

How ACCHOs can replicate a community-governed telehealth model.

1

Governance & cultural safety

- Secure Board endorsement and involve Traditional Directors from day one.
- Conduct on-country stakeholder yarning before any technical design.
- Define clinical guardrails and cultural safety protocols before engaging vendors.
- Design vendor workflows to reflect community rules as the guiding framework. Vendor contracts should align with these rules and embed governance requirements for clinical vendors, including:
 - Culturally safe communication
 - Respect for sorry business
 - Non-interference with ACCHO systems
 - Continuity of care

2

Structural design

- Transition from episodic locum care toward a continuity-focused model that includes:
- Scheduled tele-GP sessions for consistent access
- Plan for remote-specific structural challenges, including:
 - Limited onsite support (no dedicated IT, HR, or admin teams for onboarding)
 - Unreliable transport and vast distances
 - Sudden population shifts driven by funerals, weather events, or road access issues
- Clinical Vendor (GP telehealth) is responsible for all clinical results, reviews, and follow-up planning

4

Clinical governance stack

- Adopt CARPA-aligned pathways for:
 - Emergency escalation.
 - Referral management.
 - Results handling and recalls.
- Add remote-specific governance:
 - Remote medical retrieval pathways
 - Aeromedical response delays
 - High-risk maternity, chronic anaemia, rheumatic heart disease
- Add culturally governed mechanisms:
 - How to communicate clinical risk to family
 - How to respect cultural authority in clinical decisions
- Embed culturally governed escalation protocols that integrate both CARPA and local authority structures.
- Embed workflows into Communicare or equivalent systems.

3

Technology enablement

- Identify appropriate virtual care platform that supports:
 - Real-time clinical consultations.
 - Remote Peripherals (blood pressure, SPO₂, thermometer).
 - Compliance with MBS rebates.
 - Stable network connection with good internet speed
 - Integration with existing workflows (e.g. Communicare).
- Include disaster contingency for connectivity failures:
 - Offline notes
 - Phone backup
 - Manual scripts when systems down
- Telehealth infrastructure must operate reliably in low-bandwidth, high-heat, dust-heavy environments with redundancy for power and connectivity outages.

5

Workforce & training

- Train local staff on:
 - Telehealth technology use.
 - Clinical protocols for virtual care.
- Implement train-the-trainer approach for sustainability.
- Ensure local Aboriginal workforce have specific pathways:
 - Cert II/III health
 - Telehealth assistant roles
 - Admin + clinical hybrid jobs
 - Paid time for cultural brokerage
- Provide training in flexible formats to support staff with varying language proficiency and online access.
- Include on-country delivery options in addition to online modules that may require high-speed internet.

6

Continuous quality improvement (CQI) & data sovereignty

- Define community-driven metrics such as closed recalls and timely acknowledgment of results.
- Maintain control of health data within the ACCHO, ensuring:
 - Data remains on ACCHO servers
 - No vendor extraction of data
 - Data use supports community health outcomes, not punitive compliance
- Include evaluation of:
 - Cultural safety incidents
 - Community trust
 - Continuity of GP relationships

8

Deployment timeline

Target: 8-week starter kit rollout (adjustable for local conditions)

- **Week 1–2:** Governance setup & vendor alignment
- **Week 3–4:** Technology installation & configuration (on-site, outreach, or hybrid)
- **Week 5–6:** Staff training & workflow integration
- **Week 7–8:** Go-live with monitoring and support
- **Note:** If virtual care technology is already in place, mobilisation may be possible in ~4 weeks.

8 weeks is realistic only if:

- Connectivity is stable
- Staff are available for training
- No major cultural business occurring
- No freight or weather delays

Plan for remote realities:

- Freight delays
- Staff turnover
- Sorry business
- Weather events

7

Funding & sustainability

- Map MBS rebate eligibility for telehealth services.
- Explore federal and state telehealth funding programs for technology procurement.
- Plan for ongoing operational costs, including maintenance, connectivity, and training.
- Account for high remote NT costs, such as:
 - Freight
 - Staff accommodation
 - Generator fuel
 - Technology replacement due to heat and dust
- Highlight sustainability risks if funding ceases; telehealth cannot be maintained solely on PHC IAHP funding.

9

Early Outcomes & reporting

Track progress against:

- Results turnaround times
- Continuity for chronic and antenatal care
- Cultural safety compliance
- Community trust indicators
- Reduction in reliance on short-term locums
- Culturally governed success measures
- Patient satisfaction (including local language feedback)
- Share lessons learned with NACCHO and peer ACCHOs to strengthen sector-wide knowledge.

Useful links

[Urapuntja Health Service](#)

[NACCHO](#)

[Aspen Medical](#)

[CARPA](#)

[Visionflex](#)

Ready to take control?

Contact the Aspen Medical or Visionflex teams today to start the journey towards building your community-governed virtual healthcare service today.



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