New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 124

Name: Connected Medical Solutions Ltd t/a My Emergency Doctor

Date Received: 31/10/2023

To The Commissioner: Mr Richard Beasley SC
The Special Commission of Inquiry into Healthcare Funding

We thank you for the opportunity to provide a submission to this Inquiry.

Connected Medical Solutions Limited trading as My Emergency Doctor is Australia's leading emergency telemedicine provider. We are a private company that has been able to develop innovative sustainable telehealth-based solutions at pace and scale, that deliver strong clinical, operational and cost outcomes that Public Health institutions have traditionally struggled to consistently deliver.

Established in 2016, we have been recognised by Australian Financial Review in the Top 3 Innovative Healthcare Companies in Australia for 2021, 2022 and 2023. Since our inception, we have led the market and have learned what it really takes to be successful in telehealth in the acute hospital setting.

The solutions we have developed directly address a number of key components of the scope of this inquiry. Specifically, they:

- Address cost challenges presented by the use of locums, agency staff and other temporary staff arrangements;
- Provide new models of care and technical and clinical innovations to improve the health outcomes for people of NSW;
- Address barriers to workforce expansion to increase supply, accessibility and affordability of specialist clinical services; and
- Facilitate better engagement across local health districts and speciality health networks (Ambulance, PHNs, UCCs, RACFS).

We have a proven track record of delivery that speaks to the efficacy and credibility of our work, that we trust is worthy of your consideration.

We believe there are better ways for the Public Sector to engage private enterprise in healthcare delivery. We relish the opportunity to bring our leading thinking and expertise to collaborate on the development and implementation of new and more cost-effective models of care. We are very keen use share our unique capabilities and to share our hard-won learnings to better assist the public sector.

To that end, we request a meeting directly with the Commissioner that we might fully share and discuss our Background; the scope of our services and solutions; and more particularly; the details of performance outcomes that are scalable and can be leveraged across New South Wales.

Background:

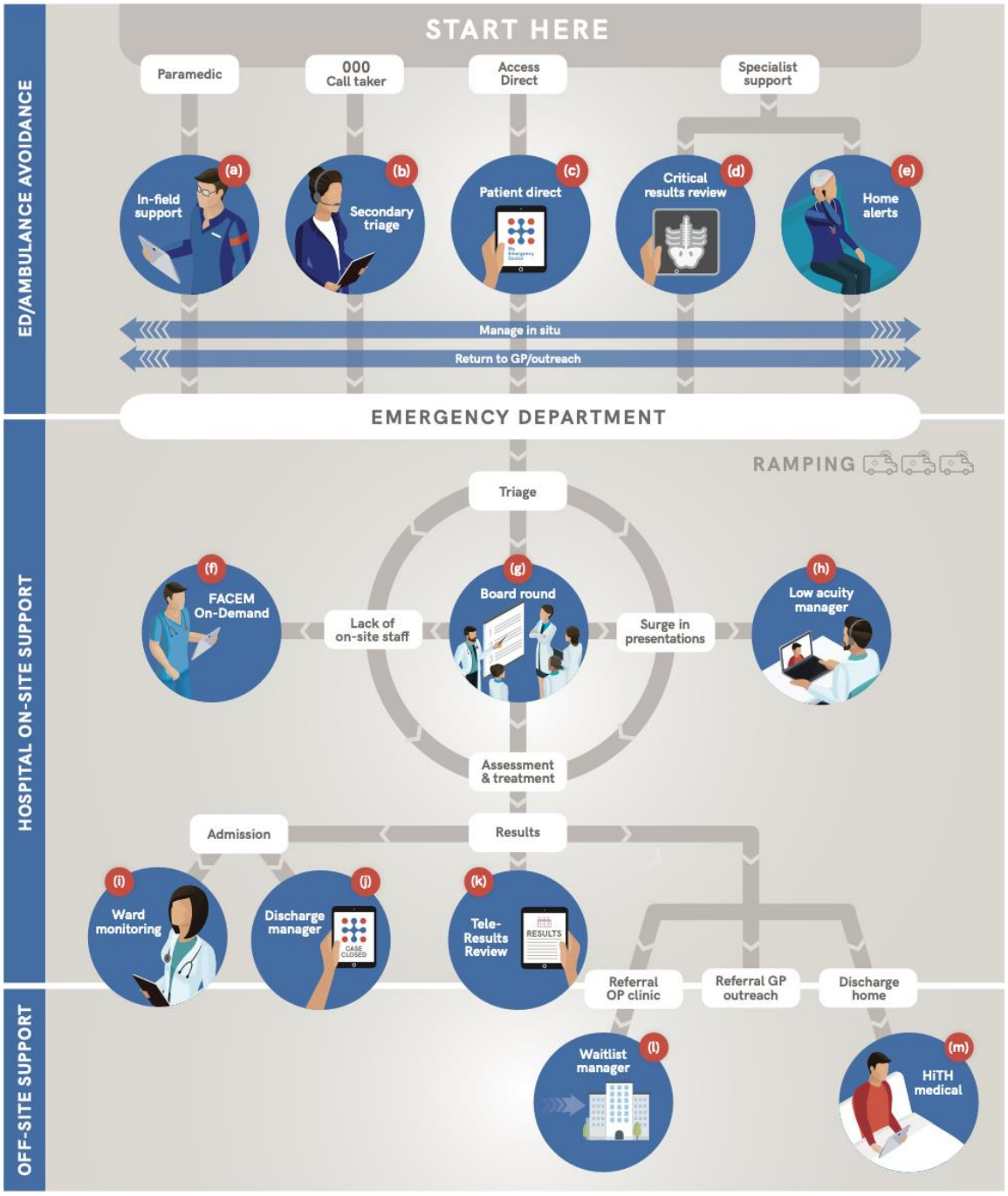
My Emergency Dr is Australia's leading emergency telemedicine provider. We have delivered over 220,000 consultations since our inception in 2016.

With engagements Australia-wide, ***we work across the continuum of care*** and currently support Federal and State Health Departments, Hospitals & Health Services, Ambulance Services, Urgent Care Centres, Multi-purpose Service Centres, Aged Care Facilities and Primary Health Networks.

Our core capability is managing a high quality, high availability, flexible clinical workforce; supported by leading edge technology platform and best in class clinical governance. Through our ***innovative workforce management and models of care*** and we are able to deliver services 24/7, with ***improved clinical*** *and* ***operational performance***, ***reduced risk*** at a ***more effective cost.*** And of course, ***patients receive equity of access and quality of care*** that they would otherwise be denied.

We operate as a Virtual Health System, with an innovative eco-system of care that we believe should be a foundational part of public health care, not just an afterthought tacked on to old system models of care.

Overview of Models of Care & Services: An innovative eco-system of care



(a) In field support
FACEM Assist in on scene management of cases. Improve patient outcomes and prevent unnecessary ambulance transfers while increasing resource and capacity. Increase scope of practice of staff in field.

(b) Secondary Triage
FACEM review of cases pre-triaged requiring low acuity medical review. Prevent avoidable ambulance transfer, increasing resource and capacity for more urgent transfers. Refer to more appropriate services or issue scripts/referrals and an escalation plan.

(c) Patient Direct
Direct community access to aFACEM consultation Avoid ED presentation and alleviate pressure on ED's. Improve access to after-hours care provision.

(d) Critical results review
Review of urgent results such as pathology and screening tests. Provide an escalation pathway to care or reassurance on disposition decision. Reduced reliance on availability of on call staff.

(e) Home alerts
Emergency FACEM review and escalation support. Response to remote monitoring or at home alarm activation.

(f) FACEM On-Demand
Remote FACEM cover to alleviate staff shortages. Available onsite senior staff can focus on more critical patients while junior clinical staff are supported by a remote FACEM.

(g) Board Round
Remote FACEM-led integrated board rounds. Support junior staff with care plan advice, operational efficiencies, reduce unnecessary tests and improves patient flow and experience.

(h) Low acuity manager
Remote FACEM review and management of Categories 4 & 5 patients. Extra support in periods of increased presentations, to allow staff on site to focus on more complex patients.

(i) Ward monitoring
Monitoring of patients in the ward. Escalation pathway when senior review is not available, especially overnight.

(j) Discharge manager
Review and discharge of patients in hospital. Improve patient flow, reduce bed block, reduce length of stay and time to discharge. Provide post discharge management plans.

(k) Tele-Results Review
Our specialist emergency Tele-Results Review service can strengthen diagnostic processes in clinics and healthcare institutions and ensure that abnormal results are identified without delay at discharge.

(l) Waitlist manager
FACEM waitlist consultation and review. Determination of appropriateness of referral, alternate care pathways, timely management, waitlist reduction.

(m) HiTH medical
Home monitoring of patients and escalation pathway for patients being treated at home. Reduce hospital transfer, readmission and burden on tertiary care facilities.

My Emergency Doctor

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Our services are delivered to over 220 facilities across Australia, including but not limited to: 58 Hospitals; 43 Urgent Care Centres; 55 Residential Aged Care Facilities; 4 Public Health Networks and 3 State Ambulance Services.

With a heritage in Emergency Medicine, we have expanded our clinical capabilities to include GPs, Psychiatrists, Psychologists and currently working to add Geriatric, Neurology and Cardiology specialists to our roster. We have over 150 APHRA registered FACEMS working in Australia and overseas providing "follow the sun" always-on access to specialist doctors, meaning our emergency departments can function as truly 24-hour operations. Our shift duration can be as low as 2 hours, which means we can provide a more reliable and more flexible roster for Health Care Providers and for our clinicians. The fractionation of working patterns makes it possible to better match the demand for health care (which peaks and troughs through a 24-hour period) to the capacity to deliver care. By matching supply and demand, costs are better aligned with activity and service levels need not deteriorate in periods of increased activity, which is the case when rostering in 10 hours blocks, as is customary and the legacy of the current system.

Our services do not replace existing Health Provider services, but rather seamlessly work within existing services, specifically tailored to each site, filling critical resource and capability gaps. They are designed to be always available 24/7 but only used when needed. Our model allows us to scale quickly to meet any variability in demand. Our ability to provide variable cost services where fixed costs services are traditionally used delivers much higher cost efficiency and flexibility. For clarity, these are not locum services. Our services are always on, always available.

Our 24/7 model means that Local Health Districts, Public Health Networks and Residential Aged Care Facilities have full certainty of the availability of medical support for all sites as on-site staff become more challenging to find. This prevents the need to bypass smaller hospitals which increases the load on secondary and tertiary referral hospitals.

They give Health Providers full control of service delivery, with higher confidence, strong risk management in a more cost-effective manner. The cost of our virtual service delivery is comparable to physical staff rates and significantly better than locum rates.

We have a clinical governance model that is market leading and more robust than some utilised in public health services. All of our services are video recorded and are regularly case-audited. This means we can deliver a higher consistency of clinical quality and throughput that is sometimes difficult to achieve in a public setting.

Don Berwick Institute for Healthcare Improvement said "Every system is perfectly designed to achieve exactly the results that it gets."

Our virtual integrated eco-system of care supports Public Health by:

- Increasing patient access to care;
- Reducing risk;
- Increasing clinical quality;
- Increasing operational performance;
- Driving better staff and patient satisfaction; and
- Offering better cost effectiveness.

Below we outline a summary of some of our service outcomes in NSW and across Australia:

Improving ED Diversions: Secondary Triage & Paramedic infield Support; Virtual ED; After Hours Service

- Infield paramedic support > 70% of consultation were managed in-situ (representing avoided ED presentations and ambulance trips).
- 96% of ambulance dispatch avoided
- Estimated $4.1m achieved in savings for the first year of secondary triage program.
- External evaluation of economics benefit After Hours Services with MED indicated a $118 per patient cost saving.

Reduce Bed Block: ED Virtual Board Rounds, FACEM on Demand, Hospital in the Home

- Delivering a 14% reduction in ED investigations / pathology tests avoiding unnecessary tests to decrease length of stay and cost
- Whilst supporting on-site Junior Medical Officers – 29 % of patients resulted in cancelled admissions.

Mitigating Impacts from ED Staff Shortages: After Hours Services; Virtual Board Rounds; FACEM on Demand

- Supporting on-site Junior Medical Officers – 31% of treatment plans changed, improving clinical and operational outcomes.
- Average wait time to see MED FACEM – 21 min vs Average wait time at Emergency Departments – 107 mins

ED Waiting Room Service: FACEM on Demand

- MED manages CAT3-5 patients, freeing local hospital staff to manage CAT1-2.
- 60% of patients seen by MED within 30 minutes of being triaged, well ahead of Australian Triage Scale targets.
- Patients are discharged well within the 4-hour target.
- ED Average Length of Stay reduced by 50% for non-admitted and admitted patients.

PHN After Hours Service:

- 89% of patients managed in-situ (Home, RACFs)
- 2,800 emergency presentations and 360 ambulance trips avoided.
- Alleviating burden of local hospitals and emergency services.
- Financial savings of around $1 million over 18 months, equating to a remarkable $118 saving per patient.

Urgent Care Centre - Rural After-Hours Care: FACEM on DEMAND

- 95% triaged at category 3,4 or 5.
- 80% of patients managed in-situ.
- Just 7% required transfer to another facility.

ED After Hours Support: ED Virtual Board Round Services

- MED provides clinical leadership and support for Junior Doctors.
- 31% of treatment plans were changed, minimising clinical and operational risks.
- 14% reduction in ED investigations / pathology tests.
- 29% of admissions decisions were changed to discharge decisions.
- Junior doctors provided feedback of feeling supported through the rounds.

In closing, we hope that the innovative models we have, our ability to implement them and make them stick, and our proven track record out comes we have shared pique some interest.

Health services that look to the same sources for inspiration & innovation or not likely to find and deliver the sustainable, effective, efficient breakthrough solutions they crave. Unfortunately, Public Healthcare is too often the graveyard of good ideas. Over decades there have been countless pilot initiatives that are announced and start with great promise but most often wither on the vine with outcomes that don't match.

We believe that we offer a unique set of capabilities, experience and learnings, that if allowed to be shared collaboratively with NSW Health, could make a material difference to the people of NSW.

Yours Sincerely,

Bill Maiden
CEO, Connected Medical Solutions Ltd t/a My Emergency Doctor