth saved me time and money



My telehealth session was as good as one that was in person



Program Outcomes

- Service effectiveness - measured using Health Care Climate Questionnaire and more recently, the Patient Activation Measure (PAM).
- Analysis of acute health service interactions for a small patient sample, showed decreased hospital admissions, decreased admissions of low complexity patients, and a reduction in emergency department presentations in this group.
- Future focus on HbA1c to determine long-term diabetic control



Program Success



Diabetes Telehealth Service - Recipient WA Health Excellence 2017
Director General's Award and Category 5: Overcoming Inequity Award.



Service Expansion – Telehealth Gestational Diabetes

Results: Telehealth for GDM

Between January 2016 and June 2018



165

Occasions of Service



More than

92,000 kms

Road Travel Saved



33

Clients Seen



37

Referrals to Service



17 Clients

On-referred to
Perth Hospitals



15 Clients

From Priority Populations
Includes clients who identify as
ATSI or CALD

Telehealth Endocrinology Service

Diabetes Telehealth
for Country WA

- Commenced August 2017
- Consumer consultation and upskilling for GPs & NPs attending telehealth appointment
- Equitable access for country consumers – MBS funded
- Complex referrals, diabetic complications & co-morbidities
-



80,000
Kms Saved



58
Clients Seen
8 clinics held



Government of Western Australia
WA Country Health Service



WAPHA
WA Primary Health Alliance

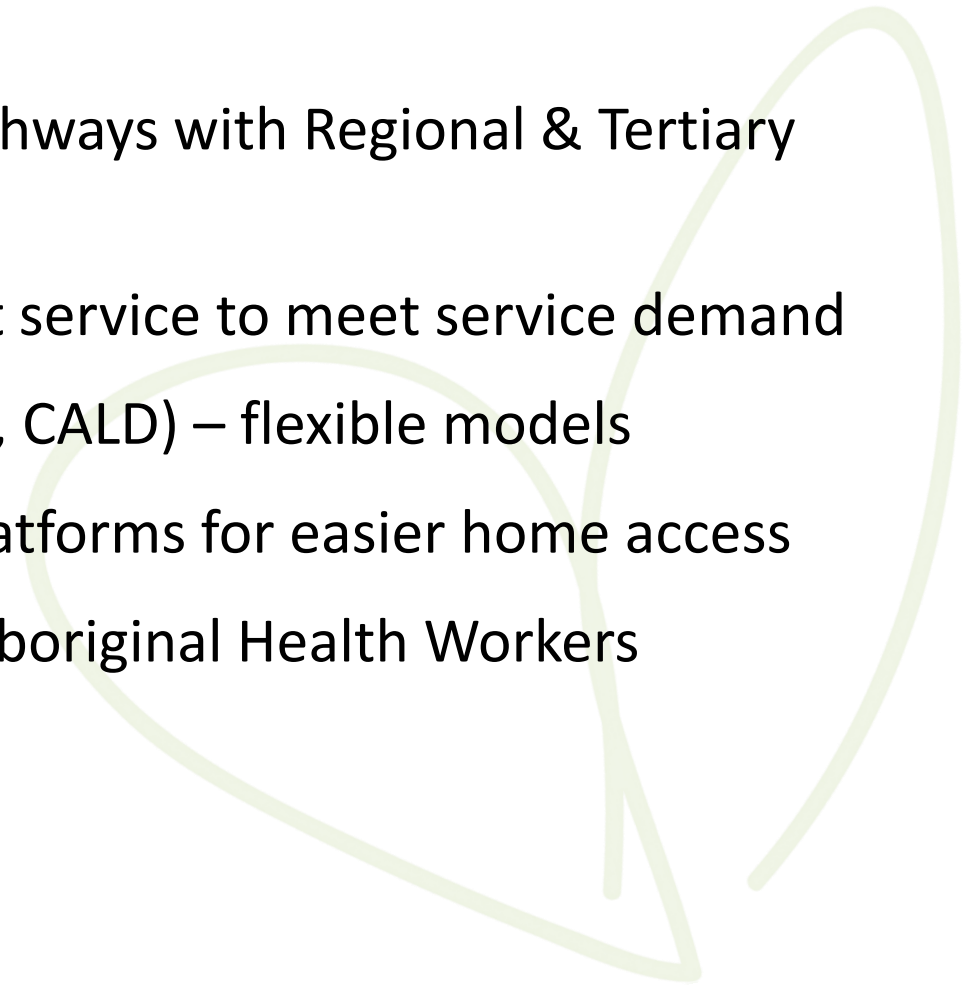
phn
PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

This project has been funded by the WA Country Health Service and WA Primary Health Alliance.

 diabeteswa®

The Future

- Expanding focus on GDM – establish referral pathways with Regional & Tertiary services
- Expansion of Telehealth Endocrinology specialist service to meet service demand
- Increase access for vulnerable populations (ATSI, CALD) – flexible models
- Increased use of web-based videoconference platforms for easier home access
- Develop targeted upskilling sessions for GPs & Aboriginal Health Workers



For more information please contact:

Diabetes Telehealth
for Country WA

Gill Denny

Diabetes Telehealth Coordinator

Diabetes WA

P: 9436 6266

E: Gill.Denny@diabeteswa.com.au

Phone: **1300 001 880** | Email: telehealth@diabeteswa.com.au



Government of Western Australia
WA Country Health Service



WAPHA
WA Primary Health Alliance

phn
PERTH NORTH, PERTH SOUTH,
COUNTRY WA
An Australian Government Initiative

*This project has been funded by the WA
Country Health Service and WA Primary
Health Alliance.*


diabeteswa®