NSW Virtual Care Strategy

2021-2026

Connecting patients to care
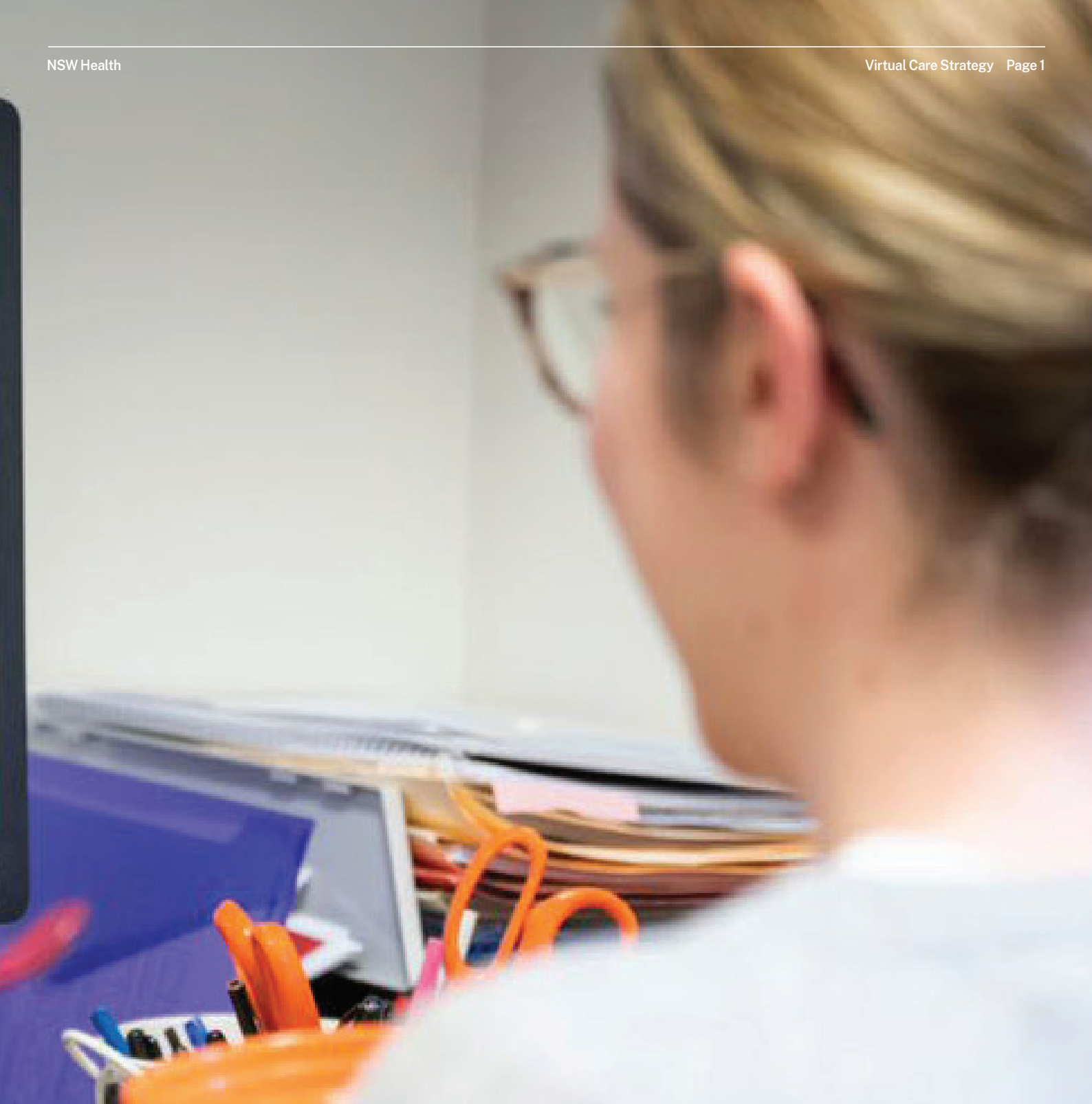
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Foreword

For all of us in healthcare delivery, the impact of COVID has been extraordinary. We have all had to think differently about how we access healthcare and how technology can enable us to do this.

Predominately, the NSW experience through COVID has seen outpatient clinics moving to the use of telephones to engage with patients. We have also seen a considerable increase in the use of videoconferencing and remote monitoring of COVID positive patients in the community during this time.

We believe virtual care has the potential to be something far more comprehensive than our experience with COVID indicates. There's a real collective call for us: if we are going to transform the system to a virtually enabled one we need to ensure we have strong engagement with the patients, carers and families, clinicians and our partners in primary health care. As technological innovations for care delivery become available to us we also need to reassure patients and consumers that virtual care complements the face-to-face care patients are used to and comes with many benefits. Virtual care is not new, but what we are looking to do is harness the momentum we are currently seeing unfold across our health system as the possibilities for virtual care grow.

The NSW Health Virtual Care Strategy will guide us on this new chapter. This Strategy outlines a pathway for a coordinated and consistent approach to sustainably scale virtual care and comprehensively integrating it as an option across NSW. By working together – patients, carers and their families, clinicians, Local Health Districts, Specialty Health Networks and policy makers – we can position NSW Health as leaders of innovation in virtual care that delivers high quality care when and where it is needed.

The Strategy aims to achieve a number of key outcomes which focus on patient centredness, equity of access to care and building the confidence of consumers of virtual care and care providers. These outcomes also align with recommendations from emerging evidence, expert advice and principles outlined in recent publications from Health Consumers NSW and the Australian Healthcare and Hospitals Association.

This Strategy will take action on six Strategic Focus Areas:

- Patients' interactions
- Remote care and monitoring
- Care planning and coordination
- Clinical collaboration and innovation
- Self-management
- A digitally capable workforce

Virtual care is also a key component of the Future Health Strategy. The NSW Virtual Care Strategy will aim to achieve the same strategic outcomes as those outlined in the Future Health Strategy. We also see virtual care as a key part of the broader strategic direction and an enabler of a range of other NSW Health reforms and strategies including the Value Based Healthcare, Elevating the Human Experience, NSW Health Strategic Framework for Integrated Care and eHealth Strategy for NSW Health 2016-2026.

We have worked together with our stakeholders to develop a framework that demonstrates how we will do this – by investing in people – both patients and clinicians, developing processes to ensure we have the right steps in place for the system and building the technology that will keep us at the forefront of virtual care delivery. Working together to move into the new frontiers that virtual care offers, we will achieve great benefits for the people of NSW.

Elizabeth Koff
Secretary, NSW Health

Executive Summary

Our vision

The vision for NSW Health is: A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

Purpose

The NSW Virtual Care Strategy (the Strategy) outlines the steps we will take to further integrate virtual care as a safe, effective, accessible option for healthcare delivery in NSW.

The use of virtual care in NSW has been evolving for many years. There are a range of existing initiatives across the state to build on. Innovations in technology are transforming how healthcare is delivered, supporting access to healthcare, particularly specialist services, providing patients with more choice about how and where they receive their care.

NSW Health recognises the exciting opportunities presented by virtual care for consumers, clinicians and the health system. Based on the foundational and innovative work done to date, NSW is well positioned to embrace the expansion of virtual care as part of seamless healthcare delivery in NSW.

Through implementing this Strategy, our collective efforts will contribute to a world-class, digitally enabled health system.

The Strategy positions virtual care as a complement to existing services that streamlines the experience of both groups providing and receiving care. It guides NSW Health to sustainably scale and embed options for virtual care that are both value based and consumer and clinician friendly.

NSW Health is committed to providing world-class care that is safe, reliable and personalised. Virtual care builds on existing capabilities and systems to support this goal.

"*The no-show rates have significantly improved. In some instances, I am having better outcomes for patients, best completion of home exercise program that I ever head.*"

Cardiac rehab clinician

"*The main benefit for me is that I see a specialist quicker through virtual care, and you get the same result if you saw someone face to face.*"

Virtual care patient

What is virtual care?

Virtual care is any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies. As technology has evolved so too has our terminology, and 'telehealth' services are increasingly being referred to as 'virtual care' to better reflect the broader range of technologies.

By connecting patients and clinicians remotely using digital technology, virtual care aims to optimise choice, quality and effectiveness of patient care.

Virtual care can be:

- in real time using video or telephone conferencing e.g using your telephone, smartphone, tablet or computer to access healthcare virtually.
- the sharing of information or medical images to inform diagnosis, care planning and treatment, for example the sharing of CT scans in the Telestroke service.
- via email or information relayed by remote monitoring, outside of a clinical consultation e.g. using equipment or devices to measure blood glucose, blood pressure or heart rate or respiratory function.

Patient-centred, clinician-led virtual care has proven to be an efficient and effective model of care to complement, or supplement face-to-face consultation.

Virtual care also supports increased access to care by providing patients choice to have care delivered at a distance where it is clinically appropriate and more useful for the consumer.

Virtual care has a role across the healthcare journey from first response and emergency care through to community and primary health care. Virtual care can also support the integration of the multidisciplinary team including specialists, allied health and primary care to enhance holistic comprehensive care and improve continuity of care.

Embedding Quality and Safety

Successful virtual care service provision is dependent upon ensuring systems for governing and improving quality and safety are in place. As system lead, the Clinical Excellence Commission, with key stakeholders, will lead on work to ensure virtual care is incorporated into existing clinical governance frameworks.

A Clinical Governance framework that incorporates virtual care will be based on the core components of the National Model Clinical Governance Framework including the ACSQHS National Safety and Quality Health Service (NSQHS) Standards and the Australian Digital Health Agency Clinical Governance Framework.

What is driving further change?

While healthcare professionals have been using technology to deliver care to patients for decades, a series of contemporary drivers are creating new opportunities to further embed virtual care in NSW health service delivery. These drivers not only reflect our need to respond to technological advances, but to evolving consumer expectations in how technology can be used in healthcare and changes in demographics that are challenging ways in how care is delivered.

Healthcare providers responding to evolving consumer expectations:
Consumer expectations are being shaped by interactions with other industries where services are convenient, seamless and personalised. Virtual care can enable an enhanced and modernised consumer experience.

Technology advancements are providing viable complementary models of care:
Digital technologies, such as devices are creating new opportunities to expand Virtual Care services such as remote clinician video consultations and remote patient monitoring; improved diagnostic and predictive capabilities; and real time patient data collection.

Technology can enable timely and equitable access to better value care:
Virtual Care technologies are providing innovative ways to address system challenges such as scaling infrastructure and building workforce capacity. Virtual care is also enabling more timely access to cheaper health services, particularly for rural and remote communities.

Demographic changes are challenging the way we traditionally deliver care:
The evolving needs of a more complex, ageing population with rising prevalence of chronic conditions is pressurising traditional face to face care models. The COVID 19 pandemic response has driven the demand for alternative models of care to address safety concerns and mobility challenges.

The need to integrate virtual care into existing technology and achieve interoperability state-wide:
The significant and consistent progression of technology will enable a highly streamlined, intelligent level of interoperability across the state. This will ensure consistent and comprehensive information is available to consumers and clincians alike. Along with integrating information, there will be a strong focus on the integration of existing models of care to ensure a seamless end to end journey for the consumer and clinician.
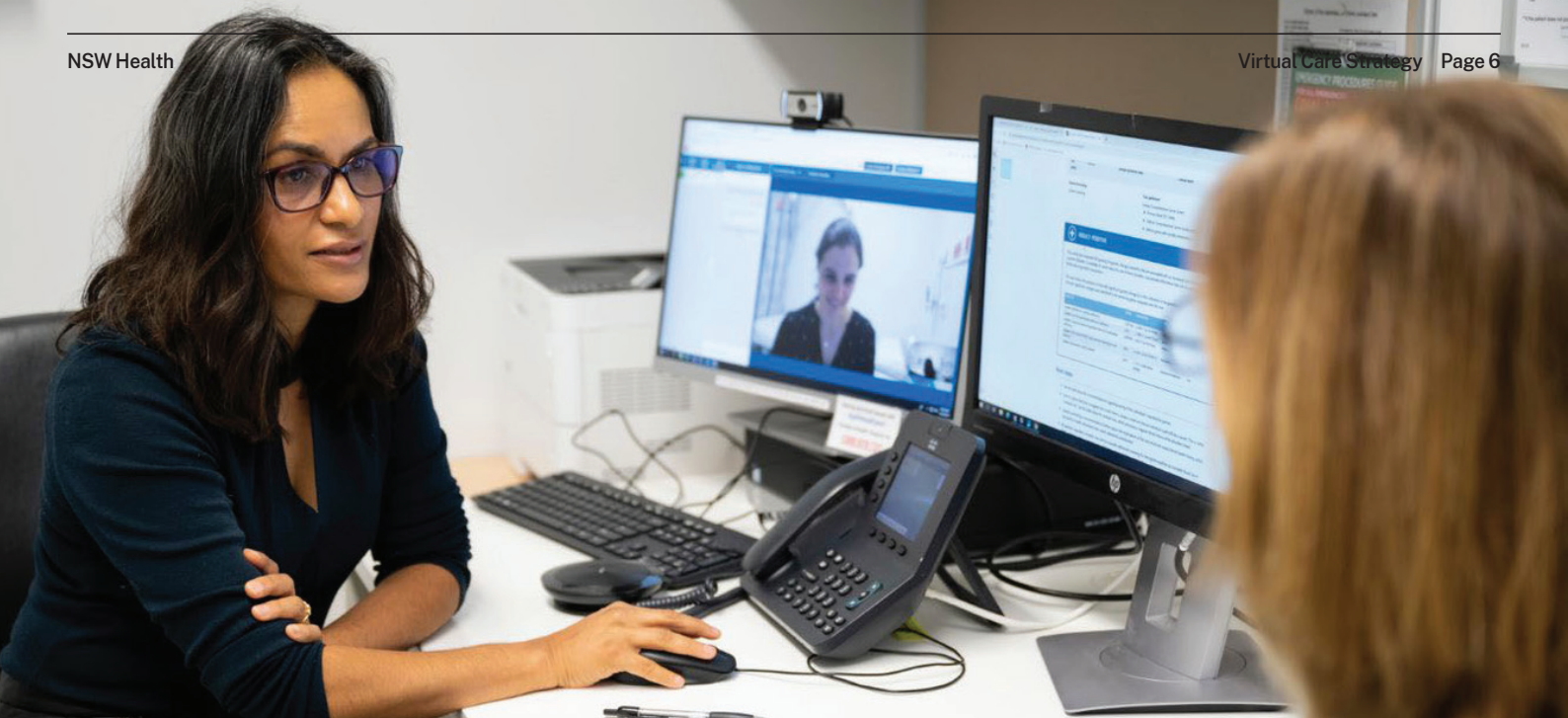
Accelerating access to virtual care during COVID-19: What did we learn?

Virtual care is not new. Healthcare professionals have been using information technologies to deliver patient care for decades. Models of care have been supported by technology since the mid-1990s and contributed to improving access, equity and quality of health services for people in NSW.

The Telehealth Framework and Implementation Strategy: 2016-2021 supported the NSW Health system to achieve innovative ways of working to connect clinicians with patients. To help increase the level of interest intelehealth and improve the overall understanding of the value and impact of telehealth, the Telehealth in Practice Guidelines were also developed.

Like all healthcare systems around the world, COVID-19 has changed the way care is delivered in NSW. COVID-19 has created new opportunities for NSW Health to accelerate and mainstream how we deliver virtual care. Our response has required new thinking and trialling alternative ways for clinicians to connect with patients and colleagues.

During the Covid-19 outbreak in 2020, NSW patients needed to access care and communicate with their clinician using virtual care to reduce the risk of transmission. A rapid response was critical, with NSW Health swiftly increasing its virtual care capabilities through the Virtual Care Accelerator program.

Our achievements in virtual care during the 2020 COVID-19 wave included:

- Rapidly upgrading the data centre capacity for the significant video and telehealth uptake
- Procuring and distributing iPads for use in virtual care activities, ensuring isolated patients stay connected, especially during COVID-19

- Boosting capability of myVirtualCare, a clinical waiting room and video-consultation platform
- Providing new critical care cameras and clinician access to 24/7 specialist critical care advice
- Consulting broadly with NSW Health local health districts and specialty health networks on their virtual care needs and supporting development of innovative models
- Consulting industry for remote patient monitoring platform capabilities to deliver a panel of suitable patient remote monitoring solutions
- Publication of system guidance and virtual care initiatives that have been promoted as best practice examples across the state.

We also learnt many lessons during this time (see diagram on the following page) which will guide us as we continue to further embed virtual care in service delivery.

In accelerating the response to virtual care during 2020, the achievements and lessons learnt have enabled the NSW health system to respond to the 2021 COVID-19 outbreak with significantly increased capability.

The NSW Health Virtual Care Strategy will ensure this momentum is maintained, with the work done to date serving as a solid foundation on which the NSW health system can build on.

> *"Following surgery, I wasn't able to travel. Being able to virtually connect was really amazing. Trying to describe the spots on my baby added to my anxiety. It felt like everyone was in the room, it took the pressure off me."*
>
> **Parent of virtual care patient**

> *"It [telehealth] is an excellent service for people with cancer because the fatigue and side effects prevent you from travelling..."*
>
> **Client**

What did we learn about virtual care during COVID-19?

System-wide collaboration

Seek stakeholder collaboration

Coordinate virtual care activity across NSW

Provide tailored communications

Supporting and developing leadership

Identify leaders to share best practice

Build staff capacity to adopt virtual care locally

Providing the tools for change

Upgrade technology to support required changes

Human-centred design for new models of care

Mapping future workforce capability

Measuring our impact

Prioritise monitoring and evaluation

Use evidence to guide quality improvement and adoption

Mobilising virtual care programs

Align virtual care with other NSW Health reforms and strategies

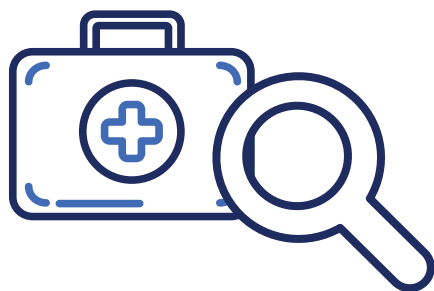Support district and network local priorities

Building system knowledge

Engage with clinicians and patients to understand system needs

Case studies

Sonia's story – RPA Virtual

When Sonia tested positive for COVID-19, she was connected to rpavirtual in Sydney Local Health District.

"I got the results on Friday and the following Tuesday someone contacted me from rpavirtual... they took me under their wing and started virtual consultations."

Sonia was sent an information pack about rpavirtual, including temperature patches to help her monitor her temperature daily. The rpavirtual nurses contacted Sonia twice a day to check on her symptoms and how she was feeling which gave her reassurance. Sonia was also able to call rpavirtual at any time if she had concerns. She had 24/7 support.

"It was a very helpful and supportive environment and I was really grateful that something like that was available – I'd never heard of it before. If I got sick again, I would love to have the same option available to me... it was a fantastic experience."

Learn more about rpavirtual.

Shared health appointments

Enabling Aboriginal and Torres Strait Islander people to manage their health and wellness journey

Shared Health Appointments (SHA) are a series of consecutive individual consultations that support patients with a chronic disease to develop sustainable life goals. The consultations are led by an interdisciplinary team of allied health professionals and offered in a supportive group setting. All participants join in virtually from home using any Smart device such as a phone or tablet.

The Hunter New England Care Coordination and Supplementary Services Program has used SHAs with Aboriginal and Torres Strait Islander people during the COVID-19 pandemic in collaboration with a social outreach worker to support those experiencing social isolation and who wish to participate in the virtual SHAs. The Social Outreach Worker coaches elders in the use of Information Technology. This helps to increase confidence, literacy and accessibility – not only with the virtual SHAs, but other virtual care opportunities.

SHA participants have reported improved confidence in using technology and increased opportunities to listen, yarn, share experiences and learn from each other:

"I see that we're all in a similar boat. And it has been good with Covid. The group is supportive, I'm learning quite a lot."
– Leah, SHA participant

More information about SHA and Social Outreach service is available on the Hunter New England Primary Care website.

What outcomes does this Strategy hope to achieve?

In response to the drivers identified in the previous section, NSW Health has developed the NSW Virtual Care Strategy to outline the steps we will take, in collaboration with Local Health Districts and Specialty Health Networks, to further integrate virtual care as a safe, effective, accessible option for service delivery in NSW.

The Strategy aims to achieve a number of key outcomes which focus on patient centredness, equity of access to care and building the confidence of consumers of virtual care and care providers. These outcomes align with recent recommendations from Health Consumers NSW and the Australian Healthcare and Hospitals Association.

This strategy describes a coordinated and consistent approach to sustainably scale virtual care. It takes a value based healthcare approach and aims to improve experiences of receiving and providing care, delivering outcomes that matter to patients and improve the effectiveness and efficiency of care delivery.

We will evaluate and monitor the outcomes of the Strategy including user experience and the effectiveness and efficiency in which virtual care is applied to the health care service, in order to ensure ongoing value based health care is achieved.

The Virtual Care Strategy aligns with the strategic focus within NSW Health to drive better outcomes by the patient, clinician and the community defined by patient & clinician experience, efficiency and effectiveness of care.

Safe, appropriate and equitable access to care

- Virtual care is an accessible option for all people across NSW
- Care provided virtually is safe and delivers high quality health outcomes
- Virtual care can be the most appropriate modality of care for specific services
- Improved access to care encourages increased patient uptake in virtual care and access to additional care providers
- Scheduling, managing and coordinating healthcare is seamless, from primary through to acute care settings

Positive patient, carer and family experience

- Virtual care offers a choice and control for patients, families and carers as partners in their care and treatment
- Patients, families and carers are confident in the use of virtual care
- Less demand on time, effort and cost for patients and families to attend multiple and/or hard to access health services and care
- Patients value their virtual care interactions and consider them useful in supporting their care needs
- Virtual presence of families makes it easier for family members to be involved at critical points and decisions
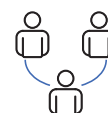
Positive clinician experience

- Clinicians are confident with and supportive of the use of technology
- Clinicians can blend face to face and virtual care that delivers high quality patient outcomes as well as contributing to clinician efficiency
- Specialist services can be organised and delivered more flexibly
- GP, community, and hospital and home care settings are better connected, leading to better health outcomes
- Ongoing support for clinicians to maintain and update skills and capability in use of virtual care

What are patients telling us about using virtual care?

The Bureau of Health Information developed the Virtual Care Survey 2020 to collect information about adult patients' experiences of the virtual care provided by NSW public hospitals. This forms the first part of a program of work that will help inform ongoing improvement in patients' experiences and outcomes of care, and support monitoring and evaluation.

Over 2,600 patients from across NSW responded to the survey, which showed most patients had a positive experience with virtual care:

- A high proportion of respondents rated the virtual care they received as 'very good' or 'good' and said the care and treatment they received in their virtual care appointments was helpful
- Almost all respondents said, if given the choice, they would use virtual care again
- Three quarters of respondents said they would 'speak highly' of their experience to family and friends

The survey also showed the more virtual care appointments a patient had in 2020, the more positive they were likely to be on each of these overall experience questions. Additionally, patients who had an online appointment tended to rate their overall experiences slightly more positively than those who had a telephone appointment.

In general, older and rural patients tended to be more positive about their experiences of virtual care than younger patients. It is important to note this pattern is not unusual in our patient surveys. The results of this survey do show that older and rural patients were less likely to say their virtual care experience was better than an in-person appointment.

NSW Health has also conducted focus testing with the general public and patients from across NSW. While people were extremely positive about virtual care, there was a preference for it to be used for simple, straight forward consultations, routine appointments and referrals. Parents also found it a useful source of advice for deciding on the need to seek further medical treatment for their child. They also felt virtual consultations were well suited to appointments with psychologists, psychiatrists and counsellor.

Case study
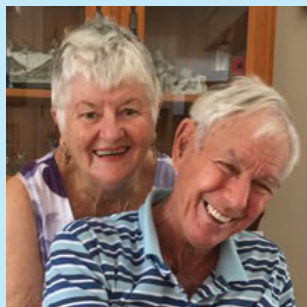
Telestroke: Providing life-saving treatment for stroke patients

Margaret and her husband Peter live in the mid-north coast town of Port Macquarie. One evening Margaret noticed a tingling sensation in her arm that quickly progressed to weakness and numbness of the arm and side of her face, and problems with her vision. Margaret was having a stroke.

Peter called an ambulance and Margaret was taken to Port Macquarie Hospital. A call was made to the Telestroke service, who then contacted Dr James Evans, a Neurologist specialising in stroke and neurovascular imaging, 315km away at Gosford Hospital.

Using Telestroke, Dr Evans shared screens with Port Macquarie Hospital via the EIR system to view Margaret's scans. Once Dr Evans had assessed the scans, he prescribed thrombolytic therapy for Margaret.

After Margaret underwent thrombolytic therapy, she was transferred by fixed-wing aircraft to John Hunter Hospital in Newcastle she had surgery to remove the clot blocking her brain artery. Two days after the successful procedure, Margaret was transferred back to Port Macquarie Hospital where she was discharged three days later.

Funding mechanisms for Virtual Care

The NSW health system is responsible for funding public hospitals in Local Health Districts and Specialty Health Networks to support the development and delivery of virtual care. For primary care delivery, funding of virtual care can also be provided through Telehealth MBS items funded by the Commonwealth Government.

The NSW Ministry Health will continue to work with these key stakeholders to consider incentive payments to support the adoption of virtual health care within local integrated care pathways. For primary care services this will support achieving outcomes determined through joint governance arrangements with PHNs and LHDs that will be established as part of the 2020-25 National Health Reform Agreement (Council on Federal Financial Relations 2020).

Clinician experiences of virtual care

NSW Health engaged with clinicians across the system to capture their experience of using virtual care.

Clinicians were surveyed and participated in focus groups to share their stories of using virtual care and to suggest opportunities for the system to enhance the use of virtual care safely and effectively.

Clinicians reported positive experiences when using virtual care. It was generally perceived as an additional positive option for care that increases access and choice when used appropriately. Those that had greater clinical experience and exposure to using virtual care more frequently felt more comfortable with its use.

Clinicians felt any quality of care issues could be addressed when clinicians could use clinical judgement to determine the best way that care can be offered depending on individual patient need.

There is a strong desire from clinicians to continue using virtual care across specialties and locations in NSW Health to continue to maximise patient access to care. In order for virtual care to be a safe and appropriate choice, clinicians felt the following was required:

· Adequate system infrastructure and clinical space to deliver virtual care appropriately
· Sufficient guidance, education and support for clinicians to use virtual care confidently
· Clinical governance structures and processes to ensure virtual care is delivered safely
· A uniform approach to determine the preferred software and platforms used across the system
· Integrating virtual care options into existing services rather than building parallel systems.

Does virtual care suit diverse patient groups?

Focus testing with the NSW community noted Aboriginal participants had limited experience in screen-based virtual care consultations. Major concerns focused on challenges with technology, mobile phone coverage and data usage. Specific concerns were also raised for older community members who may not be comfortable with the use of technology. Aboriginal participants placed stronger emphasis on personal health care and human interaction, with a preference for face to face consultation ideally with an Aboriginal health practitioner. However, it was recognised that virtual care was convenient and provided greater access to healthcare services with great potential to become more accepted with increased use.

The focus testing also noted Culturally and Linguistically Diverse (CALD) populations supported virtual care. Previous challenges that have been identified note that the use of interpreters can be an additional challenge when using virtual care.

In a recent report from Health Consumers NSW people with a disability said that virtual care is a "game changer" that has significantly improved or even increased access to healthcare appointments.

While support for virtual care was significant, there remains an ongoing concern about a person's suitability for virtual care particularly if it cannot cater to a person's disability or where other barriers exist, such as limited access to technology.

In the Bureau of Health Information Virtual Care Survey 2020, 94% of older patients (aged 65+) rated their virtual care experience as either very good or good. Most older respondents also indicated they would use virtual care again. While these are positive signs, Health Consumers NSW note in their report that, for some, there may be difficulties around the technical aspects of virtual care, as well as difficulty hearing the health professional via the phone or video.

To support equitable access to virtual care, ongoing work with priority populations on models and solutions that address barriers to accessing virtual care is essential. This will be addressed further in the implementation plan for this Strategy.
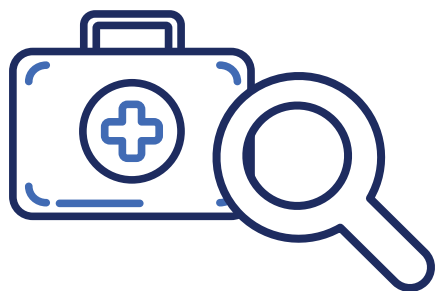
Case study
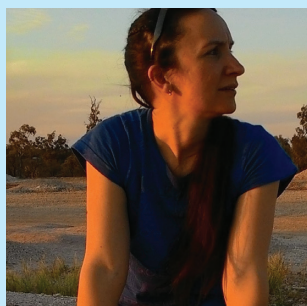
Multidisciplinary virtual care: Ali's story

43-year-old Ali has had a spinal cord injury for 21 years. She also has a blood disorder and suffers from trauma related panic and anxiety. Ali lives in the Illawarra Shoalhaven region, approximately 45 minutes from Nowra.

Ali's psychology appointments are via a virtual platform. Her psychologist says that she reads her body language and expressions as much as she listens to what Ali is saying. Ali likes attending her appointments from home – it's her safe place.

Since the start of the pandemic, a lot of Ali's GP appointments have been over the phone. Her GP faxes results to her specialists and pathology requests are sent straight to her local collection centre. Ali says that having the option to attend appointments over the phone or a virtual platform is excellent. She would have missed so many important appointments if she didn't have this option.

Virtual care helps Ali to receive more timely and efficient care. It gives her a sense of independence and helps her to stay safe and well.

"As a person living in regional Australia with complex, permanent conditions, I spend a lot of time in hospitals and clinics, with whole days gone travelling to and from appointments. There are lots of unavoidable delays and rescheduling. To be able to have some of my care done virtually is really awesome. The future of virtual care is pretty exciting!"
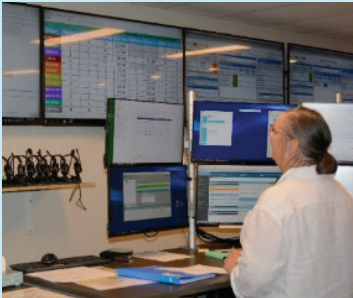
"It was great as I could write down things, run off and see what medication I'm on, look in my diary and run around the house to tell the doctor information that I always forget to bring to in person appointments. Also, I didn't have to take time off work so the boss was happy and I didn't have to rush which makes me tired and dizzy."

Patient
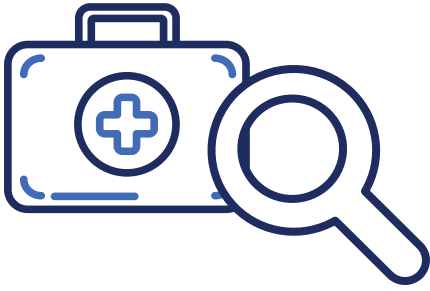
Case study

vCare: Improving access to care for people in Western NSW

vCare is a designated virtual unit that provides specialty-level advice, critical care expertise, transport, logistics, and coordination support across Western NSW Local Health District (WNSWLHD). vCare provides high level care close to a person's home.

Today, vCare operates as a 24/7 service using a single point of access (a 1800 number). A registered nurse with critical care experience answers and prioritises all calls. Depending on clinical urgency, calls are transferred or placed in a queue for call back.

Staff at referring sites report the following benefits:

- Staff feel supported and confident knowing vCare are just a phone call away.
- vCare is seen as a service that can assist with referral and coordination to tertiary level services or provide support when additional clinical input is required.
- Nursing staff feel empowered to refer directly to vCare where they determine it is clinically appropriate.

> *"I feel like vCare is always there for me and it's a breakthrough for our LHD. It's not here to replace doctors but to complement our services."*
>
> Registered Nurse, Rural Multi-Purpose Health Service, WNSWLHD

> *"It was really helpful to be in an environment I was comfortable in. It was less stressful being able to just log on from home as opposed to being somewhere at a specific time."*
>
> Virtual care patient Client
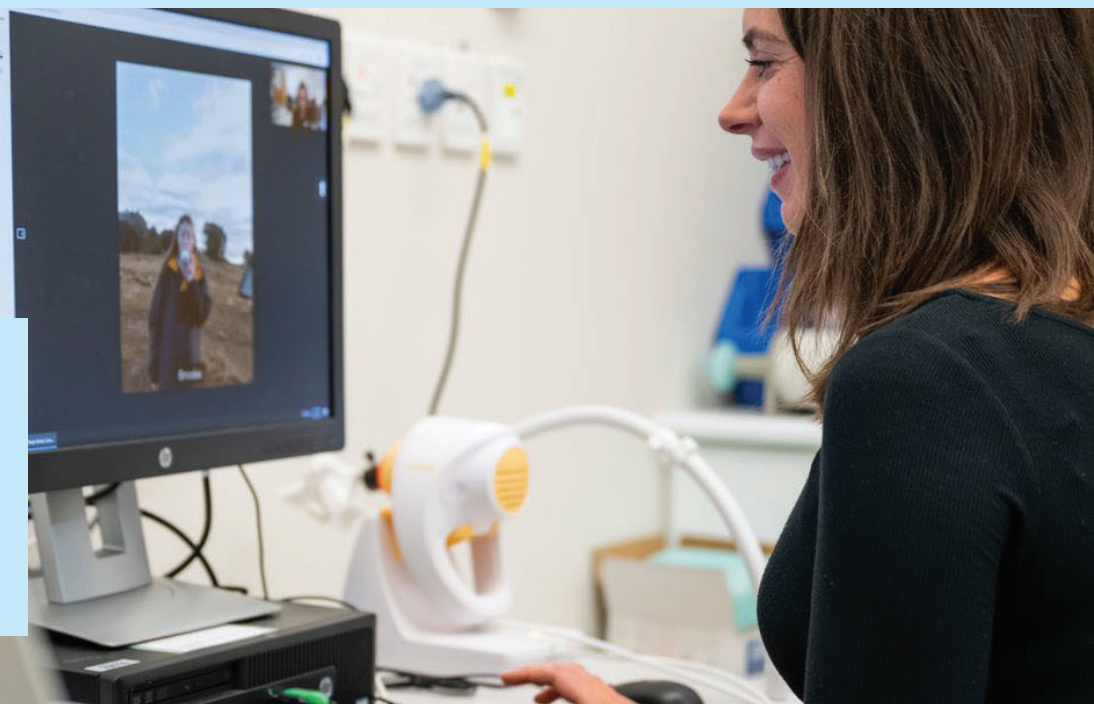
What will this Strategy focus on?

The Virtual Care Strategic Focus Areas

Local Health Districts and Specialty Health Networks have already made a significant impact in increasing access to virtual care in NSW. The value in bringing all elements together into this Strategy is that it provides an opportunity for coordinated and consistent oversight and governance. The NSW Ministry of Health, together with key Agencies and Pillars, have collaborated through a series of workshops to agree on a system wide approach for actions to achieve the successful outcomes articulated in this strategy.

The implementation of this strategy will focus on six strategic focus areas that will drive achieving the targeted outcomes for this strategy, support future demand for virtual care and achieve longer-term transformation of the health system. We have worked together with our stakeholders to develop a framework that demonstrates how we will do this – by investing in people – both patients and clinicians, developing processes to ensure we have the right steps in place for the system and building the technology that will keep us at the forefront of virtual care delivery.

Each implementation block has been allocated a lead Agency or Pillar. Leads will work with Local Health Districts and Specialty Health Networks, and the Commonwealth Government where indicated, to embed these implementation initiatives locally.

> "Being able to connect with my partner was amazing. I didn't have to relay information, we made decisions together. It reassured me and took away all my anxiety. "
>
> Parent of virtual care patient

Workforce Commitment

NSW Health is committed to building on the foundations established under the 2016-2021 Telehealth Framework and Implementation Strategy. The new Virtual Care Strategy focuses on the importance of building workforce capability to use Virtual Care to its full potential. The NSW Health Workforce Plan 2021-2031 also highlights the importance of embedding virtual capabilities into training pathways so our workforce have the skills required to deliver safe, reliable and person centered care to patients.

Uplifting the Virtual Care capabilities of our clinical and non-clinical staff will help ensure NSW Health has a fit for purpose workforce necessary to ensure and maintain the best care is delivered to our patients. To ensure that Virtual Care will be used efficiently and effectively our workforce will need to possess the necessary capabilities and skills to ensure its current and future utilisation is optimal. The development and standardising of Virtual Care capabilities will help ensure that both patients and the health workforce are able to fully integrate the technology into their service planning to ensure the best care is delivered to our patients.

Consideration in the implementation of Virtual Care needs to ensure that it is culturally safe for all patients and NSW Health workforce. The Aboriginal workforce will be instrumental in ensuring that Aboriginal patients are provided with Virtual Care opportunities.

Delivery framework for virtual care

Virtual care delivery framework

Virtual care strategic focus areas

Investing in people

Patient interactions

Virtual care technology to facilitate interactions between patients, carers and clinicians in different locations.

Remote care and monitoring

The remote collection and evaluation of patient health data using sensors and other monitoring technology in the hospital, at home, at work, in community settings.

Designing processes

Care planning and coordination

Seamless scheduling and coordinated healthcare planning with patients across different health providers and across the care continuum from primary through to acute care.

Clinical collaboration and innovation

Digital collaboration within the clinical community to share leading practice, enable peer to-peer conversations and drive innovation and research and promote best practice.

Building technology

Patient self-management and autonomy

Self determination and literacy improved to enable choice to engage in virtual care

A digitally capable workforce

Capacity, skills and knowledge building supporting current and emerging health workforce to confidently integrate into their practice.

Virtual care delivery framework – Implementation goals

Investing in people

1.1 Develop a virtual capability framework for staff

Define the values, behaviours, confidence, and digital skills required for the health workforce from primary through to acute care to deliver care virtually.

MoH – Workforce

1.2 Supporting consumer involvement in virtual care service design and delivery

Enable consumer representatives to participate in an informed way and beyond their own experience by networking virtual care service design and delivery with a broader base of consumer representatives across NSW virtual care. Build capacity of consumer representatives and staff to work together in the development and implementation of virtual care services delivery.

Agency for Clinical Innovation

1.3 Build and strengthen partnerships with education provider

Strengthen partnerships with Universities and Vocational Education and Training (VET) organisations to support advancements in care and research collaborations as well as supporting an increase in virtual care clinical placements from primary through to acute care.

MoH – Workforce

1.4 Raise awareness, address misconceptions, and promote benefits with patients, carers, families and communities

Deliver an effective communications plan to build trust, uptake, and support for virtual care from primary through to acute care.

MoH - Strategic Reform & Planning

1.5 Promote the benefits and build acceptance amongst clinicians and health staff

Mitigate potential cultural resistance from clinicians by understanding challenges and supporting resolutions from primary through to acute care settings. Share clinical good practice in virtual care to engage, inspire and influence. Build acceptance of virtual care as a recognised part of clinical care to enable changes in behaviour.

Agency for Clinical Innovation

1.6 Design the role of 'moderators' or concierge'

Optimise the efficiency and flow of virtual care consultations, as well as giving it a human face, through a moderator or concierge, rather than relying on self-management from day one.

Agency for Clinical Innovation

1.7 Support equitable access

Work with priority populations on models and solutions that address barriers to accessing virtual care, including for people with disability, older people and people from culturally and linguistically diverse backgrounds.

MoH - Health and Social Policy

1.8 Support Aboriginal populations to use virtual care

Work with Aboriginal communities to promote the benefits of virtual care and ensure support to access virtual care is readily available. Assess barriers to accessing virtual care and ensure virtual care is considered culturally safe.

Centre for Aboriginal Health

1.9 Design and support delivery of education and training

Build confidence and capability of the health workforce to engage in safe and appropriate care. Align external education providers to embrace virtual care settings.

Health Education and Training Institute

1.10 Engaging and strengthening the skills of local champions to support local staff

Leverage and support connecting local knowledge to support local growth in the use of virtual care from primary through to acute care settings.

Agency for Clinical Innovation

1.11 Internet connectivity

Collaborate with NSW Government Agencies to engage the Commonwealth on increasing NBN access to support connectivity.

MoH - Strategic Reform & Planning Branch

Virtual care delivery framework – Implementation goals

Designing processes

2.1 Re-orientate funding models
Review and implement appropriate funding mechanisms for new virtual care service models, including MBS items from the Commonwealth Government.

MoH - Activity Based Management

2.2 Embed virtual care into the clinical governance frameworks
Provide an over-arching review and focus on safety and quality of care in the virtual settings.

Clinical Excellence Commission

2.3 Support decision making to use virtual care
Develop a framework to support decision making on use of virtual care Across the care continuum.

Agency for Clinical Innovation

2.4 Prioritise the roll-out of virtual care across the system based on the highest value for patients and clinicians
Undertake ongoing horizon scanning and use research and evidence to inform how virtual care priorities are implemented across the system. Build the evidence base on value in relation to virtual care and make transparent how this informs prioritisation.

Agency for Clinical Innovation

2.5 Enable system scaling
Coordinate the adaption and adoption of virtual care across the system based on clinical need. Include scaling best practice, sharing learnings and spreading innovation to enable consistent virtual care delivery for the community, minimise duplication, and leverage success in the system.

Agency for Clinical Innovation

2.6 Enable effective change management
Build capability to enable appropriate change management and redesign strategies with key partners and consumers to support system scaling.

Agency for Clinical Innovation

2.7 Initiate monitoring and evaluation
Leverage and improve the data and analytics capability and reliability to support the ongoing evaluation of virtual care in both inpatient, and outpatient settings, from economic and social perspectives.

MoH - Strategic Reform & Planning Branch

2.8 Consolidate Patient Reported Measures
Integrate the requests for patient and carer feedback on the virtual care experience and limit the number of surveys they might receive. Support the use of PRMs to monitor and improve virtual service delivery.

Agency for Clinical Innovation

2.9 Facilitate Safety Intelligence for virtual care
Integrate use of safety intelligence data into safety systems improvement of virtual care as part of robust clinical governance.

Clinical Excellence Commission

2.10 Integrate virtual care into local planning contexts
Develop systemwide approaches to ensure the design of new healthcare facilities supports the delivery of virtual care. Work with Local Health Districts/Specialty Health Networks to embed virtual care in clinical service planning and workforce profiles, engaging with primary care providers to ensure a truly local approach.

MoH - Strategic Reform & Planning Branch

2.11 Shared Care Management
Develop guidance/policy that enables and supports people, process and technology to deliver dynamic integrated shared care management in partnership with the patient.

MoH - Integrated Care/eHealth

2.12 Collaborate with stakeholders on initiatives that support virtual care delivery
These include current initiatives underway:
- State-wide enterprise image repository
- Secure messaging to patients / external providers
- Digital appointment scheduling and management

MoH - Strategic Reform & Planning

Virtual care delivery framework – Implementation goals

Building technology

3.1 Drive the technology roll-out to meet the needs of the system, patients and clinicians for virtual care

Developing multiple systems and tools that are required to underpin the virtual care system.

Scope including:

- Remote monitoring
- Synchronous communication tools features/functions
- Asynchronous models of care (systems for extendable workflows and information gathering/transition eg TB, medication therapies).

eHealth

3.2 Manage health care record integration

Integration of virtual care occasions of service into patient record.

eHealth

3.3 Address data privacy and device security

Address risks to data privacy, secondary use of health information, and device security to build confidence and trust.

eHealth

3.4 Ensure devices are suitable, integrated and simple to use

Provide a choice of tools to support the virtual setting to reduce complexity for both users and clinicians.

eHealth

3.5 Leverage innovation

Communities and clinicians welcome all technology advances that provides simpler engagement around supporting Healthcare.

eHealth

3.6 Build a central portal to coordinate existing and new virtual care apps

Coordinate existing and new apps so patients can access care efficiently and easily.

eHealth

3.7 Create a virtual care simulation unit

Work with subject matter experts to develop a simulation unit to allow clinicians to test new technologies as they arise to determine alignment and utility for existing or new models of care.

eHealth

Lauren Harper

Commitment to Consumer Co-design

Consumers bring a unique, diverse and important perspective to problem solving and decision making for our health system. It's important that we partner with consumers on this journey so we can all gain the benefits that virtual care has to offer.

We have learnt how critically important the consumer voice is in the design and implementation of the Virtual Care

Strategy and communications plan. We have benefited from strong consumer engagement in the development of the Strategy.

To ensure ongoing dialogue and engagement, we have strengthened consumer involvement and membership on the Virtual Care Taskforce to ensure we continue to collaborate as this Strategy moves into the implementation phase.

Communication and local engagement is also important. We are working with Local Health Districts and Specialty Health Networks so we can understand local sentiment and hear from consumers across NSW about what matters to them when it comes to virtual care and how we can deliver virtual health care in the community that is accessible, convenient and keeps people well.

The NSW Virtual Care Taskforce

To date, Local Health Districts and Specialist Health Networks have largely had devolved responsibility for virtual care. This has included local strategy, governance, implementation, training, communications, infrastructure selection and management, software and support. While this has fostered local innovation, there is also significant variation in capability and the maturity of services. Successfully embedding virtual care across the state will require a more strategic state-wide approach to governance that brings together a variety of expertise from across agencies, Pillars and districts to work together in a 'one team' approach.

A Virtual Care Taskforce has been established to coordinate the delivery of the activities required to implement this strategy. The Taskforce will:

- Focus on the implementation of the Strategy, through coordinating priority projects and processes at the system level
- Partner with Local Health Districts, Specialty Health Networks, Primary Health Networks and consumers to drive collaborative efforts and build on existing achievements in virtual care

- Be future focused and enact system level change and innovation in response to evolving system needs and emerging evidence
- Mobilise stakeholders to ensure efforts are aligned and cohesive, drawing together strategic and operational functions.
- Work with Telehealth Managers and Communities of Practice for the purpose of knowledge sharing and gaining insight into challenges needing to be addressed to support virtual care.

The Virtual Care Taskforce will develop detailed implementation plans for each of the implementation blocks in the Virtual Care Delivery Framework. Each block will contain actions and milestones for implementation in three-time horizons:

- Short-term [2021-2022]
- Medium-term [2022-2023]
- Longer-term [2023-2025]
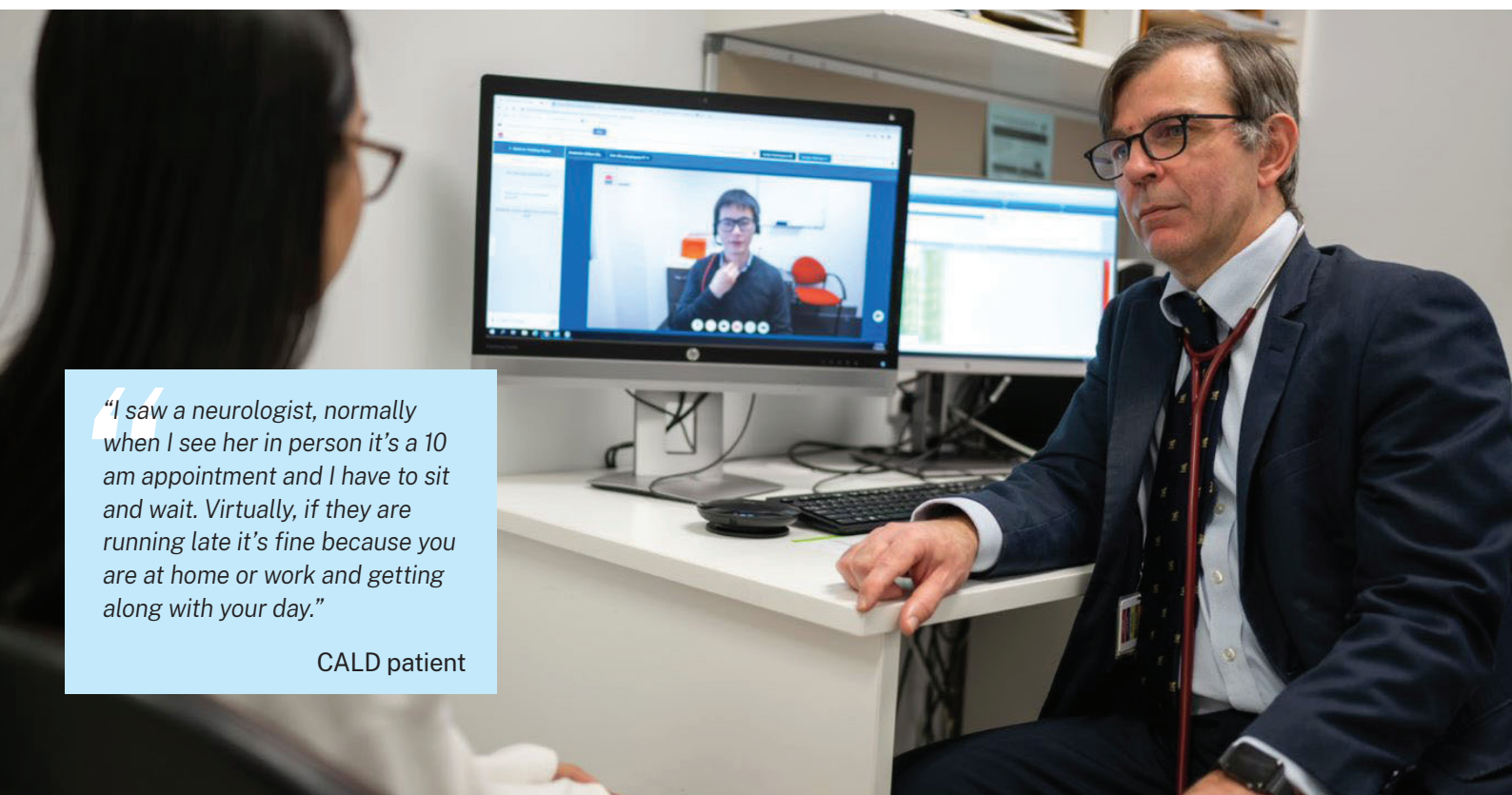
> "I saw a neurologist, normally when I see her in person it's a 10 am appointment and I have to sit and wait. Virtually, if they are running late it's fine because you are at home or work and getting along with your day."
>
> CALD patient

Monitoring and evaluating virtual care in NSW

Virtual care brings a flexibility to complement existing models of care.

It overcomes time and geographic barriers with the potential to achieve the same or better outcomes more efficiently and sustainably. NSW Health is developing a coordinated approach to monitor and evaluate virtual care to systematically assess its impact and outcomes, ensuring learnings are rapidly applied. The Virtual Care Strategy has the capacity to be flexible and dynamic, being able to evolve as its environment requires and this will be achieved through monitoring and evaluation.

Evaluation will adopt a value-based healthcare approach, exploring implementation, access, experiences, efficiency and sustainability. This approach to monitoring and evaluation will incorporate a common set of measures to assess the impact and outcomes of virtual care from a system perspective, and enable comparisons across cohorts, modalities and care settings.

The approach will be staggered. Initial monitoring will seek to understand the early impact of virtual care on measures such as service use and experiences (clinician and patient). Longer-term assessment will analyse outcomes with traditional care models.

Supporting Research and Innovation in Virtual Care –Translation Research Grants Scheme

We are committed to encouraging and supporting innovation well into the future.

The Translational Research Grants Scheme (TRGS) Research and innovation are fundamental to ensure continuous improvement in best practice and useability of Virtual Care. TRGS have approved several virtual care related grants historically and currently have a significant focus on these grants to continue to improve access and consistency of use of Virtual Care in NSW Health.

TRGS was introduced by NSW Health to fund research projects which will ultimately contribute to better patient outcomes, health service delivery and population health and wellbeing.

The grants are accessible to staff within the LHD's, specialty health networks, NSW ambulance and NSW Health pathology. Applicants may include, medical and nursing staff, allied health practitioners and population health practitioners.

The scheme is designed to encourage and promote innovation and invention while building research capability within the NSW public health system. This allows for dynamic progression of ideas and invention.