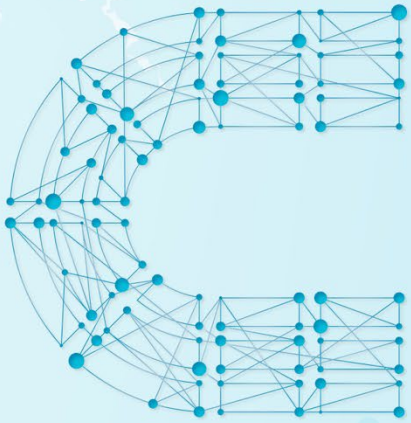
TASMANIAN HEALTH SENATE



VIRTUAL HEALTHCARE IN TASMANIA

Meeting Report

Tasmanian Health Senate 25 August 2023

Department of Health

Tasmanian Government

Acknowledgement of Country

The Tasmanian Health Senate respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

Recognition Statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.

Contents

Message from the Co-Chair

It was a pleasure to attend and Chair my first Tasmanian Health Senate on 25 August 2023 to discuss virtual healthcare in Tasmania. I look forward to working with the Senate actively contributing to informing and influencing the delivery of quality healthcare for Tasmanians.

Members welcomed the attendance of the Minister for Health, Hon Guy Barnett MP. The Minister spoke of his time as the incoming Minister and his passion for working in the health portfolio and his desire to build a better health system through grasping opportunities and challenges through engaging and listening to Tasmanians. The Minister expressed his desire to build on the momentum established by the Premier and then Minister for Health for his leadership on long-term healthcare and workforce planning.

Co-Chair Associate Professor Viet Tran provided a recap of the inaugural Senate and talked through the presentation of the Senate's advice from that meeting to the Department of Health Secretary and Health Executive. We were joined by Kathrine Morgan-Wicks, Secretary Department of Health, who on behalf of the Health Executive, guided members through the Department's response to the Senate's Meeting Report of 15 May 2023 regarding recommendations on the *Long-Term Plan for Healthcare in Tasmania 2040* (See Appendix 1 for further information). The Secretary thanked members for their contributions and advice toward the final version of the Long-Term Plan that was released by the Premier in June 2023.

The Steering Committee agreed that exploring virtual healthcare in Tasmania helped to address the need for a connected healthcare system to ensure accessible, progressive and sustainable care. With the COVID-19 pandemic permanently changing global healthcare, from accelerating the adoption of new technology and standard care delivery models to increasing the focus on the challenges with health inequity and isolation identified across the community, virtual care is a particularly relevant topic.

Members heard from guest speakers with a range of experience and expertise. From the Department of Health, Chief Information Officer Warren Prentice introduced the Digital Health Transformation Strategy to deliver better patient outcomes through system-wide digitally enabled technologies. Laura Pyszkowski, Nursing Director Virtual Care Program provided an overview of what is already occurring in virtual care in Tasmania and where this may be extended over the coming years.

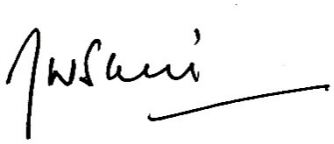
The Senate was also attended by Dr Jeff Ayton, Chief Medical Officer of the Australian Antarctic Division who gave members insight into how virtual healthcare is used to provide a range of health delivery and monitoring in a remote and extreme environment. Russell Newell, Manager Digital Transformation from Primary Health Tasmania, informed members of the key barriers and opportunities to health delivery through virtual care and introduced how AI (or artificial intelligence) is currently playing a role and how that may change into the future.

Dr Kim Hansen, Director of Virtual Emergency Department, QLD Health virtually joined us from Queensland and provided a snapshot of Metro North Health's journey into reimagining the expert emergency care experience through a virtual care emergency department to provide patient facing telehealth and clinician to clinician emergency advice via the phone. Bruce Levett, Chief Executive Officer of Health Consumers Tasmania rounded out the presentations with an invaluable insight into the consumer experience with virtual care, focusing on what virtual care means to users, how virtual care could be improved for consumers and what virtual care could look like in the future.

Senate members had the opportunity to form small groups to discuss key topics in more detail. These discussions focused on empowerment through engaging consumers; accessibility and supporting users to meet their needs; supporting health professionals to bring a human element of connection; prioritising models of care and how to safely leverage new technologies; and ensuring virtual care is sustainable. Members were encouraged to provide fresh ideas and perspectives when considering their feedback and advice.

On behalf of the Tasmanian Health Senate Steering Committee, we thank the presenters who attended the Senate. Their knowledge and insight set the scene for the day and discussions to follow. We also thank all members and guests who attended the Senate debate and acknowledge the contributions of the Steering Committee and Senate members.

I look forward to working with Senate members to shape Tasmania's health system.



Clinical Associate Professor Marcus Skinner AM

Co-Chair, Tasmanian Health Senate

Tasmanian Heath Senate Steering Committee left to right: Clinical Associate Professor Marcus Skinner AM, Ms Judith Taylor, Dr Katja Lindemann, Ms Merinda Sainty, Dr Benjamin Dodds, Associate Professor Viet Tran, Mr Marcus DiMartino and Dr Ioan Jones.

Absent: Mrs Lisa Sanderson

1. Recommendations

The Tasmanian Health Senate considered virtual healthcare in Tasmania and provided the following recommendations based on the day's debate.

Recommendation 1

Establish Virtual Care Hubs where people can access technology, receive technology assistance and be supported by on-site health professionals.

The Senate notes that the provision or option of virtual healthcare does not replace face-to-face healthcare and that human interaction remains vital to the provision of quality healthcare, particularly in rural or remote communities and with priority population groups.

Recommendation 2

To ensure that virtual care is integrated across the health system in primary, community, emergency, acute and sub-acute care.

Recommendation 3

Breakdown funding siloes across state and commonwealth to offer virtual healthcare through a co-funded model to promote consistent delivery across the health system.

Recommendation 4

That virtual care is accessible to all consumers and through one platform or 'front door', so people are directed to where they need to go.

Recommendation 5

Promote the benefit of a digital health platform that enables timely access and secure sharing of current and correct patient information with health professionals.

2. Attendance

Presenters

- Hon Guy Barnett MP, Minister for Health
- Mrs Kathrine Morgan-Wicks, Secretary Department of Health (DoH)
- Mr Warren Prentice, Chief Information Officer, DoH
- Ms Laura Pyszkowski, Nursing Director Virtual Care Program, DoH
- Dr Jeff Ayton, Chief Medical Officer, Australian Antarctic Division
- Mr Russell Newell, Manager Digital Transformation, Primary Health Tasmania
- Dr Kim Hansen, Director of Virtual Emergency Department, QLD Health
- Mr Bruce Levett, Chief Executive Officer, Health Consumers Tasmania

Guests

- Dr Stephen Ayre, Chief Executive Hospitals South

Additional Attendance

- Mrs Hannah Paal, Director, Health Planning (DoH)
- Mrs Marnie Rybak, A/Manager Strategic Planning, Projects and Engagement (DoH) Secretariat, Tasmanian Health Senate

From left to right: Co-Chair, Clinical Associate Professor Marcus Skinner AM, Mrs Kathrine Morgan Wicks, Minister for Health Hon Guy Barnett MP, Co-Chair and Associate Professor Viet Tran

Tasmanian Health Senate Members in attendance

Clinical Associate Professor Marcus Skinner AM (Co-Chair)	Mrs Alison Spicer
Associate Professor Viet Tran (Co-Chair)	Mr Peter Barns
Dr Benjamin Dodds[1]	Mr Peter O'Sullivan
Dr Ioan Jones[1]	Mr Phil Edmondson
Dr Katja Lindemann[1]	Ms Leah Magliano
Mr Marcus DiMartino[1]	Mrs Angela Weeden
Ms Judith Taylor[1]	Mrs Catherine Meredith
Ms Merinda Sainty[1]	Mrs Heidi Modrovich
Associate Professor Alasdair MacDonald	Mr Bruce Levett
Dr Jessica Kneebone	Ms Ilwoo Park
Dr Fiona Tann	Ms Emily Shepherd
Mr Andrew Mitchell	Mr Peter Williams
Dr Liz Webber	Ms Laura Ribarow
Lily Foster	Ms Lauren Abbot
Dr Peter Sharman	Ms Peta Titter
Dr Heather Gluyas	Ms Monique Mackrill
Dr Scott McKeown	Professor Judith Walker
Dr Shehzad Kunwar	Dr Toby Gardner
Dr Theresa Naidoo	Ms Berny Carroll[2]
Dr Samantha Wyton	

[1] *Senate Steering Committee Member*
[2] *Proxy for Angela Waite*
A full list of members is available at Appendix 2

3. Context for the day

The Tasmanian Government has invested $41 million over two years to enhance virtual care delivery in Tasmania. This initiative provides funding to expand existing successful virtual care programs such as COVID@homeplus and develop central virtual care hubs and specialised response teams to keep care in the community as long as possible. Virtual Care support for specific conditions or types of patients will help to reduce unnecessary trips to hospital or can safely support earlier discharge from hospital to free up acute care beds to meet growing demand. Use of home-based models of care such as Hospital in the Home (HiTH) will aid the health care system's ability to cope with increased demand and provide improved accessibility to services, flexibility and choice for patients, families and clinicians.

Virtual Care is "any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximising the quality and effectiveness of patient care."

Virtual Care safely connects patients with health professionals to deliver care when and where it is needed.

Embracing technology changes across clinical settings provides support to both consumers and clinical staff, enabling them to have a greater focus and level of flexibility in addressing many of the challenges being encountered by our health system.

With virtual care technologies, such as telehealth, remote monitoring, and enhanced communication tools, a range of safe treatment options can be delivered in our communities, providing more integrated and convenient healthcare for more Tasmanians and making healthcare more convenient and equitable while reducing the risk of overwhelming physical healthcare facilities.

Virtual care modalities can be used to strengthen and better coordinate the delivery of home and community-based services across a range of care areas, including intermediate care, sub-acute care, and hospital in the home.

By using expanded virtual care services through centralised care navigation hubs, a subset of patients that otherwise would be occupying waitlists or hospital beds can be supported. Through a single point of access for home and community-based care, it is envisaged that it will be easier for people to identify what services are available to be safely delivered in the home.

4. Summary of Workshop Discussions

After hearing from the guest presenters, Tasmanian Health Senate members formed into small groups to focus their attention on key topic areas within the scope of virtual healthcare in Tasmania (see Appendix 3 for the full agenda). This presented information, along with the pre-reading material and questionnaire (Appendix 4) enabled members to nominate their three topic preferences for group discussion (Appendix 5). This variety in discussion also provided members with an opportunity to work with a different group of people each time. A Steering Committee member led a rotation of three groups and guided robust discussion through posed questions. This Steering Committee member presented key highlights of the discussion to all Senate members.

There was some overlap in the discussions and common themes emerged such as need for virtual care to be simple to access and use; that it meets the needs of all users; it does not replace face-to-face care; it is safe and secure; a staged approach to rolling out new programs will help people come on board; investment in education and training is important for health professionals; how can AI play a role in the background such as analysing information; and how to manage rapidly changing technologies.

> ***"Virtual care does not replace face-to-face care***

Senate members participating in group discussion

The following provides a summary for each key topic debated by the Senate.

4.1 Empowerment

The Senate recognised the importance of meaningful engagement through co-design in developing, implementing and expanding virtual care. It noted this should be considered from the start to finish of the process and include a broad range of users from a diverse range of backgrounds, health professionals and other care support providers to design and implement virtual healthcare that builds trust and empowers users.

The Senate will support the Department in ongoing engagement and education opportunities, as well as work within the system to ensure users are engaged in a co-design process.

4.1.1 Observations

- Develop a virtual care system that users can navigate.
- Design systems that are easily accessed and understood. This includes strong security and privacy to ensure users and providers information is safe and protected and a system that allows personal access to health information and records to empower users.
- A key part of designing and implementing virtual care is quality control and evaluation and improved and measured patient outcomes.
- Have local champions within the community to educate others and work with people in their communities as part of the change process when implementing virtual care.

4.1.2 Opportunities

- Establish community based virtual care hubs with technology that can be safely accessed in the community.
- Engage users through a co-design process that is meaningful and ongoing from the start of the planning stages through to the development, implementation and evaluation stages to design what meets the needs of users, rather than consulting on an already designed system through:
    - Developing principles of co-design to include meaningful engagement that includes diversity and working with a wide range of key stakeholders.
    - Applying a health equity and a health literacy lens into the design process.
    - Working with vulnerable or priority groups, such as youth, disabled people, ageing people, LGBTQI+ community and Tasmanian Aboriginals to understand if they have access to technology and what their needs may be.
    - Recognise those involved in the co-design and engagement processes, possibly through remuneration or reimbursement.
- Adapt to changing technologies and target engagement with stakeholder groups who have difficulty in accessing the health system and who may have lower literacy levels.

4.2 Accessibility and Supporting Users

Overall, Senate members were very positive about virtual care. The key observation from the Senate was that virtual care must be accessible to all Tasmanians. Any new or existing service needs to consider Tasmania's priority population groups and the wide geographical distribution of users during the planning and implementation stage. It was agreed that consumer and community stakeholder engagement throughout the planning and implementation of virtual care services is vital to its success.

> *Create 'one click' easy to use systems that can be accessed by everyone*

4.2.1 Observations

- Potential barriers to using or accessing virtual care may include digital literacy, internet access, trust issues (eg data breaches), state and commonwealth legislation, access to records, inequity due to financial circumstances for both provider and consumer and the inability to keep up with rapidly changing technology advances.
- There is some 'fear' around virtual care, especially in relation to media around data breaches. Education for health providers, consumers and the community is vital to help alleviate these concerns.
- Virtual care should not replace face-to-face care, instead be provided as an alternative to enhance the delivery of healthcare for those who may prefer it, and where it is safe to do so.
- Virtual care programs enable access by more than one person, for example to support interpreters, carers or the ability to link in family/support people.

4.2.2 Opportunities

- The establishment of virtual care hubs where people can go to access virtual care, receive assistance with technology and see a range of different health professionals such as rural GPs, nurse practitioners and allied health, with support via virtual technology. This would provide users with the support they need and help those who may be socially isolated to still have a human connection.
- There may be opportunity to use existing facilities such as community health centres or even libraries as virtual care hubs to provide virtual care services.
- An aged care model could allow people and their families to visit aged care homes to access a range of virtual care services rather than an outreaching.
- The role of a Virtual Care Navigator may not need to be fulfilled by a health professional, rather someone who is able to assist with technology in the home or a hub, and also offer social support.
- With many jurisdictions around Australia already utilising virtual care services there is opportunity to explore other health services and adapt to suit the Tasmanian population.

4.3 Supporting Health Professionals

The Senate strongly agreed there is a need for underlying infrastructure to increase the likelihood of uptake and to support health professionals in using virtual care ie a health professional having access to their own computer. It also includes the administration of a well-supported and easy to use system or program to enable direct patient care ie a health professional does not want to manage a virtual waiting room. It was acknowledged that health professionals includes anyone providing healthcare.

4.3.1 Observations

- We need to engage with health professionals, so they are comfortable with and have trust in virtual care, noting it needs to be attractive ie work life balance, appropriate remuneration.
- To make virtual care appealing to health professionals it needs to be simple to use, with an easy Plan B if something were to go wrong.
- Health professionals gain job satisfaction from the personal aspect of providing care so even when using virtual care, face-to-face consultation will still be important for an initial consult or during the patient journey to build rapport and satisfaction.
- There needs to be an evidence-base to enable a quality and sustainable standard of care.
- Virtual care needs to be integrated into care and not be standalone or a separate way of providing care. Being mindful that not all consultations or treatment will be possible through using virtual care, particularly those issues that require clear visual cues.
- IT and technical experts should be engaged to create and build the systems based on requirements of the health professionals and the interface and intuitive.
- A staged approach to implementation and learning rather than a 'all at once' method.

4.3.2 Opportunities

- Promote a digital health record and summarise a patient's journey though AI.
- Consider how funding models may impact the implementation and uptake of virtual care ie statewide outpatients is government funded, GPs provide fee for service and nurse practitioners are unable to access decent Medicare Benefit Scheme rebates. MBS rebates etc.
- A successful training and education program for staff on how to use virtual care programs to include allocated training times, ongoing training and champions to mentor, support and promote.
- Training may need to consider how health professionals can change the way they communicate, for example modifying consultation techniques to help a health professional show compassion.
- Virtual care to work seamlessly across the health system ie public, private acute, community.

> ***Support for a virtual care hub with health support staff***

4.4 Prioritisation and Future Thinking

Senate members agreed that correctly used, virtual care and AI provides an opportunity to be integrated into all models of care, in particular aged care, across the healthcare system. It is not viewed as a replacement to health professionals and needs to be delivered in a way that prioritises quality and value-adds to healthcare provision. Through appropriate communication both health professionals and patients can understand the role of virtual care and AI and be brought along and feel a part of the virtual care journey and AI evolution. It is acknowledged the role and function of virtual care will continue to change as technology and the health system evolve.

4.4.1 Observations

- Virtual Care needs information systems and technical infrastructure that are appropriately regulated and managed by the government to ensure equitable access and minimised security risks. Also, provide a framework that can make recommendations and ensure connectivity.
- The public may be nervous about their personal information being compromised or inappropriately used, but at the same time, there needs to be appropriate linkages to ensure health professionals have timely and complete access to relevant patient information.
- Virtual care may be seen as a lesser service for already vulnerable communities and may extend the already existing equity gap. Some may feel as though vulnerable communities do not have access to a 'real person' and have to rely on virtual care, that is, if they have access to the internet, data, and the appropriate equipment.
- Virtual care and AI should never be seen as a total health care system; the loss of the human/person experience and the clinical face-to-face interaction may be an unintended consequence.
- Professionals are skilled at reading and understanding the multiple factors in relation to patient care, and the value of seeing and touching patients. There may be a developed risk of reliance on new technology if it is suddenly not available eg being able to use a stethoscope to detect a heart murmur if ultrasound machines are not available.
- Patients have insights into their health which AI may not integrate such as family history.

> ***Information should follow the patient, not the health professional***

4.4.2 Opportunities

- Virtual care hubs could include trained health professionals who assist the practitioner and the patient for example nurses can take blood pressure and non-clinical staff can assist with setting up the virtual care session to provide continuity of care and build trust.
- Virtual care is an opportunity to utilise the whole of the health workforce, including practitioners who are unable work in their normal setting for example, a paramedic who is unable to work in the pre-hospital environment.
- AI can be used to integrate data and to undertake time-consuming tasks such as completing a discharge statement or analysing pathology results, x-rays, acknowledging a professional will still need to review and sign off. This also ensures basic information is available prior to appointments.
- A well-structured integrated system will ensure that all health professionals have access to all relevant information eg the pharmacist can see all the notes which will assist with the advice they provide. It would also speed up processes as eg x-ray results are available immediately rather than being posted to the health practitioner.
- Integrate virtual care into service mapping to highlight the gaps.

4.5 Sustainability

Senate members agreed that virtual healthcare must be used to fulfill a need, not simply because it makes life easier for health providers. To ensure this is achieved, developing and assessment of virtual care services must be based on data, with quantifiable units of measurement. Services must also be delivered in a way that is accessible for all Tasmanians, considering both reading and technical literacy and accessibility.

4.5.1 Observations

- The key to sustainability is to identify the virtual care need and then deliver virtual healthcare in a way that is meeting that need for individuals and the community.
- The community must be aware of virtual care and understand and appreciate the value. There is a need to communicate to the community the availability of virtual care options eg COVID@homeplus actually caters for all respiratory disease.
- Support people to access and use virtual care through recognising differences in reading and technical literacy and putting the right support in place.
- A shared health record and integration across all health services is a better way to manage information but relies on quality information.
- Data management and use should drive virtual care.
- The way that virtual care programs are rolled out and implemented needs to be carefully considered and the transition managed through supporting users.

4.5.2 Opportunities

- Virtual care can significantly increase the number of Tasmanians receiving the healthcare they need when and where it is needed with the potential to reduce wait times.
- Virtual care can be sustainable from an economic, social and environmental perspective such as reducing our carbon footprint.
- Improved, consumer focused communication to drive understanding, appreciation and utilisation ie 'what does it mean for me'.
- Ongoing, appropriate and engaging training and education for all users will be essential to sustainable virtual care in an environment of rapidly changing technologies.

5. Next Steps

5.1 Report Presentation and Consideration

Senate members reviewed the draft Meeting Report to ensure a true reflection of their discussions and advice was captured for the day. Members also considered the recommendations identified by the Steering Committee members.

In accordance with the Tasmanian Health Senate Terms of Reference and Operational Framework, the draft Meeting Report was considered and endorsed by the Steering Committee. The Co-Chairs will present the Meeting Report to the Secretary, Department of Health.

It will also be presented to the Department's Health Executive for consideration.

Reporting on these recommendations will occur in the coming months and will be available on the Department of Health website and discussed at future senate meetings.

5.2 Future Senate Meetings

The Tasmanian Health Senate offers rich areas of discussion and future discussion. Matters of current and emerging strategic importance will be discussed to ensure that future senate topics empower the Senate to consider and formulate practical innovative recommendations in the context of clinical and operational best practice.

6. Appendix

Appendix 1. DoH Response to Tasmanian Health Senate Meeting Report of 15 May 2023

The Tasmanian Health Senate considered the exposure draft of the *Long-Term Plan for Healthcare in Tasmania 2040* and presented six recommendations. The Health Executive of the Department of Health considered and accepted all recommendations. A short summary is below. The complete DoH Response can be access via https://www.health.tas.gov.au/publications/tasmanian-health-senate-reports.

Work to action the recommendations will commence as a priority of the implementation of the Long-Term Plan. Action and progress will be monitored and reported through the implementation plan reporting and reported to the Tasmanian Health Senate.

Recommendation 1

Investigate how funding silos between the public, private and community can be optimised to generate new solutions.

Response

The Plan recognises the relationship between Tasmanian and Australian Government funding and acknowledges the opportunity to deliver more flexible funding arrangements or reorient funding and for joint planning and funding at a local level. It also notes that the Department will strengthen the commissioning process to ensure health services purchased by the Tasmanian Government address the community's health needs in the most effective and efficient way.

Relevant actions in the Long-Term Plan:

Action 2.3.1 – Adopt a place-based approach to rural health service planning, implementation and delivery

Action 3.1.1 – Establish a stronger commissioning cycle.

Recommendation 2

Develop a centralised navigation hub to connect consumers and clinicians to the public, private and community services needed. This would start with creating a map of the one health system.

Response

Developing a map of the one health system in Tasmania will be undertaken as part of implementation process of the Long-Term Plan. This map and actions throughout the Plan will ensure mechanisms to assist consumers navigate the health system and connecting services with consumers and clinicians.

Relevant actions in the Long-Term Plan:

Action 1.1.3 – Develop a services framework to guide the future direction of after hours primary healthcare and urgent care services in Tasmania

Action 1.5.2 – Provide enhanced information and navigation tools for consumers

Action 2.2.1 – Establishing central virtual care navigation hubs to support directing patients to the right care setting to meet their needs

Recommendation 3

To provide a strong and supportive peer workforce to compliment the clinical workforce in a Community Health Centre/Community Hub.

Response

Working with local communities to identify their health needs is a key theme in the Long-Term Plan. The Tasmanian Government has committed $500,000 in 2024-25 to deliver a masterplan for district hospitals and community health centres in line with the place-based approach to rural health service planning.

Relevant actions in the Long-Term Plan:

Action 2.3.3 – Develop a Masterplan for Tasmanian District Hospitals and Community Health Centres

Action 2.3.4 – Optimising rural services delivery

Action 6.3.3 – Supporting extension of non-clinical and support staff roles

Recommendation 4

Enable and support ongoing blended models of person-centred care that identify the appropriate care or support required (such as the option of virtual or face-to-face care).

Response

The Department is actively engaged in positive reforms to provide care and services for patients and clients in the best possible way through an integrated system that is people focused and support individuals and communities to be active in their own health and wellbeing management. For example, GEM@Home in the south extends on the Hospital in the Home program to support the geriatric evaluation and Rapid Access In Reach Service in the North provides patients with rapid access complex community-based support.

Relevant actions in the Long-Term Plan:

Action 1.1 – Strengthening our relationship with primary care

Action 1.1.1 – Co-develop a Primary Health Strategy and Action Plan for Tasmanian

Action 1.1.8 – Establish Mental Health and Alcohol and Other Drugs Central Intake and Referral Service (CRIS)

Action 2.2.2 – Establishing enhanced and integrated community and home-based services

Recommendation 5

Identify current and future priority consumer populations to target enhanced cultural competence and increased health literacy.

Response

The Department recognises that some population groups including Aboriginal People, people from the LGBTIQ+ community, culturally and linguistically diverse people, and people living with a disability are at risk of poorer health outcomes for a range of reasons such as reduced access to healthcare services, low health literacy rates and socioeconomic barriers to health and wellbeing.

The relevant action in the Long-Term Plan:

Action 2.4.2 – Supporting priority population groups

Recommendation 6

Expand and enhance virtual care in key areas that is contextually appropriate and utilises the strengths of virtual care to its full potential.

Response

The Tasmanian Government has committed $41 million over two years to expand existing successful virtual care programs such as COVID@homeplus and develop central virtual care hubs to keep care in the community. This model will aid the health care system's ability to cope with increased demand and provide improved accessibility to services, flexibility and choice for patients, families and clinicians.

The relevant action in the Long-Term Plan:

Action 2.2.1 – Establishing central virtual care navigation hubs to support directing patients to the right care setting to meet their needs

The recommendations noted below related directly to edits or additions. All were accepted and are now complete having been reflected directly in the final version of the *Long-Term Plan for Healthcare in Tasmania 2040*.

- Ensure partnerships with local government are acknowledged
- Provide an opening statement for the action on 'strengthening our relationship with primary care' that forms a recommendation to provide context for the key actions
- Remove action 1.1.6 as this should come out of developing the Chronic Conditions Strategy (note updating the term from Disease to Condition).

Appendix 2. Tasmanian Health Senate Members

Name	Position on Senate
Clinical Associate Professor Marcus Skinner AM	Co-Chair
Associate Professor Viet Tran	Co-Chair
Dr Benjamin Dodds	Steering Committee Member
Dr Ioan Jones	Steering Committee Member
Dr Katja Lindemann	Steering Committee Member
Mrs Lisa Sanderson	Steering Committee Member
Mr Marcus DiMartino	Steering Committee Member
Ms Judith Taylor	Steering Committee Member
Ms Merinda Sainty	Steering Committee Member
Associate Professor Alasdair MacDonald	Member
Dr Aaron Hawkins	Member
Dr Fiona Tann	Member
Dr Heather Gluyas	Member
Dr Jessica Kneebone	Member
Dr Liz Webber	Member
Dr Peter Sharman	Member
Dr Samantha Wyton	Member
Dr Scott McKeown	Member
Dr Shehzad Kunwar	Member
Dr Theresa Naidoo	Member
Dr Toby Gardner	Member
Kati Bruton	Member
Lily Foster	Member
Mr Andrew Mitchell	Member
Mr Bruce Levett	Member
Mr Craig Chadwick	Member
Mr Graeme Lynch	Member
Mr Peter Williams	Member
Mr Peter Barns	Member
Mr Peter O'Sullivan	Member
Mr Phil Edmondson	Member
Mrs Alison Spicer	Member

Name	Position on Senate
Mrs Angela Weeden	Member
Mrs Catherine Meredith	Member
Mrs Heidi Modrovich	Member
Ms Amrita Sinha	Member
Ms Angela Waite	Member
Ms Dimitra Papavassiliou	Member
Ms Emily Shepherd	Member
Ms Ilwoo Park	Member
Ms Laura Ribarow	Member
Ms Lauren Abbot	Member
Ms Leah Magliano	Member
Ms Monique Mackrill	Member
Ms Peta Titter	Member
Professor Judith Walker	Member

Appendix 3. Tasmanian Health Senate Meeting Agenda – 25 August 2023

	Lead	*Time*
Informal Networking (with morning tea) from 9:30 am		
1 Welcome		
1.1 Acknowledgement to Country 	*Clinical Associate Professor Marcus Skinner*	*10:00 am*
1.2 Welcome from the Minister for Health	*Hon Guy Barnett MP*	*10:05 am*
1.3 Recap – Tasmanian Health Senate 15 May	*Associate Professor Viet Tran*	*10:10 am*
1.4 DoH Response to Meeting Report 15 May	*Kathrine Morgan-Wicks*	*10:15 am*
1.5 Introduction to Virtual Care in Tasmania	*Clinical Associate Professor Marcus Skinner*	*10:25 am*
2 Learning about Virtual Care – Presentations		
2.1 DoH Digital Health Transformation	*Warren Prentice*	*10:30 am*
2.2 Virtual Care in Tasmania	*Laura Pyszkowski*	*10:40 am*
2.3 Virtual Care and the Australian Antarctic Division	*Dr Jeff Ayton*	*10:50 am*
2.4 Virtual Care in a primary health setting	*Russell Newell*	*11:00 am*
2.5 QLD Virtual Care in the Emergency Department (VC)	*Dr Kim Hansen*	*11:10 am*
2.6 Health Consumers Tasmania Virtual Care Consumer Report	*Bruce Levett*	*11:20 am*
3 Senate Debate – Virtual Care video clip		
3.1 Group Rotation – Please move to your first topic		*11:30 am*
Lunch Break		*12:15 pm*
3.2 Group Rotation – Please move to your second topic		*12:45 pm*
3.3 Group Rotation – Please move to your third topic		*1:30 pm*
Afternoon Tea Break		*2:15 pm*
4 Presentation of Group Discussion		
4.1 Group Presentations	*Steering Committee*	*2:25 pm*
5 Next Steps and Close		
5.1 Next Steps	*Clinical Associate Professor Marcus Skinner*	*2:50 pm*
6 Next Meeting: November 2023		
Informal Networking until 3:30 pm		

Appendix 4. Pre-Reading and Member Questionnaire

Virtual Care in Tasmania Questionnaire

To help you plan and start thinking of what virtual care in Tasmania means to you, the Steering Committee has prepared the following questions. We have included links below to some recent studies and strategies to help inspire your answers. If members are happy, we may share some of these in the group discussion on the day. Deloitte 2023 Global health Care Outlook: gx-health-care-outlook-2023-full-report.pdf (deloitte.com) EY Global Consumer Health Survey 2023: EY Consumer Health Survey 2023 NSW Virtual Care Strategy 2021-2026: NSW Virtual Care Strategy 2021-2026 - Virtual care
Senate Member
Name:
Questions
What is your definition of virtual care? What are the strengths of virtual care for the community that you live and/or practice in? What are some of the likely barriers to successful implementation that you can see in Tasmania? How would you measure the success of virtual care?
Additional Information

Appendix 5. Senate Discussion Groups

Empowerment

Steering Committee Lead: Merinda Sainty

Rotation 1: Angela Weeden, Peter O'Sullivan, Lily Foster, Craig Chadwick, Scot McKeown, Berny Carroll

Rotation 2: Andrew Mitchell, Liz Webber, Ilwoo Park, Dimitra Papavassiliou, Jessica Kneebone, Alasdair MacDonald, Peter Sharman

Rotation 3: Emily Shepherd, Heather Gluyas, Samantha Wynton, Peta Titter, Fiona Tann, Bruce Levett

Accessibility and Supporting Users

Steering Committee Lead: Ioan Jones and Judy Taylor

Rotation 1: Heidi Modrovich, Andrew Mitchell, Heather Gluyas, Toby Gardner, Fiona Tann, Judi Walker, Shehzad Kunwar

Rotation 2: Angela Weeden, Monique Mackrill, Peta Titter, Peter O'Sullivan, Scott McKeown, Peter Williams, Berny Carroll

Rotation 3: Laura Ribarow, Lily Foster, Craig Chadwick, Catherine Meredith, Dimitra Papavassiliou, Lauren Abbott, Peter Sharman, Leah Magliano

Supporting Health Professionals

Steering Committee Lead: Ben Dodds

Rotation 1: Jessica Kneebone, Theresa Naidoo, Monique Mackrill, Phil Edmondson, Lauren Abbot, Peter Sharman, Leah Magliano

Rotation 2: Emily Shepherd, Heidi Modrovich, Toby Gardner, Peter Barns, Catherine Meredith, Judi Walker

Rotation 3: Peter O'Sullivan, Liz Webber, Alison Spicer, Alasdair MacDonald, Andrew Mitchell

Prioritisation and Future Thinking

Steering Committee Lead: Katja Lindemann

Rotation 1: Emily Shepherd, Laura Ribarow, Samantha Wyton, Liz Webber, Peter Williams, Bruce Levett, Peta Titter

Rotation 2: Lily Foster, Theresa Naidoo, Alison Spicer, Craig Chadwick, Lauren Abbot, Shehzad Kunwar

Rotation 3: Angela Weeden, Ilwoo Park, Monique Mackrill, Phil Edmondson, Peter Barns, Scott McKeown

Sustainability

Steering Committee Lead: Marcus DiMartino

Rotation 1: Alison Spicer, Ilwoo Park, Catherine Meredith, Dimitra Papavassiliou, Alasdair MacDonald, Peter Barns

Rotation 2: Laura Ribarow, Heather Gluyas, Samantha Wyton, Phil Edmondson, Fiona Tann, Bruce Levett, Leah Magliano

Rotation 3: Heidi Modrovich, Toby Gardner, Theresa Naidoo, Judi Walker, Peter Williams, Berny Carroll, Shehzad Kunwar

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