Telehealth Skills NORTHERN AUSTRALIA ECHO

USING TELEHEALTH TO SUPPORT FIRST NATIONS COMMUNITIES

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There are many challenges which contribute to the complexity and demands on our healthcare system, such as our aging population, rising healthcare costs, increasing burden of chronic disease, workforce shortages, location of services, and the pandemic.

We need to prioritise and improve the way we provide healthcare to First Nations Peoples to address: lower life expectancy (compared to non-Indigenous peoples); the higher rates and earlier onset of chronic disease, and the logistical challenges associated with specialist appointments away from home.

EVIDENCE SHOWS THAT TELEHEALTH:

- Can be very useful for providing care for Indigenous peoples with chronic health conditions, resulting in higher satisfaction; clinical effectiveness (from a western biomedical perspective) and closer community engagement. (1)
- Leads to more culturally appropriate care by allowing certain health services to be delivered in more familiar local environments (community clinics), in close partnership with local health workers who tend to know the person and family. Telehealth services also reduce the stress and inconvenience of travel away form home, and results in less out of pocket expenses. (2)
- Can have an overall positive impact on social and emotional well-being, lead to improved clinical outcomes and better access to services. (3)
- Nearly half (40%) of studies did not report Indigenous involvement in the planning of services. (4)

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OTHER REASONS FOR USING TELEHEALTH TO SUPPORT THE DELIVERY OF HEALTH SERVICES TO FIRST NATIONS PEOPLES:

- Increased emphasis on community-based service models.
- Closer engagement with local health workers and services.
- Opportunities to provide education, training and peer-support.
- Strengthening partnerships between services.

TIPS WHEN PLANNING TELEHEALTH SERVICES:

1. Align telehealth with the clinical needs and community preferences.
2. Plan the services together and ensure that community needs are prioritised.
3. Encourage leadership and ownership of the program by local health services.
4. Learn from experience and ensure transparency in any evaluation concerning the services.

SCAN ME

SCAN HERE TO LEARN MORE ABOUT DEMENTIA AND THE USE OF TELEHEALTH

References

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CASE STUDY QUESTIONS (PANEL RESPONSES)

1. WHAT ARE SOME PRACTICAL WAYS WE CAN INCREASE TELEHEALTH IN OUR COMMUNITY?

- Understand community needs – what services exist, where are the gaps, community preferences/priorities
- Engage with community and raise awareness about telehealth (practical training, resources, equipment, dedicated space, promotion).
- Community empowerment – leadership role in the delivery of telehealth, advocacy
- Health worker roles in the delivery of telehealth
- Models of care – visiting specialists – may be able to provide follow-up care by telehealth
- Realistic expectations – what telehealth can and can't do (not all consultations can be done by telehealth)
- Share examples of telehealth service models to generate ideas/interest

2. HAVE YOU COME ACROSS ANY SITUATIONS WHERE TELEHEALTH HAS NOT WORKED WELL – FOR CERTAIN APPOINTMENTS, CONDITIONS, OR PEOPLE?

- Appointments which require procedures or tests
- Lack of preparation – or explanation about the consultation (thought Dr was going to be there)
- Managing delays – test calls, availability of specialists, health workers, FTA
- Useful if the person attending the consultation has met the Dr (in person) – follow up works well
- Complex issues which require input from multiple health professionals
- Language difficulties – highlights importance of having a health worker present to support the patient.