Special Commission of Inquiry into Healthcare Funding

Statement of Karol Petrovska

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1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

A. INTRODUCTION

2. My name is Karol Petrovska. I am the Director, Virtual Care Unit, Governance, System Performance Support Branch of the NSW Ministry of Health (**MOH**). I was appointed to this position in November 2020 when the Virtual Care Unit was first established. The purpose of establishing a standalone Virtual Care Unit was to provide centralised oversight and governance for virtual care and to enable system-wide visibility of virtual care initiatives.

3. I report to the Executive Director of System Performance Support, System Sustainability and Performance, MOH. In addition to myself, there are six employees of the Virtual Care Unit who report to me.

4. A copy of my curriculum vitae is exhibited at **Exhibit A**.

5. This statement addresses future planning relating to extending the use of virtual care modalities in NSW as requested at item 2(f) of the letter from the solicitors assisting the Special Commission of Inquiry into Healthcare Funding dated 24 May 2024.

B. VIRTUAL CARE STRATEGY

6. The Virtual Care Unit led the development of the first NSW Health *Virtual Care Strategy 2021-2026* (**the Virtual Care Strategy**) which is exhibited at **Exhibit B**. The Virtual Care Strategy was developed in consultation with stakeholders, including Local Health Districts (**LHD**s), Specialty Health Networks (**SHN**s), Pillar organisations, branches within MOH and consumers, under the auspices of the Virtual Care Steering Committee.

7. The Virtual Care Strategy was developed to support a coordinated and consistent statewide approach to scale virtual care and to capitalise on the benefits that were realised during the COVID-19 pandemic. There was also a recognition that virtual care will become business as usual in a post-pandemic world. The ultimate goal of the Virtual Care Strategy is to normalise virtual care and develop ways it can be embedded in existing services as much as possible and where appropriate.

8. Virtual care can help resolve long standing system challenges such as workforce shortages or increased demand on our hospitals due to limited access to primary care.

9. The Virtual Care Strategy aims to achieve safe, appropriate and equitable access to virtual care; positive patient, carer and family experiences; as well as positive clinician experience in the use of virtual care.

10. The NSW Health *Establishing and Implementing Virtual Care Services Guide* (May 2023) (**the Guide**) sits alongside the Virtual Care Strategy. A copy is at **Exhibit C**. It outlines an implementation approach for LHDs and SHNs to establish virtual care services, and/or integrate virtual care delivery options into existing services. It also provides guidance to ensure that virtual care is integrated into existing health service safety and quality systems and clinical governance processes.

C. CONSULTATION AND GOVERNANCE

11. The Virtual Care Steering Committee is the peak governance committee for virtual care in NSW Health and sets the strategic direction for virtual care within NSW. This includes identifying the key elements of implementing virtual care, enabling technology, quality and safety issues for virtual care, specific issues identified in implementation, and implementing models of care.

12. I am a member of the Virtual Care Steering Committee which is chaired by the NSW Health Deputy Secretary, System Sustainability and Performance, Matthew Daly. Other members include representatives from eHealth NSW, Clinical Excellence Commission (**CEC**), Agency for Clinical Innovation (**ACI**), LHD Chief Executives and consumers. Representatives were selected to reflect the broad landscape of the system in which virtual care operates.

13. A copy of the Terms of Reference of the Virtual Care Steering Committee is exhibited at **Exhibit D**.

14. Under the Virtual Care Strategy, the CEC was tasked with providing guidance on clinical quality and safety for virtual care which resulted in the development of the CEC *Embedding Virtual Care in Safety and Quality Framework* (2022). As a result of this work, NSW Health's existing incident management system, ims+ has been matured in the virtual care space so that it can be identified in ims+ if virtual care was involved in a particular incident. Any investigations and recommendations that relate to virtual care are provided to me via the CEC. Ongoing consultation is occurring between myself, the CEC and eHealth NSW to refine this process. The Virtual Care Safety and Quality Advisory Group was also established by the CEC which reports to the Virtual Care Steering Committee. I am a member of the advisory group in addition to CEC, along with several LHD clinical governance leads and a consumer representative.

15. NSW Health is developing the Virtual Care Data Framework which provides definitions that are specific to data collection for services provided through virtual methods. Collection of virtual care data will assist in evaluation and monitoring of system activity and support strategic decision making, including how virtual care occasions of service can be costed. The Framework is planned for release in July 2024 and will be trialled with selected LHDs before being more widely implemented in January 2025.

16. I am also the lead of the interjurisdictional virtual care group that meets twice yearly, where we discuss each State's virtual care strategies and modalities that are being used. The key issue that has emerged from these meetings is the challenge of collecting data on the use of virtual care.

D. CHALLENGES WITH IMPLEMENTATION OF VIRTUAL CARE

17. Whilst the Virtual Care Unit has the clinical expertise to embed virtual care, there are roles to be played by other areas within the system, including the MOH's Workforce, Aboriginal Health and Social Policy branches, and the Health Education and training Institute (**HETI**).

18. The 'Virtual care delivery framework – implementation goals' within the Virtual Care Strategy assigns responsibilities within the system for a broad range of focus areas relating to virtual care including community-focused communications and engagement across a broad range of populations, clinician education, implementation support to embed virtual care in services and uplift in technology to support the roll out of virtual care. We have been consulting with each LHD and SHN to understand their services so

that we can work towards developing expectations on the use of virtual care within NSW, with parameters that allow LHDs and SHNs to meet the needs of their communities.

19. One of the biggest challenges for the implementation of virtual care is clinician and community acceptance. Ongoing communications and engagement with both the community and clinicians is a key factor in addressing this issue. We need to keep the conversations going to understand how we can best support both groups and understand what the issues are.

I. Clinician acceptance

20. Some clinicians were early adopters of virtual care services due to an awareness of how virtual care can address existing problems in the system (such as patient access and workforce issues) and allows clinicians to work more efficiently without compromising quality and safety of healthcare. There are other clinicians who have expressed some reluctance to adopt virtual care as part of their practice.

21. Part of the role of the Virtual Care Unit, as well as other systems stakeholders, is to provide change management support and education to support clinicians to make decisions around what care may be appropriate for virtual care and when face-to-face consultations may be required. HETI has also developed training to support clinicians in making these decisions.

22. As well as education and training, local staff have been mobilised to support change management, with each LHD having a Virtual Care Manager. My team and I meet frequently with the LHDs and the Virtual Care Managers to understand local issues unique to each of the LHDs and SHNs.

23. Further work is being undertaken to improve our engagement with tertiary and further education institutions to embed virtual care in education curricula. This work is being undertaken in collaboration with our colleagues in the MOH's Workforce Planning and Talent Development Branch.

II. Community acceptance

24. Our experience and research also tell us that virtual care is broadly accepted by the community. The Bureau of Health Information (**BHI**) has undertaken several patient surveys, including the *Virtual care in NSW: Use and patients' experiences 2020-2023*

research. This has assessed community sentiment towards virtual care and found that patient outcomes and experiences were generally positive.

25. However, available research has also confirmed that there are certain parts of the community that will be left behind in the use of virtual care if specific attention is not given to their needs, including the Aboriginal community, those from culturally and linguistically diverse backgrounds, people with disabilities, and older people. Our work has told us that we need to be conscious about what the needs of these communities mean for implementation of virtual care, however we cannot assume that these populations will always face difficulties in relation to virtual care. The limitations these populations may experience and ways to address those have been set out in the Virtual Care Strategy.

26. There has been ongoing community engagement around the rollout of virtual care and ways to address limitations. For example, some communities have technological barriers such as device availability and data and connectivity issues. In some communities, spaces or hubs are being created to provide access to virtual care, such as the virtual care room in the Aboriginal Land Council building in Port Macquarie. Although some community members are unable to access virtual care services from home, available hubs or spaces mean they do not have to travel for a more extended period for face-to-face consultations.

27. My team and I have also undertaken consultation with Aboriginal communities and collaborated with the Centre of Aboriginal Health. Following consultation, a community and consumer toolkit was put forward as a strategy to support staff and Aboriginal communities to engage with virtual care. This toolkit is currently in development.

28. We are also working to engage with people and other organisations including the NSW Council of Social Service, Multicultural NSW and the Aboriginal Health and Medical Research Council in this space.

29. Ideally, we are aiming to move towards more patient autonomy in how patients will engage with their healthcare providers through the use of virtual enablers. It will require some time to develop community acceptance of virtual care as well as harnessing the rapid pace of technological advancements.

E. FUNDING MODELS

30. The majority of virtual care services and programs are block funded.

31. Activity based funding will be able to be used for virtual care services in the future. There are presently challenges with capturing data on the use of virtual care services which limits our oversight on activity and creates challenges with costing services accurately. The Virtual Care Data Framework will support more accurate counting of virtual care services. The implementation approach is outlined at paragraph 15 above.

32. Commonwealth processes for costing of virtual care service delivery is also a long reform process. Lobbying by States and Territories has occurred for the Independent Health and Aged Care Pricing Authority (**IHACPA**) to develop a costing approach for virtual care enabled models. IHACPA are leading a project to reform costing of virtual care which is being done in consultation with NSW Health and other Australian jurisdictions.

F. OPPORTUNITIES

33. Recent budget announcements demonstrate significant investment over the coming years to expand virtual care including expanding virtual urgent care services in partnership with Healthdirect through the Single Front Door (**SFD**) and investing in Hospital in the Home (**HiTH**).

34. Building on the success of virtualKIDS, which became statewide at the end of 2023, a new statewide service, VirtualADULTS will provide greater access to virtual consultation with a range of health professionals such as doctors, nurses and mental health clinicians, and access to virtual specialist advice where required through newly established service pathways. By calling Healthdirect, individuals will first speak to a registered nurse who will triage the patient, assessing the urgency of their condition and their suitability for a virtual consultation by NSW Health clinicians. Through the virtual consultation, the clinician will be able to assess the patient's condition, give detailed medical advice, provide e-scripts and discuss a treatment plan. Virtual specialist advice will also be accessed by the consulting clinician if required.

35. There is also a significant opportunity to relieve the pressure on emergency departments and hospitals by leveraging virtual care to enhance current HiTH services and widen eligibility of hospital at home care. This will build foundational capability to transition to a HITH model that can connect with existing SFD and physical Urgent Care Services. An expanded HITH model will deliver benefits over traditional brick-and-mortar models of

care including enhanced capacity to meet fluctuating healthcare demands through expanded bed capacity and improved patient satisfaction, outcomes, and experience of being cared for and monitored while at home through virtual modalities.

Karol Petrovska

17 June 2024

Date: 17 June 2024

Witness: DAVID MATHESON

17/6/24

Date: 17 June 2024