Victorian virtual care strategy

Bringing health care to consumers, wherever they are

VICTORIA State Government | Department of Health

The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.
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Foreword

Minister for Health, Health Infrastructure and Medical Research

There has been remarkable progress in the delivery of healthcare in recent years, and this is matched in other areas of our lives, where the ways we interact with each other have been transformed. We have learned that despite physical distance, we can succeed and thrive using virtual and digital connections.

That's why this *Virtual care strategy* is so important right now.

This strategy seeks to harness the growth and innovation in ways of working and interacting with each other. It will bring healthcare to Victorians, wherever they live, and connect the people at the heart of the healthcare system.

Research shows that the best healthcare outcomes occur when care is provided at home, or close to home. Receiving high-quality healthcare close to loved ones, pets and familiar surroundings means people can recover and return to the things they love to do, and the people they love to see, sooner.

I hear many stories of patients travelling long, costly distances to be seen by the right specialist. With virtual care models, a patient in a small rural town can access specialist care sooner and without the challenges and costs of travel.

As well as providing clinical services, we can also use virtual technology to provide the latest education, support, and training for all our clinicians, whether they are in regional, remote or metropolitan locations. Virtual education will reduce travel time and allow busy professionals to fit learning into their schedules. This will allow the Victorian healthcare system to perform at its best, across the state.

We have seen how virtual care models can transform our healthcare system. The Victorian Virtual Emergency Department has enabled patients to receive high-quality emergency care in their homes – reducing the demand for ambulance transport and relieving pressure on emergency waiting rooms.

The *Virtual care strategy* is about ensuring we have a shared vision for how safe, effective, and acceptable virtual models of care will be supported and embedded in our health system to enhance the way we care for our community.

I am excited about the future of our healthcare system, and the opportunities that lie ahead for transforming the way we deliver the right care at the right time, in the right place.

The Hon. Mary-Anne Thomas MP
Minister for Health
Minister for Health Infrastructure
Minister for Medical Research

Overview

Introduction

Technology is rapidly transforming the way we deliver healthcare. New virtual healthcare models are reshaping care around consumers. These models allow us to provide services in more timely, accessible and convenient ways. This means we can intervene earlier in the course of an illness and deliver more integrated care.

Virtual healthcare also increases consumers' access to specialist care and advice, especially in rural and regional areas.

Factors driving the growth of virtual care include advances in technology, changing consumer expectations and increasing service demand. The COVID-19 pandemic accelerated this growth and showed us how much virtual care models can adapt to changing environments.

Virtual care has been successfully adopted in many settings, and through multiple innovative models of care, including in hospitals, aged care, primary care and community-based care.

The Victorian Government has supported health services to implement and scale up innovative virtual care initiatives. These include the Victorian Virtual Emergency Department and a statewide video-consulting platform. We also now use virtual care in established programs, such as Hospital in the Home.

We need to drive innovation and explore available and emerging technologies and solutions. At the same time, we need to make sure virtual care is culturally and clinically safe, effective, acceptable, accessible and equitable for all Victorians. System enablers will be strengthened to support new ways of providing healthcare.

Virtual care provided across the care continuum will enhance and sustain high-value care and continue to improve Victorians' health outcomes.

Purpose

This strategy defines a common understanding across the Victorian public health system of shared strategic planning and goals for virtual care over the next five years. The strategy:

1. outlines a five-year vision for virtual care, that aligns with the broader departmental Vision, and **strategic pillars** to integrate virtual care as a safe, effective, accessible, equitable and sustainable option for healthcare delivery in Victoria
2. clarifies the **roles and responsibilities** of the department, health services and other key stakeholders in virtual care provision
3. addresses strategic issues relating to:
   - equitable, consumer-centred care
   - workforce supports
   - secure digital infrastructure
   - enabling legal frameworks and connected records
   - funding policy and mechanisms
   - innovation, outcomes monitoring and evaluation.

The strategy covers public health agencies, including acute health services and registered community health services.

Its ultimate purpose is to allow Victorians who prefer virtual care to use it when it is appropriate and available through development, expansion, and increased access.

Approach

This strategy was developed through:

1. review of Australian and international literature
2. expert workshops involving key health sector stakeholders from across Victoria
3. consultations with sector and departmental representatives involved in virtual care
4. the guidance of the Virtual Care CEO Working Group.

The authors thank all those whose contributions were invaluable in developing this strategy.

Vision for virtual care

This strategy is underpinned by a five-year vision and core principles (**Appendix 1**) for virtual care.

Our vision is that virtual care is used wherever appropriate and preferred by the patient, to provide care closer to home.

Virtual care is embedded in mainstream care provision. It enhances access and equity of care across the care continuum and improves Victorians' experience and health outcomes.

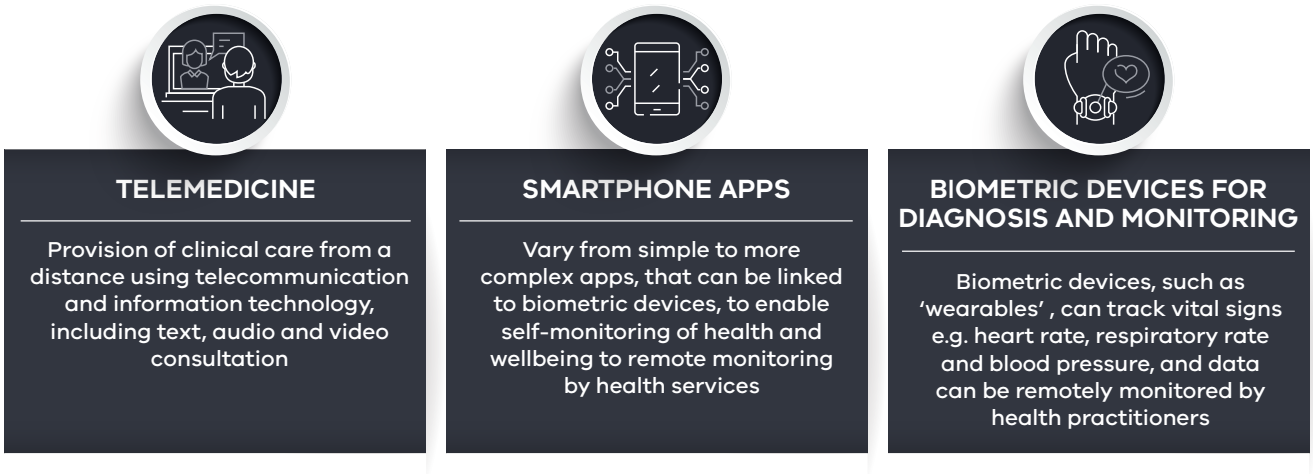
We will achieve this vision through:

1. open and active collaboration between the department and health services
2. responding to diverse needs, levels of access to technology and consumers' backgrounds
3. consistent, coordinated and integrated care
4. care that supports diverse communities and is culturally safe, including creating an environment that enables self-determination for Aboriginal people
5. ensuring health providers are confident in using virtual health technology, and receive ongoing skill development and support
6. effective local-level innovation that is scaled to enable equitable access
7. improving demand management and system sustainability

Defining virtual care

- Virtual care is a broad term. It includes telehealth (telephone and video-enabled) and remote monitoring. It supports self-management, and it can be provided in different settings and geographical locations. It is used to connect and provide care and connects consumers, families and carers with clinicians and other people caring for them. It supports multidisciplinary care and specialist consultations between clinicians, professional development and peer support (see Figure 1).
- Virtual care can be provided in a number of ways. It can be in real time such as a telehealth consultation, or as asynchronous care where a patient records health parameters to be reviewed as part of care. Virtual care means practitioners can check physiological parameters and experience of different patients remotely, and escalate to virtual assessment of face to face review where indicated.
- Virtual care can be delivered across a variety of settings and care journeys across the care continuum. Patients may have part of their care journey provided virtually alongside more traditional face to face services

Figure 1: Virtual healthcare technologies



Source: Health Education England 2019, *The Topol review: preparing the healthcare workforce to deliver the digital future.*

Case Study: Geri-Connect

In 2016, high, unmet demand for specialist geriatric medicine services in the Loddon Mallee region led to increased presentations to regional emergency departments. Bendigo Health established the Geri-Connect Service in 2017 in partnership with Kyabram District Health, Loddon Mallee Rural Health Alliance and Murray Primary Health Network to improve equity, timeliness and quality of care for older people living in residential aged care facilities (RACFs). The service expanded to include the Hume region in 2019–20, including Goulburn Valley Health in 2020.

Geri-Connect uses virtual care technology to provide a timely specialist geriatric assessment service to older people living in RACFs and within the community.

Local GPs refer residents to Geri-Connect for a comprehensive geriatric assessment undertaken by a geriatrician or an advanced trainee registrar using video consultation. RACF staff support video consultations. The consultations can include family members, carers and GPs. A care management plan is then provided to the older person's GP to support ongoing care.

Geri-Connect now operates in 69 public and private RACFs and has assessed more than 800 patients a year living in the community. Geri-Connect assessments are almost exclusively MBS-funded.

Benefits of the program:

- 83 per cent reduction in response times for Aged Care Assessment Service assessments for eligible inpatients waiting for permanent placement in a residential aged care facility
- recommendations to reduce polypharmacy for 89 per cent of patients
- completion of comprehensive geriatric assessments for 30 per cent of residents at participating residential aged care facilities, compared with 5 per cent before the project.

More recently, there has been further development of:

- remote monitoring of COVID, diabetes, chronic obstructive pulmonary disease, hypertension heart disease and pressure injury risk for older people living at home
- provision of suitable devices for home consumers with no mobile devices or stable internet connection.

Policy context

This strategy will help the department achieve its vision of **Victorians being the healthiest people in the world**. It supports delivery of the department's strategic directions, including to keep improving care and providing **care closer to home**.

The strategy also supports implementation of *Royal Commission into Victoria's Mental Health System final report recommendations*, including that the Victorian Government ensure that:

- local and area adult and older adult mental health and wellbeing services deliver multidisciplinary, holistic and integrated treatment, care and support through a range of delivery modes, including telehealth (Recommendation 5.2b)
- each adult and older adult area mental health and wellbeing service delivers a centrally coordinated 24-hour telephone/telehealth crisis response service accessible to service providers and members of the community (Recommendation 8.1)
- mental health clinical assistance is available to ambulance and police through a range of mechanisms including 24-hour telehealth consultation systems for officers responding to mental health crises (Recommendation 10.3).
- by the end of 2022, trial two new digital service delivery initiatives in rural and regional areas that meet the needs of local communities. (39.1b)

The strategy complements:

- *Victoria's digital health roadmap* <https://www.health.vic.gov.au/publications/victorias-digital-health-roadmap>, which sets out five programs of work to improve the safety and quality of healthcare
- the *Victorian virtual care operational framework*, which articulates consistent and defined standards to meet the operational and safety requirements of virtual care models.

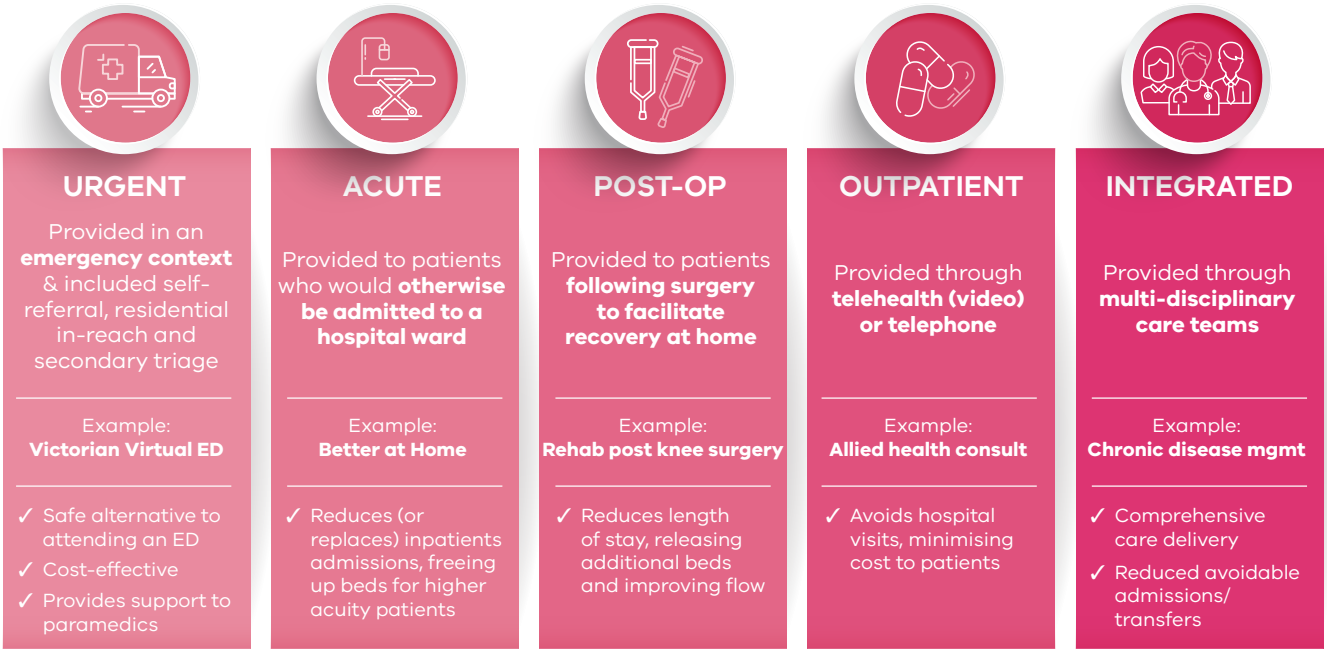
Benefits

Virtual care offers many benefits to consumers, their families and carers, the health workforce, healthcare providers and the broader health system, including:

- Extends care to previously unreachable areas.
- Enables multidisciplinary care across primary, community and acute care.
- Provides faster and more equitable access.
- Flexibility for consumers in how and where they receive care.
- Reduces consumer travel and related costs.
- Facilitates culturally safe environments that include family/carers.
- Reduces risk of exposure to infectious disease.
- Reduces patient transport needs.
- Facilitates increased workforce mobility and more opportunities for professional development.

Models such as virtual emergency departments and virtual post-surgical rehabilitation at home can also alleviate hospital demand (see Figure 2).

Figure 2: Virtual Care across the care continuum



Challenges

Challenges to strengthening and expanding virtual care include:

1. system stewardship of virtual care across Victoria to help overcome fragmentation and ensure quality, safety, equity and value
2. risk of poor consumer experience if the system becomes harder to navigate due to many virtual care entry points, with inconsistent approaches
3. the impact of the digital divide due to lack of access to internet and technology such as smart devices, poor digital literacy, confidence in using technology, disability and age
4. need to strengthen health workforce capabilities and confidence in providing virtual care, while balancing the potential impact on workloads and workforce wellbeing
5. the requirement for access to reliable, simple platforms and technical support
6. availability of integrated, secure statewide connected and accessible patient record systems
7. systems that support cross-service collaboration, including the capacity for GPs and other primary care and community services to access virtual care programs
8. funding that enables development and implementation of virtual care models, and funding of novel service offerings.

Roles and responsibilities

The roles and responsibilities of public health services, the department and other stakeholders in virtual care provision are outlined below.

Public health services

Public health services are responsible for:

- providing services which are consistent with the *Victorian virtual care operational framework*
- ensuring provision of safe, high-quality care which meets the standards set for all healthcare
- adapting services to local needs
- providing service innovation and flexibility, including trials of new models
- integrating virtual care with physical care in service pathways
- supporting staff to provide virtual care services
- reporting on virtual care provision
- evaluating virtual care services.

Department of Health

The department is responsible for:

- providing stewardship and supporting public health services to provide:
  - safe, high-quality care which meets required standards
  - consistency in care availability and access across Victoria
  - equitable provision for all consumers
- leading coordination on virtual healthcare issues across the Victorian government, with the federal government and between public health, primary care and aged care services
- providing a base level of virtual care infrastructure
- uniquely identifying and connecting patient records
- commissioning statewide virtual care services
- establishing reporting requirements and monitoring service provision
- analysing and sharing emerging evidence and new model successes across the Victorian health system
- providing evaluation guidelines and undertaking system-level evaluation
- creating an environment that supports innovation, and fostering research on virtual care
- reducing unwarranted variation in virtual care provision and facilitating roll-out of effective innovative models across Victoria.

Other stakeholders

Implementing this strategy involves many other stakeholders. The department and health services will work with consumers, the health and care workforce and a broad range of sector stakeholders. These include primary care, health networks, Aboriginal community-controlled organisations and drug and alcohol and mental health services to deliver this strategy. The Victorian Government will also continue to work with the Commonwealth Government and agencies on matters such as funding and regulatory responsibilities.

Pillars

Pillar 1: Safe and effective virtual care experiences and outcomes

Consumers benefit from safe, accessible, equitable, financially sustainable and effective virtual healthcare that puts them at the centre of their care journey

Context:

It is vital that virtual care services are safe, accessible, equitable, financially sustainable and effective, with consumers at the centre of their care journey.

Virtual care enables consumers to receive care in their preferred location, reducing the need to travel and providing more timely and equitable access to services, especially in rural and regional areas. It allows health services to monitor patients at home and supports early intervention.

This reduces unplanned hospital presentations. It also supports multidisciplinary care by making it easier for clinicians in different locations to attend consultations together. It also means that family members, carers or supporters can more easily attend consultations with consumers.

Commitment:

Ensure virtual care services are safe, inclusive and accessible for all

Actions:

1. Align virtual care models with:
   - national, state and local governance, quality and clinical standards, policies and procedures
   - Victorian virtual care operational framework and virtual care core principles.
2. Create models that are culturally safe, inclusive and appropriate for diverse groups in Victoria including:
   - people living in rural and regional areas
   - older people
   - Aboriginal Victorians
   - people from diverse cultural and language backgrounds
   - people with disability
   - people experiencing mental health issues
   - people who are homeless.

Responsibility: *Department of Health*

Commitment:

Provide a consistent and equitable consumer experience

Actions:

1. Determine whether statewide delivery will:
   - increase equity and ease of access
   - improve consumer experience and outcomes
   - provide economies of scale
   - reduce complexity and/or enable load balancing
   - be able to be practically implemented
   - be able to be evaluated for safety and benefits.
2. Where appropriate, adapt statewide models to integrate with local care pathways to meet the needs of specific communities.

Responsibility: *Department of Health*

Commitment:

Build consumer confidence in virtual care

Actions:

1. Develop a range of supports for consumers that are inclusive of the diverse groups identified above and where needed, tailored to local needs:
   - improve consumer experience and outcomes
   - provide economies of scale
   - reduce complexity and/or enable load balancing
   - be able to be practically implemented
   - be able to be evaluated for safety and benefits.
2. Where appropriate, adapt statewide models to integrate with local care pathways to meet the needs of specific communities.

Responsibility: *Department of Health and Health Services*

Commitment:

Ensure that virtual care supports consumer choice, responds to consumer needs and supports consumers to be partners in their own healthcare

Actions:

1. Provide consumers with appropriate information about virtual care.
2. Ensure virtual care responds to consumer choice and diverse needs.
3. Develop virtual care models with consumer input.
4. Incorporate consumer feedback in continuous improvement.

Responsibility: *Department of Health and Health Services*

Commitment:

Ensure that virtual care improves experience and health outcomes

Actions:

1. Base virtual care services on evidence that shows improved health outcomes.
   - includes supporting more timely and accessible care, better integrated care or earlier intervention, depending on the urgency and nature of the condition.
2. Develop virtual care services in consultation with consumers and clinicians to ensure they are fit for purpose, and allow consumers to achieve their best health outcomes.
3. Ensure validation of health outcomes and continuous improvement.
4. Build consumer and workforce confidence in virtual care and evaluation.
5. Include improvement activities in health service governance and quality systems relating to virtual care provision (see Pillar 4).

Responsibility: *Department of Health and Health Services*

Case Study: Victorian Virtual Emergency Department

The Victorian Virtual Emergency Department (VVED) is a statewide service that enables patients with non-life-threatening emergencies to be assessed by emergency clinicians via video call from their home, workplace, or community. The service is available 24 hours a day, seven days a week, and offers an online interpreter service.

The VVED began as a pilot project at Northern Health in October 2020. It was developed to help triage patients with COVID-19 symptoms, relieve pressure on busy emergency departments, and treat more people at home when appropriate.

Patients are connected via video call to an emergency clinician, for assessment and care including e-scripts and local referrals. Patients using VVED may also be directed to their nearest ED or connected with Ambulance Victoria if they're too unwell for virtual care.

VVED has cared for more than 110,000 Victorians (adults and children) since 2020, with preliminary data showing 71 per cent of those patients did not need transport to, or care at, an emergency department after a consultation with the VVED clinician.

Benefits include:

- supports all paramedics across Victoria – to enable appropriate patients to remain well at home, helping to ensure ambulances are available for the most critically unwell patients
- positive patient experience – of the patients surveyed, 89 per cent felt confident using the VVED service
- attractive to workforce – due to the flexibility and ability to work remotely, evening shifts, casually
- improving equity of access – to emergency speciality care for those living in regional and rural Victoria.

A formal evaluation of the VVED service will be completed in 2024 by La Trobe University, in partnership with the Digital Health Cooperative Research Centre and Northern Health. Preliminary descriptive findings will be available in mid-2023 and these will be used to support ongoing system planning, and opportunities for improvement, in lieu of the final report delivery in 2024.

Pillar 2: Boosting workforce supports

Consumers benefit from stronger workforce capability and confidence in providing safe and effective virtual care

Context:

Virtual care is bringing new challenges and opportunities. As technology continues to evolve, the current and future health workforce needs support to provide virtual care confidently and effectively. However, there are workforce challenges associated with implementing
virtual care. Some clinicians are concerned that virtual interactions may reduce their sense of connection with their patients and colleagues and limit their ability to provide effective care. There are different perceptions and capability to use and adopt technology within and between health sectors.

Commitment:

Build confidence in virtual care and empower the workforce

Actions:

1. Support development of the evidence base on virtual care experience and outcomes through inclusion in the existing quality improvement measures (links to Pillar 4).
2. Provide clear guidance and support for the workforce on delivering virtual care.
3. Engage the workforce as expert users when designing and reviewing their virtual care models.

Responsibility: Public Health Agencies

Commitment:

Provide training and supports for all staff delivering virtual care

Actions:

1. Include virtual care capabilities in training and supports for staff including:
   - digital capabilities such as the use of digital platforms
   - adaptation to delivery required for virtual care
   - identification of the deteriorating patient
   - safe and efficacious use of remote physiological monitoring.

Responsibility: *Public Health Agencies*

2. Update discipline-specific guidelines to include virtual care and formalise staff training through suitable qualifications and accreditation processes.

Responsibility: Department of Health and Professional Bodies

3. Provide a well-equipped work environment for delivering virtual care, including secure and reliable IT systems and solutions (links to Pillar 3).

Responsibility: *Public Health Agencies and Department of Health*

Commitment:

Foster a digitally adaptive workforce

Actions:

1. Recruit and retain a digitally skilled health workforce, especially in rural and regional areas.
2. Set consistent and appropriate work parameters and expectations in virtual care settings.
3. Offer efficient and flexible ways of working and engaging in professional development.

Responsibility: *Public Health Agencies and Department of Health*

Case Study: Monash integrated antenatal care program

In response to the COVID-19 pandemic, Monash Health developed and implemented a new antenatal care schedule integrating telehealth across all models of pregnancy care.

Telehealth consultations are provided based on assessed risk level and supplemented with support to undertake remote blood pressure checks and fetal growth assessments.

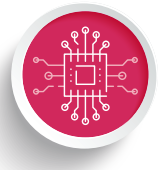
Women can check their blood pressure at home using automated blood pressure monitors, with local health providers, or at the time of hospital ultrasound assessments. Women take weekly measurements from 24 weeks' gestation for remote monitoring of fetal growth. Ultrasound assessment of foetal growth is undertaken in hospital according to national clinical care recommendations.

Women are screened regularly for gestational diabetes. If positive, they receive education to support self-monitoring of blood glucose levels. Diabetes nurse educators and endocrinologists predominately deliver care using telehealth.

integrated antenatal care program successfully reduced face-to-face consultations by 50 per cent without affecting the detection and management of common pregnancy complications, including pre-eclampsia, fetal growth restriction and gestational diabetes. There was also a significant reduction in pre-term births for high-risk groups in the integrated antennal care program compared with conventional care.

This program has provided an opportunity to explore alternative approaches in antenatal care. This is informing the future of antenatal care at Monash Health. It provides for more personalised care pathways for pregnant women, as well as a more agile and resilient health service. With the increasing digitalisation of healthcare and the community at large, maternity care is an ideal environment to assess future opportunities to enhance and personalise care and improve access to care for every woman in every pregnancy.

Pillar 3: Strengthening our virtual care enablers



Consumers benefit from safer and more effective virtual care

Context:

Healthcare digitisation improves the quality, safety, effectiveness and acceptability of care. It provides secure record access to support clinical decision making, enables monitoring and analytics, generates prompts and clinical decision supports, and underpins secure record sharing. Consumer access to their own health information, self-monitoring and self-booking are wholly dependent on the digitisation of care processes.

Digitisation supports both in-person and virtual care by enabling public health agencies to securely share consumer health information for care provision. Victoria's digital health roadmap (the Roadmap) sets out how digital health investments meet the needs of Victorians, and lift digital maturity across the health system. It comprises programs of work that are improving in-person and virtual care outcomes by digitising and connecting the care journey.

Commitment:

Deliver and operate statewide infrastructure

Actions:

1. Operate a secure, fast wide area network.
2. Provide advanced cybersecurity tools to health services.
3. Monitor and uplift ageing hardware and infrastructure.*
4. Roll out and advanced disaster recovery service.*
5. Provide a video call platform to the sector.*

* delivered through Victoria's Digital Health Roadmap

Responsibility: *Department of Health*

Commitment:

Facilitate electronic patient record systems and secure sharing of health information

Actions*:

1. Support health services to digitize core processes.
2. Enable unique identifiers for Victorian patients.
3. Connect and present records to clinical teams.
4. Connect all acute and community health services to My Health Record.

* delivered through Victoria's Digital Health Roadmap

Responsibility: *Department of Health*

Commitment:

Give Victorians access to their own health information

Actions:

1. Work with clinical communities and health services to target groups who can benefit from apps that allow effective, secure self-monitoring.

Responsibility: *Department of Health*

Commitment:

Develop reporting and funding models for virtual care models

Actions:

1. Improve data collection to evaluate benefits and improve policy development that ensures financially sustainability.
2. Invest in new virtual care models.
3. Adopt a long-term viewpoint of realising financial benefits.
4. Engage with the Independent Hospital and Aged Care Pricing Authority on improvements to the national pricing model to account for innovative, effective and financially sustainable care models incorporating virtual care.

Responsibility: *Department of Health*

Pillar 4: Driving innovation to improve virtual care

Consumers benefit from innovation virtual care and ongoing evaluation that drives continuous improvement

Context

Most virtual healthcare innovations to date digitise existing models of care, such as replacing in-person consultations with a telephone or videoconferencing call.

However, novel service models are now developed that are only possible through digital technologies.

Further technological advances such as those related to digital wearables, artificial intelligence, Internet of Medical Things (IoMT) and virtual reality will further change the way health services are delivered.

The department's commitment to health and medical research (see Victorian health and medical research strategy: 2022–2032 <https:// www.health.vic.gov.au/medical-research/health-and-medical-research-strategy-2022-2032>)includes encouraging entrepreneurship and innovation and supporting the translation of research into improved health outcomes.

The newly established Victorian Collaborative Centre for Mental Health and Wellbeing will play an important role in enabling virtual care translational research and knowledge sharing across the mental health and wellbeing system.

Health Service Partnerships also have an important role in supporting effective virtual care innovations. For example, Health Service Partnerships are supporting the scale up of innovative models incorporating virtual care by making it easier to expand new models across health services within a partnership and supporting collaboration, shared approaches and economies of scale.

Commitment:

Build collaboration and partnerships

Actions:

1. Foster relationships with and between public health agencies, research organisations and the technology industry including:
   - facilitating communication and collaboration between health services
   - identifying and promoting opportunities to increase translational research
   - encourage collaboration rather than competition
   - facilitating and driving the adoption of common standards for virtual care systems, platforms and services.

Responsibility: *Department of Health*

2. Improve data collection to evaluate benefits and improve policy development that ensures financially sustainability.
3. Invest in new virtual care models.
4. Adopt a long-term viewpoint of realising financial benefits.
5 Engage with the Independent Hospital and Aged Care Pricing Authority on improvements to the national pricing model to account for innovative, effective and financially sustainable care models incorporating virtual care.

Responsibility: *Department of Health*

Commitment:

Monitor developments in virtual care and developing processes to test, assess and scale up new virtual models of care

Actions:

1. Identify, prioritise, trial and evaluate new technologies and scale up those that are evidenced as safe, improve outcomes and demonstrate value by:
   - scanning for new innovations and technologies including artificial intelligence
   - ensuring evidence is used to guide the translation of research into practice
   - developing standardised evaluation
   - supporting health service pilots.

Responsibility: *Department of Health*

2. Improve data collection to evaluate benefits and improve policy development that ensures financially sustainability.
3. Invest in new virtual care models.
4. Adopt a long-term viewpoint of realising financial benefits.
5. Engage with the Independent Hospital and Aged Care Pricing Authority on improvements to the national pricing model to account for innovative, effective and financially sustainable care models incorporating virtual care.

Responsibility: *Department of Health*

MOST, Digital Mental Health Service

Moderated Online Social Therapy (MOST) was developed to address the challenges of increased demand for mental health support, long waitlists and geographic barriers to accessing care. Designed to work alongside face-to-face care and augment services, MOST provides support across all phases of treatment – before, during and after care.

MOST is a free digital mental health service for young people aged 12 to 25. It offers access to personalised, self-directed therapeutic content, a safe moderated online community, peer workers, careers counselling and one-on-one clinical support. It gives young people real people to talk to and gives them helpful, tailored information and practical tools that they can work through in their own time and space.

Developed by Orygen Digital, the technology division of Orygen, Australia's centre of excellence in youth mental health, MOST was rapidly translated from research to clinical service provision.

It is now available in 38 headspace centres and 13 specialist mental health services across Victoria. It has expanded to youth mental health services in Queensland, New South Wales and the Australian Capital Territory.

Findings from clinical trials and the roll-out of the new service have shown that MOST is safe, engaging and effective. Young people report they are happy with their experience of MOST, with 94 per cent saying that they would recommend it to others. There have also been statistically significant changes in feelings of social anxiety and loneliness.

Website: MOST <http://www.most.org.au>

Realising the strategy

The Department of Health, with Safer Care Victoria, will establish clinical governance and stewardship for the safe extension of virtual care. An expert panel will provide oversight and monitoring of virtual care, and advising where enhancements or reforms to models and the Strategy are indicated.

This panel will ensure alignment with agreed national standards, *Victoria's digital health roadmap* and the *Victorian virtual care operational framework*.

Virtual care provision will increase and change in coming years. It is important that there are clear roles and responsibilities within the sector to ensure it is delivered equitably, safely, and sustainably.

This will assist Victorian health services to provide the best possible care, in the best possible location, using the best available approach. Bringing the best healthcare to consumers, wherever they are.

Appendix 1: Core Principles

The Core Principles are systematic and coordinated principles to guide virtual care prioritisation, validation, extension, and safe operation.

1. Clinical governance

To ensure safety and efficacy of care. A strong organisational and clinical governance framework must be in place to help clinicians:

- identify when virtual care is appropriate for patient consultation;
- fulfil compliance obligations by regularly reviewing and reporting best practice principles; and
- ensure that it does not deviate from existing clinical care standards (such as the National Safety and Quality Health Service Standards), policies, guidelines and directives.

This is to enable high-quality care, and sound decision making.

2. The safety and efficacy of virtual care must be confirmed and safeguarded

The replacement of in-person care should not promote low value care or worse health outcomes. Escalation triggers and protocols for deteriorating patients are part of each virtual care cohort and model.

3. Physiological assessment and monitoring

Where patient triage, assessment and diagnosis require physiological assessment and episodes of virtual care require physiological monitoring, appropriate and validated tools are used, patient and carer orientation are embedded and patient choice respected.

4. Standardised and secure service

Health services should implement virtual care service using ICT platforms that conform with health care standards, guidelines, and frameworks. Only authenticated patients and health service providers can use the service. ICT services and infrastructure must comply with Australian Signals Directorate requirements. Patient information and metadata are not managed offshore.

5. Complementary tool or value add

Virtual care substitutes or expands the health care patients can receive in their preferred location of care. Health services provide alternatives to virtual care if the patient preference is for face-to-face consultations, or if provision of services virtually is not the most appropriate method for health care delivery, particularly when considering complex and vulnerable patients.

6. 'Patient first'

Support the patient to achieve the best possible health outcomes. Place the patient at the centre of this arrangement, not the technology, platform, or other potential players. Consumer representatives should be consulted in the development of virtual care services and care models should keep in mind digital equity for patients who may otherwise not be getting the care they need.

7. Workforce capability

Ensure that virtual care augments clinicians' capacity and capability to provide high-quality and safe care. Multidisciplinary teams need to be competent in virtual care provision to achieve better clinician experiences and patient outcomes in the health journey.

8. Service catchment and interaction across the health system

It is important for health services to establish early:

- how their virtual care models are provided (e.g., such as partnerships with trusted vendors) and;
- the reach and scale of their virtual care service provision (e.g., part of a regional, state or national network).

On defining each virtual care model, health services apply existing standards to inform service and technology design, expectations for patient and provider conduct, and clinical workflow