

CORRECTED VERSION

RURAL AND REGIONAL COMMITTEE

Inquiry into the opportunities for people to use telecommuting and e-business to work remotely in rural and regional Victoria

Echuca — 15 August 2013

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Mr B. Winzar, executive director information services, Bendigo Health.

The CHAIR — Welcome, Bruce, to the Rural and Regional Committee of the Parliament of Victoria's inquiry into the opportunities for people to use telecommuting and e-business to work remotely in rural and regional Victoria. I hereby advise that all evidence taken at this hearing is protected by parliamentary privilege, as provided under relevant Australian law. I also advise that any comment made outside the hearing may not be afforded such privilege. I have neglected to introduce our executive officer, Lilian Topic, who is here today, and the ladies from Hansard are here recording everything that you and I say. Now, for the benefit of Hansard, would you like to give your name and business address?

Mr WINZAR — My name is Bruce Winzar. I have two business addresses; I wear two hats at the moment. I am executive director of information services and chief information officer for Bendigo Health as well as the chief information officer for the Loddon Mallee Health Alliance. Their office is at 136 Queen Street, and the offices of Bendigo Health are at Nolan Street.

The CHAIR — Would you like questions at the end of your presentation or as we go?

Mr WINZAR — As we go, if you like.

The CHAIR — That will be fine.

Mr WINZAR — Okay.

The CHAIR — Would you like to lead off with a few comments?

Mr WINZAR — As I previously said, I wear a few different hats. I have been very passionate about high-speed broadband and its uses throughout regional Victoria and regional Australia. I have sat on a number of different working committees and digital committees both here and in New South Wales, trying to advance high-speed broadband. I have a role as chair of the Loddon Mallee NBN, which is a consortium and working party of a number of businesses and local government representatives that have gathered together under our own steam, if you like, and under our own funding, with a little bit of assistance from Regional Development Victoria and Regional Development Australia, to set some vision, if you like, for regional and rural high-speed broadband and connectivity in Victoria.

My view of the world is based on some fairly key principles, which I would like to talk through. Then I would like to talk specifically around e-business, which in my area is e-health, and then finish up with some of the reasons we want and require access to high-speed broadband in regional Victoria.

The key principle for me is that we have got to develop both a national and a regional network of accessibility for high-speed broadband, so the first thing we have been working on is finding availability. Where is it; who can get it; how much of it is there? When you look at the Loddon Mallee region, which is 10 municipalities, there are certainly black spots, which then means that the quality of service that can be provided for people in the far north or the far north-west of the Loddon Mallee region is not the same as the quality of service that is available in, say, Echuca or Bendigo or the other major regional towns. So the first thing we think about is availability: where is it?

The second is affordability. That means that we have to have competition, so we have got to have more than one provider of services into regional and rural Victoria.

The third principle is around digital inclusion. If you think about where we are today, this is all about transformation of business. This is about moving from the way we used to do business 10, 20, 30 years ago to what is available, what tools — in particular what information and communication technology enablers — are out there now that could be used to advance and transform business.

The fourth area of key principle in relation to the provisioning of high-speed broadband is really about public access. We have got to be able to have public access, and when we talk about inclusion, we are talking about people with disabilities, we are talking about people with low socioeconomic situations, whereby they cannot afford to have high-speed broadband. The result is that not everybody is equal in being able to use high-speed broadband, so we need to have some strategies and vision around how we provide that. When businesses get involved in the development of, say, very simply, their websites, there should be standards around digital inclusion, which means that people with disabilities, people with limited eyesight, people who want to navigate

through things like business portals can do that, as opposed to being excluded because of maybe some sort of disability. So design and digital inclusion is very important from my perspective when we move down to developing business transformation tools.

So the four key principles are availability, affordability, design for inclusion and public access. In terms of public access there can be and have been very good examples both throughout Victoria and nationally of where towns have free wi-fi for access for tourists or just for normal business or have hot spots around the place. This enables, certainly, interaction, and anywhere you go these days where there are backpackers, within those towns and those areas there is a lot of free wi-fi, and of course we know that places like McDonald's and so forth also have free wi-fi. So what we will find is that strategies for digital communities will hopefully embrace some of those key principles. Those key principles are in the digital strategy that we are developing for the City of Greater Bendigo, along with some other key principles, and we have been working with a range of consultants to try to make Bendigo and the other half a dozen regional towns, if you like, 'smart towns'. We think Marg O'Rourke will talk this afternoon about intelligent cities and intelligent towns and how high-speed broadband can make that happen.

I turn to e-business. My business is in health, and as you would be aware, we are building a brand-new hospital. A major component of that hospital is high-speed broadband and technology — a lot of technology. A key theme of that is about connecting to the home and providing a connected community. A connected community means you are always connected back to the health provider. This may be by walking around wearing a bracelet or some smart device that is relaying all your vital signs back to a portal which is linked to a nurse-on-call situation or a hospital. Our community is indicating that they want to have better health promotion and better wellness so that the acute sector can cater for the really sick and needy, as opposed to what could be seen as a lot of presentations through the emergency department that may well have gone out to the doctor instead.

Mr DRUM — Bruce, do we have the technology now where a sick patient can have a bracelet with a chip that relays back to an electronic file, and a new doctor coming on shift can look at the bracelet or scan a patient chart that says, bang, there is the medical history of that patient? Do they have that technology available now?

Mr WINZAR — The technology is available. The business case around it and the sustainability around provisioning it is yet to be really tested, but there are a number of technologies that you can buy for very low cost today. You can buy a Nike wristband which is connected to a portal. You can buy a Fitbit, which will also provide information about how well you sleep at night and how many times you turn left and right and all the rest of it. The technology is there. It is low-cost technology. The interface back into the hospital records and whether that hospital record has the appropriate software and clinical information systems is really the test. In lots of cases that is not the case. The technology is available — it is just a matter of the integration of it. The answer is yes, it is there.

More to the point, and the reason I think we need the high-speed broadband in regional areas is connectivity to the home. Connectivity to the home is important because that is where all the action is. As we move forward in the next 5 to 10 years, wellness and prevention will be high on the health agenda. So that means basically stopping you at the front door so you are not presenting to the acute sector. To do that, the new technologies that are coming — and they are predominantly wireless — need high-speed broadband and a lot of capacity to send information. Now it is not just your vital signs. By using your latest Samsung TV that has wi-fi access through the high-speed router in your house back to some broadband technology, you now have interaction and you can have your teleconsult with your doctor, no problem at all. That is moving very rapidly.

Telehealth has been around for quite a long time, but just to give you some examples of the way we are currently using it and how we want to expand in the future: we are doing a telestroke pilot at the moment with the Florey Institute. We have 10 neurologists on call out of Melbourne, and we have a telestroke officer at the Bendigo Health hospital. When a patient presents, the patient is now diagnosed with stroke. The robot camera is turned on. The consulting neurologist who is on call could be anywhere — they could be on their Macintosh, iPad or laptop. They could be in their offices, at a clinic or at a university, and they will take the call and do the video consult. They will give the authority and approval to administer a clot-busting drug which gives you a better chance of a better outcome if you have a stroke. We are doing telepsych — —

Mr DRUM — That procedure following a stroke would be reasonably quickly — —

Mr WINZAR — That has to happen in the golden hours, which are between — up to 4 hours is the worst case. That pilot is under way at the moment. We have been doing it for probably 18 months, but it will not be too far away that we roll it out to Echuca, Swan Hill, Mildura and the other 12 hospitals in Loddon Mallee. That will then be a pilot for another 12 months, and then hopefully a Victoria statewide telestroke initiative will be started.

We are doing telepsych. A patient might present at a remote hospital. They have been diagnosed, and they require some psychiatric treatment. At the moment, for that take place they would either have to be transferred under police custody from, let us just say, Kyneton to Bendigo. The way we can expedite that so that we do not have to wait and can have the consult almost immediately is to have someone on call, doing a televideo conference and consult. We have been doing that for a number of years, and we are expanding that service across our Loddon Mallee region.

We do remote aged-care assessment. There are only a few geriatricians inside the Loddon Mallee region. It is very specialised. To do aged-care assessments in, say, Swan Hill, you need the gerontologist to come from Bendigo, and obviously there is a 2-hour drive et cetera up and back. We are looking at the way aged care can participate.

We do virtual trauma care and specialist care. The virtual trauma care is based around patients who present to emergency services. There is then teleconferencing and videoconferencing back to specialists at the Royal Children's Hospital, the Alfred hospital, St Vincent's and the Austin. We are doing specialist care — so, in other words, one-to-one. The Echuca specialist here in the high-dependency unit or within the emergency unit might have a video consult with the director of ED at Bendigo, and then that goes around. We have got the facility and the network in place for that.

We are doing fairly extensive integrated cancer care between Mildura, Swan Hill, Echuca and Bendigo, and that is all done by teleconferencing. The casework, where we have multiple clinicians in a room discussing the one case in multiple locations, is done through high-speed broadband. We do wound management and a whole range of other telehelp. That all requires high-speed broadband and access to some of the clinicians who are mobile. So we are talking now about mobility and not just fixed. The capacity is important, and our regional and rural areas need to have those services and equity of those services at hopefully a very similar or the same sort of cost. Therefore the NBN has been an important aspect in the delivery of health services, or the future delivery of health services, as obviously satellite, wireless and fixed is part of that rollout.

We are doing Hospital in the Home, and we do remote patient monitoring, so we are monitoring diabetes patients, patients who have just had surgery, with the intention that instead of keeping them in hospital for two, three or four days we are sending them home as soon as we can and then giving them the appropriate devices. We are doing remote monitoring. So if you had surgery, within 18 hours to maybe 24 hours or 48 hours you have gone home, we have given you an appropriate device and that device is now monitoring you. Every time you go up and invoke the device it is taking your vital signs and they go back to a nurses portal. They are looking at exceptions, so they now know. Instead of having to send out a nurse to your home twice a day for the next week, we work it by exception. That program is under way at the moment within Bendigo Health.

We are doing aged-care specialist consults with videoconferencing. It is always difficult to get GPs to come into the aged-care setting, and if they do, it is predominantly after 6.00 p.m. because they run their own clinics. When there is an aged-care patient who requires to see their doctor, we are experimenting now with the latest surface technology, or tablet technology, that connects directly back to the rooms of the GP, and they can have their immediate consult there and receive some sort of diagnosis.

Congestive heart failure after a major heart operation — the time to rehab is fairly quick. You go home, we give you the appropriate remote patient monitoring devices, you now take your own vital signs and it goes back to a district nursing scenario. Again, we are not sending nurses out driving all around the countryside. In fact we do not have so many nurses that we can do that. You manage by exception instead of one-on-one.

In the future, if I can just wrap up, and I am conscious of the time, the big thing that is coming in the next five years — they say by 2015, so it is a bit closer than five years — is the Internet of Things. As we move forward, almost everything will have some form of a computer chip inside it, and we already know that. High-end vehicles have in excess of 250 computer chips. We know that there is the possibility of having tens if not

hundreds of chips in a house in the future, if you take the TV, consumable whitegoods, computers and whatever other gadgets you might have in your house, including your security systems, your heating systems, your smart house, cameras and rain gauges. All of these can be automated, but you have got to get the information from wherever it is and send the message back to somewhere else. If it is wireless it requires bandwidth, and if everyone is doing it then that is where the capacity problem comes in.

When we look at the smart technology coming, you would probably be aware of things like Google glasses and augmented reality. Augmented reality is where you have a mobile phone or mobile device and you can point it at, say, a house that is for sale. You drive past the house and point the device at it. The device knows exactly where you are through GPS. It hits the database for the real estate agent, and then the sale history of that house can pop up on the screen for you as you drive past. It will just keep going and going and going. Local government cannot so much use that technology, but it can use cinema technology that could put a camera on a rubbish truck. As the truck goes past each house picking up rubbish it could be filming the house and doing automatic downloading. Local government could then use that for rate collection or rate assessments, instead of sending people out later on.

The CHAIR — I have three questions from earlier in your presentation. You spoke about transforming businesses. Is there a role state government can play in that? The rollout is a federal issue, but the state government is looking at how it can complement it and get greater uptake by the community. You spoke about some of the difficulties for people with disabilities. Is there a role for state government there? Also you spoke about people in lower socioeconomic categories and having to find a way that they can access it as well.

Mr WINZAR — I think at the high level, with what we have been working on and for it to be successful within the Loddon Mallee region, the role is to create an environment where local government can assist by doing readiness studies of where they sit within the bounds of provisioning all of these basic principles for the transformation of business. We have been looking at how we can create audit tools, how we can create templates, how we can make it easy for a local government — let us say in Echuca — to assess where they are along the curve. Are they ready, are they just getting in, are they way back here? What have they got to do to be able to get to the point where they can provide the basic principles around what a digital economy starts with? I think there is definite help needed through areas like your group or through other departmental agencies where they can provide the environment and/or the tools for all of Victoria — cities if you like, or regional centres — to evaluate where they are on the curve of being able to provide the stepping stone for the digital economy and for the transformation. I think that is one particular area.

In terms of disability, that is around availability and digital inclusion. There are areas where I believe government should assist, where there are people who are in need of high-speed broadband and cannot afford it. It should possibly be free within the library, so you can go to a centralised place. It may be free in some other not-for-profit areas. The provisioning of that I would say is something local government and/or state government could be looking at, as to how they actually do that.

Clearly providing businesses with incentives to support small business to move into the start-up arena and the e-business area include what they actually need to do, how they get into e-retailing — for example, what is e-retailing and how do we invoke that? I guess in terms of maybe setting some standards around when you design your e-business portal or your website it should adhere to standards that make it very easy for anyone to be able to read it and to be able to interact with it. Those standards are not necessarily standards that are provisioned by state government or local government; however, there are a set of standards internationally that people can take up if they want to but they do not have to. So I guess there is a role for state government and local government, in that sense.

Mr HOWARD — You said you were part of a group looking to promote broadband uses. Who are the other people in that group?

Mr WINZAR — Marg O'Rourke is our executive officer cum project manager for that, but we have representatives of the 10 councils in our group, from Mildura across to Maryborough and representatives from Echuca. We have property developers as part of the NBN rollout. Key to the NBN rollout is engaging with the property developers to ensure that they have the right accreditation, for a start, so that they can actually roll it out, put the pits and the pipes in NBN to come through later on. You need to be accredited for that. We have local government planning people on it because as part of the NBN rollout you need to be ready within property

development areas so that local government can assist you to get the right, if you like, planning permits and approvals through.

In the Bendigo group we have university representation and TAFE representation and we have six or seven businesses, everything from Bendigo Health to Bendigo Bank to the community telco and two or three small businesses. We have Design Experts, which is an Echuca-Bendigo firm, doing e-business planning and training and transformation for small businesses.

That has been funded. We have all tipped in a little bit of money ourselves as well as having sought some money to continue our digital strategy for the region. It goes to Mildura, where we have representatives, and to Robinvale. There are probably 25 or 30. We have just finished a piece of work with David Bartlett, an ex-Premier of Tasmania, who is now running a consulting business in digital transformation and strategic intent for small communities and large regional towns. He has been assisting us, along with our experts within the region.

Mr DRUM — Yesterday we heard about a business in the Euroa region that employs about 80 people and is really struggling with connectivity, with bandwidth and also with mobile coverage, and is being charged exceptional rates by Telstra. They also run part of their business out of Melbourne. Their telecommunications rates in the Euroa region are about three times what they are in Melbourne. How do we create competition in the telecommunications sector without duplicating infrastructure? Obviously we want only the one set of towers or the one set of wires throughout the region, but how do we generate competition?

You have also espoused the benefits of fibre to the home to give us big bandwidth, big pipes into the actual homes. How do we then guard against having into the future a system that will be medically better for us to have all this capacity in our internet access at home? What if we have a system of haves and have-nots in which only the top 50 per cent of the money earners can afford the huge bandwidth that you might need for some of these services? This is mainly about cost. Firstly, how do you get competition without duplicating infrastructure, and secondly, how do we guard against a system of the haves and have-nots?

Unfortunately competition where there is no demand or very little demand is extremely difficult. For instance, it will be highly unlikely that you will get any provider of broadband or services to run high-speed broadband to a place like Patchewollock or Manangatang. The reality is the service providers will not go there. Wireless might be available, although wireless has its limitations.

Through one of its departments the Victorian government runs a program — I sit on one of its groups — that I think is called fibre links. The state government is provisioning a range of backhaul — in other words, the big capacity — to get from A to B to C where no-one else will go. Through a range of deals they then provide the technology to education and health services as incumbent renters of that particular piece of broadband. A good example is that, for whatever reason, it is very difficult to get fibre between Melbourne and Warrnambool, and the Victorian government has funded that through a program. That has now been made available to a whole range of players, and some government departments may well be the beneficiary of that and the major renter, if you like, of the service in order to sustain it. It is very difficult to get these services to remote places where the private companies, and not even Telstra, want to go.

Mr DRUM — Okay, and now to that point about mums and dads.

Mr WINZAR — I think the issue and some of the principles that we would push in the digital community strategy are around that availability and accessibility. So, if you cannot get it, you have got to make available in your town areas where people can come in and use it either for quotes or for recreation or for their businesses. There are a lot of people that run businesses from wireless technology in coffee shops or elsewhere because there is free internet. Anyone who travels overseas these days is always looking for free wi-fi to continue to run their businesses while they travel. I think some of the answer, although not all of it, can be found in the way that the regions approach their development of high-speed broadband and their requirement to develop their strategic intent around how they want the community to work with broadband.

Mr DRUM — If we head into a future where we have a system of small communities with inadequate broadband capacity and speed, would you advocate for each of those smaller communities to have at least one civic building that had the ant's pants — that is, that had huge capacity and huge speeds? That way at least everybody could come into town to run parts of their business or know they can just drive into town, 5 or

10 minutes, and do a whole heap of downloading, check the grain price, check their health or teleconference with a surgeon.

Mr WINZAR — There could be centres like that, or it could be as simple as for the purpose of promoting more tourism in your area. You have to find what the differentiator for your particular town is — for example, Swan Hill may have a different differentiator and a different vision for what it wants to do from Echuca and Bendigo. I would strongly say that each of the towns should have some sort of digital community strategy that establishes high-speed broadband in learning centres, in the library, perhaps in an open public area, as well as providing services in areas that are major tourist attractions — for example, around the wharf or the restaurant scene. This will allow people to get access to whatever they might want at that particular time.

The CHAIR — Have you got any final comments that you would like to leave us with?

Mr WINZAR — No.

The CHAIR — Thank you very much for coming along today, Bruce, and for giving us a very informative session about what you have been involved in, both in terms of your role in bringing services to the north-west of Victoria and at Bendigo Health. In approximately 14 days you will receive a copy of the Hansard transcript. You be able to make corrections to obvious errors, but other than that it will be as is. Once again, thank you very much for taking the time and coming to speak to us today.

Witness withdrew.