

Letters

Telehealth in Australia: an evolution in health care services

TO THE EDITOR: Telehealth is the umbrella term for the electronic and telecommunication-based expansion of health care services, both clinical and non-clinical, which include telemedicine (telehealth clinical services) and electronic health record (EHR) systems. A re-evaluation of health care in Australia is needed, including characterisation of new systems of care focused on improving health outcomes using mobile device-based telehealth (mHealth). This will be accelerated through the right mixture of innovative telehealth technologies, evidence-based medicine and appropriate reimbursement policies based on health outcomes rather than usage volume.¹

Mobile phones are the de facto method of communication for 75% of people globally, and the mHealth economy is growing at over \$10 billion per annum.² Consequently, telehealth and mHealth are rapidly changing — smartphones are becoming more powerful and secure, while wireless monitoring devices are becoming smaller, more intuitive and sophisticated.³ People use mobile phones for health-related activities

such as scheduling health care appointments and online weight loss programs. Boarding pass barcodes on mobile phones are scanned for air travel, yet medical practices still use faxes. Patients now take mobile communications for granted and have embraced mHealth. Clinicians must also embrace this culture to stay relevant.

The Australian Government supports EHR initiatives as well as video-teleconferencing, email and text messaging between doctors and patients.⁴ However, this falls well short of the full scope of telehealth services that includes sharing information between health care providers, tele-, self- and remote-monitoring (eg, of blood glucose), using increasingly sophisticated wireless devices, developing high-quality clinical data repositories and disease registries, using informatics for clinical decision support and public health, and incorporating mHealth, social media and virtual service and support networks to affect outcomes. Social media are already changing health-related interactions, and sharing activities through social networking can open new routes to improve patient health.⁵

Telehealth and mHealth can be of benefit anywhere, but especially in underresourced communities such as Indigenous Australian communities in remote areas. The ability to collect the full patient story (objective and subjective) in such regions enhances onsite care, contributes to cost-effectiveness and can reduce the chronic disease burden and health inequality in the Indigenous and broader Australian population. Government agencies must ensure that such communities are actively included in telehealth initiatives, with National Broadband Network coverage and appropriate resourcing.

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Competing interests: Alex Brown is on a research advisory board for a pharmaceutical-funded but researcher-initiated (and run) study on blood pressure lowering (VIPER-BP) sponsored by Novartis. He has also received funding from Alphapharm for travel to and accommodation at Cardiac Society of Australia and New Zealand meetings in 2007 and 2008. Alicia Jenkins is an honorary member of the Australian Diabetes Society Council and an honorary board member of Insulin for Life. She has received funding support through grants from Medtronic and Sanofi-Aventis to the University of Melbourne and has received speaker's fees for meetings sponsored by Sanofi-Aventis and Pfizer. She has also received travel support funding from Novo Nordisk, Medtronic, and Eli Lilly and Company.

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