

Delivering multi-disciplinary cardiac rehabilitation in the Bush: the Wimmera Hub & Spoke telehealth model, improving access for rural people

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The aim of this study was to provide innovative community focused cardiac rehabilitation education via telehealth by partnering with other regional healthcare organisations. Prior to this pilot, cardiac rehabilitation was only available at the Wimmera Healthcare Group, Horsham as an eight week multi-disciplinary program. Many patients in the region previously may not have accessed, or completed, such programs due to the burden of travel. Economy of scale has dictated that multi-disciplinary approaches to cardiac rehabilitation have not been available in the rest of the 29,000 sq/km of the Wimmera. |During the pilot, a multidisciplinary team based in Horsham, Western Victoria (the `Hub`), provided the education component via telehealth, with outlying initial pilot health service, Rural Northwest Health (one of the `Spokes`) providing the physical activity component. This allowed remote community members to access a high quality, best practice program, close to home, with improved peer support.

A regional alliance has developed a Hub & Spoke Cardiac Rehabilitation Model of Care. Delivered via videoconferencing, practitioners at rural centres can now provide best practice, multi-disciplinary cardiac rehabilitation programs for remote patients.

This model has:

- Provided access to rural community members who may have limited or no access to rehabilitation.
- Provided opportunities for peer support and increased social connectivity.
- Supported staff and enhanced telehealth skills.
- Enabled rural practitioners to broaden their scope of practice.
- Developed agreed practice regarding referrals to cardiac rehabilitation programs.
- Practitioners and consumers have embraced this model of care with enthusiasm.
- Been analysed against both heuristic and human factors.
- Piloted a replicable model for delivery of specialised interventions to remote populations.

This project has obvious implications for telehealth and e-health delivery and both practitioners (extended scope of practice, models of care and workforce development) and patients (equity of access, rural health and access to multi- disciplinary care).