

FAQ

FREQUENTLY ASKED QUESTIONS



WEBINAR

How to conduct a telehealth consultation

How has Telehealth been adapted for COVID-19?

Telehealth is seen to be a way of protecting health care providers and vulnerable populations from becoming infected by COVID-19.

Since 30th March 2020, Medicare-subsidised Telehealth services have been expanded so that all Australians can have continued access to essential primary health services via telecommunications and virtual technology during this pandemic.

More than 222 [temporary MBS item numbers](#) have been created for use in delivering Telehealth services. They are currently valid through to September 30th 2020. The schedule fees for medical services, diagnostic imaging and pathology services have all now been increased as an incentive for medical practitioners to bulk-bill their services.

What type of consultations are appropriate for Telehealth?

These are many and varied, but include:

- Chronic disease management;
- Issuing repeat prescriptions for long-standing health conditions or contraceptives;
- Providing referrals;
- Advice on diet and physical activity;
- Aboriginal and Torres Strait Islander health assessments;
- Pregnancy support.

What type of consultations are not appropriate for Telehealth?

- Assessing patients with high risk conditions who may have a serious illness e.g. chest pain, severe shortness of breath etc;
- When a physical examination will definitely need to be done e.g. it is very hard to do a gynae exam virtually;
- When patients are confused or not competent to communicate over the phone or video;
- Patients who are anxious or nervous and prefer to have a face to face;
- Patients who have hearing or speech issues and cannot communicate easily.

What is the preferred format for Telehealth consultations?

The government's goal is for Telehealth to be delivered in video format, but telephone consultations are also ok for now.

Security and privacy concerns are paramount, which is why practices are being offered licences to access [HealthDirect Video Call](#) in preference to using free platforms such as Zoom, Skype, Facetime, etc.

More information about digital security for healthcare businesses is provided by the [Australian Digital Health Agency](#) ("ADHA").

FREE PLATFORMS*	PAID PLATFORMS	HEALTHCARE PLATFORMS
<ul style="list-style-type: none"> • Zoom • Skype • FaceTime • WhatsApp • Google Hangouts • GoToMeeting • Facebook Messenger 	<ul style="list-style-type: none"> • GoToMeeting • Zoom • BlueJeans • ClickMeeting • Microsoft Teams • Webex Meetings • Zoho 	<ul style="list-style-type: none"> • Zoom for Healthcare • Healthdirect VideoCall • CoviU • Automed • Phenix Health • GP Consults • ManageMyHealth • Hot Health • TeleConsult

****FREE PLATFORMS ARE NOT RECOMMENDED BY THE DEPT****

Healthcare-specific platforms enable integration into existing workflows with virtual waiting rooms and a range of optional functions such as exchanging documents with patients.

The main thing to keep in mind is that whatever technology you use must help you maintain your quality of service.

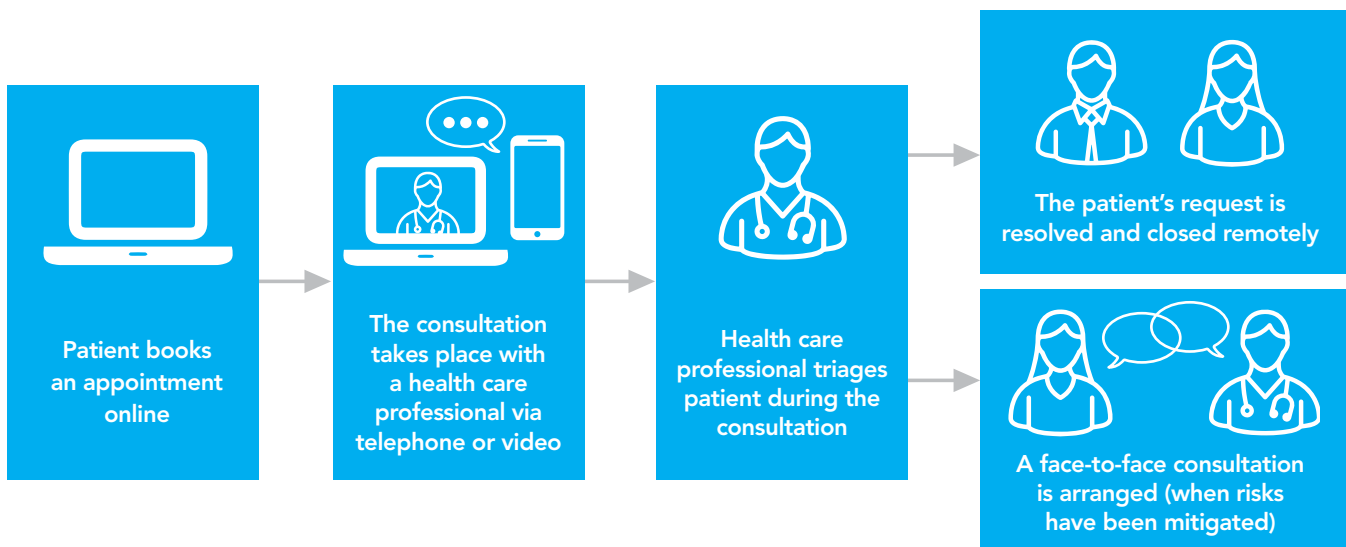
Keep the introduction of telehealth tech manageable for you, your practice, and your patients. The COVID-19 situation is overwhelming enough without a potential solution causing more anxiety! Start simple and keep focus on what's important.

Don't treat this as a technology change but a practice / workflow change.

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ONLINE BOOKING EXAMPLE



How should we prepare the practice for Telehealth?

KEY POINTS

1. Plan, and allow time for training and upskilling.
2. Hold a practice meeting, draw on existing team skills and knowledge.
3. Set up required technologies and involve patients as well as all team members in what this will mean for them.
4. Set up workflows for staff as well as patients. Communicate how this will work via all online platforms – website, social media, SMS, email, phone calls where necessary - and develop scripts for all relevant staff members
5. Implement and review... and keep reviewing



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How can our practice get set up?

<p>DECIDE AND PLAN</p>	<ul style="list-style-type: none"> • Practice meeting (perhaps virtually) • Involve practice manager, clinicians, administrative staff • Agree what kind of appointments will be done by video • Agree what hardware and software will be used • Ensure staff know about the plans and their concerns are heard • Develop links with a local technical support team
<p>SET UP THE TECHNOLOGY</p>	<ul style="list-style-type: none"> • Internet connection (preferably, fast broadband) • Technology in place (select and install video call software and peripherals such as webcam, microphone) • Hardware and software up-to-date and audio/video working • If working remotely, ensure home technology meets standard and there is read/write access to the practice's clinical record system • Produce information for patients on what technology they need
<p>SET UP THE WORKFLOWS</p>	<ul style="list-style-type: none"> • Update practice website with information on video calls • Update clinic templates to show availability for video calls • Create appointment code for a video consultation • Put process in place for scheduled and unscheduled appointments • Put arrangements in place for in-person contact (e.g. collection of forms); ensure prescriptions are sent directly to pharmacy • Make contingency plans for what to do if video link fails e.g. clinician will contact patient by phone
<p>TRAINING AND PILOTING</p>	<ul style="list-style-type: none"> • All staff have been trained in the new system and are competent • Clinicians have all the necessary equipment in their rooms (or access to a shared room) • Technical aspects have been tested by making a dummy call • Staff have tested the process (including making an entry on patient's record, arranging follow-up, sending prescription etc) • A patient/layperson has tested the process

Remember to reassure and communicate with patients.

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A guide for patients on consulting by video

<p>DECIDE IF VIDEO IS RIGHT FOR YOU</p>	<ul style="list-style-type: none"> • If you just need general information and self-care tips, use a website (e.g. put 'NHS coronavirus advice' into Google) • You don't need a video consultation if a phone call will do • Video consultations provide more visual information and can be more reassuring if you're anxious • Your doctor or nurse may be self-isolating and working by video • Check your GP practice's website to see what is on offer
<p>GET SET UP TECHNICALLY</p>	<ul style="list-style-type: none"> • A good internet connection • A quiet place where you won't be disturbed • A computer, tablet or smartphone with a built-in camera and microphone • Test your audio and video connection and adjust the settings so you can see and hear well (or get someone to do this for you) • Check your practice website for what else you need to do (different video platforms have slightly different set-up steps)
<p>BOOKING AND CONNECTING</p>	<ul style="list-style-type: none"> • Make a video appointment by following instructions from your GP practice (on the practice website or answering machine) • Just before your appointment time, click the connection • Say hello or wave when you see the doctor or nurse (you may both have to fiddle a bit to get the sound and picture working well) • Make sure the doctor or nurse knows your phone number so they can call you back if the connection fails
<p>HAVING YOUR CONSULTATION</p>	<ul style="list-style-type: none"> • Look at the screen there's no need to look directly at the camera) • If all goes well, the call will feel like a face-to-face appointment • Use the screen camera to show things (e.g. a rash) • if you get cut off and can't reconnect, wait for a phone call • Be ready with pen and paper to write down any advice or instructions, and make sure you understand the next steps (e.g. where to leave a specimen) • When you've both said goodbye, disconnect

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What are the medico-legal concerns we are facing with Telehealth?

- Telehealth can be done from home using the **provider number** of your main practice.
- Telehealth **does not** include asynchronous channels e.g. email or chat.
- Rebates for Telehealth will be paid at 85% of the new item fees (**equals to the same as face to face visits**).
- Practitioners can use **telehealth multiple times** a day with the same patient but must document the time and the reasons.
- Practitioners must obtain **consent for assignment of the Medicare benefit** but this can now be done in multiple ways, eg verbal assent can be obtained and documented during consultation;
- Practitioners must **obtain consent from the patient for an additional person to be present** at any time throughout the consultation, eg where a registrar calls in their supervisor, or where a patient's relative is providing them with tech support for the call;
- Practitioners can **prescribe, order tests** and do **referrals**;
- **Signatures are still needed for scripts and medical certificates** but not necessary for pathology and diagnostic imaging.

What specific information needs to be documented in a Telehealth consultation?

It is crucial that you maintain a detailed history for your patients while consulting via Telehealth. This will necessitate taking note of the context of the consultation as it differs from an in-practice consult. You must also adhere to the same record-keeping standards as you would for physical health consultations.

In May 2019, the RACGP published a [Telehealth video consultations guide](#). While this was created for the pre-COVID-19 Telehealth environment, it provides a helpful list of telehealth-specific information needing to be recorded on the patient's file, such as:

- The method by which the consultation was conducted;
- The patient's consent for the consultation to be done via Telehealth;
- The patient's location during the video consultation;
- The people present throughout the consultation;
- The patient's consent for anybody to be present other than the primary practitioner (eg if a registrar has brought their supervisor into the call) and the patient (eg where an elderly patient has a relative helping with the technology involved in the consult);

- The rationale for consulting with the patient via video instead of face-to-face;
- The clinicians responsible for specified follow-up actions;
- The recording of any still or moving images during the video consultation, the patient's written consent for such recording and the location of the recording as part of the patient's health record (whether stored by the practice or a third party);
- Any technical malfunctions during the videoconference (eg poor sound or image) that may have compromised the safety or quality of the video consultation.

What are some tips for a successful teleconsultation vs a face-to-face consult?

Key Points - generally

- Use a good wireless headset to conduct a Teleconsult whether by phone or video;
- Identify that you are speaking to the patient, or (if not) that the patient is present;
- Be creative about how you examine the patient remotely, using questions to help diagnosis while being mindful not to panic the patient or guardian/carer;
- Check the patient is stable / comfortable to continue the call;
- Communicate thoughtfully throughout the consultation, explaining what you are doing before putting the call on hold or moving out of camera range;
- Get the patient to repeat important advice back to you to confirm they have heard and understood;
- Always check they have nothing else they need to raise or get addressed;
- Give them a disclaimer on what to do if things get worse, or they need access to medical care again;
- Let them know when you are about to hang up - always warn them.
- Use Telehealth as a means to reassure the patient that you are still there for them;
- Complete as much of the relevant admin as possible during consultation, while the patient is still present.

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How to do a high-quality consultation

BEFORE THE CONSULTATION	<ul style="list-style-type: none"> • Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time • Use a private, well-lit room and ask patient to do the same • Take the patient's phone number in case the video link fails • Ensure you have access to the patient's clinical record (ideally, have it available on a second screen) • On the day, check that the technology is working
STARTING THE CONSULTATION	<ul style="list-style-type: none"> • Initiate the consultation by calling or inviting the patient • Say something eg. "Can you hear me?" "Can you see me?" to prompt patient to optimise the technical set-up • Take and record the verbal consent for a video consultation • Introduce everyone in the room (even those off camera), and ask the patient to do the same or confirm that they are alone • Reassure the patient that the consultation is likely to be very similar to a standard one, and that the call is confidential/secure
HAVING A VIDEO CONSULTATION	<ul style="list-style-type: none"> • Video communication works the same as face-to-face, but it may feel less fluent and there may be glitches (e.g. blurry picture) • You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine • Inform the patient when you are otherwise occupied (e.g. taking notes or reading something on another screen) • Make written records as you would in a standard consultation • Be aware that video communication is a bit harder for the patient
CLOSING THE CONSULTATION	<ul style="list-style-type: none"> • Be particularly careful to summarise key points, since it's possible something could be missed due to technical interference • Ask the patient if they need anything clarified • Confirm (and record) if the patient is happy to use video again • To end, tell the patient you're going to close the call now, and say goodbye (before actually closing the connection)

Key Points - video consultation

- Confirm the phone number you have as back-up is correct and the patient has their phone handy and charged in case the video tech /internet connection fails;
- Don't have bright lighting behind you;
- Try and be face on - it is weird looking up someone's nose while talking to them on video conferencing;
- Check what is in your background, ensure it is appropriate and not distracting – avoid having a window in view of your camera, and keep to a private, interruption-free, kid-free zone if working from home;
- If you are working from home, wear appropriate clothing so you still look like the professional person your patient trusts and relies on;
- Ask the patient not to record the video call.

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How can we manage prescriptions when consulting via Telehealth?

Before all the changes to health delivery in response to the COVID-19 pandemic, pharmacies were already gearing up to start e-prescribing over the next 12 months.

[eRx Script Exchange](#) describes the proposed changes as follows:

"Whilst prescription information has been transmitted electronically via eRx for over a decade, the legal document has remained the signed piece of paper. An ePrescription changes this so that the legal document becomes the prescription data which resides in eRx Script Exchange (or MediSecure). Whilst the patient remains in control of who can access their prescription, the signed piece of paper is no longer required. It's important to remember that this new type of prescription will be an option for patients who may also elect to receive a paper prescription if they wish."

Now pharmacies, like general practices, are accelerating the adoption of new technologies and processes in order to keep the community safe and reduce the transmission of COVID-19. The ADHA is working with stakeholders to fast-track e-prescribing and make it a reality as early as June 2020. This requires changes at pharmacy level – changing processes, workforce, workflow etc - as well as governing bodies and software vendors.

Practitioners issuing scripts through teleconsultations need to bear in mind:

- The current preference is that scripts go straight to Pharmacies (not via patient);
- Schedule 8 drugs still require a paper copy to be provided to the pharmacy;
- You can send scripts to the patient's pharmacy via fax, photo/ text/ email and then post the original (within the next 24 hours) to the pharmacy;
- Wherever possible, you should choose pharmacies that deliver (NB new Australia Post Service announced April 2020);
- Tell patients with respiratory symptoms not to turn up to Pharmacies – they need to phone ahead for in-car pick up, delivery etc;
- The need to educate patients with SMS scripts etc. especially as we move to e-prescribing.

WHAT WILL E-PRESCRIBING MEAN FOR THE PRACTICE?

- Electronic script transmitted from consult. You must also adhere to Script Exchange in encrypted format;
- The legal document goes from the piece of paper to the script data which resides on script exchange (eRx or MediSecure);
- The patient receives a 'token' via SMS, email or paper printout;
- The patient can use an app for collecting their script or showing one of the above;
- The token provides link to a unique code which the pharmacy uses to access the script information;
- You need to register and have activated ETP (eRx or MediSecure) in existing clinical software.

Where can I find more information about consulting via Telehealth?

RACGP

<https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth>

AMA

<https://ama.com.au/article/covid-19-telehealth>

ACRRM

<http://www.ehealth.acrrm.org.au/>

ATHS

<https://www.aths.org.au/covid-19-telehealth-guides/>

MBS

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB>

Video Consultations: A guide for Practice

University of Oxford (Dr Trish Greenhalgh) <https://bjgp.life.com/2020/03/18/video-consultations-guide-for-practice/>