



Conducting a Telehealth Consultation

Conducting a Telehealth consultation requires specific preparation and processes that are different to conducting a face-to-face consultation. These processes will vary to suit the individual practice, depending on factors such as who is conducting or supporting the Telehealth consultation, the resources available and preferences and needs of the patient and organisation.

Below are some considerations for workflow and processes that will assist in developing an efficient and effective Telehealth service within your practice. A review of each element of the Telehealth service, from referral through to follow up, should be undertaken to achieve the optimum processes for individual organisations.

Referral process

Organisations are encouraged to use their normal referral pathways and enquire directly whether specialists who are ordinarily consulted conduct Telehealth consultations.

If you have an internal directory of specialists, consider identifying those who provide Telehealth in some easily recognisable manner (eg a field in the database or spreadsheet or a flag or highlight).

Alternatively, there are a number of directories that provide lists of specialists offering Telehealth consultations. Some of these are specific to a geographical area whereas others provide details of specialists across Australia. See Further information at the end of this fact sheet.

Your referral and appointment letters may be used to clearly identify your practice or rooms as

Telehealth enabled, thus prompting the patient or health practitioner to consider requesting a Telehealth consultation.

Patient Information

Practices are encouraged to discuss the following points with the specialist's room to ascertain requirements and responsibilities.

• Patient appointment

Generally, the patient receives the appointment letter from the organisation where they will attend the appointment (eg general practice). *Clarify who will send the appointment letter to the patient.*

• Specialist requirements

Some specialists will require certain tests to be completed or information gathered prior to the Telehealth consultation (bloods, xrays, etc).

• Information for patients

Some patients will have never used videoconferencing and are quite unaware of what is required. Generic information on Telehealth consultations and condition or specialist-specific, information can be sent to the patient with the appointment letter.

- Patient Telehealth information and sample brochures are available from a number of websites. Patient consent forms are included in some of these brochures. Some may be modified to suit the organisation's needs.

General practice/patient end

- Obtain a list of requirements from the specialist rooms for the particular condition being referred

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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Specialist end

- Develop a list of pre-requisites required for Telehealth consultations.

The consultation

Telehealth consultations can take place between a patient and health practitioner or between health practitioners without the patient. Not all consultations are eligible for a Medicare Benefit Schedule (MBS) rebate.

There must be a minimum of 15 kilometres between the specialist and the patient. The minimum distance rule does not apply to eligible Aboriginal medical services or residential aged care facilities. Medicare benefits are not payable for services provided to an admitted hospital patient.

MBS rebates are available for specialists providing Telehealth consultations and for doctors, midwives and nurse practitioners supporting the patient during a specialist Telehealth consultation. MBS rebates are also available for nurses and Aboriginal health workers on behalf of the doctor supporting the patient during a Telehealth consultation.

Patient support during the Telehealth consultation is at either the referring doctor's or specialist's discretion. A practice may decide to have a general policy that all Telehealth consultations are conducted by the practice nurse/nurse practitioner unless otherwise specified by the doctor. The location of the Telehealth (videoconferencing) equipment may also impact on this decision. For example, this policy may not be appropriate if the equipment is in the doctor's office rather than a shared work space.

Scheduling of the appointment is also important as it requires the alignment of two practices ready at the same time to conduct the consultation.

Opting for times when delays are least likely, for example the first appointment in the morning or after lunch, will increase the likelihood of both ends of the consultation being ready at the same time. Alternatively, Telehealth consultations may be booked into a clinic format where a set time is allocated for Telehealth consultations so the equipment and supporting health practitioner only prepare once for several consultations.

Risk management

Sometimes things go wrong and this is also the case with Telehealth consultations. Strategies should be put in place to ensure that any risks are managed and that there is a 'back up plan'.

Possible problems that may arise include the following:

• **Picture drop out**

If you lose the video (picture) connection during the Telehealth consultation you can continue to consult via voice, either through the videoconferencing software you are using (if audio is still working) or via telephone. Please note that a consultation without picture connection is not considered a Telehealth consultation for MBS rebate purposes and cannot be claimed as such.

• **Sound drop out**

Ensuring a telephone connection is available at both ends in case sound is lost allows the consultation to continue. A speaker phone will allow both the patient and health practitioner who is supporting them to hear and exchange dialogue with the specialist. As video and audio connection will be maintained with the specialist, the Medicare rebate will still apply.

• **Slow or fragmented picture and/or sound**

This occurs when there is not enough data being uploaded or downloaded from either or both ends. Scheduling the appointment outside periods of high internet usage in the practice will help ensure there is enough bandwidth for the consultation to take place with the best possible clarity of picture and sound.

• **Unsure how to use equipment**

Ensure that more than one person in the practice knows how to set up and use the videoconferencing equipment. Encourage regular users and those responsible for setting up and/or supporting patients to practise using the equipment and conduct videoconferences with friends or colleagues.

Evaluation

Telehealth consultations can take extra time to set up and organise. Evaluating whether the service is effective and efficient will assist in streamlining processes. There are a number of ways to assess the impact of the Telehealth service.

Patient satisfaction

Assessing patients' levels of satisfaction with Telehealth and asking for their suggestions provides 'end user' feedback that can help shape the Telehealth service you provide. Examples and templates are available on the RACGP and ACRRM websites (see Further information at the end of this fact sheet).

Logging videoconferences

Documenting details of each videoconference that is conducted and regularly reviewing the data will identify common issues or opportunities for improvement. If there are several health practitioners conducting Telehealth consultations, the combination of information from all users will provide a clear and accurate picture of possible problems.

Logging each video conference may also provide data for a cost benefit analysis of the Telehealth services by assessing the time taken with Telehealth consultations compared to the reimbursement received from Medicare and/or the patient.

Further information

Directories

Medical and Surgical Specialist Referral Directory (Western Australia) 2017 – contact Dr Stephen Hodby via telephone 0419 906 922 or email spdirectory@bigpond.com

Australian College of Rural and Remote Medicine (ACRRM) Telehealth Provider Directory online at www.ehealth.acrrm.org.au

Patient Information on Telehealth

A patient information sheet is available from the ACRRM e-Health and Telehealth website at www.ehealth.acrrm.org.au

Medicare has information for patients on Telehealth consultations in the Questions and Answers section at <http://www.mbsonline.gov.au/telehealth>

National Aboriginal Community Controlled Health Organisation has a Telehealth Patient Information sheet for Aboriginal patients available through the ACRRM website at www.ehealth.acrrm.org.au

Royal Australian College of General Practitioners (RACGP) Telehealth website has templates that can be stylised for your organisation at <http://www.racgp.org.au/telehealth>

Medicare and Telehealth

Practice Assist Fact sheets available online MBS Telehealth Items

- Medicare – Telehealth Financial Incentives

Information on video consultations and Medicare can be found at

<http://www.mbsonline.gov.au/telehealth>

Patient Satisfaction

The RACGP has a template ('post video consultation patient evaluation tool') that can be modified or printed on practice stationery available in the Resources section at the following website

<http://www.racgp.org.au/afp/2014/december/telehealth-the-general-practice-perspective/>

See also

Practice Assist Fact Sheets:

- Becoming Telehealth enabled
- Free software options for Telehealth consultations
- Paid software options for Telehealth consultations
- Privacy for video consultations
- Telehealth service options
- Troubleshooting video consultations
- What are the Telehealth Medicare Benefits Schedule item numbers?