C O R R E C T E D V E R S I O N

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 M. Delahunty, chief executive, Echuca Regional Health

The CHAIR — Welcome, Michael, to this public hearing of the Rural and Regional Committee of the Parliament of Victoria. We are inquiring into 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 comments made outside the hearing may not be afforded such privilege. For the benefit of the transcript, could you give your name and business address?

Mr DELAHUNTY — Michael Delahunty, chief executive, Echuca Regional Health, which is based at 17 Francis Street, Echuca.

The CHAIR — In your presentation would you like questions as you go or at the end?

Mr DELAHUNTY — As we go. Thank you, Paul and gentlemen and ladies, for the opportunity to present at this inquiry on behalf of Echuca Regional Health, a health service that is highly regarded by this community. We employ 600 individuals, have an operating budget of $49 million and are building a new hospital that is going to be 60 per cent bigger than we currently have.

The topic I want to present on today is in regard to telehealth. I am sure you are all familiar with it, but I want to give you some practical examples that are occurring at Echuca hospital as we speak. Personally I am amazed at the rapid uptake of this technology by clinicians in the last 12 to 18 months. It has always been around, but it is really now sought after by our doctors and nurses. There are a couple of factors. Firstly, the commonwealth government is now funding telehealth consultations under a CMBS item number — it is time based. Also, as we increase our student training at hospitals such as Echuca, the students are seeking this sort of medium to assist with their training.

I have tabled a document. I did not want to table a one-pager. I have done that, but it is double sided.

The first thing that is obvious to us all is that telehealth supports clinicians practising in rural centres and remotely from regional centres. Obviously it assists patients by reducing their need to be transferred to major referral centres if we can do it on a teleconference.

In our emergency department at the moment we are having weekly education sessions between Echuca doctors — junior doctors — and the specialist at Bendigo ED department. That is only something that has happened in the last 12 months. We are using the VTCCU system, which has been available to us for six years. It is a system that links four metropolitan and four rural hospitals together. We are one of them and Bendigo is one of them, and it is only in the last 12 months of a six-year-old system that now the doctors are starting to use it. That is a super help to our doctors. It reduces the need for transfers and gives the junior doctors and our doctors confidence to hang on and treat a patient.

In the same vein, we have got a high dependency unit at Echuca. It normally has between two and three patients in it, and daily now we have videoconferencing hook-ups with the director of ICU back into Bendigo, where the doctors can talk about the patient, look at their charts and give them confidence to keep them at Echuca and safely look after them. Again, that is only something that has emerged since February this year, but that is happening daily at the moment and on some occasions for emergency consults.

The Loddon Mallee Integrated Cancer Service is another strategy that is just happening. They are going to fund Echuca Regional Health to put in an $80 000 system that will allow our nurses, our doctors and our patients to talk to the specialist oncologist at either Melbourne or Bendigo about the treatment regimes for these patients. If we can minimise the need for that particular group of patients to travel, that would be a super help to those individuals and their families.

In our medical consulting suites at the hospital we have consulting suites for a number of GPs, but particularly for the visiting specialists who come to Echuca. They consult at our hospital. Just in the last 12 months we have gone from zero telehealth consultations up to 16 per week. It is both an outgoing consultation where the patient clinician is based in Melbourne and we talk to them direct, or the other thing that is happening a lot in our particular circumstance is the patient and the doctor are based in Deniliquin, and they are consulting with our specialist in Echuca. It saves them travelling down that hour for that initial consultation.

The CHAIR — On that, Michael, has it driven extra professionals coming and working in your business here at Echuca Regional Health, having — —

Mr DELAHUNTY — Yes. Paediatrics is one that is happening because we have a registrar consulting here. His boss or supervisor is either in Ballarat or Shepparton — Andy Lovitt — so they can hook up and talk to him through telehealth. That is assisting there. There is the fact of the New South Wales activity. Some 30 per cent of admissions to our hospital in Echuca have New South Wales postcodes, so anything we can do to support those remote communities from Moama and Mathoura up to Deniliquin can only help strengthen our hospital here and make it viable for specialists in our hospital to be the size we are.

Mr DRUM — Does Moama have its own health centre at all?

Mr DELAHUNTY — No. Thank goodness, Damian; thank goodness.

Mr DRUM — Roughly what is the population of the two towns?

Mr DELAHUNTY — Some 22 000 or 24 000.

Mr DRUM — In total?

Mr DELAHUNTY — In total; 12 and 8 roughly.

Mr DRUM — So a large portion of the 30 per cent coming from New South Wales would be Moama people?

Mr DELAHUNTY — Absolutely yes, and then we drift up into Deniliquin. It is pretty clear and precise, rather than the Albury-Wodonga stuff. It is pretty precise here in the sense that there is one major health service; there is a border but one major health service. That is what is happening in our consulting suites, and this is definitely assisting us to get specialists out here to get their activity higher, but also some junior registrar-type level specialists who can then hook back into their supervisors back in Melbourne or Bendigo.

As I touched on, we are rebuilding and expanding our hospital. We have got a $65.6 million project under way that is scheduled to be completed in March 2015. Out of our allocation in our ICT budget we have allocated $280 000 to be invested in telehealth facilities in this new hospital. I have itemised them there. There is a total of eight rooms. One has been fitted out at the first-class level — the level we have observed at the Austin Hospital. It really works for the clinicians. It has got the audio and three screens, and they can see the patient and the charts and talk to the specialist. That is one room right in the middle of this new hospital, so it is convenient for doctors, junior doctors and patients just to walk into that room. Around the site are a further seven rooms we are establishing to allow this to grow. We have invested that sort of money with the help of our consultants in that type of technology.

On the limitations, the last thing I want to touch on is something that I am sure we are all aware of — that is, the speed and capacity of the internet system and the lack of the common platforms when different groups are trying to communicate with each other. The NBN rollout will certainly assist in overcoming these limitations. Personally I am not aware of when it is due to arrive in Echuca, but it is some years away.

Paul, that was a quick presentation, but I am happy to answer any questions.

Mr DRUM — Thanks, Mike. When your specialists are consulting with junior clinicians, do those consults involve the patient as well, or is it mainly just a conversation between two doctors about the case?

Mr DELAHUNTY — No; in 99 per cent of the cases the patient would be also present for that, so they can see the patient, they can talk to them — —

Mr DRUM — So high definition is going to be important?

Mr DELAHUNTY — Yes. Colour comes in it.

Mr DRUM — The size of the mole or whatever it is that might have to be addressed.

Mr DELAHUNTY — Yes, that happens. An example is a girl who talked to me at work today about a patient in Deniliquin who has got a cut or a mole on the hand. They could put it under the camera, and he can immediately say, 'Okay, I know roughly what we are talking about. The next time you come down we had better book you in for surgery'. You do not need another trip to confirm that.

Mr DRUM — Is there any reason why you think the surgeons are now finally picking up? You say it is a six-year-old system that in the last 12 months seems to have gained in popularity. Is there any reason why you think that might have happened?

Mr DELAHUNTY — That is particularly in regard to our emergency department. The relationship between Bendigo and Echuca is strengthening by the day. Both organisations are working hard to complement each other. They want us to reduce our transfers into their busy EDs. They are keen for us to hang on as much as we safely can, and I suppose we have a mutually common interest to do that. So the relationships are strengthened by it, whether it is surgery or ED. In that area we cannot bill anyone for that consult — well, they are all salaried doctors, so that is not an issue. That is distinct from doing it in private consultation rooms, where they do hook up and have these televideos. I think that in the past two years the commonwealth has funded these as approved item numbers, so under the CMBS the doctors can earn a revenue item for doing that consult. I think that has had a big, positive impact in the community. Technology is continually improving. People do use Skype; that is the system we are talking about. So gradually people are becoming familiar with how to do it.

Mr HOWARD — Michael, as well as the AV link-ups, which obviously are pretty important, you have not mentioned diagnostic equipment that works via IT and then can also provide further information down the line in terms of various measures of people's health. What are some of the things you are using, and what are some of the things you see you are likely to use in the future?

Mr DELAHUNTY — The thing in that area that is particularly helpful now is that our radiology providers are digitising all their films. They can then just hit a button and send those images, or people can view those images remotely. That has been a big help in giving them the charts. Pathology is just a report, another trend data, so that is easy to assist. I guess the charts about the ECGs, the heart monitoring and the temperature, we can scan them at ERH, bring them up and the specialists can view them remotely. They are the essential components of this telehealth consultation.

Mr HOWARD — But you are still then printing off the charts, as opposed to having the direct link-up, so that they can see the heartbeat or whatever at the same time; is that likely?

Mr DELAHUNTY — You can do that, but that rarely happens, unless they are in ED and they have got the monitors going. They could do that, and that VITCCU system allows for that. But I think in the wards they are looking more at the trend data. We do not have electronic medical records fully in our hospitals yet. Hopefully Bendigo will get one soon. That is on their list, and we will all benefit from that. We are getting all the subsystems up to facilitate that.

The CHAIR — Michael, you said that it has been available for six years and that it has started to be used extensively only in the past 12 or 18 months. You said that part of the reason for that was that the federal government allowed the doctors to claim.

Mr DELAHUNTY — Yes.

The CHAIR — What could the state government do to assist with a quicker uptake?

Mr DELAHUNTY — I think invest in the technology, the speed, the common platforms — so continue to invest in the infrastructure to make it more reliable so that when we dial up Bendigo, it works, it does not drop out, and the clinicians have the confidence and are able to say, 'This will work every time I press the button'. That sort of thing would help. I think the state government is continually asking for submissions around this and funding it. Bruce Winzar, who was in earlier today, heads up the Loddon Mallee Health Alliance. They are continually putting in submissions for strengthening our telehealth system. I can only encourage the state government to support these initiatives as they cross your desk. They are working; we are going to get a return on them.

Mr DRUM — Michael, Bruce spoke about the possibility of getting his patients home earlier after surgery, with maybe a day less in the hospital, and then being able to monitor the patients at home through electronic or technological devices. Do you see yourselves, as a smaller hospital, going into that type of technology?

Mr DELAHUNTY — Yes, we support that. Damian, we have trialled that in Echuca. Did Bruce talk about it being trialled and being tested and evaluated?

Mr DRUM — No, he did not. He said the technology is available. I think he was talking along the lines of when they have the new hospital built moving towards a paperless hospital, where the history and situation of all patients are downloaded onto the electronic files.

Mr DELAHUNTY — I think that system would be well utilised. It would give people confidence they are being monitored so that they are happier to go home a bit earlier, and their families can take them home and know that it is linked back if things start to go off beat. Yes, we see that as an important initiative.

The CHAIR — Since the uptake over the last 18 months, of the telehealth here, have you had extra professionals come and work out of Echuca Regional Health because it has been updated?

Mr DELAHUNTY — For that reason? I cannot put my finger on anyone, but I will tell you what we have had success at; it is that we are getting very good senior doctors working in our ED. Previously, five years ago, senior doctors in our emergency department were overseas-trained doctors — IMGs. We now have Australian-trained doctors working in our ED, and I think part of that is that they are not remote. They have got really good access to the senior clinicians in Bendigo. They are qualified emergency doctors. It gives them confidence; they are not on their own up here. Then they have got the technology that links up and specialists can see them. I think it has helped retain them. We have had three there now for a couple of years, and they are still with us and are very happy. That is a component of it, Paul, I would suggest.

Mr HOWARD — The only thing is, you did mention what you are doing and say that NBN would be very helpful, but obviously with your videoconferencing at the moment you are still able to operate those effectively. What are some of the examples of the limitation of your present bandwidth that have made you look forward to opportunities of a more extensive rollout?

Mr DELAHUNTY — I have got some further notes on that here. It is not a user friendly set-up at the Echuca end. It is complex to walk in, press the buttons and get this going; is it plugged in; is it working; is it tuned up? So that is an operator thing. You cannot always dial in from Echuca health to Bendigo. It is a dial-up system, and sometimes that falls over. Lines are dropping out. The other limitation is that when we dial Bendigo, 'Hey, we need your advice', they have got three or four patients in their lap, so they are not waiting for us to ring up at 9 every morning and say, 'Tell us about your patients'. It does not work like that. So there practical problems, which, no matter what technology you are using, will not be overcome. But mainly speed is the key one. We all want it to be like watching television, I guess, with colour and responsiveness, but we are a long way off that.

The CHAIR — Michael, thank you very much for taking time out of your busy schedule. I know you have got a major project here in town at the moment that is keeping you quite busy. In about 14 days you will get a draft of the Hansard transcript, and you will be able to make corrections to obvious errors, but other than that it will be as it was delivered. Thank you for your written two-page submission, and thank you very much for coming along today and adding a fair bit to our inquiry. It has been very productive.

Mr DELAHUNTY — I hope it is close to your terms of reference.

The CHAIR — Yes, it was very good.

Mr DELAHUNTY — Thank you for the opportunity to present, and thanks for coming to Echuca.

Witness withdrew.