

# Supporting Digital Access, Tele-mentoring and Telehealth in the AOD Sector

In July 2020, as a coalition of alcohol and other drugs services, we provided a policy submission to the Australian Government: *Urgent Policy and Funding Needs in the Alcohol and Other Drug Sector in Response to COVID-19*. The submission has also been shared with state and territory governments.

This short paper expands upon this work. Our support for these models of delivery is underpinned by the following principles:

- 1) Delivery of care is appropriate, patient-centred and flexible.
- 2) Digital access options complement, rather than replace, traditional face-to-face services where appropriate.
- 3) Patient outcomes, including the views of consumers, are evaluated to drive quality improvement.
- 4) Clients and clinicians have access to suitable technology.
- 5) A focus on equity of access to AOD treatment services for those living in regional, remote and rural Australia.
- 6) Clinicians are supported by telehealth and digital guidelines and training.

## What is digital access, tele-mentoring and telehealth?

**Digital access** describes the delivery of the full suite of treatment services utilising a breadth of digital platforms that have been selected for their suitability against the relevant treatment approach. Digital access approaches are designed on the principle of localised, tailored solutions that fit the specific needs of people accessing those services, using strategies that actively support the therapeutic alliance.

**Tele-mentoring** refers to the provision of education, clinical supervision, and professional support for health practitioners via video-conferencing technology.

**Telehealth** is the real time secure transmission of images, voice and data between two or more units via telecommunication channels, to provide clinical advice, consultation, monitoring, education and training, and administrative services. It can be delivered in a number of ways including: client to provider; client and provider to provider; or provider(s) to provider(s).

## What is happening during COVID-19?

During the pandemic, many treatment services have moved to telehealth and digital access to protect the health of their workers and service users.

However, while further supporting telehealth and digital access has the potential to substantially increase the reach of treatment services, it's not for everybody. For many it won't be a replacement for face-to-face contact, and decisions as to the appropriateness of using telehealth services should be determined in consultation with clinicians.

In the State and Territory Alcohol and Other Drugs Peaks Network survey, and recent research undertaken by the Drug and Alcohol Nurses of Australasia, the way in which service delivery is adapting in the context of COVID-19 has been explored. The sector reported high levels of digital exclusion among people seeking help with their use of alcohol and other drugs. Barriers to telehealth and other forms of digital access include poverty, locational disadvantage, and lack of access to a safe site from which to receive services. Many simply don't have the material resources to purchase the data and devices needed for consistent and reliable access to vital services delivered by phone or online. Others, such as women experiencing domestic and family violence, other groups who are vulnerable within their home settings, or those without homes of their own, can find their safety at risk without access to a safe and confidential environment from which to receive services. We must be cautious about over-investing in a way that further marginalises groups already experiencing high levels of exclusion.

While telehealth and digital access are a good option for some, others will need more traditional models of service delivery. Best practice models of telementoring for rural and regional practitioners increase the capacity of the sector to deliver quality services tailored to the unique needs of individuals and communities. All digital access options, as well as tele-mentoring and telehealth, must be regularly evaluated to ensure they are meeting the needs of clients. Such evaluations must include the voice of the clients using those services.

# What are the benefits of digital access, tele-mentoring and telehealth options?

Where appropriate to do so, these options can expand a client's choice, and potentially improve their engagement and attendance with a service.

Digital access, tele-mentoring, and telehealth options can:

- provide an opportunity for clients in regional and rural Australia to access regular high-quality care that may not be available in their immediate area;
- help overcome barriers of stigma by providing treatment options that are less public;
- expand support for clients through peer workers; and
- build the capacity of rural and regional healthcare workers to provide best practice interventions in their own communities.

## What is needed?

In keeping with the *Urgent Policy and Funding Needs in the Alcohol and Other Drug Sector in Response to COVID-19* policy submission, the following priorities are identified as needed by the sector:

- funding for service delivery;
- funding for new models of care;
- workforce development to support high quality delivery;
- funding for hardware, software and technological support; and
- the development of a clinical governance guide.

