
Novel Telehealth Outreach Model: Why travel to see the rheumatologist?

Initiative Type

Model of Care

Status

Deliver

Added

06 February 2020

Last updated

27 February 2020

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/novel-telehealth-outreach-model-why-travel-see-rheumatologist>

Summary

Central Queensland residents are benefiting from a global shift towards technology-enabled care to provide cost-effective specialist rheumatology services. This novel telehealth outreach model is

committed to improving health outcomes through better access to care in collaboration between Central Queensland Hospital and Health Service and Metro North Hospital and Health Service.

Key dates

Feb 2020

Feb 2020

Implementation sites

Central bases were at Rockhampton Hospital and Royal Brisbane and Women's Hospital

Partnerships

Collaboration between Central Queensland Hospital and Health Service and Metro North Hospital and Health Service

Key Contacts

Eugene Ma and Ashleigh Hennessey

8220

william.vanheerden.ced

GP with Special Interest in Rheumatology

Rockhampton Hospital, Central Queensland Hospital and Health Service

07 49206950

eugene.ma2@health.qld.gov.au

Aim

To provide a quality health service through this outreach model to Central Queensland patients through telehealth which improves access to specialist care and reduction in wait times. Furthermore, the model of care allows for increased capacity in the clinic, resulting in increased volumes of patients able to be seen in their local region, without having to travel to Brisbane.

Benefits

- Reduction in the burden on the Travel Subsidy Scheme of over \$119,000 for Central Queensland
- \$40,000 estimated out of pocket expenses for patients saved
- Over 365,000 kilometres saved on travel
- 2,392 hours saved for patients
- Financial, emotional and psychological savings to patients

Background

Travelling long distances to see a specialist impacted the quality of life of rheumatology patients in rural settings and this issue is addressed by this project.

Solutions Implemented

The model continues to be committed to driving health equity for patients in Central Queensland, improving better access to care through technology, and providing financial, emotional and psychological savings to patients. Having a GP with special interest involved enables a higher degree of assessment with specialist skills to assist the rheumatologist with identification of disease progression and diagnosis.

Evaluation and Results

From December 2018, over 300 patients were seen via telehealth in the outreach program. The outreach telehealth and face-to-face clinics have been able to increase patient capacity to provide ongoing quality health care services. As many as 14% of Metro North rheumatology patients were

coming from Central Queensland, with demand increasing. From 1st January to 30th April 2019, 77 rheumatology telehealth appointments, and 13 new patient appointments in the face-to-face clinic were seen by the GP with special interest in rheumatology. The model has been welcomed by patients and staff. We are able to provide significant improvement in patient satisfaction, clinician satisfaction, in addition to reduction in waiting times to be seen by the specialist and reduction in patient travel. It is pleasing the model is able to increase access to rheumatology specialist care to patients in Central AK14Queensland. In addition, there are significant cost savings to the patient, and the health system.

- Moreover, the model improves the clinical skills of the clinicians. As a GP with special interest in rheumatology, the skills learned in the clinic are shared within the greater GP community in Central Queensland. Clinical skills are enhanced in assessment during telehealth consultations for musculo-skeletal examinations, joint injections, and communication and counselling patients. We are able to utilise local services in providing quality patient care. It has been an invaluable experience in improving the level of professional development for GP's and all staff involved. Our telehealth team, including nursing, administration, and clinical members, are part of an integral team who are able to provide quality patient care to Central Queensland patient base.

Lessons Learnt

The challenges continue to be the technology. The model relies on the telehealth technology and we have excellent information technology staff who are on hand if we encounter any technical difficulties.

References

Webpages, journal articles and data

PDF saved 03/06/2025