
CONFERENCE ABSTRACT**Learnings from Implementing Telemonitoring in South West Sydney (LITE in SWS)**

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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Introduction: Telemonitoring of patients with chronic diseases shows potential for improved quality of community based care resulting in fewer hospital admissions. Questions remain about how best to employ the technology, staff roles and how to integrate the intervention into existing healthcare practice and community based care. A previous retrospective analysis of telemonitoring study within South Western Sydney indicated the need to understand in more detail how the program was being implemented

Theory/Methods: The aim of the study is to identify the challenges and lessons of the telemonitoring implementation in the District, and identify strategies to inform the future implementation of telemonitoring initiatives. A program logic model was developed in order to develop an array of themes for interviews. Semi-structured interviews were carried out with a purposive diverse sample. It consisted of managers, administrators and clinicians involved in implementing telemonitoring, as well as those from the private telemonitoring services provider. Interviews were recorded, transcribed verbatim and thematic analysed.

Results: Sixteen semi-structured interviews were conducted (response rate-55%). Analysis of the transcripts identified 5 core themes linking different aspects of the implementation of the telemonitoring program: 1) Impact of telemonitoring (in community and health systems); 2) Implementation and management lessons; 3) Program risks; 4) Program main changes from beginning; and, 5) Future strategies and recommendations. The challenges from implementation were also included.

The participants viewed telemonitoring as a "Positive" initiative that had contributed in providing self-management capability for the patients, as they had increased ownership of their health and confidence in managing their own care. Stakeholders reported that telemonitoring was embraced enthusiastically by many patients and staff, and that it had a positive impact. They reported that patients credited it as a tool that provided support and increased their confidence in managing their own disease at home. The identified main

Allen-Keeling; Integrated Place Based Hubs - The Yarrabilba Family and Community Place - a proof of concept hub utilizing cross-sector partnerships to enable a shared focus on improving health, development and wellbeing outcomes of children and families living in a specific

challenges in implementing the telemonitoring model of care are: connectivity/network issues, up-to-date technology and software, limited resources (i.e. consumables, staff, number of devices), and potential for dependency on equipment.

Future strategies to improve such initiative could be managing such programs in house, organizing more human resources, more promotion and education around available programs at community level and within the hospital systems, making it better structured, engaging culturally and linguistically diverse (CALD) communities, and incorporating research and evaluation component.

Discussions and conclusion: This study provides guidance for the future development and escalation of telemonitoring across NSW. It highlights the importance of partnerships between the District Health, PHN, service providers (private/non-private) and local general practitioners. The results of this study will contribute to the understanding of practical considerations as well as barriers and facilitators of implementation telemonitoring beyond this region.

Lessons learned: Selection of right cohort for the intervention and a better communication between the patients, staff and the GPs.

Limitations: Only one service provider.

Suggestions for future research: To explore the feasibility related to self-management aspects of telemonitoring in a cohort of patients with early stages of chronic diseases and primary health professionals views on acceptability and perceived usefulness of telemonitoring in care provision.