

Reimagining healthcare in Australia: Five key barriers to change

The path from telehealth to virtual care requires the reimagination of healthcare pathways, but what are the key barriers to transition into new models of care? Respondents to our post-webinar survey identified many considerations which we've summarised into **five key barriers** here.



Clinician readiness for change

- Clinician involvement in the redesign of their practice (including KPIs)
- Strategically managed organisational change including: educating around new technology and features; associated costs and funding required; strong leadership, communication and information sharing relating to disruption to alleviate scepticism
- Confidence in reliability of technology solutions and support required
- Accessibility and interoperability



Service design

- Technology as one factor of overall service redesign
- Refocus on patient-centric health outcomes rather than pure economics
- Matching access and convenience (through technology) with improved outcomes for diagnosis, treatment choices and management
- Streamlining (not duplicating) workflows with new technologies
- Role of primary care
- Balance traditional care models with clinical benefits of patient care in home / community



Funding models and payment options

- Current models focus on treatment rather than prevention and lack integration across primary and tertiary care
- Payment options are care profession-centric, offering little incentive for change
- MBS / PBS payments systems create an unconscious bias
- Clinician reimbursement model risks perpetuating a treatment vs holistic approach to health care management
- Need for a new paradigm for determining value



Consumer acceptance

- Consumer acceptance that digital can be a suitable replacement for face to face care is key
- Changing the mind sets of patients
- Truly engaging patients / carers / families / communities in co-designing health
- Poor health literacy and issues in accessibility including equity in access



Inconsistencies between states and territories

- Australia's federated approach to the funding of health and care across the continuum of prevention, diagnosis and treatment
- Inconsistencies between states and territories in data management and access policies and practices
- Poor integration of digitalised systems across health / hospitals / GP
- State vs Commonwealth funding divide creates silos in care provision – for example, disadvantaging aged care

Reimagining healthcare in Australia: Five fault lines and gaps to overcome

From leadership to funding models and creating greater consistency among our federated states, many fault lines or gaps were identified by respondent's to our post-webinar survey (some which overlap with the barriers previously identified). Here we summarise the **top five fault lines and gaps** that were raised by respondent's to our survey.



Consumer engagement

- Failure to involve young digital native consumers of tomorrow in the broader conversation around prevention vs treatment
- Addressing the social determinants of health
- The health and digital literacy needs of CALD communities
- How-to guides for consumers with limited English language skills

"All healthcare workers, clinicians, policymakers, and consumers need to be on the same page of understanding of the change, delivery, finances, and access."



Equity of access

- Access to technology connective infrastructure (internet connection) both on the part of consumers and clinicians
- Considerations for vulnerable populations, families and rural/remote communities
- Specialist and support service access in rural and remote areas
- Gap between concepts of telehealth and pervasive virtual care (AI, decision support, chatbots, sensing behavioural change)



Technology, integration and interoperability

- Fragmentation of technology solutions – the focus on innovation is not what is required so much as a focus on integration.
- Back-end systems lacking integration to allow for ease of telehealth use (e.g. online payment gateway, digital signature, EMR link)
- Lack of key infrastructure and interoperability between primary (funded Federally), acute (State-based) and aged care (Federally funded)
- Monopoly players / large multi-year projects inhibit smaller, agile vendors



Policy change

- Policy making short-sightedness – developing policy around election cycles
- Clear policy guidelines
- Addressing social determinants of health – access to digitally enabled health as a human right
- Lack of policy leadership on use of data
- Lack of insights, data on health outcomes and leadership on use of data
- Delays in time it takes to get agreement on policy changes



Leadership and collaboration

- Consumer leadership, engagement and control
- Culture of conservatism
- Creating mechanisms for collaboration across healthcare industry
- HCP need to be trained differently
- Disconnect between researchers in tertiary institutions and frontline medicine
- Digital GP referrals