

# Spotlight on Virtual Care: Nepean Blue Mountains Family Metabolic Health Service

Nepean Blue Mountains Local Health District

MARCH 2022



The 'Spotlight on Virtual Care' reports showcase innovation and leadership in virtual health care delivery across NSW. The series aims to support sharing of learnings across the health system and outlines the key considerations for implementation as identified by local teams.

Each initiative within the series was selected and reviewed through a peer-based process. While many of the initiatives have not undergone a full health and economic evaluation process, they provide models that others may wish to consider and learn from.

These reports have been documented by the Virtual Care Accelerator (VCA). The VCA is a multi-agency, clinically focused unit established as a key partnership between eHealth NSW and the ACI to accelerate and optimise the use of virtual care across NSW Health as a result of COVID-19. The Virtual Care Accelerator works closely with Local Health Districts (LHDs) and Specialty Health Networks (SHNs), other Pillars and the Ministry of Health.

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Preferred citation: NSW Agency for Clinical Innovation. Spotlight on Virtual Care: Nepean Blue Mountains Family Metabolic Health Service. Nepean Blue Mountains Local Health District. Sydney: ACI; 2022.

ISBN: 978-1-76081-990-3 (online)

SHPN: (ACI) 210985

TRIM: ACI/D21/1449

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# Introduction

The Nepean Blue Mountains Family Metabolic Health Service (FMHS) provides multidisciplinary, tertiary-level assessment and management of severe obesity for people aged two years and over, including in pregnancy. The FMHS was developed to support individuals and families living within the Nepean Blue Mountains Local Health District (NBMLHD) to achieve better health outcomes when faced with the challenges of obesity.

Nepean Blue Mountains Local Health District (NBMLHD) consists of urban and semi-rural areas, covering over 9,000 square kilometres, with a population of more than 345,000.

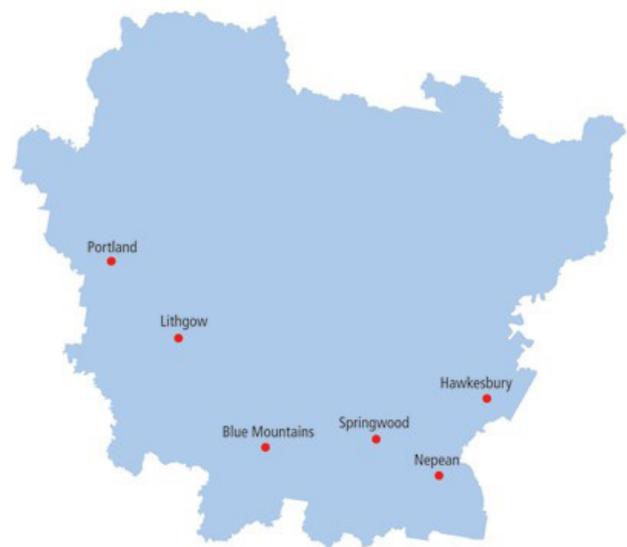
The FMHS provides services across four arms:

- KidsFit4Future, a paediatric clinic
- The Young Adult and Adolescent Metabolic Service (YAAMS)
- The Adult Healthy Weight Clinic (for non-pregnant adult patients)
- The Opal Clinic for women with obesity or history of metabolic and obesity surgery during and after pregnancy.

Since 2018, the FMHS has offered a hybrid model of in-person and virtual care for its patients. There has been a significant shift towards virtual care due to the COVID-19 pandemic, as people with obesity are at high risk for COVID-related morbidity and mortality.

The FMHS virtual services consist of patient-to-clinician consultations, group-based therapy, comprehensive education programs and supermarket tours. Services are provided using Pexip (for groups) and myVirtualCare (for individuals) videoconferencing platforms. Occasionally telephones are used. Patients use their own device at a private and secure location of their choice.

People who have obesity have concerns and challenges that significantly impact their desire to access care. They include stigma, mental health issues and reduced mobility. The flexibility of virtual care encourages and enables this vulnerable population to access care in a safe and familiar environment.



A map of the NBMLHD

***'It was really helpful to be in a comfortable environment and it was less stressful being able to log on from wherever I was, as opposed to being somewhere at a specific time.'***

**PATIENT IN A VIRTUAL GROUP PROGRAM**

## Reported benefits of the model

### Patient benefits of virtual care

- Improves access to care that is safe and convenient, for patients who can connect remotely from home and who:
  - are located remotely
  - have a physical disability
  - have complex family lives or social stressors
  - have newborns or toddlers, or are caring for others.
- Reduces travel and time away from work or other daily activities
- May reduce costs because people are no longer required to travel to clinics in person
- Enables access to care in a comfortable and familiar environment for people with obesity who have concerns about attending hospital due to stigma and reduced mobility
- Supports greater flexibility and patient choice, including their preference for virtual or in-person consultations and the modality, such as telephone or videoconferencing
- Promotes respect and engagement in self-care in a similar way to in-person consultations

### Clinician benefits

- Patients can use video to show their home environment and food products, improving the accuracy of dietary and physical activity assessments, and thus the quality of the recommendations
- Can improve the maintenance of regular and personal communication with patients (e.g. via individual midwifery telephone appointments), which has been reflected by higher attendance to appointments
- Post-natal groups are easier to manage when parents do not have to bring a newborn into the clinic
- Clinicians reported:
  - improved time management with virtual appointments
  - some observations can be completed virtually, via self-reporting or general practitioner (GP)-supported measures.
- Increased worker morale and safety through flexible working from home arrangements, which has been important during recent events such as the COVID-19 pandemic, flooding and bushfires
- Better attendance at virtual meetings, as not all staff are required onsite

### Service benefits

- Services could continue during the COVID-19 pandemic, maintaining the model of care for an at-risk population
- Number of 'did not attends' decreased when virtual care was offered, as it removed the barriers of in-person care
- Virtual modalities remove the need to have, and manage, dedicated physical spaces (including requirements for extra cleaning and maintenance during COVID-19), where previously the Service needed to hire community spaces and specific bariatric furniture in order to facilitate group sessions
- Easier to effectively manage conversations in group sessions than when delivered in person; content and size of virtual group sessions have been altered to better suit online delivery

# Overview of the model

## Key elements of the model

Element	Detail
Patient population and service users	<p>Services are provided to the following groups, based on criteria for each age range and population:</p> <ul style="list-style-type: none"> <li>• Paediatric</li> <li>• Adolescents and young adults</li> <li>• Non-pregnant adults</li> <li>• Pregnant women with obesity or history of metabolic obesity</li> </ul>
Referral pathway	<ul style="list-style-type: none"> <li>• GPs are the main referrers; however, specialist referrals are also accepted.</li> <li>• Referrals are sent to the FMHS via fax or post.</li> <li>• Referrals must be accompanied by supporting documents to confirm patients meet the Service's clinical criteria.</li> <li>• Occasionally, people in hospital are referred into the Service via a formal consult.</li> <li>• If a referral is urgent, referring doctors can contact the Service directly via telephone or email.</li> <li>• All referrals for non-pregnant adults are reviewed by the Clinical Nurse Specialist to determine the most appropriate arm, and the most appropriate clinician(s) for initial consult.</li> </ul>
Healthcare team	<p>The multidisciplinary team:</p> <ul style="list-style-type: none"> <li>• Four endocrinologists (three adult, one paediatric)</li> <li>• Three physiotherapists (one with women's health focus)</li> <li>• Three dietitians</li> <li>• Three clinical psychologists</li> <li>• Two midwives</li> <li>• One credentialled diabetes educator/ adult bariatric nurse</li> <li>• One paediatric nurse</li> <li>• One allied health assistant</li> <li>• One clerical coordinator</li> <li>• A surgeon who attends regular multidisciplinary team meetings and performs metabolic and obesity surgery at Blacktown Hospital, as part of the NSW public bariatric surgery program</li> <li>• A visiting psychiatrist from the consultation-liaison team who runs a clinic once per fortnight.</li> </ul>
Technology	<ul style="list-style-type: none"> <li>• Pexip is used for group sessions and myVirtualCare is used for individual sessions.</li> <li>• Patients attend their consultations using their own device, such as a smartphone, tablet or laptop.</li> <li>• The FMHS team use webcams and USB speakerphones with the existing computers in clinic rooms and offices.</li> <li>• When working remotely, FMHS use NBMLHD laptops.</li> </ul>

## Services

All patients can get a referral into the virtual service. They are encouraged to have access to a suitable device and stable internet connection to allow videoconferencing; however, they won't be excluded on this basis. Technology troubleshooting and telephone consultations can occur if necessary. The Allied Health Assistant supports clinicians and patients during sessions.

Each arm of the FMHS has a model of care, eligibility criteria and referral process to address the needs of its patient cohort. There is collaboration across these arms, especially if multiple members of one family are being seen at any one time. They all use virtual care for group and individual interactions.

### The Paediatric Clinic (KidsFit4Future)

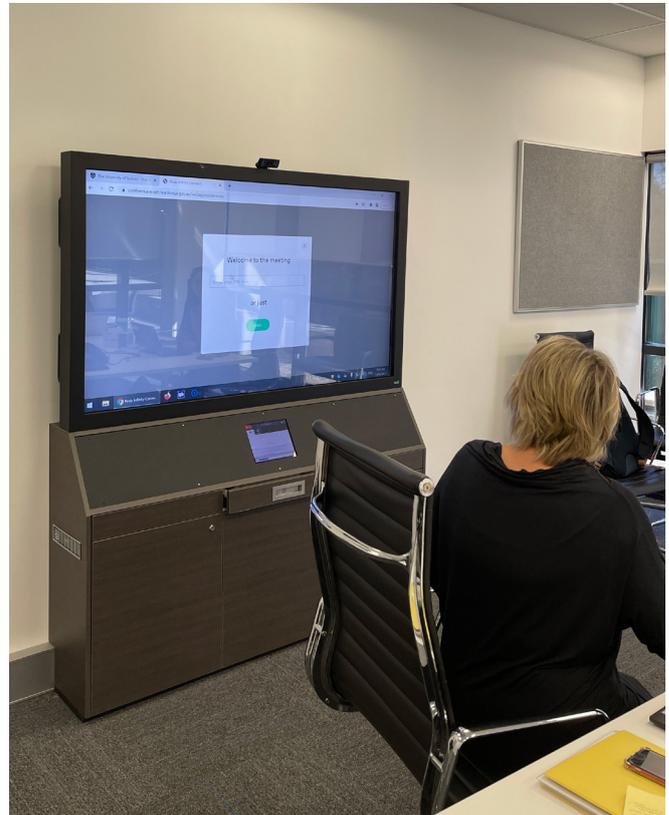
- For patients aged 2 to 16.
- Aims to provide support to families who are working towards healthier lifestyles.
- Uses group and individual virtual sessions, for both patients and caregivers.

### The Young Adult and Adolescent Metabolic Service

- For patients aged between 14 and 24 who would not be better managed in the paediatric or adult arms of the Service.
- Addresses weight management but also has a broad focus on physical, mental and social health, with an emphasis on overall wellbeing.
- Provides care in a flexible and adaptive way to respond to the needs of its patients.

### Adult Healthy Weight Clinic

- For non-pregnant patients aged 16 and above.
- Aims to provide holistic assessment and management for people with obesity.



A virtual set up in the FMHS clinic room

- Provides limited access to all advanced interventions for obesity management, as clinically appropriate, including pharmacotherapy and metabolic and obesity surgery.
- This medical program continues for 12 months, consisting of virtual individual and group components. Those entering the surgical program receive lifelong follow-up.
- All care can be delivered virtually (except for gym and hydrotherapy groups), although the preferred method is hybrid delivery.

### Opal Clinic

- For pregnant women who have a body mass index  $\geq 35$  pre-pregnancy or have a history of metabolic and obesity surgery.
- Aims to ensure a safe and healthy pregnancy for women who are at a higher risk of adverse outcomes, in pregnancy and post natally, due to weight-related issues.
- Opal operates as a midwife-led clinic, with advanced allied health support, in partnership with Nepean Hospital antenatal services. Multidisciplinary team meetings are held with an endocrinologist to discuss cases, and links can occur to the Adult Healthy Weight Clinic or pregnancy endocrinology services, if needed.
- Individual and group virtual sessions are available. A hybrid model of in-person and virtual care was used during the COVID-19 pandemic to ensure that testing and medical measurements could continue as needed during pregnancy.
- Following pregnancy, a post-natal program is offered. This aims to optimise the whole family's health.
- Individuals who do not meet the criteria for YAAMS but do for overall management at the FMHS will be transferred to the Adult Healthy Weight Clinic or KidsFit4Future Clinic, based on their age and needs.
- Patients who have received treatment in the Adult Healthy Weight Clinic who then become pregnant can be seen in the Opal Clinic and can then be referred back to the adult pathway afterwards. This is especially the case for patients who have had metabolic and obesity surgery.
- Clinicians typically work within one to two arms of the FMHS, however many have the flexibility to work across multiple arms as needed. This is successfully achieved by having:
  - a common vision
  - good communication
  - regular virtual team meetings
  - well-documented policies, procedures and models of care
  - shared administration and allied health assistant team members.

### Collaboration between the FMHS arms

- Administration staff, allied health assistants and clinical staff work across all four arms of the FMHS and support interactions between them. The entire team takes part in fortnightly virtual business meetings to ensure they're up to date with all activities within each arm of the Service.
- The FMHS can treat multiple members of one family. Parents of children attending KidsFit4Future or YAAMS are prioritised for access to the adult arm of the Service, and vice versa. These families can be discussed at a multidisciplinary team meeting with staff who work across different arms of the FMHS.

***'A few years ago, I would have said there's no way I'd do telehealth unless I was forced to. But now that I've done them [sic], I can see they work for a good portion of people'***

SARAH LAM, CLINICAL PSYCHOLOGIST

## Virtual shopping – an example of group education at the FMHS



The adult and paediatric arms of the Service provide patients and carers with an opportunity to complete a supermarket tour with their clinician. This was initially done in person by taking groups to a local supermarket.

This virtual shopping tour takes participants through healthy food choices and the layout of a typical supermarket to ensure a successful food shop. The virtual shopping tour enables patients to better manage their health by providing advice on:

- how to shop efficiently and healthily
- shopping to a budget
- making shopping lists
- meal planning
- digital apps and other useful supermarket shopping skills.

Due to the COVID-19 pandemic restrictions on group gatherings, the FMHS saw an opportunity to use virtual groups. The team has now designed shopping tour presentations and workbooks that are compatible for both in-person and online settings.

NUTRITION INFORMATION		
Servings per package: 8		
Serving size: 53g		
	Per serving	Per 100g
Energy	550kJ	1050kJ
Protein	2.4g	7.2g
Fat	3.6g	11.0g
Total Saturated	1.3g	4.1g
Carbohydrate	21.5g	55.1g
Sugars	10.1g	30.7g
Dietary Fibre	1.7g	5.1g
Sodium	20mg	70mg

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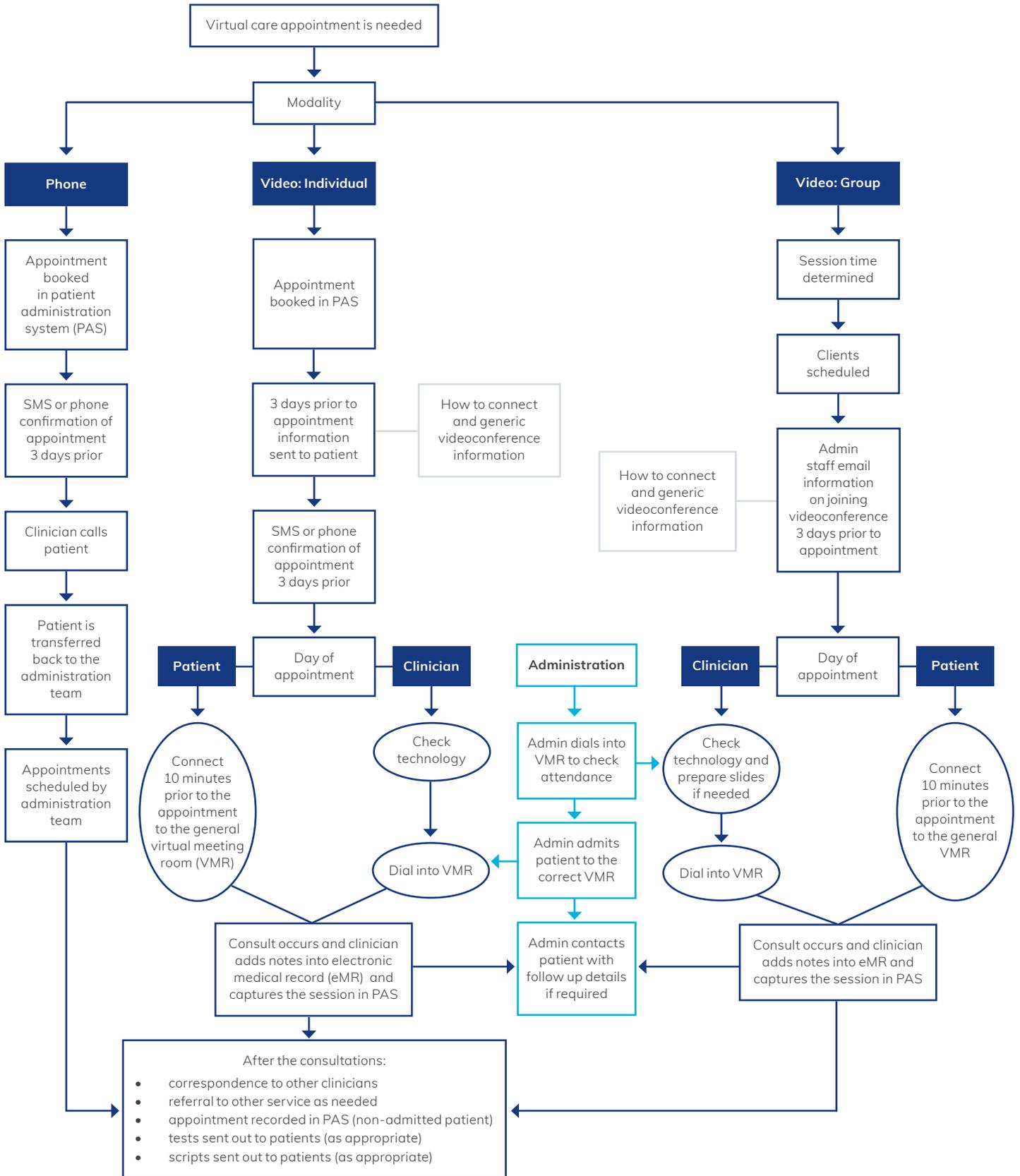
Insight into successfully navigating your way around a supermarket

**'We recognised that it can sometimes be very difficult for individuals, kids and families to lose weight. That's why we brought together a highly experienced, local team and applied the latest research to help people get healthy.'**

KAY HYMAN, CHIEF EXECUTIVE, NBMLHD

## Workflow diagram

Figure 1: Example workflow from the adult clinic



## Patient story

Jonathan\* is a current patient of the FMHS who lives just outside the Penrith area. He is housebound due to complications with his obesity and needs to use an ambulance service to access in-person appointments at FMHS. Jonathan also suffers from anxiety, which can become an issue when he needs to attend appointments in person.

At the onset of the COVID-19 pandemic, all of Jonathan's in-person appointments were changed to virtual care in accordance with the restrictions of social distancing. He was very happy using virtual care because it removed a lot of the barriers he faced when accessing his care in person.

Jonathan told the virtual care team:

“[Virtual care] allowed me to not be so anxious about knowing I have to go into the centre. It helps me out in terms of access, but also helps my dependency on the public system – it allows me to access a service, but not by using the ambulance – which is a huge cost to the system. For people who can't access the Service regularly, it's the perfect platform.”

Virtual care allowed Jonathan access to the FMHS without using an ambulance and helped with his mental health.

“I am so isolated – my only interaction is with my wife and my mother. It was good to have the video interaction – you get the feeling you are talking to the person – not just a voice. It gives me some difference in my day. It has a positive effect on my mental health.”

\* Name changed to protect patient privacy and confidentiality

# Making it happen

This section outlines the key enablers and challenges identified by those involved in implementing this model. Addressing these factors effectively has been critical to successful implementation and these learnings can be used by other health services in the development of local models. The resources listed in the supporting documents section at the end of this report supplement these learnings and have been identified throughout the following sections.

## Local planning, service design and governance

### Local clinical governance

- Clinicians report operationally to the Clinical Lead (as the service manager) and professionally to the leads of their individual disciplines.
- There is close collaboration between the Clinical Lead and the professional leads, ensuring excellent communication, informed decision making, effective implementation within the Service, as well as effective collaboration with external partners.
- Multiple escalation pathways exist for clinical and operational issues. An incident is reported to the Clinical Lead who investigates the concern with the wider team, including the NBMLHD Telehealth Team.
- Patient concerns are escalated through the same channels as in-person care.
- ims+ is used by the FHMS for reporting virtual and in-person incidents.
- Patients can choose to attend their initial appointments virtually; however:
  - where medical assessment is needed, and possible, all initial appointments are in person
  - post COVID-19 restrictions, in-person appointment are preferred, in conjunction with virtual consultations, unless a person has major barriers to attendance or is critically unwell.
- Each patient's consent to receiving care virtually is recorded in their medical record.
- Patients with specific healthcare needs are referred to other services as appropriate.
- Some aspects of the Service that clinicians have identified as inappropriate for virtual delivery include:
  - the initial medical appointment, due to the need for a comprehensive clinical examination
  - sessions where a high degree of collaboration is required, such as brain storming strategies on a single piece of paper
  - when clinical psychologists complete graded exposure (due to practical considerations); a hybrid and adaptable model is important as it enables tailored care for patients' complex needs.

### Processes and clinical protocols

- A telehealth procedure\* outlines:
  - inclusion criteria for the use of virtual care
  - processes, including recording of activity and clinical notes in the eMR
  - an implementation plan for virtual care
  - what information to send to patients about their virtual appointment.
- Prior to COVID-19, all patients had one in-person appointment with the FMHS before accessing virtual care. This requirement changed during COVID-19 for the safety of the patients and staff.
- Multidisciplinary team meetings are held with all staff, ensuring continuity of care and collaboration across the Service, such as case conferences to discuss patients and ensure multidisciplinary care needs are met.
- Business meetings between FMHS clinicians and staff are held via Skype or Microsoft Teams fortnightly.

\* See FMHS Telehealth Procedure

## Building engagement

### Key partners and stakeholders

- Primary care
  - GPs are engaged with the Service via [NBMLHD's HealthPathways](#) page and [internet site](#).
  - The FMHS provides education to GPs via the Nepean Blue Mountain Primary Health Network (PHN), and has engaged in a working group and community consultation that includes GPs.
  - The FMHS is currently working with GPs, the local PHN and Ministry of Health to develop community models of care for obesity. This includes currently engaging in collaborative commissioning in obesity and type 2 diabetes. There will be a strong emphasis on virtual case conferencing, as well as exploring a virtual model of care for obesity that is distinct from the Service.
  - Aboriginal Health Services are engaged directly or through a patient's GP to enable treatments.
- Other NBMLHD services
  - The FMHS work with other services such as paediatrics, diabetes, obstetrics, mental health, pain services and primary care and community health for the care of individual patients.
  - The FMHS can provide onward referrals for specialist advice, or upon discharge from the Service. Patients may remain under the care of both services.
  - Occasionally case conferences are organised to share care plans, especially with primary care and community health, for patients with poor mobility or other complex health needs. Work is underway to upscale virtual capabilities in the community health centres in the NBMLHD. This will allow patients who have difficulty attending in-person appointments or who do not have appropriate devices or internet connection, to join from other locations.
- Rural health services
  - Patients from LHDs other than the NBMLHD who do not have access to equivalent services are offered care through the FMHS. This component of the Service has a strong emphasis on virtual interactions.
  - The FMHS clinicians aim to work with local clinicians via case conferencing and email communications.
- Blacktown Hospital
  - Some patients within the adult model of care may have the option of surgical interventions. Metabolic and obesity surgery is conducted at Blacktown Hospital, and all pre- and post-operative care is provided at the FMHS. Joint hospital virtual multidisciplinary team meetings support this.
- The Service is currently partnered with Wentworth Healthcare (Nepean Blue Mountains PHN) and the Charles Perkins Centre at the University of Sydney. This partnership includes developing virtual strategies and community models of care for obesity. FMHS is currently connected with the [Family Obesity Node at the Charles Perkins Centre](#).

## Engaging patients

- In most circumstances, the modality of care is up to the patient. When offered a virtual appointment, patients are given the choice between a video or phone call. When safe to do so, patients can opt for an in-person appointment.
- Resources are provided to help patients to access virtual care, such as information sheets and dial-in information.<sup>5</sup>
- For some patients, digital literacy can make it difficult to access care virtually. This is managed by offering support, choosing a virtual modality that best suits a patient's skills and continuing to offer in-person appointments.
- Administrative staff play an important role in helping patients to navigate virtual care. This includes letting patients know what to expect in their virtual appointment, providing them with troubleshooting support, as well as basic virtual care guidance. Administration staff are the first point of contact for technical difficulties which are then escalated to the NBMLHD Telehealth Team.
- In some instances, and when it's appropriate, an interpreter can be dialled in to assist patients who do not speak English as a first language.
- Certain group sessions have workbooks for patients to work from and include content to refer to. The workbooks include pictures and are written to be inclusive for those with low literacy levels.
- At the end of virtual group sessions, clinicians ask patients for their goals. At the next session, they review their progress with their goals, allowing them to engage with the clinician and receive individual feedback and support.
- A survey has been completed to better understand patients' experiences and to continually improve the Service. The myVirtualCare platform will enable regular assessment of the patient's virtual care experiences via a patient-reported experience measure (PREM) survey following their virtual appointment.

## Staff support

- The Clinical Lead for the Service encourages clinical teams to use virtual care, as appropriate.
- The NBMLHD Telehealth Team support staff to implement virtual care. The service initially began with the use of video calls in 2019.
- The telehealth team provide:
  - clinician education on virtual care
  - clinician training
  - change management support
  - resources, including patient and staff information guides
  - set up of technology and troubleshooting for both staff and patients
  - support with technology for group sessions, such as enabling video playback within a conference call
  - support with innovation.
- The Service's Clerical Coordinator works closely with clinicians to ensure virtual clinics run smoothly.
- Initially, some clinicians felt that it was more challenging to develop rapport with patients virtually. Strategies were implemented to improve clinician connection with patients, such as small talk and using props or visual aids.

***'I found the group situation helpful. I'm a person who needs this kind of support to stay on track.'***

**PARTICIPANT IN A VIRTUAL GROUP PROGRAM**

<sup>5</sup>See Patient information sheet in Resources

## Workforce and resourcing

### Appropriate technology

- FMHS clinicians are set up for remote access. They use laptops and have connection to hospital systems. This enables flexible work arrangements.
- The FMHS use Pexip and myVirtualCare to connect clinicians and patients. They are used for both individual and group settings.
- Clinic rooms are set up for group videoconferences, including speakers, webcams and large screens. This set up enables the delivery of high quality virtual care.
- Clients can engage with the group and individual sessions via their personal devices, in accordance with the *NBMLHD Telehealth Procedure*.<sup>\*\*</sup>
- Phone calls are used to follow up specific queries with clients as needed.
- Clinical documentation is via the LHD eMR and the NSW Health maternity information system, eMaternity, for the Opal arm.

### Delivery of group sessions

- Group sessions are a core offering of the FMHS program. All virtual group sessions are facilitated on Pexip and patients join from their home. Some small groups may engage in a hybrid format, with some individuals attending on site and some virtually.
- For the delivery of virtual care to be successful, multiple clinicians usually conduct group sessions. It is important to have two or more clinicians taking part to ensure that they are supported with the various tasks. For example, managing the slides while the other presents. Having two clinicians from different disciplines join a group session also promotes better integration across disciplines and a holistic approach to health. Clinicians join the virtual session together using a videoconferencing room.

- The Pexip web application has comprehensive host functions that are important for group sessions. The functions include the ability to mute some or all participants, lock the conference for confidentiality and prevent the session from being terminated prematurely.
- To engage patients in the group sessions, FMHS uses different tools and methods, such as ice breakers and the use of props or diagrams to check understanding. Patients can also call the FMHS if they need to talk to someone for further instructions. Support people, such as care workers, can also be involved in group sessions to assist patients.
- PowerPoint slides are shared into the videoconference; they are typically simple slides that are easy to understand. Occasionally, links to videos are provided or videos are played within the Pexip platform.

### Staffing model

- The Service works with a dedicated full-time Clerical Coordinator who supports all aspects of both in-person and virtual care. This Clerical Coordinator supported the initial transition to the hybrid service delivery model and provides ongoing support for virtual care to both clinicians and patients. The activities are also supported by the Allied Health Assistant, under the Clerical Coordinator's direction.
- There is an extra administrative task to coordinate virtual appointments. By refining processes and upskilling administration staff to support patients and clinicians experiencing technical issue, this became less of an issue.
- A range of clinicians make up the multidisciplinary team of the FMHS arms ([see table on page 7](#)).

### Funding model

- The Service uses both the Medicare Benefits Schedule (MBS) and activity-based funding.
- Prior to COVID-19, only clients living in rural areas were eligible for MBS billing when using video calls. Temporary COVID-19 Medicare item numbers allow the billing of virtual appointments in the same way as in-person consultations.
- For aspects of the Service funded by activity-based funding, there are incentives paid by the Ministry of Health for the delivery of virtual services.

### Considerations for sustainability

- The Service has grown significantly over the past few years due to an increase in demand. It is anticipated that the Service will continue to develop to meet the needs of the population. This will be achieved by collaborating with community partners to provide an integrated approach to care provision. Use of virtual care will be essential given the large geographical area of the NBMLHD.
- In 2020/21 the Service received funding from the Virtual Care Accelerator to work with PricewaterhouseCoopers (PwC) to further develop their hybrid model of care.
- The ability for the Service to continue using MBS funding will depend on virtual care item numbers existing beyond the current pandemic.



A dietitian and clinical psychologist on a virtual group session

#### Clinician tips for engaging in virtual group sessions

- Allow time for patients to introduce themselves to the group so they feel it is a safe space.
- Include quiz-type questions to encourage participation.
- Keep sessions conversational and casual, rather than a lecture. This makes participants feel comfortable to participate in the sessions.
- Bounce ideas off other clinicians in group consults.

# Benefits of the model

## Results



Occurrences of service in August 2020 were equivalent to that of August 2019 (virtual care versus in-person). This means that virtual care was able to maintain the FMHS model of care throughout the COVID-19 pandemic.



Appointments labelled as 'did not attend' in August 2020 were reduced by 45% compared to August 2019 (pre-COVID-19 versus during COVID-19).

A PREM survey conducted by PwC from 22 April and 16 May 2021 with 119 respondents found:

- 66% of respondents had received virtual care over the past 12 months and reported higher satisfaction compared to those who had not received virtual care

Of these respondents:

- 79% who had received virtual care had not experienced any problems with connection or technology during their virtual care appointment
- 92% stated that the care and treatment received through virtual care helped them
- 69% would speak highly of their virtual care experience to friends and family
- 82% would use virtual care again
- 68% were either "very satisfied" or "satisfied" with the virtual care they received compared to in-person appointments.

## Benefits

1. Greater patient choice on how, when and where services are accessed.
2. Patients feel more comfortable to receive care in their home environment.
3. Reduced need for travel.
4. Reduced need for specialised clinic spaces.
5. Improved use of clinician time with decreased non-attendance rates.

## Monitoring and evaluation

- Virtual care has been successfully implemented across the adult, Opal, paediatric and young adult or adolescent arms of the Service in all disciplines. This enabled continued operation throughout the COVID-19 pandemic without exposing patients and families to the increased risk that comes with in-person consultations.
- Uptake of virtual care was rapid, with most patients happy and willing to engage. Reduced 'did not attend' rates were also noted at first, potentially due to the increased convenience of virtual appointments. Over time, 'did not attend' rates have gradually increased but not to the level of in-person-only appointments.
- Clinicians reported that patients with appointments via videoconference reported greater levels of satisfaction than those on telephone-only consultations.
- All arms of the Service have continued with a blend of virtual and in-person appointments, due to the need to review this population of clients physically.
- The FMHS team will maintain virtual care in a hybrid format within their model to increase accessibility for patients of the Service, and to ensure the continuation of high-quality care.
- The FMHS engaged in a formal evaluation of virtual care usage in partnership with PwC. This process involved consultation with patients, clinicians and administrative staff of the FMHS, and other key stakeholders, to assess the utility of virtual care within the Service. The FMHS has engaged in several workshops to gain feedback from clients for continuous service improvement.
- The FMHS continues to evaluate patients' progress, through the different arms of the Service, to assess whether outcomes change as a result of a hybrid model of care.

## Opportunities

- The FMHS engaged PwC to develop recommendations on a future state for the hybrid model of care, including virtual strategies to enhance care. It will aim to implement the recommendations to continue to build on what has been achieved to date, and to ensure ongoing provision of high-quality virtual care to their patients.
- NBMLHD has a partnership with the Charles Perkins Centre at the University of Sydney. This partnership enables future research into unique models of care for obesity, including in the community, as part of a formal integrated care strategy and in the antenatal clinic.
- Virtual strategies for service enhancement will also be explored with research partners.
- Learnings from the FMHS can be applied to other outpatient services. Key learnings are as follows:
  - Virtual modalities can be used successfully in both group and individual settings with the right level of support.
  - Virtual care is valuable to not just patients, but families and carers and clinicians.
  - Hybrid services allow patients to have more choice in the provision of their care and improve accessibility.
  - Virtual care can provide clinicians the opportunity to enjoy flexible work arrangements. The arrangements are essential to support circumstances around pandemics and natural disasters, including fires and flooding.

**'[It was] a great experience, [I] would do it again in a heartbeat'**

**PARTICIPANT IN A VIRTUAL GROUP PROGRAM**

## Resources

[Healthy Choices - Supermarket shopping](#)

[FHMS Telehealth Procedure](#)

[NBMLHD Adult Healthy Weight Management Clinic Referral](#)

[NBMLHD Kids Fit 4 Future Clinic Referral](#)

[NBMLHD Patient Information Sheet](#)

[NBMLHD Pexip Telehealth Guide](#)

[NBMLHD Patient Data Consent Form](#)

[NBMLHD OPAL Patient Information Sheet](#)

[NBMLHD Building Map for Patients](#)

## Acknowledgements

We would like to acknowledge the current NBMLHD FMHS team for their involvement in documenting this virtual care initiative, along with all past and present staff who have been involved in its development and ongoing delivery.

We specifically would like to thank:

Dr. Kathryn Williams	Clinical Lead and Head of Department Endocrinology, Nepean Hospital
Sophia Kwan	Data Manager / Research Assistant & Clinical Psychologist, FMHS
Tanya Baldacchino	Telehealth Manager, NBMLHD
Sarah Lam	Clinical Psychologist, FMHS
Emma Walker	Senior Dietitian, FMHS
Sally Badorrek	Senior Dietitian, FMHS

We would also like to thank the clinicians, consumers and virtual care experts involved in reviewing this report.

## Glossary

eMR	Electronic medical record
FHMS	Nepean Blue Mountains Family Metabolic Health Service
MBS	Medicare Benefits Schedule
NBMLHD	Nepean Blue Mountains Local Health District
PAS	Patient administration system
PHN	Primary Health Network
PwC	PricewaterhouseCoopers
YAAMS	Young Adult and Adolescent Metabolic Service

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