

2018 Regional Telecommunications Review Secretariat
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6 August 2018

2018 Regional Telecommunications Review

Dear Committee Members,

Thank you for the opportunity to provide input to the 2018 Regional Telecommunications Review. The Royal Flying Doctor Service (RFDS) is a vital part of remote and rural communities, providing critical health services to areas of great need, particularly in places where low population numbers make it unviable to support local health services such as hospitals, emergency departments, pharmacies and General Practitioners. As will be highlighted in this submission, whilst most well-known for our emergency aeromedical retrieval services and primary healthcare, reliable telecommunications is vital to support and enable the delivery of many RFDS service. There are a number of access barriers that exist in rural and remote Australia that if overcome would serve to enhance the delivery of services by the RFDS and other providers.

RFDS Remote Consultation service

Consistent with data from the last decade, in 2016/17 the RFDS provided over 88,541 telehealth consultations (see Figure 1), making the RFDS one of the largest providers of GP delivered telehealth services in Australia. Our Remote Consultation service, conducted primarily over the phone, enhances and complements our existing emergency aeromedical retrieval and primary healthcare services, promoting continuity of care for patients.

Remote Consultation calls come into an RFDS base from individuals or health workers in remote and rural Australia who are seeking medical assistance or advice. The calls predominantly originate from areas where there is a significant absence of medical infrastructure, requiring that RFDS doctors resolve concerns and set treatment plans over the phone, or determine the need for an aeromedical retrieval, rather than only triaging or referring calls. RFDS doctors may also prescribe medical treatment, identify further care and give first aid advice in an emergency. Over 90% of RFDS Remote Consultations are delivered over the phone, indicative of the relative reliability and affordability of telephone services compared to other mediums, particularly in emergency situations.

Figure 1: Number of Remote Consultations, 2004-05 to 2013-14

Year	No. of Remote Consultations
2007-08	86,927
2008-09	85,296
2009-10	91,623
2010-11	93,082
2011-12	88,530
2012-13	89,516
2013-14	82,305
2014-15	92,776
2015-16	62,372*
2016-17	88,541

*Note this figure indicates a change in contract definitions, rather than a true or significant decrease in activity.

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RFDS telehealth (videoconference) services

More recently, the RFDS has commenced delivery of services to rural and remote communities via videoconferencing. The RFDS utilises both customised and existing platforms such as Skype, Blue Jeans and Zoom to deliver services. Where these services are successfully operating, this is cost effective for patients, with reduced travel time to access care. It is also valuable for rurally isolated health professionals, and provides opportunities for coordinated care between patients, rural clinicians and specialists, who are often located at major metropolitan hospitals. At present these services are primarily limited to facilitated specialist services in endocrinology, mental health, cardiology, psychiatry, and respiratory care.

In partnership with the Centre of Research Excellence in Telehealth at the University of Queensland, the RFDS were successful in obtaining a National Health and Medical Research Council partnership grant to research the value of telehealth, specifically videoconferencing, in primary health care (more information at Appendix 1). The aim of this research is to introduce additional telehealth consultations into 14 rural and remote Australian communities where the RFDS currently provides primary healthcare services (Table 1. and Map 1.) over a 14-month period. Commencing in September 2017 the trial will evaluate:

- Acceptability of telehealth consultations by patients and clinicians;
- The extent to which traditional face-to-face services could be substituted by telehealth consultations;
- The cost of providing telehealth consultations vs. the cost of conventional face-to-face consultations;
- The effectiveness of organisational change management processes; and
- Clinical outcomes for patients that receive care via telehealth consultations.

Accessibility of technology and enabling infrastructure

Seeking to improve accessibility, the NBN partnered with the RFDS in mid-2017 to offer broadband to 24 (aeromedical) bases. An evaluation of this program is underway, however initial feedback indicates that while the NBN is working in major populations it is not reaching the smaller, more isolated populations in areas the RFDS provides services. Further, RFDS uptake of NBN has been slow due to the logistical need to test performance and reliability over a variety of different systems used at remote locations and the need to develop business cases to demonstrate the financial benefit of the new service.

Whilst access to videoconferencing services is slowly increasing, there are still several barriers to accessing services for rural and particularly remote RFDS communities. These include, for example, insufficient bandwidth allocated for healthcare. This often results in frozen screens, lagging, and dropouts. These issues are magnified during peak usage times. As a result, both clinicians and patients may become frustrated and revert back to telephone calls, or clinicians may, on an ad-hoc basis, resort to less optimum platforms (such as Facetime or Skype) to gain valuable visual information. Unmetered access to online health services and higher peak period data limits for Sky Muster would greatly access to these much needed services.

Further, there remains the need for continued development of technology including reliable videoconferencing systems that ensure the privacy and security of personal data. These systems need to be affordable, adaptable and easy to use, particularly for those with low digital literacy. A targeted customer helpdesk for rural and remote areas would assist those who don't have easy access to technical support.

Affordable solutions which address these issues and other common barriers, is imperative and will increase patient access to timely and more comprehensive health services.

We would be happy to discuss matters raised in this submission further with the Committee. Please contact my office [REDACTED] to arrange a convenient time.

Yours sincerely



Martin Laverty
Federation Chief Executive Officer

Appendix 1.

Methodology:

The National TH Research Trial is a pragmatic, stepped-wedge cluster randomised controlled trial. The RFDS TH implementation involves the development of technical solutions and reconfiguration of clinical service delivery as well as organisational change.

RFDS is sequentially reconfiguring the Fly in fly out (FIFO) clinic sites selected by the RFDS Sections and Operations to a hybrid FIFO–TH service delivery model. Existing clinical FIFO clinics will remain as timetabled. TH clinics are timetabled to occur between FIFO clinics as a supplementary PHC service to support increased responsiveness to patient health care needs.

Table 1. RFDS clinics participating in the national TH research trial

Site	State	RFDS Section/Operation responsible	Base responsible
Wilcannia	NSW	South Eastern Section	Broken Hill
Wanaaring	NSW	South Eastern Section	Broken Hill
Ivanhoe	NSW	South Eastern Section	Broken Hill
Tibooburra	NSW	South Eastern Section	Broken Hill
White Cliffs	NSW	South Eastern Section	Broken Hill
Marla	SA	Central Operations	Port Augusta
Maree	SA	Central Operations	Port Augusta
Yowah	Qld	Queensland Section	Charleville
Eulo	Qld	Queensland Section	Charleville
Yaraka	Qld	Queensland Section	Charleville
Stonehenge	Qld	Queensland Section	Charleville
Kingoonya	SA	Central Operations	Port Augusta
William Creek	SA	Central Operations	Port Augusta
Eucla	WA	Western Operations	Kalgoorlie

Map 1. RFDS clinics participating in the national TH research trial (note: also includes four bases that provide services to clinics participating in trial)

