EFHIA Case Study Report for the Australian Government Department of Health & Ageing

Using equity-focused health impact assessment to enhance CPD delivery in rural practice

Royal Australasian College of Physicians

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1. Abstract

The Royal Australasian College of Physicians (RACP) manages the Support Scheme for Rural Specialists (SSRS) on behalf of the Committee of Presidents of Medical Colleges. The SSRS aims to provide continuing professional development (CPD) opportunities to medical specialists in rural Australia using strategies such as videoconferencing to deliver CPD activities. This case study has subjected aspects of its Support Scheme for Rural Specialists (SSRS) to an equity-focused health impact assessment.

Videoconferencing can overcome some impacts that distance has on the ability of rural specialists to participate in CPD activities, and is seen as a cost effective way for delivering education without the need for travel and associated productivity losses. While it is recognised face-to-face education has other advantages, this medium is not always available nor accessible to all specialists. We hypothesised that the EFHIA framework would provide information concerning equity issues between specialists and their access to CPD activities, and other information about the program components that might otherwise have been missed. As the SSRS program moves into its second year, it was considered important to select videoconferencing as the focus of this EFHIA in order to establish any equity-based implications of programs that offer videoconferencing as a means of delivering education.

Consultation was undertaken with colleagues, experts and stakeholders via an e-mail survey, focus groups of rural specialists (some by videoconference) and personal interviews with commercial teleconference providers and government policy officials. The results indicated that videoconferencing was widely regarded as having potential to improve to professional development for rural specialists à could have flow-on effects for communities served by those specialists However, where technology fails to keep pace with available programs videoconferencing may widen disparity between specialists, with flow-on effects to the communities they serve. It is clear that there needs to be an evaluation in regards to the rollout of technology and uptake of videoconferencing.

2. Aims, objectives & expected outcomes

Aims:

- To determine whether issues around equity arise as a result of supporting videoconferencing projects

Objectives

- To utilise the framework developed as part of an EFHIA to evaluate the Support Scheme for Rural Specialists program's use of videoconferencing as a means for delivering continuing professional development (CPD)

Expected Outcomes

- It was hypothesised that the EFHIA framework would provide information concerning equity issues between specialists and their access to CPD activities, and other information about the program components that might otherwise have been missed.

It is important to note that the staff time available to conduct this EFHIA was limited. No additional staff or resources were provided to carry out the EFHIA so there were limits to the level of consultation and data collection. However, this may also be the case if an EFHIA was to be undertaken, therefore it could be reasoned this case study can present a more realistic picture of the level of which the EFHIA can be completed within the constraints of one's workplace.

3. Application of EFHIA Framework

3.1 Screening

Background

The Department of Health and Ageing (DHA) is committed to assisting specialists practising in regional, rural and remote areas of Australia access CPD activities. The DHA has funded the Committee of Presidents of Medical Colleges (CPMC) to coordinate a program titled Support Scheme for Rural Specialists (SSRS). The Royal Australasian College of Physicians (RACP) was subcontracted by the CPMC to manage and implement the SSRS. This Scheme is designed to fund CPD activities coordinated by specialist medical colleges for rural specialists. In the first year of this program, ten medical colleges coordinated 22 projects across Australia. In its second year, 27 projects were funded and are currently being implemented. A number of these projects offer CPD activities delivered by telemedicine. To assist with the future planning of the SSRS it was important to acknowledge any equity issues involved in delivering CPD via telemedicine.

It was considered that this EFHIA would assess the impact of telemedicine as a delivery mechanism for continuing professional development (CPD) for specialists practising in rural Australia and determine whether this policy had any equity implications. The EFHIA was undertaken concurrently, ie. as the policy or practice was being rolled out. The Steering Committee established for this project confirmed this topic fro review using the EFHIA framework at the first meeting.

Stakeholders

A number of stakeholders were identified including:

- Australian Government Department of Health and Ageing
- Committee of Presidents of Medical Colleges, Support Scheme for Rural Specialists Project Management Unit
- Specialist Medical Colleges
- Fellows of the Specialist Medical Colleges
- Hospital and health services with telemedicine facilities
- Telemedicine providers

Target Population

- Rural Fellows seeking CPD
- Specialist Medical Colleges providing CPD via telemedicine.

Assumptions underpinning the policy

This policy assumes:

- Offering CPD via telemedicine would promote equity as it would enable rural specialists to access CPD that wasn't previously available
- That telemedicine can provide quality CPD to rural specialists that negates the need for travel to access such activities.
- That a large majority of rural specialists have ready access to the technology
- Providing professional development opportunities to specialists in areas where health is disadvantaged that health will be improved by having

specialists who are able to access and meet their professional development needs.

Potential links between policy and health

Medical specialists are expected to engage in activities to maintain or develop skills to ensure they practice in a safe and effective environment, providing the highest quality health care in their area of expertise to their patients. Encouraging medical specialists to keep up to date with the latest information and treatments can impact on the quality of health care delivered to their patients. Delivering CPD through telemedicine has the potential to improve the skills of rural specialists which could have flow-on effects for communities served by those specialists.

Groups that have the potential to be affected by the policy

- Rural specialists seeking CPD
- Rural specialists with access and those without access to telemedicine facilities
- Specialist Medical Colleges delivering CPD via telemedicine

Connections to equity

Provision of telemedicine faculties can be expensive and while state authorities have been involved in the rollout of such infrastructure some smaller facilities may not have the infrastructure nearby. Offering CPD via telemedicine can create inequities if the technology is not available to all those who wish to participate.

Potential for change to the policy

If the outcomes of this EFHIA suggest offering CPD via telemedicine creates undesirable equity concerns, consideration to changes to the policy would be made to ensure adequate alternatives are in place for those specialists who are unable to access the activities on offer.

Appropriateness of conducting an EFHIA

Given the considerable uncertainty about the potential impacts of this policy an EFHIA is recommended for addressing how telemedicine is perceived as a delivery mechanism for continuing professional development by rural specialists including: accessibility, timeliness, ease of access and cost effectiveness.

3.2 Scoping

Steering Committee

A steering committee was established and included:

- Managers of the SSRS program
- Managers of SSRS projects involved in telemedicine
- Representatives from the SSRS evaluation team
- Physician involved in SSRS telemedicine project located in a rural area
- Public Health Physician located in a rural area
- EFHIA representative

Terms of Reference

Terms of reference was established for the steering committee at the first meeting and included:

1. To provide advice to the RACP Equity Focused Health Impact Assessment (EFHIA) Project Team with respect to unintended equity impacts and equity issues associated with the provision of CPD via videoconferencing.

2. To assist the RACP EFHIA Project Team as it undertakes the six steps of the EFHIA, including determining the relevance, importance and likelihood of the equity impacts which have been identified through literature review and consultation with colleagues, experts and stakeholders

3. To provide advice to the RACP EFHIA Project Team about framing recommendations concerning equity implications and issues associated with the delivery of CPD through teleconferencing to individuals participating in the Support Scheme for Rural Specialists

Project plan

A Project Plan was determined at the first meeting and included the following steps:

- Literature review to be undertaken: topics searched included: Telemedicine; Videoconferencing; Equity; Education; CME/CPD delivery; Rural
- Consultation with stakeholders: this was undertaken through telephone consultation with representatives from the State Health Departments and telemedicine providers.
- Consultation with target group: this was undertaken through e-mail correspondence and opportunistic focus groups, on of which was taken via telemedicine.

Responsibilities

The steps outlined above in the project plan were the responsibility of the Senior Project Officer. The Steering Committee provided advice and feedback on the outcomes of the steps as they were completed.

3.3 Profiling

The policy which has been reviewed supports the delivery of CPD via telemedicine and it is well documented that telemedicine can reduce the need for travel. The Principles and Guidelines for Accessing SSRS Funding does not support budget items covering travel for project participants, therefore projects are encouraged to develop projects which negate the need for travel or reduce the length of travel by offering activities in rural centres.

There was a lack of published literature about the delivery of CPD via telemedicine and its impact on equity. Similarly, there is also limited material published about the success of knowledge transfer by health professionals participating in continuing professional development activities delivered by telemedicine. To date, the majority of published literature about telemedicine focuses on its use in providing clinical consultations and the satisfaction of participants with the technology itself.

A recent paper titled *A Framework for Continuing Professional Development of Vocationally Trained General Practitioners and Specialists*[1] developed for the Committee of Presidents of Medical Colleges recognises the importance of CPD. The report states

> *"Developments in Australia in the areas of medical registration, accreditation of specialist medical college training and professional development programs, medical indemnity insurance, increasingly aware health care consumers and the motivation of the profession to undertake continuous improvement have also resulted in an increased awareness of the need for medical practitioners to be involved in effective, on-going CPD programs in this country."*

In summary the published literature indicates that the delivery of medical education has not taken full advantages of what telemedicine can offer. A review of thirteen rural hospitals in America reported that costs and time were the major advantages of telemedicine.[2] One study investigating the learning outcomes of specialists using telemedicine for clinical consultations reported that two-thirds suggested that telemedicine could be further utilised to meet their own learning needs.[3] A trial to videoconference grand rounds from large tertiary institutions to rural centres reported that participants found the experience to be of educational value with the most beneficial aspect being the interaction and sharing problems with colleagues.[4] Comments were also noted that the videoconferencing provided a feeling of connection with those working in the tertiary institutions.[4] Telemedicine has the ability to alleviate problems associated with geographical isolation and electronic mediums can provide near instant connections between provider and participants. This isolation can be alleviated by the development of comprehensive networks and not ad hoc programs.

The information collected through the consultation with rural specialists by e-mail and opportunistic focus groups concluded that a number of specialists reported that telemedicine has been a great success for continuing education of medical, nursing and allied health staff. However a number of issues relating to the delivery of telemedicine were raised and included:

- Quality of the technology
- Quality of the presentation
- Familiarity with technology
- Timeliness

Two focus groups noted that videoconferencing is not seen as ideal, but it's better than nothing. They noted that it is cheaper than attending in person but one group noted that they perceive it is not as effective as face-to-face learning while the other group noted it was a good alternative if face-to-face attendance wasn't possible. Face-to-face education provides the ability to form networks and meet colleagues, whereas videoconferencing doesn't enable participants to network after the education component is completed. However this could be overcome if more than one specialist is participating from the same area.

It was evident that videoconferencing provides a medium for education which sometimes might be missed and often is received with more interest at rural sites if consultation with the rural sites has occurred during planning of event

A number of specialists would like to encourage the development of a taped videoconference that is available on the web, preferably with a bulletin board to post questions and share information. This could assist in overcoming difficulties in the time and venue for a videoconference. In contrast a webcast can be accessed at a time and place, which is convenient, such as at home. A bulletin board can further facilitate interaction and overcome the problem of lack of follow-up discussions. The webcast, with questions and answers has the ability to be archived and therefore available for a longer period of time.

An interview with the Managing Director of one of Australia's leading telehealth providers commented that the provider acts as an 'electronic travel agency', in that it provides a mechanism to undertake education (amongst other things) without the need to travel. He stated that it is clear that videoconferencing removes the inequalities of access to CPD. The medium provides education to many that would not have otherwise sought education and provides more regular access to CPD.

One inequality videoconferencing overcomes is that it enables more that one person to attend the event with no additional cost as opposed to only been able to send one representative to a meeting due to travel, times and costs.

In relation to retaining health care staff, it gives rural hospitals a competitive edge by being able to offer the same Grand Rounds or updates that only metropolitan staff could previously access.

Four key areas to successful videoconferencing have been identified and include: coordination, ease of use, sustainable business models (eg. savings may present in different areas, eg travel versus call costs), access to providers.

Interestingly it is noted that while many people perceive access to technology to be a problem, the provider advises that the rollout of technology was fast in rural areas and the access to technology isn't really an issue, rather the access to technology in the city areas to deliver education was the problem. However it was considered that the SSRS has stimulated metropolitan and teaching hospital to consider their rural counterparts. In conclusion, telemedicine from the provider point of view can:

1. Enable more people to access event with no extra costs
2. Alleviates travel and time away
3. Ensuring metropolitan centres are capable of delivery effective videoconferences
4. Ensure good coordination of the event so satisfaction is high

In summary, telemedicine has the ability to:

1. **Enhance** equity of access to continuing professional development and in turn improve patient care
2. **Alleviate** problems associated with geographical isolation and electronic mediums can provide near instant connections between provider and participants.
3. **Provide** access to case-conferencing sessions which are considered vital in continuing professional development and videoconferencing is sometimes the only way to access them
4. Prove more **Cost effective** than attending short sessions in person
5. **Alternative** if face-to-face attendance wasn't possible, however it is perceived not as effective as face-to-face learning,
6. **Quality** and familiarity of the technology and quality of the presentation can impact on the success of the events
7. **Inequities** may be widened between specialists where technology fails to keep pace with available programs

3.4 Mapping

The mapping step provided an opportunity to consider the information collected in the profiling step and determine the real or potential equity impacts in this setting.

*Likely **positive** impacts of the policy on health and the priorities for each group differentially impacted upon*

Impacts on rural specialists

1. Enhanced equity of access to continuing professional development that may have only been available to metropolitan specialists and in turn improvements to patient care
2. Alleviation of problems associated with geographical isolation for those rural specialists seeking access to CPD without having to travel vast distances
3. Provision of near instant connections between provider and participants which can reduce the sense of professional isolation
4. Cost effective method of delivery CPD
5. Provides a good alternative if face-to-face attendance to CPD activities wasn't possible

*Likely **negative** impacts of the policy on health and the priorities for each group differentially impacted upon*

Impacts on rural specialists

1. If CPD is offered via telemedicine in place of face-to-face activities on a regular basis, it could have a negative impact on learning outcomes for specialists in certain areas as videoconference is perceived to be not as effective as face-to-face learning
2. Poor quality and familiarity with the technology and quality of the presentation can impact on the success of the events. This could impact on the level of improvement of knowledge learnt from such events
3. Inequities may be widened between specialists where technology fails to keep pace with available programs

Potential equity dimensions of the policy

The policy has a number of equity dimensions. On one hand it is offering opportunities for rural specialists to participate in CPD free of charge. Therefore it is disadvantaging city specialists who may have to pay for such activities. In addition, those without access to videoconference facilities could also be disadvantaged.

Reasoned arguments for recommendations for adjustment to proposal

1. If rural specialists do not have access to videoconferences, other mediums such as recording the CPD activity should be considered and encouraged.
2. While it is not the objective of the SSRS, care is needed to ensure that technology across rural Australia keeps pace with available programs.

Differences, similarities or gaps in evidence from various sources

The lack of published literature about any equity impacts this policy may have makes it difficult to compare the differences between the various sources of evidence. It is important in the context of this policy that further research of publications are encouraged to determine the learning outcomes of face to face activities compared to activities delivered via telemedicine. Interestingly it is reported that telemedicine is cost effective and this relates to a number of efficiencies including time and travel.

In summary, it is widely regarded that telemedicine has the potential to improve access to continuing professional development for rural specialists which could have flow-on effects to the health of the communities served by those specialists.

3.5 Recommendations

Identified lessons learnt from the EFHIA process and strategies for changing the framework to maximise future effectiveness

The EFHIA process has assisted in determining the effects that this policy has on the target group and those not targeted by the policy, but indirectly affected.

While monitoring the recommendations is beyond the scope of this EFHIA process, it recognises that future changes to telemedicine be considered within the light of any changes to this policy

Identify ways which the policy should be evaluated for its effectives in reducing inequalities and inequities in health in these population groups and systems for disseminating the findings

A comprehensive evaluation of the SSRS Program is undertaken each year as well as evaluation of individual projects. It is suggested that the individual projects that deliver CPD via telemedicine ensure that they evaluate the projects effectiveness in reducing inequalities. The scope and timeframes of projects would not allow for inequities in health to be determined but rather any inequalities in accessing the activities on offer.

3.6 Monitoring and Evaluation

Identify strategies for monitoring the effectiveness (uptake and impact) of the EFHIA recommendations

1. The roll-out and updating of technology should be monitored to ensure equity of distribution throughout rural Australia by liaison with Telemedicine Units at the relevant State Health Departments
2. Ensuring that people know the uses and benefits of the technology, how to access the technology is equally important to ensure it is utilised to its fullest capacity.

4. What was learned and by whom?

The project officer largely responsible for the project gained a greater understanding of issues surrounding equity and how these issues should be considered in relation to the development and implementation of policy.

While resources were limited for the conduct of the EFHIA within the constraints of this case study, a larger cohort of rural specialists would have been beneficial to ensure all considerations of equity relating to the use of telemedicine were covered.

5. What has/would be expected to change if the results of the EFHIA were implemented and why?

Developing and delivering continuing professional development should be adaptable to meet the needs of the medical specialist workforce. It is important that needs are regularly assessed and this information considered by those involved in delivering CPD.

It is evident that telemedicine has the capacity to continue to play an important role in the delivery of CPD and that it can alleviate equity issues around timely access to such events.

In relation to the policy being considered for this EFHIA, it could be expected that the following may change or be impacted on:

1. Funding for CPD delivered by telemedicine continue to be supported however a number of issues should be considered when planning such events, including:
    - timeliness
    - target group access to the technology
    - target group understanding of how to use the technology
    - consultation with target group during event planning

2. Consideration and support should be given to alternative means of delivering education where telemedicine technology is not available

3. Liaison with metropolitan institutions should be encouraged to support the transfer of CPD offered in metropolitan locations to rural areas

6. Practical considerations when implementing EFHIA.

Given that this case study occurred without additional resources it is important the following elements are considered when implementing an EFHIA:

1. Timeframes:
   - How long will it take to complete the EFHIA?
   - When are the results needed?
   - Will the timing of the results affect the implementation of the policy?

2. Context and scope of policy
   - Have the relevant groups been involved in the planning of the policy?
   - Is the scope of the policy adaptable to a EFHIA ?
   -

3. Resources
   - Are there enough resources (ie staff, time, skills) to perform the EFHIA?
   - Do the staff involved understand the parameters of equity and issues associated with equity?

7 Other areas of the [your] organisation which would benefit (and how) from the routine application of EFHIA to policies and/or practices.

The Royal Australasian College of Physicians is largely involved in developing policy statements about a large range of issues. The routine application of EFHIA could benefit the following areas:

1. Ensure target groups have been clearly considered and stated within the policy
2. Ensure the involvement of all relevant stakeholder groups during all stages of the policy development process
3. Assist in identifying potential barriers to implementing the policy at various levels and assist with developing strategies to overcome these barriers
4. Assist in identifying evaluation strategies to ensure the effectiveness of the implementation of the policy is measured.

8 Concluding remarks

All specialists medical colleges play a role in delivering appropriate and timely CPD to their fellows. The outcomes of this study could benefit such organisations and information relating to the findings will be forwarded.

Attachment 1: Steering Committee

References

1. Australian and New Zealand College of Obstetricians and Gynaecologists (2003). A Framework for Continuing Professional Development of Vocationally Trained General Practitioners and Specialists.

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Attachment 1

Steering Committee

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