KEY MESSAGES

Stepping Up Telehealth: Using telehealth to support a new model of care for Type 2 diabetes management in rural and regional primary care

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Policy context

People with type 2 diabetes (T2D) have the vast majority of their clinical care in primary care. Clinical care can help people achieve glycaemic targets, yet most patients continue to have out-of-target glycaemic levels without appropriate treatment intensification. These problems are exacerbated in rural and remote areas with limited access to endocrinologist and Registered Nurse-Credentialed Diabetes Educator (RN-CDE) support. Medicare Australia introduced incentives and reimbursement for telehealth consultation in July 2011, yet the overall uptake is low with less than one telehealth consultation for every 400 specialist consultations made in Australia. This proof of concept project used telehealth to support implementation of a new model of care for T2D in rural and regional primary care.

Key messages

> Telehealth is a feasible and acceptable practice in regional and rural primary care with adequate training and support.

> The Stepping Up telehealth model of care overcame geographic and financial barriers; enhanced access to multidisciplinary diabetes specialist care; and produced clinical, biochemical, and empowerment benefits for people with T2D.

> Current fee-for-service models and support systems are inadequate to integrate telehealth within usual primary care and do not incentivise health professionals to work together. Blended payments may offer a better base to support telehealth interventions.

> IT skills, capacity and infrastructure for practices, professionals and patients were variable and acted as a barrier to telehealth uptake and engagement. Embedding information technology skills into undergraduate and postgraduate health professional training, in collaboration with the profession and building on existing QI and accreditation programs, will support wider implementation of technology in clinical practice.

> Telehealth interventions need to seamlessly integrate with the existing use of electronic medical records. Collaboration in a national approach to commercial providers will be needed to establish an optimally integrated environment for patients and professionals.

> Significant human resources were needed to undertake the intensive work of coordinating and arranging this type of collaborative care that is potentially enabled by telehealth. Consideration should be given to supporting a new ‘telehealth care coordination’ role to increase uptake of technology in rural and regional primary care.

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