Aim
To enable rehabilitation in the home for patients with chronic degenerative neurological conditions living in the ACT and rural surrounds with potential to expand to all clinical populations.

Background
Telehealth has been successfully used across Australia and internationally with a range of clinical populations.6

It has been proven to:
- Reduce stress and fatigue of patients and carers
- Reduce social admissions associated with declining access to care and advice as a result of not being able to attend clinics
- Reduce FTAs by reducing access and transport difficulties

The need

Locations of speech pathology home visits in 2014

- RACC speech pathologists conduct home visits for a number of patients who are unable to attend face-to-face appointments due to access issues.
- Home visits require additional travel time that would be reduced with telehealth options.

Locations of speech pathology MND patients across ACT and NSW in 2014

- 70% of patients attending MND clinic live in regional NSW, between 50-400km away. For many of these patients, a trip to MND clinic means a long car trip and an overnight stay in Canberra. This may place physical and financial strain on patients and families/carers.
- In a survey conducted in 2014, a number of patients attending MND clinic identified difficulties travelling to and from the clinic and expressed interest in a telehealth option.

Telehealth vs. face-to-face for patients with access issues:

<table>
<thead>
<tr>
<th>Face-to-face</th>
<th>Telehealth</th>
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<td>+</td>
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<td>-</td>
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<tr>
<td>• Traditional and familiar</td>
<td>• Accessible and time-efficient for both patient and clinician</td>
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<tr>
<td>• Time-efficient for clinicians</td>
<td>• Requirements familiarity with technology</td>
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<tr>
<td>• Much literature providing and supporting guidelines for EBP</td>
<td>• Requires access to technology</td>
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<tr>
<td>• Therapeutic value</td>
<td>• Potential for disconnections</td>
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<tr>
<td>• Uninterrupted real-time interaction</td>
<td>• Secure network</td>
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</tbody>
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Plans for implementation in RACC speech pathology:

1. **Smartphone**
2. **Encrypted Traffic**
3. **Internet**
4. **Face-to-face Telehealth**
5. **Client**
6. **PC**
7. **Modem**
8. **Firewall**
9. **ACT Health MDT**

**Minimum requirements:**
- PC/laptop/iPad/tablet/smartphone
- Webcam (inbuilt or portable)
- Email address
- Broadband connection
- 300MB download capacity per hour of WebEx

**Expected challenges/outcomes:**
- Technology connectivity
- Setting up, connecting, and tech support at home
- Uptake of telehealth by clinicians and patients
- Ease of access for clinicians and patients
- Proportion of telehealth vs. face-to-face vs. home visit sessions will vary
- Use for assessment/therapy/carer support/training
- Equipment individualised for patients’ needs
- Audio and visual quality
- Evaluate WebEx as a trial platform
- Increased access to specialist services for the MND population for longer in the course of the disease

**Considerations:**
- Technology and set-up for patients at home
- IT firewalls and secure networks
- Technology at speech pathology clinics and ensuring this is available in rooms/areas that ensure confidentiality
- Multiuser options/general logins at speech pathology clinics
- Providing services for patients in rural areas as well as local patients with conditions that limit access to other services
- Identify appropriate web platform – WebEx

**Future directions:** areas to commence trials with telehealth in RACC speech pathology

- **LSVT**
- Patients receiving intensive and specialist voice therapy programs
- **Progressive Aphasia**
- In the context of frontotemporal dementia
- **MND**
- For multidisciplinary specialist management

*REFERENCES:

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