



ORGANISING TELEHEALTH SERVICES IN YOUR PRACTICE

This document is intended for general practices, aboriginal health services and primary care services who are conducting remote consultations directly with patients or in cooperation with specialist medical practitioners. Adding remote consultations to services offered at a practice or health service can improve patient access to services, support clinical staff and enhance continuity of care. However, as with most changes in the workplace, some advance planning will make it run much more smoothly.

For information on Primary Care – Bulk Billed MBS Telehealth Services for COVID-19 see (<https://www.health.gov.au/resources/publications/covid-19-national-health-plan-primary-care-bulk-billed-mbs-telehealth-services>).

GETTING STARTED WITH TELEHEALTH

We suggest starting small and keeping it simple and ask for help from the Australian College of Rural and Remote Medicine, your own college, a National Aboriginal Community Controlled Health Organisation, the Australasian Telehealth Society, or your Primary Health Network.

BECOME FAMILIAR WITH THE TECHNOLOGIES

The information and communications technology used for telehealth services should be fit for the clinical purpose. Technologies used for telehealth services billable through the Medicare Benefits Schedule may include phone services or video calls online using conferencing solutions. ACRRM has separate [guidelines for use of social media](#).

Specifically you should:

1. Where appropriate and available, use technology that is recommended by, or available from your Primary Health Network or health organisation.
2. Use technology accessible to and usable by the general public and other health organisations.
3. Have available adequate network capacity for the technology supplied by your organisation or an internet service provider to operate reliably.
4. Have timely access to technical support for detecting, diagnosing and fixing technology problems.



5. Take measures to protect the identity of patients when using commercial service providers or social media networks, for instance by only using a dedicated account owned by your practice.
6. When using commercial service providers or social media networks to communicate by phone or video with patients ensure that no health information such as chat interactions, documents, images are retained by the commercial service provider or social media network.
7. Understand the Office of the Australian Information Commissioner 'Guide to health privacy' as it may apply to information and communications technology used for telehealth services.

DO A RISK ANALYSIS

Undertake a risk analysis to determine the likelihood and magnitude of foreseeable clinical, management or technical problems. See [ACRRM ARTS Framework](#).

DEVELOP SIMPLE GUIDELINES

ACRRM has a [telehealth standards framework](#) and [guidelines](#) available on their [eHealth website](#).

Based on your risk analysis develop simple guidelines to handle any risks you have identified, for instance:

- What process will be used for assisting a seriously ill patient.
- How you will accommodate out of business hours appointment requests.
- Are evidence-based guidelines for the relevant conditions available. Where these do not apply, a framework of best fit for clinical purpose should be used, such as the ACRRM ARTS Framework.
- Have you confirmed health professionals providing remote consultations are covered by insurance and professional indemnity.
- Do you have a back-up plan to cope with equipment or connectivity failure. Rescheduling or completing a consultation by telephone may be sufficient.

REFERRAL PATHWAYS

Based where possible, on your existing referral pathways:

- Define a list of providers that you may refer patients to, including other clinics, emergency departments, emergency services, specialists, pathology or medical imaging services, allied health and nursing practitioners.
- Establish processes with these providers to inform you of their advice, results or treatments

Providers (patient end and specialists) offering telehealth consultations can be found in the [ACRRM telehealth provider directory](#)

**To find out more, visit us online at
acrrm.org.au or call 1800 223 226**



INFORM PATIENTS

Your practice should:

- provide patients with easy access to plain language information about telehealth services, and other options for accessing care;
- seek patient consent;
- let the patient know how and where to make a complaint about the remote consultation; and
- evaluate the patient experience after their first remote consultation and at regular intervals or if the patient's condition changes.

Templates for informing patients are available on the [ACRRM ehealth website](#).

MANAGING APPOINTMENTS FOR REMOTE CONSULTATIONS

Your practice should consider:

- How to identify remote consultation as separate to in-person consultation
- How to record the means by which you will provide a remote consultation (e.g. by phone, or a video conferencing platform).
- Asking the patient to be ready 10 minutes before the remote consultation commences and allow time to advise the patient on adjustments to the image, sound, lighting or positioning.
- Ensure the consultation is taking place in a private location for both the patient and the provider. This includes a private location for remote consults conducted in the home.

TRIAGE PATIENTS

Your practice should have a set of criteria about which patients are suitable for remote consultations. This should include:

- Clinical factors such as continuity of care, shared care, and the best model of care.
- Practical factors such as the availability of specialists, local clinical staff and technology.
- The ability of the patient to attend a remote consultation successfully, travel to the practice and their family, work and cultural situation.

COVID-19 TRIAGE, AT RISK PATIENTS AND PROVIDERS IN ISOLATION

Confirm the patient meets the criteria for remote consultations under the [bulk billed MBS Telehealth Services](#). As well as patients diagnosed or in isolation for COVID-19, patients in vulnerable groups can additionally see certain healthcare providers (GPs, specialists, nurse practitioners etc) via telehealth services for a non-COVID-19 matter.

Check if the patient has the physical, mental and technological capacity to use video conferencing or consider using the phone.

PRIVACY AND CONFIDENTIALITY

The patient's privacy and related health information should be protected. Your practice should always conduct remote consultations using a specific practice account on any technology platform



to avoid patient identity being exposed to any other organisation, members or subscribers to a commercial service.

CONDUCTING THE CONSULTATION

It is the responsibility of the health professional to:

- Confirm the identity of the patient and confirm their identity and credentials to the patient.
- Obtain informed consent from the patient to participate in a remote consultation using telehealth services. This may be verbally or in writing.
- Determine a reasonable length of time needed for the remote consultation, and the patient is informed about this.
- Explain to the patient what you can and cannot do when providing advice during a remote consultation.
- Inform the patient if there will be out-of-pocket charges for remote consultations, compared to other available options.
- Make it clear to all parties and obtain agreement on responsibility for subsequent healthcare activities, for instance, attendance at another clinic, provision of a prescription, other referral or follow-up appointment.
- Ensure that adequate clinical notes are placed in the patient's health record.

CONSULT AND TRAIN YOUR STAFF

Your practice should:

- consult with the staff about the workflow and other changes your practice should make to accommodate remote consultations; and
- set aside time for clinical and administrative staff to train in the provision of remote consultations. ACRRM online learning module 'introduction to telehealth' and a [videolibrary](#).

