Digital solutions to enhance the continuity of care for refugees and migrants: Telehealth

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Background

• Immigrants settle in all parts of their new country
  • 12% of refugees in regional areas in Aust
• Overall healthy
• Some complex health needs
• May need specialists
• Needs to access interpreters

Problems to address

• Access to Specialists
  • 50% of refugees in first year
• However
  • Major cities 122 Specialists / 100000
  • Regional Centres 38 - 56 /100000
  • Remote 16 / 100000
• Access to Interpreters
  • Majority of refugees don’t speak the host country language
  • Most interpreters based in large cities
  • Large use of ph interpreters

Telehealth (telemedicine) Clinic

• 1000 consultations
• Over Internet (VOIP)
• Free or low cost softwares
• A Webcam and speaker
• Patient is either with local doctor or at home.

Why

• Work
  • Low skilled
  • Areas of need
• Lower cost of living
• Communities develop
• Often are from rural areas
How it works

- Medication – Send prescription for medication (or send medication)
- Pathology and Radiology – send request form
- Interpreters on the phone at the Regional site
- Sometimes need to see onsite

Patient and consultation variables

| Median Age   | 39 (IQR 32 – 49) |
| Number of males | 75                |
| Number of females | 44               |
| Consultations with GP with patient | 91                |
| GP’s who conducted at least one consultation | 29                |
| Consultations with practice nurse with patient | 28                |
| Median return distance from GP practice to tertiary hospital | 494km (IQR 188 – 648km) |

Medical conditions managed during telehealth consultations.

Benefits

- Reduced patient travel/time
- in first year;
  - Over 54000km travel avoided
  - Median distance saved 494km/consultation
  - 15200kg CO2 not emitted [if all by car]
- Better communication with GPs
- Patients very happy

Medical conditions managed during telehealth consultations.

Technical issues experienced during consultations

IT issues
- Less with time
- Practice
- It is getting easier
- Passwords are a problem
- Onsite is simplest to schedule
- Simplicity is crucial
Figure 1: Rated quality of a multipoint videoconference at varying bandwidths (score of 3 or more represents an adequate consultation)

Figure 2: Rated quality of a multipoint videoconference at varying latencies

Is Telehealth effective

- We know:
  - It’s cheaper
  - Patients like it
  - Clinicians like it
  - It’s good for the environment
  - But do patient’s get good clinical care?

Opportunities

- Mental Health
  - Large issue for refugee arrivals
  - Needs ongoing care

- Need to increase use
  - Ontario
    - Immigrants 11% use
    - Local population 22% use
    - Lack of local language interpreters a barrier

Improving access to interpreters

- 28% of Australians were not born in Australia
  - Many do not speak English
- 200000 immigrants to Australia each year
  - Most from Non-English speaking countries
- 15000 refugees annually
  - Most do not speak English
Need for professional interpreters?

• Quality of care
  – Reduced length of stay
  – Reduced readmissions
  – Reduced clinical errors
  – Improve clinical outcomes
  – Increase patient comprehension
  – Increased patient satisfaction

• Legal considerations
  – American Civil Rights act
  – Multiple guidelines
  – Legal payout's

It's harder but it's worth the effort!!

Improving Interpreter Access

1. Specialist
2. Interpreter
3. Patient
4. Phone link
5. Video-conference link

Survey’s of patients and doctors
– Patient survey conducted by interpreter’s after consult

• 50 patients
  – 43 video consults
  – 7 multipoint video consults
• Median patient age 31
• 51% female

Interpreter via video survey

Median 11 months in Australia
Only 60% of interpreters in first language

Ethnicity
Patient comparisons

- 19% concerned the doctor may have missed something

Doctor’s comparisons

- Including an interpreter via video is well accepted and preferred to phone interpreting
- Having the interpreter onsite remains the ideal for both patients and doctors
- Great potential for improving access, especially rural areas
- Slightly more complicated to organise

Conclusion

- Interpreter’s who are mobile joining by videoconference
  - Tablet?
  - Confidentiality?
  - International?
  - Phone apps to translate?

The future

- Great potential for improving access, especially rural areas
- Slightly more complicated to organise

Thankyou

- Any questions?