Telehealth

During COVID-19, there has been growing interest in the concept of telepractices as service providers work around physical distancing and social isolation by engaging with clients remotely. This summary provides an overview of Telehealth as a well-established telepractice. We are interested in exploring the potential of other telepractices being used currently in Victoria during COVID-19 and how well the telehealth model might be adapted to the social services or other community services. This is the first in a series of short papers on Telepractices.

What is Telehealth?

Telehealth has been described as 'services using information and communications technologies (ICTs) to deliver health services and transmit health information over both long and short distances'.[1] It can involve diagnosis, treatment, and prevention. The literature highlights the different terminology being used to describe including telemental health, telenursing, telepharmacy/telemedicine, telecardiology, telepathology, teleradiology, telerehabilitation (typically used with allied health professions such as psychology, audiology, speech pathology, and therapy) and teleintervention (early intervention).[2]

When is Telehealth used?

Telehealth is used when service providers need to overcome geographical barriers and tackle logistical issues related to expansion of an intervention. It is also capable of lowering the costs related to access and delivery of services.[3] In countries such as Australia where distances pose considerable challenges, the use of ICTs can be seen as a strategy to bridge the rural-urban divide in service provision. It is a 'cost-efficient solution to overcoming social isolation and resource deprivation to reach vulnerable people and connect them to services and support of personnel and expertise located in urban centres'.[4]

What are the key features of the telehealth model?

Telehealth enables professionals to interact with clients in several ways including:

- Synchronous: direct intervention via phone or video conference
- Asynchronous: incorporating online apps and tools
- Consultative: providing training/coaching and support to caregivers who can in turn work with the client.[5]

The Early Intervention Foundation in London has reviewed virtual and digital delivery of interventions across public services in the United Kingdom (UK)[6] and identified six models:

- Provision of services on a one-to-one basis using real-time synchronous communication such as chatrooms, videoconferencing and phone.
- Provision of services that adapt group-based programmes into a virtual or digital setting and facilitate peer interaction through group video calls.
- Provision of services through guided self-help content where reading material, slides, videos, quizzes, assignments, and partial contact with a professional/practitioner.

[1] Australian Department of Health - Telehealth

[2] Houston, K. Todd, Behl, Diane, Seroka, K. (2017) Using Telepractice to Improve Outcomes for Children Who Are Deaf or Hard of Hearing & Their Families. Pg. 2

[3] Martin, J., McBride, T., Masterman, T., Pote, I., Mokhtar, N., Oprea, E., Sorgenfrei, M. (2020) Evidence, challenges and risks relating to virtual and digital delivery. Early Intervention Foundation. London

[4] Bryant, L., Garnham, B., Tedmanson, D., & Diamandi, S. (2018). Tele-social work and mental health in rural and remote communities in Australia. *International Social Work*, 61(1), 143-155. Pg. 146

[5] Arefadib, N., & Moore, T. (2017). Reporting the health and development of children in rural and remote Australia. Centre for Community Child Health, Royal Children's Hospital Melbourne.

[6] Martin, J., McBride, T., Masterman, T., Pote, I., Mokhtar, N., Oprea, E., Sorgenfrei, M. (2020) Evidence, challenges and risks relating to virtual and digital delivery. Early Intervention Foundation. London. Pg. 10

- Provision of unguided self-help content using reading materials and explanatory videos for individuals to work independently and no contact with a professional/practitioner.
- Provision of interactive content with full-time support from a professional/practitioner using videos, reading material, apps and other digitised content.
- Provision of brief text-based interventions where asynchronous communication through texts and emails occurs and tips, exercises, reflective questions or other related information is shared.

Where direct virtual interaction is not possible (for instance in the case of clients with special needs), the practice of training and coaching parents or a primary caregiver to effectively implement a wide array of strategies is used. This virtual model of incorporating parent training and coaching into service delivery has been successfully trialled and evaluated in the United States (US) in the field of speech sound impairment, telemedicine, spectrum disorder and others.[7]

What are the key strengths and limitations of telehealth delivery?

Telehealth has been successfully used on its own or to complement face-to-face services for children and young people with health and developmental problems including diabetes, cancer, heart disease; mental health, hearing and speech impairments, obesity, asthma, autism and others.[8] It has also been used with adults with health conditions[9] and elders with movement and communication problems.[10]

The literature highlights how telehealth can be used to overcome challenges for service providers and clients.[11] These include:

- Being able to respond to the shortage of trained personnel available in remote/rural areas and in neighbourhoods perceived as unsafe by staff.
- Increased enthusiasm in testing and using new methods of delivering services.[12]
- Delivering programs using languages tailored to the needs of Aboriginal communities and Culturally and Linguistically Diverse groups.
- Reduced cost to clients who now spend less time and money to access services.
- Reduced travel-related stress for children with a behaviour disorder and their siblings.
- Better access for clients with limited mobility who can receive the service in the comfort of their own homes.
- Reduced stigma attached to accessing a specialised service such as mental health
- Increased family engagement as the service provider and parent/caregiver can actively work together to develop a plan with a purpose and outcome.[13]

[7] Arefadib, N., & Moore, T. (2017). Reporting the health and development of children in rural and remote Australia. Centre for Community Child Health, Royal Children's Hospital Melbourne. Pp. 55-56

[8] Ibid.

[9] See for example: Weidner, K., & Lowman, J. (2020). Telepractice for Adult Speech-Language Pathology Services: A Systematic Review. Perspectives of the ASHA Special Interest Groups, 5(1), 326-338.; Coleman, J. J., Frymark, T., Franceschini, N. M., & Theodoros, D. G. (2015). Assessment and treatment of cognition and communication skills in adults with acquired brain injury via telepractice: A systematic review. American journal of speech-language pathology, 24(2), 295-315

[10] See for example: Western NSW Primary Health Network (2020) Telehealth for Residential Aged Care toolkit (TRAC); Miller, T. W., Kraus, R. F., & Standafer, V. (2017). SMART Technology: Redefining Geriatric Health Care. Int J Geriatr Gerontol: IJGG-101. DOI, 10.; Kamei, T. (2013). Information and communication technology for home care in the future. Japan journal of nursing science, 10(2), 154-161; Tindall, L. (2012). The use of telepractice technology to provide speech and language services to persons aging with communication disorders. Perspectives on Gerontology, 17(3), 94-102

[11] Arefadib, N., & Moore, T. (2017). Reporting the health and development of children in rural and remote Australia. Centre for Community Child Health, Royal Children's Hospital Melbourne.

[12] See for example: Hines, M., Lincoln, M., Ramsden, R., Martinovich, J., & Fairweather, C. (2015). Speech pathologists' perspectives on transitioning to telepractice: What factors promote acceptance? Journal of Telemedicine and Telecare, 21(8), 469-473; Tucker J. K. (2012). Perspectives of speech-language pathologists on the use of telepractice in schools: the qualitative view. International journal of telerehabilitation, 4(2), 47–60. https://doi.org/10.5195/ijt.2012.6102

[13] Houston, K. Todd, Behl, Diane, Seroka, K. (2017) Using Telepractice to Improve Outcomes for Children Who Are Deaf or Hard of Hearing & Their Families. Pp. 7-8

However, there are also several limitations in using telehealth.[14] These include:

- Varying technological literacy of clients and service providers, cost of setting up devices, adaptive equipment (e.g. headphones, smartphones, laptops) and adequate access to broadband connection.
- Varying responses among clients to the use of ICTs (e.g. maintaining the attention of a child for the time required or supporting someone whose technical literacy is low.[15]
- Difficulty of working with a family member safely if family violence or other forms of abuse are present in the home.
- Difficulty of establishing rapport and trust with new clients with limited or no face-to-face interactions.
- Privacy and cyber-safety concerns regarding managing clinical or personal information.

When considering the use of telehealth as a mode of service delivery, it is important to understand the evidence about which model will work best, in what context, when, and for whom.[16]

The case study below shows the steps that one agency has taken to adapt and change its service (within a month) into a telehealth model during COVID-19.

If you have any other promising examples of telehealth or other telepractices your organisation has been using with children, young people or families during COVID-19 please let us know. Contact Dr Dakhina Mitra on dakhina.mitra@cfecfw.asn.au . We would love to hear from you.

[14] Arefadib, N., & Moore, T. (2017). Reporting the health and development of children in rural and remote Australia. Centre for Community Child Health, Royal Children's Hospital Melbourne.

[15] Ibid.

[16] Comer, J. S., & Myers, K. (2016). Future directions in the use of telemental health to improve the accessibility and quality of children's mental health services. *Journal of child and adolescent psychopharmacology*, 26(3), 296-300.

Case Study: Access Health and Community (AHC)

AHC provides a range of accessible health care services which include GP, dentistry, mental health, audiology, alcohol and drugs, nursing, Early Child Intervention and developmental services for children and many others.

Child and Family Services Business Transformation as a response to COVID-19

The move to telehealth and adapting to the rapidly changing external environment has resulted in the service:

- Finding a secure platform to work with colleagues and clients - Microsoft Teams
- Developing work instructions for clients and clinicians to manage all consultations using the Teams platform
- Developing a new set of resources to support the new way of working
- Letting referrers know that AHC is open and using new ways to support children and families
- Developing new marketing materials to send to referrers and clients
- Adapting current client record systems to support Telehealth – this has required new categories of appointments and non-client facing work for clients, which will in turn enable data collection for this period
- Adapting billing systems to support Telehealth which includes Medicare, private insurance, full fee systems and NDIS billing
- Communicating NDIS changes to families including providing support letters for them to access IT related needs
- Developing a Child & Family Newsletter with links to websites, YouTube videos for support, and provision of health information and tips for supporting children at home
- Replacement of face to face group programs with virtual playgroups and online parent programs
- Changing all appointment letters, service agreements, consent documentation, intake processes and others to adjust to the current situation
- Managing the transmission and storage of videos, which is a way of assessing play, motor development, behaviour, mealtime routines and others in the absence of onsite, kinder and home visits

The organisation has also developed an organisation wide community support plan which includes:

- Development of videos, web-based materials, and other clinical resources that are consistent across all program areas
- Development of an individual client portal to share health information between client and clinician specific to their needs