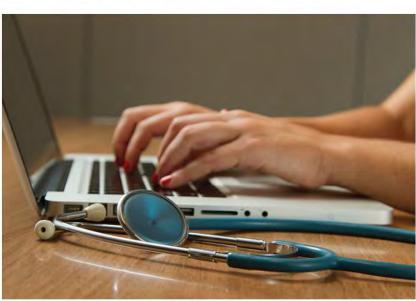
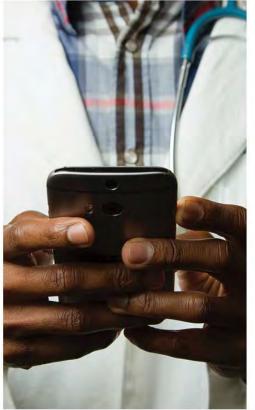
# VIRTUAL CARE STRATEGY

## 2021-2026









Northern NSW Local Health District



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## Acknowledgement

We acknowledge the Traditional Custodians of the lands and waters where we work and live. We pay respect to the Ancestors and Elders of these Nations, and to all Aboriginal people past, present and future.



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## **FOREWORD**

#### Message from the Chief Executive, Wayne Jones

Unprecedented demands on clinical services and consumer feedback have provided us with the opportunity to enhance and expand virtual care (VC) capabilities across the NNSW LHD.

Guided by the <u>NSW Health</u>, <u>NSW Virtual Care Strategy 2021-2026</u> these capabilities are being implemented to complement and create new and accessible ways for patients to receive and manage their health care needs as effectively and efficiently as possible.

This Strategy sets the direction and priorities to embed VC safely as one channel in which health care services are provided along with providing a platform for enabling opportunities for continuous innovation.

Our aim for our VC services is to provide flexibility, equity, be culturally appropriate and meet the social circumstances of our diverse population and changing environmental conditions.

Our clinicians will be given the tools, techniques, and related training to augment their skills to deliver VC in combination with face to face care.

VC enhances patient-centred care and provisions opportunity to close the gap from acute to primary care resulting in, positive experiences and seamless navigation across the patients' health journey.

As a leading regional health district our advances in VC will ensure we continue to deliver quality health outcomes across our communities.

The VC Strategy Action Plan outlines the initiatives that will assist in meeting the objectives of this strategy by 2026.

#### Message from the NNSW LHD Virtual Care Steering Committee

The VC Steering Committee is pleased to present the NNSW LHD Virtual Care Strategy 2021-2026, and the Virtual Care Strategy Action Plan (attached).

The Ministry's <u>Future Health Report 2022-2032</u> describes that the health system needs to change the traditional ways of managing increasing numbers of patients with complex and chronic diseases and impacts of aging populations, predicted to peak by 2032.

VC safely embedded into clinical workflows and designed in partnership with patients, supports new ways of doing business. NNSW LHD aims to upskill clinicians to maximise usage of technologies building capability and capacity to deliver VC in combination with face to face care.

VC underpins the provision of value based healthcare, enhancing health outcomes that matter to patients, improving experiences of providing and receiving care, and provides opportunity to enhance the effectiveness and efficiencies of care. Our vision is for an empowered NNSW LHD community, where people are in control of their health.

We are proud to support this significant body of work managed by the VC Service established in the Integrated Care Directorate.

This Strategy closely aligns with the NSW Health, NSW Virtual Care Strategy 2021-2026.

## INTRODUCTION

Virtual care (VC) is rapidly becoming a reliable, flexible, efficient, and readily available modality of healthcare. Consumer feedback indicates that VC is convenient saves time and allows patients greater control over where, when and who attends the appointment.

Telehealth is very convenient; I can join my disabled sibling's consultation from work.

Carer'

Telehealth is convenient, saves travel and packing up the other kids. 'Parent'

Our no-shows have significantly improved. In some instances, I am having better outcomes for patients and best completion of home exercise program that I ever had. 'Cardiac Rehabilitation Clinician'

NSW Health defines VC as any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. VC delivered in combination with face to face care, optimises choice, quality, and effectiveness of patient care $^{1}$ .

#### Methods of VC delivery include:

- Real-time use of telephone, videoconferencing, text messages and emails
- Store and forward of information or medical images to inform a diagnosis for the purpose of care planning and treatment
- Use of sensors and other technologies to collect and send healthcare data, to enable monitoring of patients remotely from home or in community or hospital settings<sup>1</sup>.

The NSW Ministry of Health (the Ministry) is working to ensure scalable models of care that incorporate VC are standardised for delivery throughout NSW. The NNSW LHD will deliver VC through commitment, collaboration, consultation and alongside system partners including:

- The Ministry
- Clinical Excellence Commission (CEC)
- Agency for Clinical Innovation (ACI)
- eHealth NSW
- Other Local Health Districts and Specialty Health Networks (LHDs & SHNs)
- General Practitioners (GP)
- Aboriginal Medical Services (AMS)
- Primary Health Network Healthy North Coast (PHN-HNC)
- Other partners, e.g., Government and Non-Government Organisations

Clinicians assess the patient's suitability to receive virtual care, and in discussion with the patient; the patient decides how their care is delivered. 'Clinician'

Clinical Governance is a critical element ensuring safe delivery of VC. The Clinical Excellence Commission is working with LHDs to ensure VC is incorporated across the existing Clinical Governance Framework 13,14 to improve patient and system outcomes across the NSW health system.

Safety and quality and linked data on process and clinical outcomes, should be used to drive redesign and integration of services to incorporate VC. Monitoring and evaluation along with research, will result in improved systems and patient outcomes underpinning evidence based practice  $\frac{12}{2}$ .

Existing governance structures established to support virtual care will guide the delivery of the initiatives outlined in the action plan:

- The NNSW LHD VC Steering Committee champions and monitors safe integration of VC across the health system and manages identified risks.
- The VC Steering Committee reports to the Digital Health Governance Committee.

#### **Strategic Alignment**

- This Strategy closely aligns with the NSW Health Virtual Care Strategy 2021-2026, and other associated strategies including:
- Northern NSW Local Health District Strategy for value based healthcare<sup>8</sup>
- NSW Health Strategic Framework for Integrating Care<sup>7</sup>
- NSW Health Aboriginal Health Plan 2013-2023<sup>10</sup>
- NSW Health and NSW Primary Health Networks; Working together to deliver person-centred healthcare. Joint Statement<sup>9</sup>
- NSW Health Workforce Plan 2022-2032<sup>11</sup>
- eHealth NSW, strategy for NSW Health 2016-2026<sup>15</sup>
- This Strategy and actions are observant of the findings and recommendations of the NSW Parliament, Regional, Rural and Remote Health Report<sup>6</sup>.

#### **Embedding Virtual Care**

The COVID pandemic and extreme weather events led to the expansion of VC across non-admitted patient (NAP) services and initiatives such as admitted patient and residential patient services, out of hospital care for COVID positive patients, alleviating transport issues in rural and remote communities, and options to improve patient flow. Additionally, it enabled planning for future remote in-home monitoring (RiHM) 1.2.

A 'deep dive' evaluation of VC resulted in significant enhancements to the program. Patients and family, friends, and carers reported benefits including time and cost saving, reduced travel, reduced disruption to work and school schedules and reduced risk of exposure to communicable disease in waiting rooms. Clinicians reported that where a face-to-face physical assessment was not required, VC offered an efficient and practical modality to provide their services in most instances. A change action plan resulted in NNSW LHD investing in People, Processes, and Technology. Figure 1 outlines our success factors.

Clinicians
requested more
education about
the technology
and how to
interact with their
patients when
using technology.

Also, more
support, including
for their patients
especially the first
connection.

'Deep dive
evaluation'

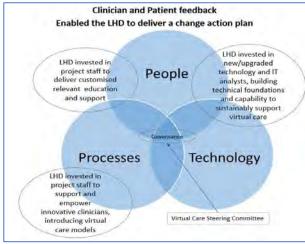
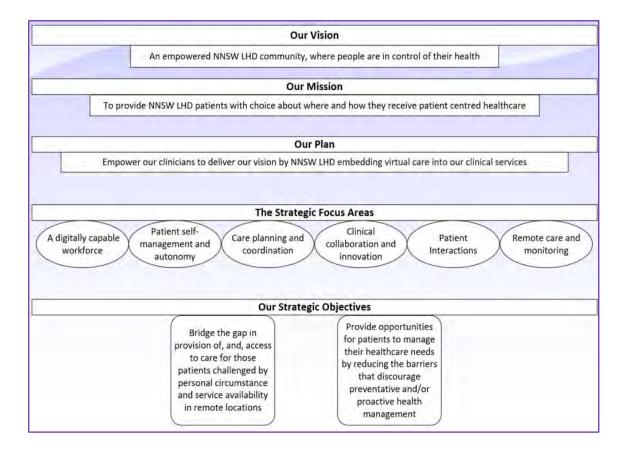
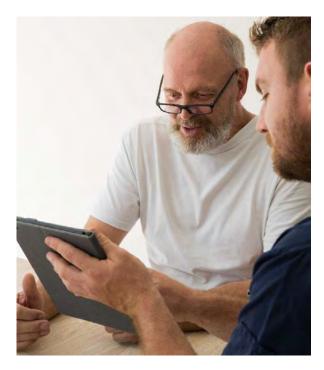


Figure 1: Success factors

## NNSW LHD VC Strategic Vision









### WHAT ARE WE DOING?

Our focus is to provision the expansion of VC across the next 5 years, by 2026. Introducing new initiatives that embed VC into our clinical services and through to primary care, and facilitating VC delivered in hospital settings, in home or in community settings. Quality healthcare will be enhanced by combining face to face care with virtual care and enabled by the use of fixed and mobile digital technologies. Digital solutions and platforms will support patient autonomy, improve patient flow and access to speciality health services, delivered anywhere, anytime. Resulting in improved patient health outcomes and positive clinician and patient experiences when providing and receiving care. VC in NNSW LHD is displayed in Figure 2.



Figure 2: VC in NNSW LHD.

This Strategy adopts the NSW Health VC Strategy and Delivery Framework $^1$  including support capability investing in people, designing processes, and building technology. The delivery framework facilitates our objectives in line with the six (6) strategic focus areas, displayed in Tables 1-3.

#### **Investing in People**

Objectives

Upskilled clinicians will deliver VC in combination with face to face care maximising capability and usage of technology, and safely embedding VC into our clinical services. Digital technology, solutions and platforms will provide more effective and efficient services, delivered anywhere, anytime, in home, in community settings or in hospital settings. Remote monitoring delivered in partnership with patients and their healthcare providers will enhance management of chronic conditions, build patient's confidence in self-managed care, and improve health and wellbeing 1.2.7.8.9.

Virtual care is used but it should not replace face to face care. 'Clinicians'

#### Strategic Focus Area 1: A digitally capable workforce

- 1.1 VC is available across health services
- 1.2 VC education is available
- 1.3 Digital literacy is captured at recruitment

#### Strategic Focus Area 2: Patient Self-Management and Autonomy

- 2.1 Promote VC externally to health consumers
- 2.2 Strengthen self-managed care and autonomy

Table 1. NNSW LHD objectives supporting investing in people

## **Designing Processes**

We will upskill clinicians to use technology complementing existing services and introducing new ways of working across our health system 1.2.11. We will embed VC into models of care and clinical workflows to improve access to quality healthcare, convenience, and cost savings, and deliver health outcomes that matter to our patients. We will facilitate inclusive and equitable services by encompassing the digital and personal needs of carers and families, health providers, priority populations, people with disabilities, Aboriginal people and communities, multi-culturalism, and interpreter services.

People with disabilities, the socially and economically disadvantaged, the elderly, and Aboriginal people; they need consideration and not be disadvantaged by telehealth. 'Health consumer'.

We will build relationships with our health partners supporting integrated and value-based healthcare. We will improve access to quality healthcare from home or in community or hospital settings to help alleviate transport issues in our regional and remote communities. VC will be embedded in models of care to enable patient flow and access to specialist care, and to improve service efficiencies<sup>9</sup>.

#### Strategic Focus Area 3: Care planning and coordination

3.1 Improve the effectiveness and efficiency of health services

3.2 Deliver health outcomes that matter to patients

3.3 Improve the experiences of providing and receiving care

#### Strategic Focus Area 4: Clinical collaboration and innovation

4.1 Strengthen VC through research and evidence based practice

4.2 Incorporate VC into the Clinical Governance Framework

Table 2. NNSW LHD key objectives supporting designing processes

#### **Building Technology**

The NNSW LHD will ensure funding building our technical foundations to enable capacity to deliver VC safely and securely and related technologies, now and into the future.

We will facilitate procurement of digital technology enhancing to provide healthcare in hospital settings, in home, or, in community settings, including critical, urgent, emergent, and non-urgent care, using remote monitoring solutions and platforms enabling improved patient flow. Resulting in, our clinicians, patients, and communities seamlessly connecting with specialist care, regardless of their location, anywhere, and anytime.

We will ensure technology supports monitoring and evaluation to enable clinicians implementing VC initiatives to reflect evidence based practice and research. In accordance with the aims of value based healthcare, to capture the experiences of clinicians, patients' and carers, and family, delivering health outcomes that matter to patients, improving the experiences of providing and receiving care and the effectiveness and efficiency of care<sup>8.9</sup>.

Artwork adapted from work by Jason King

#### **Strategic Focus Area 5: Patient interactions**

5.1 Build technical foundations supporting VC

5.2 Enable systems integration

5.3 Assess VC readiness

Strategic Focus Area 6: Remote Care and Monitoring

6.1 Remote in Home Monitoring is enabled

Table 3. NNSW LHD key objectives supporting building technology

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#### HOW ARE WE GOING TO GET THERE?

#### Working together as one team to deliver health care differently in NNSW LHD

This Strategy envisages changing existing practices and re-designing models of care to deliver value-based healthcare and different ways of working. Working differently impacts a significant cultural shift to be driven by a top-down approach and investment in support capability that empowers people, designs processes, and builds technology. To ensure this Strategy is effectively implemented, NNSW LHD has developed the VC Strategy Action Plan (the Action Plan) to drive effective implementation of our vision, objectives, goals, and actions, across five years, by 2026. The Action Plan adopts the NSW Health VC Delivery Framework and Strategic Focus Areas, Table 5.

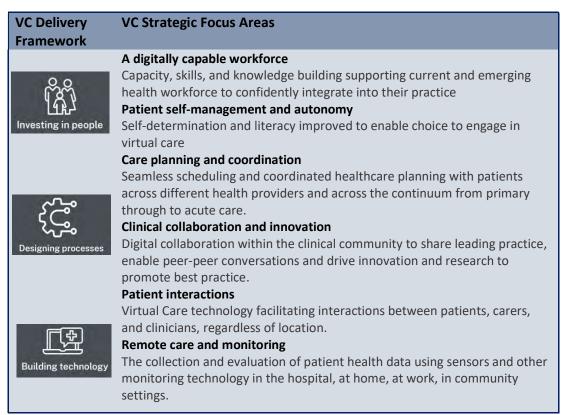


Table 5. NSW Health - Virtual Care Delivery Framework and Strategic Focus Areas







### References and related links

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<sup>12</sup> NSW Health Virtual Care Strategy, Monitoring and Evaluation Plan, October 2020 "Consultation non-circulating draft copy;" a published version is not available currently.

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