

Stories of Change

Rolling out Telehealth at LCHS

Action Plan Themes Identified



Theme 1



Theme 2



Theme 3



Theme 4



WHEN COVID-19 hit Australia Latrobe Community Health Service (LCHS), like many other organisations, moved to implement telehealth.

LCHS operates metropolitan, rural and regional sites

across Victoria, and clients have been impacted by lockdowns and restrictions to varying degrees.

“People continued to access services in regional Victoria, including in the Latrobe Valley, as they weren’t scared to come in and most of the time they didn’t have the full lockdown that Melbourne had, so our healthcare teams were operating in two very different environments,” Executive Director Primary Health Andrina Romano said.

“Our metro sites at some points had completely shut and at others were operating at very limited capacity due to restrictions. Five of our GPs in Melbourne suddenly had very few people coming in for appointments, while our Gippsland GPs were fully-booked.

“We had all these GPs in regional Victoria saying ‘we can’t fit our clients in’, whereas our Melbourne GPs told us ‘we don’t have any clients’.”

GPs at LCHS, regardless of where they are based, operate on one central management system.

“That’s how we’ve managed to make telehealth work. If you live in Gippsland but our next available GP appointment is at one of our metro sites (with a metro GP), it doesn’t matter because you can see that doctor via telehealth and that doctor can access your file on our central system. This helps with continuity of care,” she said.

The rollout of telehealth has changed the landscape of the primary healthcare system for the better, LCHS metro GP practice manager Rachel Baulch said.

“Telehealth is great. It’s taken a pandemic for the government, healthcare providers, the public, everyone, to say ‘well we don’t have another option, so we have to adapt’. Now it’s opened up this whole new world, and changing the way things are done,” Ms Baulch said.

“An example of this is we now have e-scripts. We used to fax everything through, but now we send chemists the e-script straightaway, and then we send the hard copies via registered mail.

“One of our metro sites also offers Saturday morning telehealth. Before the pandemic our Gippsland clients didn’t have access to that, but now Gippsland residents who need a Saturday morning telehealth appointment can do that too.”

Ms Baulch and Ms Romano said when it came to accessing telehealth for the first time, many health professionals and clients embraced the opportunity to upskill and use digital systems.

“Everyone got on board straight away. What has anyone got to lose in this situation?” Ms Baulch said.

Among the benefits of telehealth for clients, Ms Romano and Ms Baulch said, are improved access to GPs, reduced travel time and travel expenses, reduced waiting times and improved continuity of care.

“A lot of our older clients have trouble with transport, so in the past we’ve



also needed to organise transport for them if they don't have family or friends who can help ... but now with telehealth, it is so much easier. Our clients love it," Ms Baulch said

"If you are a healthy person who works, and you don't want to take half a day off to go and sit in a GP office with people who are ill to get your run-of-the-mill script that you get every three months, and you don't need a review, telehealth is perfect," Ms Romano said.



"Our telehealth appointments give people their life back.

"Being able to schedule it into your working day and know 'my telehealth appointment is at 2pm', is a real advantage."

Another benefit, Ms Romano said, is the ability for patients to receive care for potentially infectious illnesses while self-isolating. This minimises the risk of transmission.

"Often clients who may be immunocompromised would be sitting in the waiting room with everyone else, so now they're not sitting in the waiting room if they don't need to be," she said.

"And with families, say you've got a working mum and the dad has got three kids at home and he has to put them all in the car and take them to the clinic when he just needs a script renewal for his medication ... why would you do that? Why would you have three kids running around a clinic with a dad who's stressed out waiting to see a GP and he just needs a medication script reissued? It doesn't need to be like that.

"We're looking back at a model of service that worked 50 years ago, but we've all moved on.

"And when it comes to face-to-face versus telehealth, you may be able to have about three appointments by telehealth in the space of one face-to-face appointment."

Recent sweeping changes to the Medicare Benefit Schedule have significantly reduced subsidised telehealth offerings.

As of July 1, some item numbers - including extended consultations, mental health reviews and medication reviews - can no longer be provided via telehealth.

"There's quite a long list of standard items we would use every day for telehealth that have been taken away from us, and that's quite devastating, so we're restricted now in terms of what we can offer patients when we could be doing so much more," Ms Baulch said.

"It's not feasible as an ongoing service if it's too limited in what we're able to offer. We'd like to see a broader range of consults available via telehealth to give this platform longevity."

While telehealth will irrefutably remain a critical facet of healthcare into the future, there is more to be done to bring Australia up to speed with the rest of the western world.

"If I was future-gazing, I'd be looking at avenues to introduce video telehealth and picture health as well, which is something that has been implemented in New Zealand and the UK," Ms Romano said.



"This is the start of something that's potentially much bigger."