

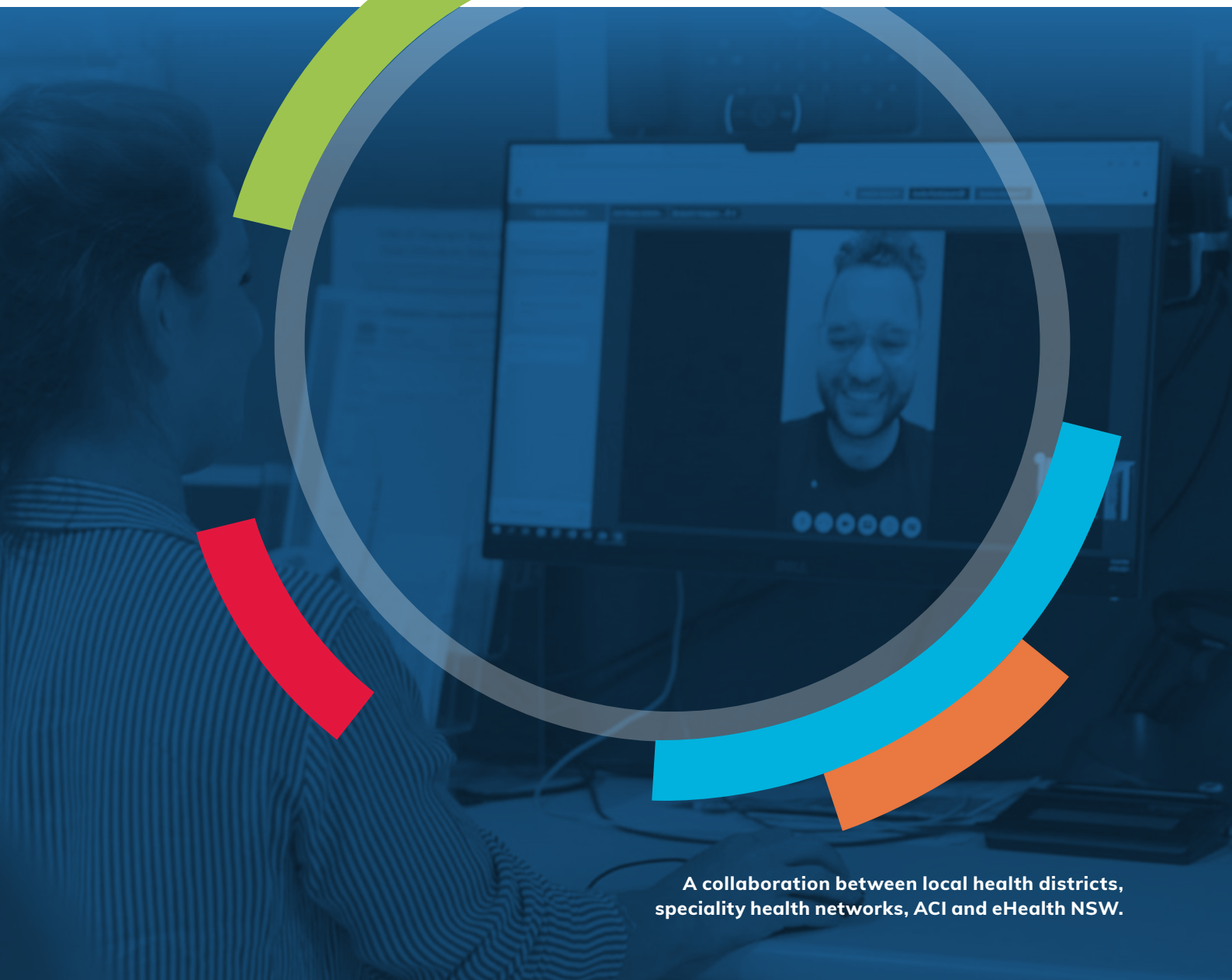


AGENCY FOR  
**CLINICAL  
INNOVATION**

# Spotlight on virtual care: Oral Health Services

**Southern NSW Local Health District and Murrumbidgee  
Local Health District**

MAY 2023



A collaboration between local health districts,  
speciality health networks, ACI and eHealth NSW.

**The information in this resource should not replace a clinician's professional judgement.**

The 'Spotlight on virtual care' reports showcase innovation and leadership in virtual healthcare 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.

These reports have been documented by the ACI Virtual Care team in partnership with the local health district to accelerate and optimise the use of virtual care across NSW Health. The ACI works closely with local health districts, specialty health networks, NSW Health pillar organisations and the Ministry of Health.

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# Introduction

The Southern and Murrumbidgee Oral Health Services uses technology to connect oral health therapists, dental officers and specialist dental care providers to patients located in the Southern NSW and Murrumbidgee local health districts.

Southern NSW Local Health District (SNSWLHD) and Murrumbidgee Local Health District (MLHD) are neighbouring districts in the south of NSW. The SNSWLHD covers 44,537 square kilometres and provides health services for around 200,000 residents and additional visitors in south-east NSW, from Goulburn and Crookwell to the Victorian border. The Murrumbidgee LHD covers 125,242 square kilometres and has a population of around 245,000 residents. Both local health districts (LHDs) are considered rural areas.<sup>1</sup>

The Southern and Murrumbidgee Oral Health Services (the service) provides pathways for patients to access acute and specialist dental care through virtual appointments, making the service accessible for those in remote areas. Originally, to provide support to patients, the service used store and forward modalities, an electronic communication method of acquiring and storing of clinical information.<sup>2</sup> The service has since expanded to using videoconferencing capabilities to conduct virtual appointments. It was the first in SNSWLHD to successfully conduct a patient appointment using the myVirtualCare (myVC) platform.

The use of virtual care technology has enabled the service to deliver care with a patient-centred approach that is effective, efficient and improves patient health outcomes. The integration of virtual care has increased access to acute and specialist dental care close to home. This contributes to overall health and wellbeing because poor oral health is associated with several chronic diseases, including stroke and cardiovascular disease.<sup>3</sup> (Figure 3)



Figure 1: Map of Murrumbidgee Local Health District



Figure 2: Map of Southern NSW Local Health District

The virtual component of the service began as a pilot in 2018 and was so successful that it is now a leading provider of acute and specialist dental services to patients in the SNSWLHD and MLHD.

The service allows patients to access quality acute and specialist dental advice through videoconferencing, reducing the need for patients to travel long distances. The service also uses 22 public dental clinics across both districts to refer patients into, should they require in-person emergency dental care. This ensures patients' needs are taken care of.

<sup>1</sup> NSW Health. Regional health. NSW regional and rural local health districts. [Internet]. Sydney; NSW Department of Health: 2022 [cited: March 2023]. Available from: <https://www.health.nsw.gov.au/regional/Pages/default.aspx>

<sup>2</sup> NSW Agency for Clinical Innovation. Virtual Care in Practice Guide [Internet]. Sydney; NSW Department of Health: 2021 [cited: March 2023]. Available from: [https://aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0004/651208/virtual-care-in-practice.pdf](https://aci.health.nsw.gov.au/_data/assets/pdf_file/0004/651208/virtual-care-in-practice.pdf)

<sup>3</sup> Dental Health Services Victoria. Links between oral health and general health the case for action [Internet]. Melbourne; Dental Health Services Victoria: 2011 [cited: 9 March 2023]. Available from: [https://www.dhsv.org.au/\\_data/assets/pdf\\_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf](https://www.dhsv.org.au/_data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf)



Figure 3: Impact of poor oral health (Source: Australian Institute of Health and Welfare)

## Reported benefits of the model

### Patient benefits

- Increased access to acute and specialist dental care close to home
- Increased access to care for patients from socially disadvantaged backgrounds
- Reduced anxiety for patients when they see an oral health therapist or dental officer over a video. This reduces the related anxiety a patient may feel during an in-person dental clinic
- Patients can indicate what they want from their appointment. This enables shared decision-making and supports consumer-focused care
- Patients have more equitable and timely access to services to improve continuity of care
- Increased access to specialist services that are not available locally
- Family members and carers can easily participate in the virtual consult to support the patient who is receiving care (with their consent). They can do this without needing to travel

### Clinician benefits

- Enhanced triage has significant benefits for time management within the clinic
- Enables clinicians to be more involved and provide better patient-centred care
- Enables clinicians to assess patients more accurately as the visual component provides additional information to the symptoms the patient relays
- Provides clinicians with a variety of service delivery modalities that contribute to job satisfaction
- Provides an opportunity for clinicians to develop additional skills
- Enables clinicians who cannot deliver in-person care (for a range of reasons) to be employed in a clinical capacity

### Service benefits

- The LHD saves money by reducing the number of unnecessary dental vouchers being given out
- Less Code 1s being reported due to the use of myVC to aide in triage.

# Overview of the model

## Key elements of the model

Element	Detail
Patient population/ service users	<ul style="list-style-type: none"> <li>• All children under 18 years of age</li> <li>• Adults who hold any of the following current Centrelink concession cards:               <ul style="list-style-type: none"> <li>– Pensioner Concession Card</li> <li>– Commonwealth Seniors Health Card</li> <li>– Health Care Card</li> <li>– Anyone listed on a patients' card is also eligible for the service</li> </ul> </li> <li>• All patients must be eligible for Medicare and have a valid Medicare card</li> </ul>
Referral pathway	<ul style="list-style-type: none"> <li>• Patients self-refer into the service via the contact centre, 1800 450 046</li> <li>• The contact centre is available to the public from Monday to Friday 8am – 4:15pm (excluding public holidays)</li> <li>• Work is underway to engage with primary care providers to enhance another referral pathway</li> </ul>
Healthcare team	<ul style="list-style-type: none"> <li>• Dental officers</li> <li>• Oral health therapists</li> <li>• Contact centre managers</li> <li>• Call centre staff</li> <li>• Dental assistants</li> <li>• Specialist dentists</li> </ul>
Technology	<p><b>Provider end:</b></p> <ul style="list-style-type: none"> <li>• Computer with webcam and internet access</li> <li>• Headset</li> <li>• Access to Titanium eMR</li> <li>• myVirtualCare videoconferencing platform</li> <li>• Intra-oral camera</li> </ul> <p><b>Patient end:</b></p> <ul style="list-style-type: none"> <li>• Access to a computer with webcam or a smart device (e.g. phone or tablet) with internet access</li> <li>• Headset is optional</li> <li>• Intra-oral camera (with specialist care model)</li> </ul>

## Services

- The Oral Health Services operates virtually using the myVirtualCare platform, and in-person via the services' 22 public dental clinics.
- The virtual service provides real-time tele dentistry services through videoconferencing and store and forward modalities.
- Patients self-refer into the service by contacting the Oral Health Call Centre (OHCC) via a publicly available 1800 number. Patients who are out of scope are referred to a private dental service.
- Patients are triaged by OHCC staff using specific dental codes that are listed in Figure 4. This initial triage helps to determine if a patient needs a virtual appointment, an in-person appointment at the services' in-house dental clinics, or a dental voucher to seek emergency treatment at another public dental clinic.
  - If a patient cannot clearly be triaged into one of the dental codes, the OHCC staff will recommend a myVC appointment to aid further triage.
- Following initial triage into a Code 1, 2 or 3a (Figure 4) by the OHCC, a secondary triage and clinical assessment via myVC is arranged for a dental practitioner to confirm the priority of the patient.<sup>4</sup>
- The service also uses myVC for specialist paediatric dental appointments.
  - There are three clinics in the SNSWLHD and MLHD that provide face-to-face specialist paediatric dental care to patients of the Oral Health Services: Bega, Wagga Wagga and Albury.
  - Patients are referred from NSW Health public dental clinics and referrals are reviewed by the waitlist coordinator. If the patient is suitable for the specialist paediatric dental care pathway, the service arranges a consult at the patient's closest base clinic. The specialist will join virtually from Sydney. This virtual appointment can include a general anaesthetic consultant and completion of Recommendation for Admission (RFA) paperwork.

Dental triage codes waiting times (adults and children)	
Code	Waiting time
Code 1	24 hours
Code 2	3 days
Code 3a	1 week
Code 3b	1 month
Code 4	6 months
Code 5	12 months
Code 6	24 months

Figure 4: Dental triage codes waiting times (adults and children)

**'It takes the pressure off deciding whether the patient is telling us the right symptoms.'**

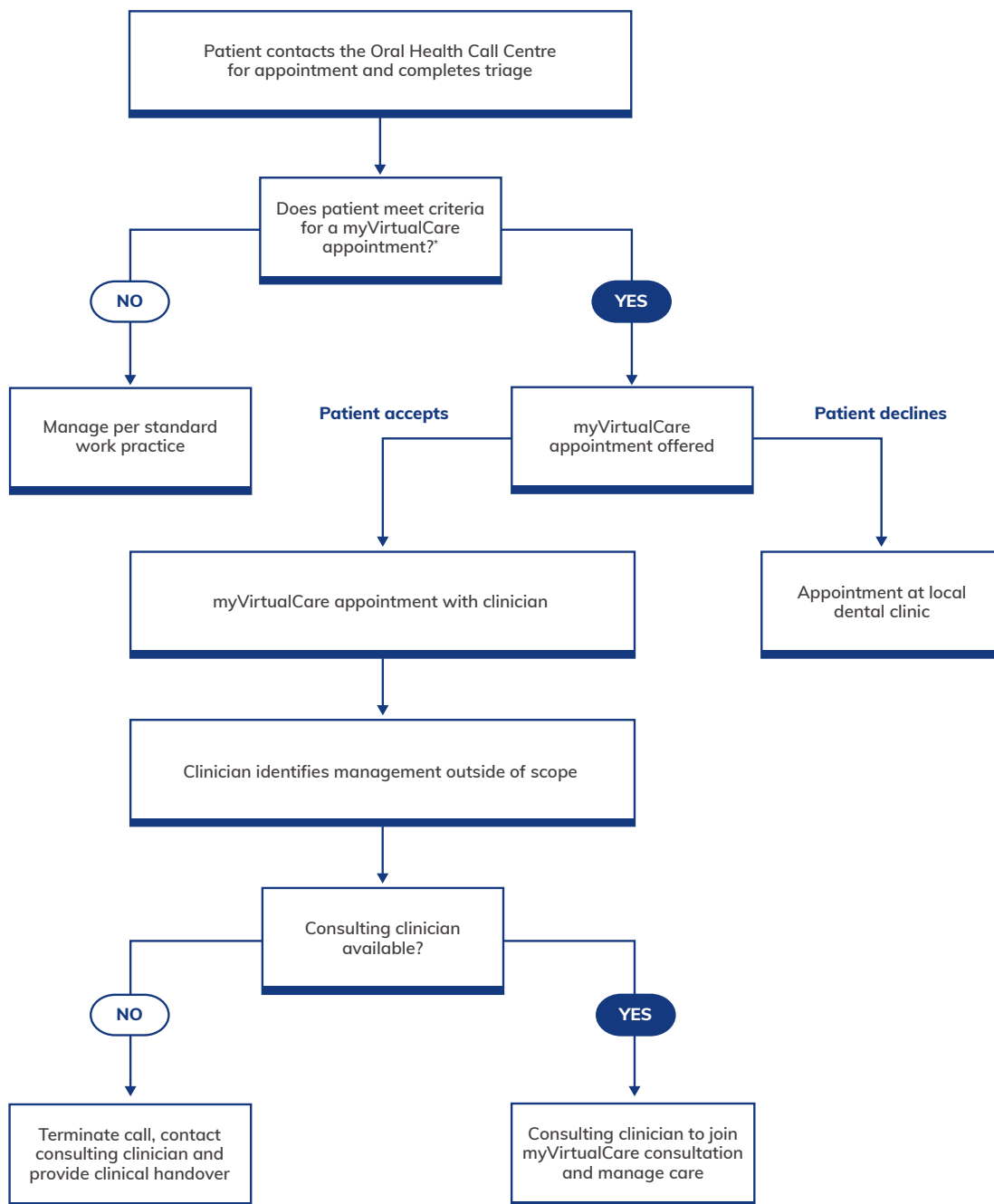
CALL CENTRE STAFF MEMBER

<sup>4</sup>Figure 4. See NSW Health Priority Oral Health Program (POHP) and Waiting List Management for more details on dental triage codes [internet]. Sydney; Centre for Oral Health Strategy; 2020. [cited March 2023]. Available from: [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017\\_023](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_023)



## Workflow diagrams

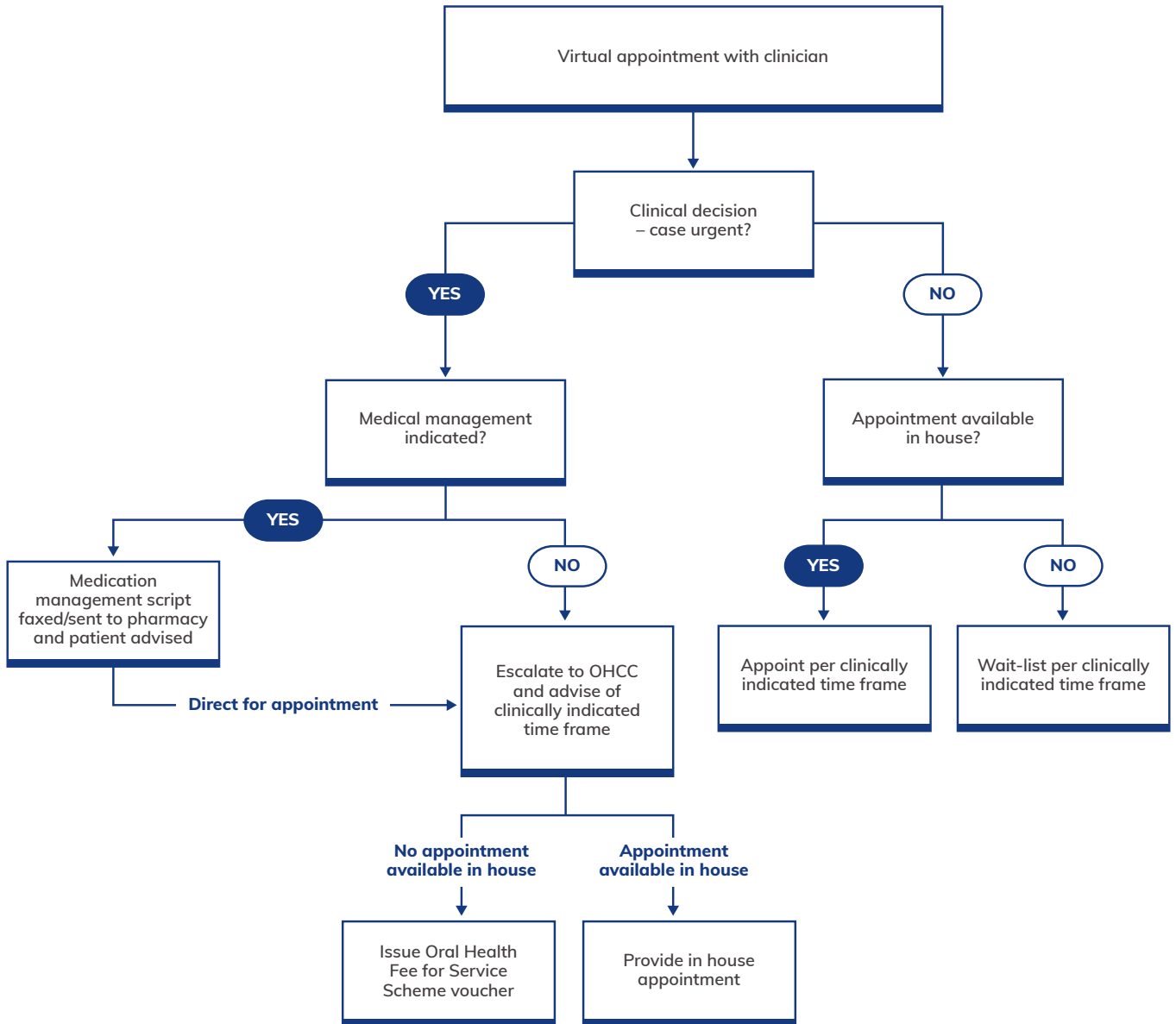
Figure 5: Workflow for offering a patient virtual care and identifying scope



\*Priority 1 but no appointment available within 48 hours.

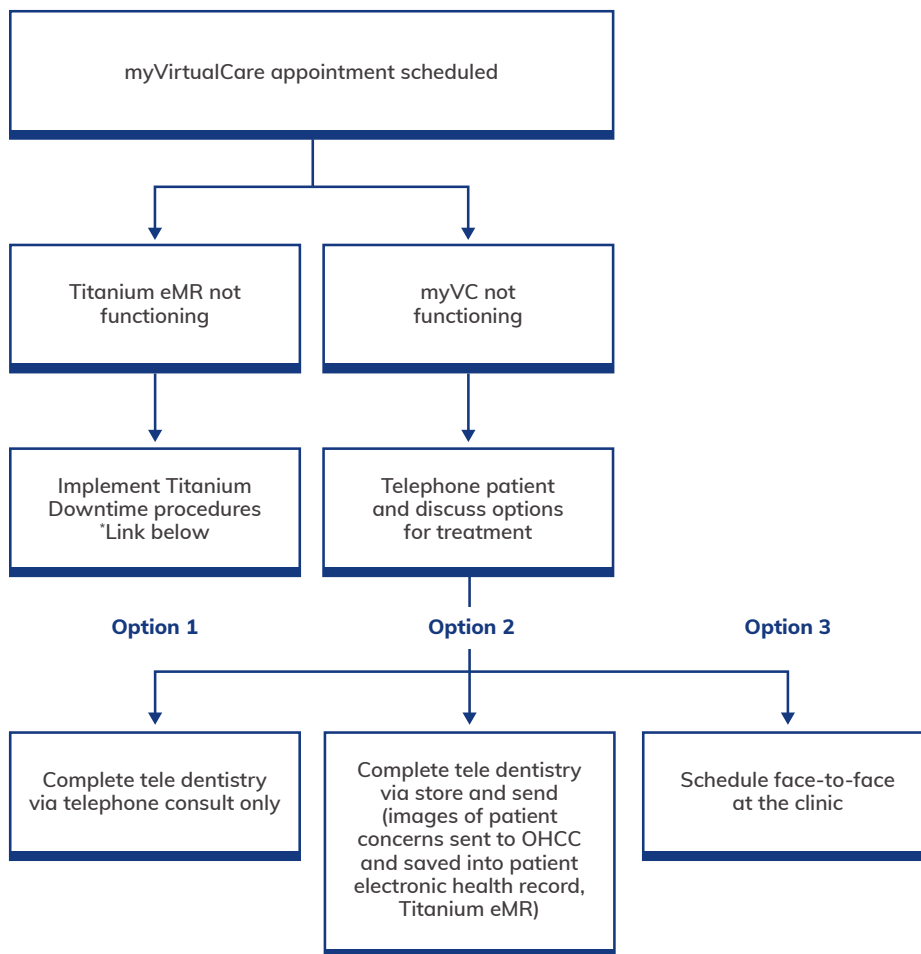
### Workflow diagrams (cont.)

Figure 6: Workflow for an urgent versus non-urgent case



## Workflow diagrams (cont.)

Figure 7: Troubleshooting process for technology during a virtual appointment



Note: Titanium Downtime Procedure uses paper-based documentation to capture and record information required for appointments. Information is later transferred to Titanium.

## Patient story

After attending face-to-face appointments at Moruya Dental Clinic, brothers Hudson, 15, and Ethan, 13, were referred to Sydney Dental Hospital for specialist management. Patients usually travel to Sydney for an initial consultation and for follow-up reviews. The use of the myVirtualCare (myVC) platform meant Hudson and Ethan were able to access these services remotely.

Historically, children in Southern NSW and Murrumbidgee local health districts have had limited access to specialist dental care. It was usually delivered when paediatric specialists visited from Westmead Centre for Oral Health and Sydney Dental Hospital. However, due to COVID-19 restrictions to dental services, this outreach model was temporarily not available. Under a new model of care, children can go to their local dental clinic to access these services remotely.

Case management for the Bromwich brothers was coordinated with a specialist paediatric dentist and an orthodontist, who were based in Sydney. The brothers attended the Moruya Dental Clinic for a myVC consultation with the specialist paediatric dentist and orthodontist. The teenagers were supported by an oral health therapist in the Moruya clinic.

The appointment used the existing infrastructure, including the electronic oral health record, digital radiology, intra-oral cameras and screen sharing capacity on myVC. This meant that the specialist was able to see directly into the mouth, enabling comprehensive assessments, treatment planning and case management.

Ethan came to Sydney for treatment and myVC was used to support follow up. He could attend a dental clinic in Bega or Moruya and using myVC, the specialist was able to conduct a post-operative review and further clinical reviews. With no complications noted, the specialist was able to be placed on the low-risk recall. This allowed for a review every six months with the specialist using the myVC platform.

Before the virtual care specialist consultative service, the family would have had to travel to Sydney for each appointment. It is expected this program has saved the family up to four trips to Sydney, 500km away, for care provision and case management. The family has expressed its thanks about being able to seek care locally.

# 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. These learnings can be used by other health services in the development of local models.

## Local planning, service design and governance

### Service planning

- The service began as a project through the HETI Next Generation of Leaders program in 2018.
- Engagement with the Agency for Clinical Innovation (ACI)
  - The team spent time with the ACI Virtual Care team following success at the ACI Innovation Award for Rural Health Services in 2020 (winners).
- A relationship had already been established between the MLHD and SNSWLHD. This enabled the service to be implemented. The SNSWLHD provide the Oral Health Services for the MLHD.
- A virtual consultation room is setup in the myVirtualCare platform (under SNSWLHD), which the service refers to as their virtual dental clinic. This 'clinic' is shared by clinicians across both districts.

### Processes and clinical protocols

- The service uses the Titanium eMR that can be accessed by the MLHD and SNSWLHD. This enables shared care of patients within the service.
- Clinical records are managed by a standardised template in Titanium eMR.
- Patient handover is documented between the clinical teams and the OHCC, as shown in Figure 8.
- Patient identification by the dental practitioner follows the NSW Health Clinical Procedure Safety Policy.
- Patient safety is maintained as per usual clinical practice. If medical management/urgent care is

Figure 8: Example of a standardised handover template in Titanium.

indicated, the service implements medical management escalation processes. For example, presentation at the emergency department or providing a script for antibiotics.

- Dental vouchers may be offered to eligible patients under the [Oral Health Fee for Service Scheme](#) (OHFFSS), which is funded by the NSW Government. Vouchers are issued in emergency cases, or when the public dental service cannot provide the required treatment. The type of voucher issued depends on the dental needs of the patient and the resources available to the public dental service.
- When a patient's network connectivity is compromised and does not appear to be sufficient for video and audio, the clinical team use a telephone call as a backup, as shown in [Figure 7](#).

## Governance

- The service has shared management between SNSWLHD and MLHD that provides governance for clinical and operational issues.
- Clinical records are managed by a standardised template in Titanium eMR that SNSWLHD and MLHD can access.
- The clinical escalation pathway is the same as in-person care and follows existing local clinical protocols. Incidents or out-of-scope patients are escalated to the senior dentist.
- Monthly meetings are held.
- Consent is collected verbally from patients and documented in Titanium eMR.

### Oral Health Fee for Service Scheme

The Oral Health Fee for Service Scheme (OHFFS) offers a framework that enables LHDs to engage private dental practitioners and associated dental businesses to provide care to public oral health service patients.

Patients may be given an OHFFSS voucher for specific treatment if public dental staff decide that a voucher is appropriate for the type of care needed.

**'The benefits definitely outweigh the perceived negatives. The outcomes for the patients have been so much better.'**

STAFF MEMBER

## Building engagement

### Key partners and stakeholders

- The service is working with their local primary health network (PHN) coordinator to strengthen the referral pathway and guidelines for the service.
- The service is planning to run sessions with local general practitioners (GPs) to further improve relationships.
- Local dental clinics connected to the service conduct targeted outreach/health promotion to Aboriginal communities. The service works closely with the local Aboriginal Medical Service (AMS) to provide treatment for those needing dentures. Patients can be referred into the Oral Health Services for dentures that are often not provided through Aboriginal Health Services. They can also be referred for oral surgery.
- Staff engagement and ownership
- Most client contact is via self-referral with the triage process determining if myVC is the most appropriate pathway. To encourage referral through the OHCC, there is regular communication with the PHN, GPs and AMS.
- Key partners for the specialist model of care are:
  - Sydney Dental Hospital Paediatric Department
  - Westmead Centre for Oral Health Paediatric Department
  - Both LHDs provide outreach clinical services and have been instrumental in the uptake of the program.

### Patient engagement

- Patients were provided with a patient information pamphlet when they were referred to the paediatric dental specialist service ([Appendix 1](#)).
- A virtual desktop consultation was facilitated using 'store and forward' (review of images).
- Appropriate patients are offered a virtual care (video) consultation with a paediatric specialist.
- Follow-up surveys were sent to patients after their consultation to identify any barriers, challenges and positives to assist with further service improvement.

## Workforce and resourcing

### Planning for technology implementation

- When it was first established, the service used photos of the patient's mouth to triage into appropriate codes. The service gradually expanded to provide virtual components.
- The Oral Health Services uses a simple set up: desktop computer with webcam and headset.
- An intra-oral camera is used for specialist appointments.

### Training and development

- The service developed a training/onboarding checklist based on a modified version of the ACI's competency checklist that ensured clinicians were competent in using virtual care and the myVC platform.
- Staff were trained on the myVC platform using My Health Learning training modules, virtual workshops and 'buddy sessions'.
- One-on-one training is provided to clinicians if it has been identified that they need more support.

### Staffing model

- The service is a part of 'business as usual' resourcing.

***'Honestly, everything today was fabulous; the best dental visit I have ever experienced. I previously have always been extremely anxious about dental treatment. I was amazed today with the care I received. Simply excellent.'***

PATIENT OF THE ORAL HEALTH SERVICES

### Considerations for implementation:

- patient's ability to access the service
  - their technology literacy
- stable internet access.

# Benefits of the model

## Results

- The service reports on Patient Reported Measures (PRM) each month to ensure the service is fit for purpose and considers patient satisfaction.
- The service consistently rates high on a Net Promoter Score (NPS), demonstrating patient loyalty and satisfaction with the care they receive. This information is provided via monthly patient experience tracker reports.
- The service provided around 800 consultations between July 2021 and 30 June 2022, with 40 clinicians connecting to patients.
  - 210.81 hours of consultation were registered during this period, with an average length of consultation of 16.17 minutes.
- The Centre for Oral Health Strategy provides tele dentistry reporting on the total amount of tele dentistry item numbers completed over the financial year 2021–22 (Figure 9).
- The Oral Health Services won the ACI Rural Health Innovation Award in 2020. The award acknowledges innovative rural models of care that have transferability and system-wide potential for broader implementation across other health sectors. The Oral Health Services was rewarded for their innovation of moving a traditional face-to-face model of care to a hybrid model that uses virtual care to enhance access for rural patients in an area with few dentists and long waiting periods.
- There is an enhanced triage pathway that has the ability to ensure that patients receive timely care that provides access to the services they require.

- A point-in-time review of the initial pilot into the use of myVC for triaging emergency patients showed that of 53 clients triaged, only 47% were provided with an emergency voucher to manage their symptoms. Before this model of care, all clients would have received a voucher. Of the remaining 53%:
  - 28% were offered an appointment inhouse as this was deemed the most suitable pathway
  - 13% did not require any additional follow up
  - one client remained on a waitlist and did not require any care
  - three clients (9%) failed to attend their appointment.
- Of all denture-related queries, most clients (81%) were offered a voucher. As a result of this review, all queries regarding broken dentures were offered an immediate voucher to be assessed by a private provider using the OHFFSS scheme. This avoided any potentially unrequired face-to-face visits for clients, freeing up valuable clinical availability for dental officers.

Item	Number of occurrences
919: Teleconsultation	1,944
993: Tele dentistry: Store and Forward	641
992: Tele dentistry: Live provider end	177
991: Tele dentistry: Live patient end	82

Source: The NSW Health Teledentistry guideline helps explain when these various item numbers are used [Internet]. Sydney Centre for Oral Health Strategy; 2020. [cited: March 2023]. Available from: [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2020\\_019.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2020_019.pdf)

Figure 9: Example of a standardised handover template in Titanium



## Benefits



Reduced anxiety for patients who are not comfortable with in-person dental appointments by shortening the time spent in a dental chair



Reduced unnecessary travel for patients to access specialist services up to 150km away



Reduced wait times for patients to see a dentist or oral health therapist by using virtual appointments



Enables shared decision-making and furthers consumer-focused care



Savings for the LHDs by reducing the number of dental vouchers issued to incorrectly triaged code 1 patients

## Monitoring and evaluation

### Monitoring

- All public dental clinics that are part of the service receive a patient experience report each month. The team discusses the report and creates an action plan for the upcoming month based on the results. Action plans are displayed in the patient waiting area. This acknowledges their feedback and demonstrates that comments are used to further improve the service.
- myVirtualCare competency is monitored through mandatory competency assessments for every clinician before they can access the platform.
- Risk and issues escalation process: two OHCC staff are responsible for handling myVC calls. Any concerns regarding pathway management or patient complaints are escalated to the senior oral health therapist for review and/or to senior management where indicated.
- Clinical monitoring: a working party was established with key myVC clinicians and management staff. The standing agenda includes risks/issues and any concerns regarding myVC processes, patient flow or communication were raised during these meetings. All meetings had minutes recorded and where required, risks were noted. Issues were rectified with solutions communicated back to the working party and via the myVC teams communication channel.

### Evaluation

An evaluation of the telephone appointments was completed in 2020 with 127 responses including both patients and clinicians. The average rating was 8.51, with one as very unhappy and 10 as very happy. A summary of finding is in [Appendix 2](#).

## Opportunities

There is an opportunity to apply the hybrid, virtual and in-person model used in SNSWLHD and MLHD in other rural and metropolitan LHDs. The model can also be used in metropolitan local health districts to reduce patient travel where dental specialists are only available at one hospital.

The model of care has continued to be expanded into all oral health clinics in SNSWLHD and MLHD facilitating consultations for clients who have complex medical needs and may require multidisciplinary care. An example is a person undergoing chemotherapy treatment. Consideration has also been given to using the myVC model of care for clients who have high levels of dental anxiety, mental health or behavioural conditions that the dental setting may trigger.

**'Virtual care gives the clinician something different to do. It allows them to develop new skills.'**

STAFF MEMBER

# Appendix 1:

## Patient information pamphlet



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### *TELEDENTISTRY DESK TOP CONSULTATION*

### *PATIENT INFORMATION*

---

Your child has been referred for a tele dentistry desk top consultation with \_\_\_\_\_.

They will review your child's dental records including x-rays and photos that we have taken and stored within their electronic dental record.

Once this has occurred a staff member from Wagga Wagga clinic or your local clinician will contact you to explain the outcome of the tele dentistry consultation.

The outcome may be one of the following:

- Being wait listed for an appointment with the specialist or another clinician in Wagga Wagga.
- Referral to Sydney.
- Referral back to your local clinic for the treatment the specialist recommends.
- Referral back to your local clinic for further monitoring.

# Appendix 2:

## Summary of tele-dentistry feedback

### Tele-dentistry Feedback

127  
Responses

23:06  
Average time to complete

Active  
Status

1. On a scale of 1 to 10, with 1 being very unhappy and 10 being very happy, how did you feel about your phone call appointment with a clinician?

127  
Responses

8.51  
Average Number

2. What was one thing about the tele-dentistry process that worked well for you?

127  
Responses

Latest Responses  
"Clinician was very helpful and helpful advice"  
"My photo wasn't good but the clinician was very helpful an..."  
"The clinician explained everything really well - I was able to..."

Update



3. In relation to your tele-dentistry experience, do you have any suggestions for things we could improve?

125  
Responses

Latest Responses  
"No ,very happy"  
"Pt found it hard to take a photo"  
"No."

Update



## References and links

NSW Health Oral Health Fee for Service Scheme Policy Directive [Internet]. Sydney; Centre for Oral Health Strategy: 2016 [cited: March 2023]. Available from: [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2016\\_018](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2016_018)

## Supporting documents

NSW Health myVirtualCare Capability Assessment [NSW Health SharePoint, ACI-VC Central]. Sydney; ACI: 2021 [cited: March 2023]. Available from: <https://nswhealth.sharepoint.com/:b:/r/sites/ACI-VCCENTRAL/myVirtualCare%20Training%20Material/myVirtualCare%20Capability%20Assessment%20tool.pdf?csf=1&web=1&e=Lpx1Ub>

## Acknowledgements

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Lara Mayze                      Clinical Lead, Oral Health Quality and Information Systems, Southern NSW LHD  
 Angela Rankin                Manager Oral Health Clinical Network, Southern NSW LHD

## Glossary

AMS	Aboriginal Medical Service
MLHD	Murrumbidgee Local Health District
myVC	myVirtualCare
OHCC	Oral Health Call Centre
OHHFSS	Oral Health Fee for Service Scheme
PHN	Primary Health Network
SNSWLHD	Southern New South Wales Local Health District

The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI's clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

Our innovations are:

- person-centred
- clinically-led
- evidence-based
- value-driven.

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*Our vision is to create the future of healthcare,  
and healthier futures for the people of NSW.*