



Empowering people to live a quality life.

TELEHEALTH IN ALLIED HEALTH

Thursday- 24th March 2022

TODAY'S AGENDA

- Explain the practice and professions, regions covered and types of clients
- Covid and telehealth adoption, how was this managed
- What works well on Telehealth and what did not, across the professions and client types within your practice?
- How are the various professions in your practice using Telehealth now COVID restrictions have eased?
- What are the key benefits of Telehealth across professions?
- What does the future look like for Telehealth look like in your practice?
- Any key tips for other Allied Health Providers including sole traders.





RECOVERY STATION TEAM

*Have an
awesome
day!*

OUR VALUES define our team and how we take care of our clients:



Genuine empathy,
respect, compassion
and care



Strong desire to achieve
client-centred outcomes



Commitment to
continual improvement
towards best practice



Supportive and
professional team
focus

Team Break Down

Service Area

- Newcastle
- Hunter
- Central Coast
- Sydney

TOTAL over 120 staff

Disciplines

- OT
- MHOT
- MHSW
- PT
- EP
- DT
- SP
- AHA



Client Types

- Adults and Adolescents (12 years and over)
- Ageing and Disability
- Funded through NDIS, DVA, iCare, Home Care Packages, Insurance, Private Funding



We receive referrals from a broad range of; Hospitals, General Practitioners, NGOs, care organisations, self referrers, family members, insurance agencies etc.

We provide services to clients with both physical and psychosocial disability, as well as focusing on reablement for our ageing clients.



COVID and Telehealth Adoption



- We have always had the capacity and offered telehealth services to outreach clients
 - COVID highlighted the vulnerability of so many of our clients
 - So many of their usual services were ceased
 - Impacts included-
 - isolation,
 - return to home where families were unable to provide adequate care
 - no access to needed services for our elderly population (meds, ADL assistance, cleaning etc)
 - increase in falls and reduction in mobility
 - increase in challenging behaviour
 - increase in Mental Health symptoms
 - general deconditioning
 - skills loss
 - dietary changes
 - huge impact on funding (plan utilisation massively changed)



COVID and Telehealth Adoption

We had clients and families in significant need BUT we had to always balance the client need & the need to maintain staff safety and adhere to the public health orders.

Over the last 2 years we have had large portions of our geographical catchment in lockdown, which also meant that we were unable to get staff in/ out - Newcastle therapist needs to see Central Coast client = 1 week isolation for the therapist post visit!

When you take these things into account, maintaining our usual practice was neither sustainable nor was it safe - we needed to adapt!

COVID was the spark that lit the Telepractice fuse!



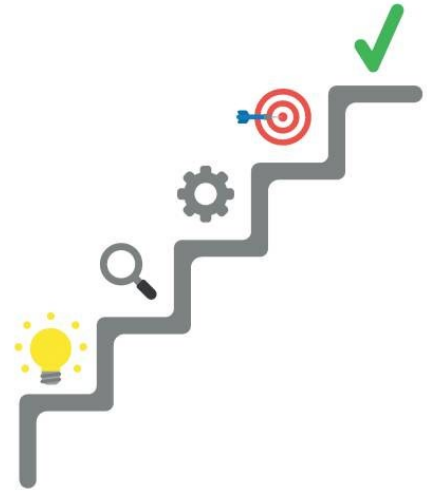
Bumpy start

- New to both clinicians and clients
- Learning a new skill- 20hrs (Josh Kaufman-Forbes), 6 months (Harvard Business Review), 10,000 hrs to become a “master” of a new skill (Malcolm Gladwell)
- Coming at an already scary and uncertain time when there was a lot to deal with - lots of fear about everything
- Sceptics
- Techno-phobic
- Funding bodies weren't keeping up with changes ie DVA item numbers
- People were thinking they would wait it out???



Adjustment Phase

- Settle on a technology platform that met our needs, was client friendly, and adhered to all privacy laws.
- Ran a series of staff workshops to ensure all staff were trained in the use of Zoom.
- Adjust our service agreements and ensure we knew how to document all interactions.
- Identify appropriate billing and coding within the funding bodies we work with and set up our software accordingly.
- Adjust our workflows so that staff knew how to create and manage a TP appointment from beginning to end.
- Introduce it to our clients and referral partners!



Problems and Potholes

- Lots of cancellations
- Tech dramas
- Clinicians were doubtful about what they could achieve over this medium
- Referrers were doubtful about what could be achieved over this medium



Adjustments and Raising Awareness

- meetings within each discipline every 2 weeks to share what had worked and what hadn't
- creating resource folders for each discipline to share TP specific resources
- repeated training and videos for slower adopters
- Webinar series for Referral Partners "Accessing Allied Health Via Telepractice" and "Creating the New Normal with Allied Health"
- **ADDING SET-UP TIME TO APPOINTMENTS TO WALK THE CLIENT THROUGH THE INITIAL APPOINTMENT**

We Can Do It!



Telepractice and DVA

- COVID was first identified in Australia in late January 2020, with the first peak in March 2020. DVA did not provide Telehealth item numbers until 1st April 2020 (after the introduction of new MBS Item numbers), by which point many Veterans were isolating in their homes with no family or services contacts. This really concerned us as we have a large veterans population so we created a welfare program to check on our Veterans.
- **“As part of our ongoing service to our Veterans Affairs Clients we are doing a check with everyone at this time to ensure we are keeping our clients well prepared and supported in their home during this period of isolation. We understand that this is a frustrating and distressing period and these are unprecedented times. We are keen to help keep you, as part of the most vulnerable population, out of hospital where ever possible, which means ensuring you have established a great preparation plan and have received education on how to keep yourself safe. Today we want to go through a checklist and workout where we can help you with your preparation plan, and identify what education you may need on the Government’s latest infection control guidelines.”**



Telepractice and DVA



DVA

Our checklist included;

- ❖ COVID SUPPORT PLAN (ensuring they had all contact numbers by their phone and had appropriate deliveries set up)
- ❖ GETTING RESOURCES TO YOU (groceries, meds, continence supplies- what stock did they have, who could help, could we arrange a delivery)
- ❖ STAYING ACTIVE/ WELL - REDUCING YOUR RISKS (falls, equipment needs, regular activity,)
- ❖ SOCIALISATION (are regular contacts continuing, do we need to arrange a regular call service, are there interests the person can continue in isolation, how are their stress levels)
- ❖ SKIN INTEGRITY & OTHER HEALTH ISSUES (checking on any broken skin/ pressure areas/ wounds/ skin tears, checking on management of chronic disease & managing regular treatment, checking if they are keeping regular appointments or if they need assistance to set up TP with a GP or specialist).

These calls were so beneficial and would often identify a deeper issue that we needed to address.



How it works for us



How it works for us



How it works for us

10 Calming Strategies I Can Do



Close my eyes and count backwards



Take 5 deep breaths



Stretch or do yoga



Read a book



Ask for a hug or hug a soft toy or pillow



Blow bubbles



Listen to music



Go to a quiet place



Go for a walk



Use a fidget or calm down sensory bottle



HOW ARE YOU GOING?



Well



Unwell

How are you feeling?	Self-aware & calm	Irritable or impatient	Angry	Aggressive out of control
What's your stress level?	Coping well	Worried nervous	Very nervous panicky	Highly anxious panic attacks
What's your outlook?	Positive outlook	Overwhelmed	Feeling hopeless	Depressed or suicidal thoughts
How are you working?	Working productively	Putting things off, forgetting	Poor performance	Unable to perform duties
How are you sleeping?	Sleeping normally	Trouble sleeping	Restless disturbed sleep	Sleeping too much or too little
What's your energy level?	Energetic	Low energy levels	Tired	Physical symptoms of illness
What's your activity level?	Keeping active	Decreasing activities	Little enjoyment from activities	Avoiding activities
How social are you?	Feeling connected	Withdrawing from social activity	Irritated & frustrated with others	Isolated from others

WHAT CAN YOU DO?



Keep it up!



Ask for support, try not to judge yourself



See your GP



You must get help



Centre for Rural & Remote Mental Health

crmh.com.au



ramhp

ramhp.com.au



Talk to friends and family

Do something you enjoy



Don't put it off, act now.

Contact Community Health or your EAP



Help is available

Mental Health Line

1800 011 511

or your EAP



How it works for us

Key Word Sign



safe

Move blade of slightly cupped dominant hand, across open palm of non-dominant hand towards body.



Some people have been sick



They can't go near other people



Some people might wear a face mask



Some places are closed because people are sick



It's very important to wash your hands

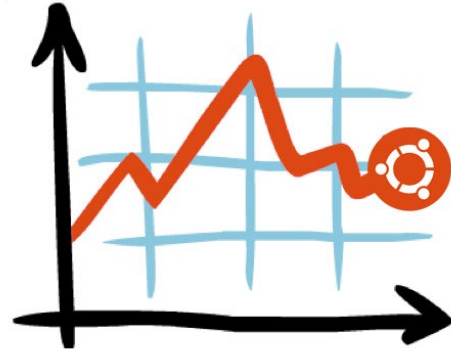


How it works for us



Telepractice Stats

- Highest usage- April 2020= 20% Telepractice across Recovery Station
- Lockdown period- October 2021= 8% Telepractice across Recovery Station
- Non- lockdown periods ie February 2022= 4% Telepractice across Recovery Station (ave 4-6%)



Telepractice Benefits

- No travel charges- more time offering treatment
- Gradual building of relationship with Psychosocial clients who may not accept someone in their home
- Reduced fatigue on staff with no travel
- Safety due to improved infection control
- Ability to see clients with challenging behaviours safely (if appropriate)
- Convenient for client
- Weather/ COVID/ Traffic proof
- Can be fun and social
- **Means we can keep going when everything else has stopped and the client doesn't have to miss out or go backwards**



Telepractice today

- Unfortunately COVID is still not over and at times it is our only way of providing service flexibly for both the client and the clinician!
- We have had clients move out of our region or start with Recovery Station that are out of our usual service area that are provided with only TP service
- Our clinicians regularly participate in TP multidisciplinary case conferences or planning meetings with funding bodies.
- Many of our Dietetics clients chose regular TP appointments with only one or two face to face visits per year or all TP.
- Many of our Mental Health clients have found this delivery more comfortable for them and they have selected to continue portions or all of their sessions via TP. For some of our clients with challenging behaviours this is the only way we can offer service.
- We also have many regular therapy clients (SP, OT, EP, PT) that have chosen to continue with TP as they have now seen the benefits. We can still complete singular face to face visits for portions of the delivery (ie initial assessment, swallowing assessment, mods measurement)



Telepractice Future

- There are some activities that will always require face to face consultations (eg Speech Pathology Swallow assessments)
- We will continue to offer TP, Face to Face, clinic visits etc going forward, as our aim is always to continue seamless interventions to our clients in whatever format suits them.
- I believe we will always need a multi-modal approach to care which will include TP. TP needs to be one of the tools in our clinicians' toolbox in order to maintain currency of practice and to meet clients' needs in their changing world.
- The use of TP has encouraged greater creativity in many of the clinicians I work with, and for Recovery Station, I feel it will improve flexibility for staffing, outcomes for clients, and general job satisfaction.
- We need to advocate for ongoing funding allocation to TP!



Telepractice Future



Allow for many paths to your goal. Do not fixate on one path, because then you are likely to give up when that path is blocked.

Po Bronson

PICTUREQUOTES.com



thank you!

