



RACGP

Royal Australian College of General Practitioners

Telehealth video consultations guide



Telehealth video consultations guide

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

| | | |
|-----------|--|-----------|
| 01 | Introduction | 1 |
| 02 | Telehealth and the MBS | 2 |
| | 2.1 Patient-end services with a specialist | 2 |
| | 2.2 GP provision of Focussed Psychological Strategies (FPS) via telehealth video consultations | 2 |
| 03 | Are telehealth video consultations right for your practice? | 4 |
| | 3.1 What do I need to consider? | 4 |
| 04 | Getting started | 6 |
| | 4.1 What type of telehealth service will your practice offer? | 6 |
| | 4.2 What types of consultations will your practice offer? | 6 |
| | 4.3 Getting your practice team involved | 6 |
| | 4.4 Getting specialists involved | 8 |
| | 4.5 Getting your patients involved | 8 |
| | 4.6 Fees | 9 |
| | 4.7 What facilities will my practice need? | 9 |
| | 4.8 Information security and privacy | 11 |
| | 4.9 Policies, procedures and risk management | 12 |
| | 4.10 Professional indemnity | 12 |
| 05 | Providing telehealth consultations with patients | 13 |
| | 5.1 Clinical appropriateness | 13 |
| | 5.2 Consent | 14 |
| | 5.3 Patient choice | 14 |
| | 5.4 Recording video consultations | 14 |
| | 5.5 Using an interpreting service | 14 |
| | 5.6 Documenting a telehealth video consultation | 16 |
| 06 | Evaluating telehealth video consultation services | 17 |



01 Introduction

Telehealth services use information and communication technologies to deliver healthcare services and transmit health information. This can include via telephone consultation, email or videoconferencing. Telehealth is becoming more popular as a mode of healthcare delivery due to the benefits it provides to both patients and practitioners, particularly those in rural and remote areas. It has the potential to provide patients with more convenient and efficient access to healthcare.

Telehealth consultations can be synchronous (delivered in real time – eg video consultations) or asynchronous (not delivered in real time – eg using email and/or sending images such as photographs of skin or wounds for review at a later time).

Telehealth video consultations can improve synchronous access to specialist healthcare services for patients who live in regional, rural and remote areas, as these consultations are supported through the Medicare Benefits Schedule (MBS).

This guide focuses on telehealth video consultations covered under the MBS where a general practitioner (GP), practice nurse or Aboriginal health worker is physically present with the patient to provide patient-end services during a consultation with a specialist at another location.

Broadly, a telehealth video consultation is:

- a clinical consultation performed via a videoconferencing platform, where the patient and consulting specialist are not in the same physical location
- information transmitted electronically during the consultation from the location of the GP/practice nurse/Aboriginal health worker and patient to another healthcare professional at a second location
- the GP/practice nurse/Aboriginal health worker providing support to the patient, employing clinical skills and judgement to provide healthcare and feedback to both the specialist and the patient.

This guide will help GPs and other eligible practitioners to provide safe and effective video consultations, and outlines the clinical, administrative and technical considerations when introducing this mode of healthcare delivery.

02 Telehealth and the MBS

2.1 Patient-end services with a specialist

There are currently 23 MBS items available for practitioners (including GPs, nurse practitioners and Aboriginal health workers) who provide patient-end clinical support during video consultations with a specialist, consultant physician or consultant psychiatrist. Table 1 provides a list of all MBS items relating to telehealth.

MBS rebates are available for patients who:

- are located outside of Australian Standard Geographical Classification – Remoteness Area (RA) 1 classification (major cities), or
- access care from an eligible Aboriginal medical or health service, or
- live in an eligible residential aged care facility, and
- are located more than 15 km from the specialist who is providing the treatment.

Further information about eligibility for Medicare rebates is available at www.humanservices.gov.au/organisations/health-professionals/services/medicare/mbs-and-telehealth

2.2 GP provision of Focussed Psychological Strategies (FPS) via telehealth video consultations

New MBS item numbers announced in 2018 allow [appropriately trained](#) GPs and non-specialist medical practitioners to conduct telehealth video consultations directly with eligible patients in rural and remote areas to provide FPS, subject to the GP and patient being more than 15 km apart.

The purpose of these MBS item numbers is to fund support for mental health, wellbeing and resilience of farming communities, and to support people in rural and remote communities who choose to complete their treatment using video consultations.

Refer to Table 2 for a list of item numbers relating to GP provision of FPS via telehealth.

Table 1. Patient-end telehealth services

| Telehealth attendance by a medical practitioner (including a GP, specialist or consultant physician) | | |
|---|----------------------|--|
| MBS item | Duration | Location of services |
| 2100 | At least 5 minutes | At consulting rooms outside an inner-metropolitan area or at an Aboriginal medical service |
| 2126 | Less than 20 minutes | |
| 2143 | At least 20 minutes | |
| 2195 | At least 40 minutes | |
| 2122 | At least 5 minutes | Not at consulting rooms; rather, a home visit or at other institution outside an inner-metropolitan area |
| 2137 | Less than 20 minutes | |
| 2147 | At least 20 minutes | |
| 2199 | At least 40 minutes | |
| 2125 | At least 5 minutes | At a residential aged care facility |
| 2138 | Less than 20 minutes | |
| 2179 | At least 20 minutes | |
| 2220 | At least 40 minutes | |

Telehealth attendance by a participating nurse practitioner

| MBS item | Duration | Location of services |
|----------|----------------------|--|
| 82220 | Less than 20 minutes | Outside an inner-metropolitan area or at an Aboriginal medical service |
| 82221 | At least 20 minutes | |
| 82222 | At least 40 minutes | |
| 82223 | Less than 20 minutes | At a residential aged care facility |
| 82224 | At least 20 minutes | |
| 82225 | At least 40 minutes | |

Telehealth attendance by a participating midwife

| MBS item | Duration | Location of services |
|----------|----------------------|--|
| 82150 | Less than 20 minutes | Outside an inner-metropolitan area or at an Aboriginal medical service |
| 82151 | At least 20 minutes | |
| 82152 | At least 40 minutes | |

Telehealth attendance by a practice nurse or Aboriginal health worker provided on behalf of and under the supervision of a medical practitioner

| MBS item | Duration | Location of services |
|----------|----------|--|
| 10983 | N/A | Outside an inner-metropolitan area or at an Aboriginal medical service |
| 10984 | N/A | At a residential aged care facility |

Table 2. MBS items for general practitioner (GP) provision of Focussed Psychological Strategies (FPS)**Professional attendance at consulting rooms by a GP, for the purpose of providing FPS for assessed mental disorders by a GP registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service where the:**

- attendance is by videoconference
- patient is not an admitted patient
- patient is located within a telehealth eligible area, and
- patient is, at the time of the attendance, at least 15 km by road from the GP.

| MBS item | Duration | Location of services |
|----------|--|----------------------|
| 2729 | At least 30 minutes but less than 40 minutes | At consulting rooms |
| 2731 | At least 40 minutes | At consulting rooms |

Professional attendance at consulting rooms by a non-vocationally registered medical practitioner, for providing FPS for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service where the:

- attendance is by videoconference
- patient is not an admitted patient
- patient is located within a telehealth eligible area, and
- patient is, at the time of the attendance, at least 15 km by road from the medical practitioner.

| MBS item | Duration | Location of services |
|----------|--|----------------------|
| 371 | At least 30 minutes but less than 40 minutes | At consulting rooms |
| 372 | At least 40 minutes | At consulting rooms |

03 Are telehealth video consultations right for your practice?

3.1 What do I need to consider?

To determine if telehealth video consultations are appropriate for your practice, consider:

- patient safety
- patient clinical need
- clinical effectiveness
- patient preference
- location of the practice
- specialist willingness and availability
- staff willingness
- training and skills of practice staff
- equipment required (hardware and software)
- budget requirements.

For further information, refer to Criterion GP1.2 'Home and other visits' in the RACGP [Standards for general practices](#) (5th edition).

Figure 1 provides a systematic approach to deciding whether video consultations would be suitable for your practice, and Figure 2 outlines how to proceed in setting up a telehealth service.

Practice tip → If you are not sure whether or not telehealth is viable for your practice, drawing up a business plan can help you assess the broad categories of people, opportunities, context, risks and rewards related to setting up telehealth video consultations.



Figure 1. Are telehealth video consultations suitable for your practice?

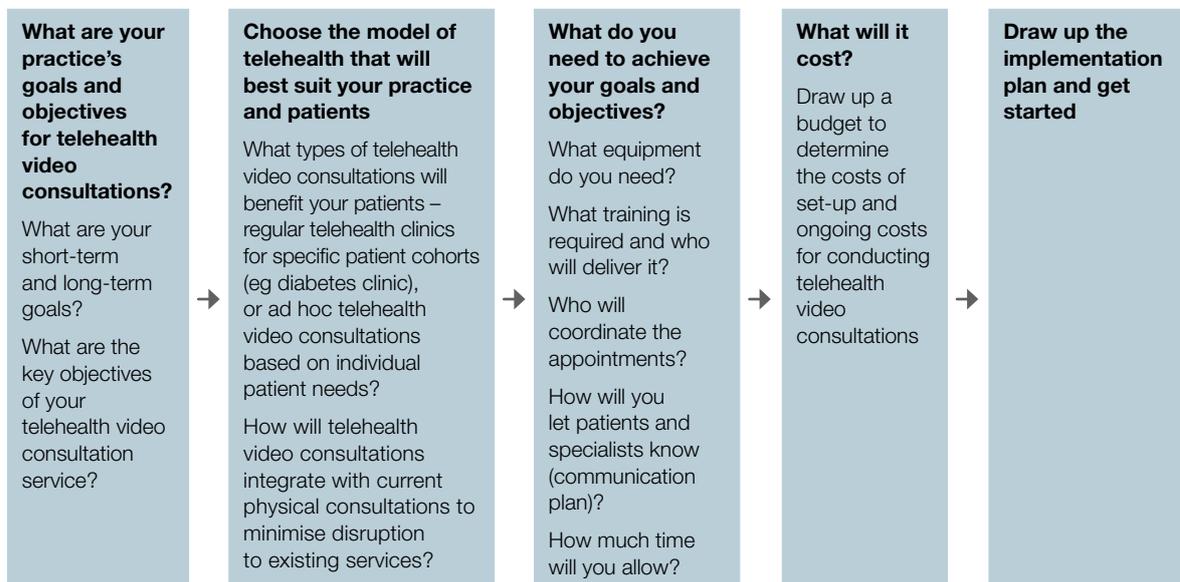


Figure 2. Steps to introducing telehealth services (project planning)

04 Getting started

4.1 What type of telehealth service will your practice offer?

Decide on the model that will best suit the clinical needs of your practice and patients. For example, is there a need in your area for regular telehealth video consultation clinics with specific specialists (eg a diabetes clinic with a distant endocrinologist), or would your practice meet current needs by providing telehealth services on an ad hoc basis?

4.2 What types of consultations will your practice offer?

To determine which specialist services will best meet the needs of patients, start by:

- identifying the specialists to whom you currently regularly refer
- identifying patient groups who could benefit from a regular telehealth video consultations clinic (eg diabetes clinic)
- listing the specialists who conduct outreach visits and assess the viability of offering telehealth video consultation clinics between visits to improve the continuity and timeliness of the specialist services
- identifying whether there are any specialists or subspecialists who are not available locally
- approaching specialists to determine their willingness to offer video consultations.

Once you have an idea of the specialists with whom you would like to consult, consider the frequency and number of video consultations that would be appropriate. For example, you may have a dermatologist who visits every six months; however, 3–4 patients might benefit from an interim video consultation.

Case study

A practice with a number of patients with diabetes set up a regular telehealth video consultation clinic, where a diabetes nurse supports the patient in consultation with a distant endocrinologist. Even though the specialist is only 50 km away, the practice has found that offering video consultations has led to much better adherence to treatment among their patients, especially older patients.

4.3 Getting your practice team involved

GP and other staff engagement with telehealth video consultation services will assist in successful implementation and integration into the practice. Provide sufficient education and communication around policies and procedures, and demonstrate the benefits and value to staff of using telehealth video consultation services.

To assist with staff engagement:

- allow time to implement your video consultation service
- appoint an enthusiastic telehealth video consultation coordinator to integrate video consultations into practice processes (Box 1; the designated coordinator could be the practice manager, administrator or practice nurse)

- appoint a designated clinical lead with overall accountability for the practice's telehealth video consultations, including overseeing clinical and risk-management protocols and assessing the clinical effectiveness of video consultations (Box 1)
- educate and train staff appropriately (Box 2), allowing for feedback on the process to improve flow and maintain staff engagement.

Practice tip → It may be that telehealth video consultation facilities are used initially only by one or two GPs or other eligible practitioners in the practice who are enthusiastic about its use and understand the benefits. As acceptance grows, more clinicians can be trained in video consultations.

Box 1. Suggested responsibilities of telehealth video consultation coordinator and clinical lead

Telehealth coordinator – Responsibilities

- Coordinating bookings and clinician availability
- Establishing a directory or accessing existing directories of participating specialists
- Producing patient information brochures and developing marketing and communication strategy
- Ensuring equipment is functioning properly
- Advance testing of the interoperability of patient-end/distant specialist videoconferencing equipment
- Preparing contingency plans and troubleshooting guides
- Developing patient and other stakeholder feedback and quality improvement initiatives
- Ensuring technical specifications are consistent with recognised technical guidelines
- Ensuring professional indemnity for GPs/other support clinicians

Telehealth clinical lead – Responsibilities

- Developing policy and procedure for conducting telehealth video consultations
- Developing practice policy on video recording
- Developing risk management protocols
- Assessing the clinical effectiveness of video consultations
- Facilitating education and training for other clinicians
- Developing policies and procedures for engaging with participating specialists
- Developing guidance on practice video consultation etiquette
- Investigating any clinical incidents reported in the use of video consultations

Box 2. Suggested clinical and administrative education and training topics

Administrative training topics

- Efficient coordination of patient appointments including cancellations, clinician availability and properly functioning equipment
- Proficient use of the practice's videoconferencing equipment
- Troubleshooting common technical difficulties
- Telehealth video consultation etiquette and communication protocols
- Practice's policy on video recording
- Privacy and security of patient health information
- Billing practices and processes

Clinical training topics

- Duty of care (specialist and GP responsibilities)
- Professional indemnity obligations for telehealth video consultations
- Patient safety and deciding the clinical appropriateness of a video consultation
- Informed patient decisions
- Cultural awareness (eg particular sensitivities about personal images and the recording of personal images)
- Patient consent to the presence of third parties
- Telehealth video consultation etiquette
- Communication protocols to be followed before, during and after a video consultation
- Clinical handover, both within the general practice and with the consulting distant specialists
- Documentation by the GP (or another support clinician) in the patient's health record
- Privacy and security of patient health information
- Current evidence base for video consultations, with specific reference to patient safety, clinical effectiveness, privacy and security of patient health information
- Evaluation of telehealth video consultation services

Review and update training content as necessary to reflect advances in technology. This may include changes in the evidence base for telehealth video consultations, and changes made following patient, practice staff, GP and other stakeholder feedback.

4.4 Getting specialists involved

As a first step, look to engage specialists where there are pre-existing relationships. In the absence of pre-existing relationships with relevant specialists in an identified area of need, strategies for engagement may include:

- contacting outreach services (in remote areas)
- searching directories such as the [National Health Services Directory](#) (which includes an option to search for telehealth video consultation capable services) and the Australian College of Rural and Remote Medicine's [Telehealth Provider Directory](#)
- asking your Primary Health Network (PHN) if they provide a directory of telehealth video consultation providers.

Before referring patients of the practice to an unknown specialist, confirm that the specialist is listed on the relevant [Australian register of medical practitioners](#).

When approaching new specialists, present a case for the mutual benefits of video consultations. This may include:

- describing video consultations and how they will benefit patients
- providing information about the relevant MBS item numbers and discuss the distant specialist billing arrangements
- describing your practice's videoconferencing system and how it might interface with the specialist's facilities
- discussing proposed frequency of video consultation clinics and any ad hoc arrangements
- discussing communication strategies regarding clinical handover and referrals
- enhancing the GP–specialist relationship and the likelihood of increasing referrals.

A template practice introduction letter to specialists is available from the [RACGP website](#).

4.5 Getting your patients involved

Patient needs and requirements should be central to all aspects of planning and implementation of telehealth video consultations in your practice.

For most patients, accessing specialist healthcare via video consultation will be a new experience. Invest time and resources into educating and communicating with patients about the process and the benefits before they take part.

Develop a general information sheet about video consultation services with information such as:

- the telehealth video consultation sessions the practice offers and with which specialists
- the benefits of video consultations
- the location of the video consultation sessions and information about issues such as parking and wheelchair access
- how the practice will ensure privacy and confidentiality of patients.

A template patient brochure is available from the [RACGP website](#).

4.6 Fees

Provide patients with clear information about the fees that apply to the telehealth video consultation services they receive, including:

- professional fees billed by the GP or support clinician outside MBS patient rebates
- professional fees that will be billed by the consulting specialist
- any additional fees billed by the GP if an additional GP–patient consultation occurs on the same day as the telehealth consultation
- any additional fees such as an off-site facility fee.

Telehealth video consultations must comply with MBS requirements to claim rebates for Medicare services.

4.7 What facilities will my practice need?

4.7.1 Consultation space

Set up or obtain access to consultation space that:

- is quiet and fit for purpose
- has arrangements to protect the privacy and dignity of patients who may be required to remove clothing for a physical examination (eg a screen in the room or a separate private area where patients can remove clothing and be suitably covered with a gown or drape ahead of the video consultation)
- has plain decor that will not distract from visual images on the screen
- has good lighting, avoiding high-intensity light (eg a window) behind the patient who is being viewed
- has ready access to medical equipment that may be required during a video consultation
- has systems to prevent interruptions (eg a 'do not disturb' sign to indicate that a video consultation is in progress)
- has access to a phone as a back-up if the video call fails.

Practice tip → If you use equipment with a wireless connection to the practice router, you may experience a significant drop in video quality in rooms that are far from the router. This is a small but important consideration when selecting appropriate rooms for video consultations.

4.7.2 Hardware and software

You can hold telehealth video consultations using low-cost options such as a desktop computer and Skype or invest in specific video hardware and software systems. Practices that have a high volume of videoconferencing (not only for telehealth video consulting) may find it worthwhile to invest in more specific videoconferencing hardware and/or software. Practices who plan to offer more ad hoc video consultation might find that Skype is adequate. Box 3 has further information about Skype.

Up-to-date MBS guidance on technical specifications for equipment and software can be found at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance

Ensure the system you choose meets the requirements of the MBS item descriptor and applicable laws for security and privacy. For more information, refer to www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv

Box 3. Use of Skype and other free video software

Skype and other free video software (such as WhatsApp, Facebook Messenger and Tox) are convenient and widespread, and an easy way to conduct telehealth video consultations, especially on an ad hoc basis.

There is currently no evidence to suggest that Skype is unsuitable for clinical use. The RACGP supports its use in clinical settings by GPs and those providing clinical support on behalf of the GP. However, it is recommended that practices:

- register a Skype name that provides some anonymity
- always have a back-up mode of communication in instances where the connection cannot be established or drops out.

In undertaking your initial business/clinical use case assessment, consider Skype as a low-cost entry point to video consultations. Given there are no significant up-front costs and no up-front contracts, the business risk is small. Once you have a better idea of the demand for video consultation services in your practice, it may be worth considering professional software and hardware to ensure the sustainability and quality of your service.

At a minimum, consider buying:

- a high-quality webcam that can be zoomed in on the patient, and with a built-in high-quality microphone
- microphones that enable all participants in a video consultation to be clearly audible (eg remote ceiling microphones or cabled/wireless extension microphones)
- speakers and microphones with echo-cancelling properties, or an echo cancellation box.

Practice tip → To ensure they don't get missed, include maintenance checks of videoconference equipment in the practice's equipment maintenance schedule.

4.7.3 Connecting with the specialist

To ensure that your practice's videoconference system connects with the equipment used by the specialist:

- test the interoperability of the two systems prior to holding the consultation
- keep a log of the equipment used by participating specialists and confirmation of advance interoperability testing
- inform participating specialists and re-test interoperability of the two systems if you update or change your systems.

4.7.4 Troubleshooting

To avoid lengthy disruptions to telehealth video consultations, you should:

- have ready access to technical support for videoconferencing equipment and connectivity
- develop and maintain documented contingency plans for managing technical problems during a video consultation (eg completing interrupted consultations by telephone)
- ensure all participants are aware of the contingency plan (eg who will call whom)
- keep troubleshooting guides with the teleconferencing equipment for common technical problems
- have a dedicated person in the practice who can provide technical support on the spot.

4.7.5 Offsite telehealth video consultations

When providing video consultations from external sites:

- ensure that the videoconferencing equipment and connectivity are capable of delivering sound and image quality suitable for clinical purposes
- ensure the equipment maintains the privacy and security of patient health information
- ascertain the availability of emergency resuscitation equipment in advance
- ensure GPs take a suitably equipped doctor's bag to consultations at an offsite facility.

Poor sound and visuals during a video consultation can be irritating and distracting, and can affect the clinical usefulness of the consultation. Box 4 provides tips on maximising audio and visual quality.

Box 4. Technical tips

Audio

- Place the microphone on a firm, flat surface as close as possible to participants to enhance audio quality and minimise background noise
- Ask participants to speak clearly, at their normal voice volume, and one person at a time
- Ask participants to switch mobile phones off or to silent mode before the consultation
- Minimise background noise (eg typing on a computer or background clinic noise) – it can be useful to use the microphone's mute button when people at the other end of the video consultation are speaking

Visual

- Ensure good lighting in the room so that faces are clearly visible on the screen – avoid placing bright lights behind the people being viewed
- Explain to participants if someone being viewed needs to move in or out of the camera frame
- Check the camera gaze angle in advance and adjust if necessary to allow eye contact between participants – this is important for effective communication between the patient and specialist
- Ask participants prior to the consultation to avoid wearing brightly patterned or reflective clothing as this may affect the focus of the camera
- Check the ability to move the camera to focus on certain items (such as skin lesions)
- Check the ability to share the screen to enable specialists to view results or images stored in the clinical information system

Practice tip → If you experience issues with the quality of a consultation, use a telephone speaker phone for the audio component of the consultation. If you have poor internet coverage, muting the audio could save some bandwidth and increase the picture quality.

4.8 Information security and privacy

Information security and privacy considerations in relation to telehealth video consultations include:

- the security of the videoconferencing interface (software and hardware)
- security of patient information (encryption and use of secure messaging)
- storage of any video recordings and still images
- the visual and audio privacy of the practice's teleconferencing room.

Information security considerations should be applied to video consultations, as should compliance with the RACGP *Standards for general practices* (5th edition), with further reference to the RACGP resource *Information security in general practice*.

You can also refer to:

- Australian Privacy Principles, available at www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles
- *Guide to securing personal information*, available at www.oaic.gov.au/agencies-and-organisations/guides/guide-to-securing-personal-information
- Additional MBS guidance in relation to security and privacy, available at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv
- MBS technical specifications for telehealth services, available at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance

4.9 Policies, procedures and risk management

Develop practice policies, procedures and risk management protocols for:

- management and security of patient health information as it relates to video consultations
- documentation of each video consultation
- responsibilities of each participant (GP, specialist, nurse, patient).

General practices are encouraged to reach written prior agreement with participating specialists on relevant key risk management protocols. Access a telehealth video consultation specialist checklist at www.racgp.org.au/running-a-practice/technology/telehealth/templates-and-factsheets

4.10 Professional indemnity

Confirm that GPs, practice nurses and registered Aboriginal health workers have suitable professional indemnity that covers video consultations (whether provided by a medical defence organisation, employer or commercial insurer), and whether any exclusions such as initial consultations may apply.

05 Providing telehealth consultations with patients

5.1 Clinical appropriateness

To determine the clinical appropriateness of a telehealth video consultation, consider:

- the clinical imperatives, including contraindications and patient preference
- where a clinician other than the GP is required to support the patient, and whether the clinician has the requisite knowledge, skills and experience to act on the GP's behalf
- whether a physical examination by a distant specialist is critical for diagnosis or treatment (if so, a physical consultation would generally be required).

Further:

- If there is any doubt about the clinical appropriateness of a video consultation, a physical consultation is likely preferable.
- In special or emergency circumstances where there are no alternatives, a video consultation with a distant specialist should be considered, as a preliminary step that leads to more suitable arrangements for the continuing care and follow-up of the patient.

If proposing a telehealth video consultation to an individual patient, provide detailed information (eg via a brochure or handout) so that the patient can make an informed decision about proceeding with this service: This would include:

- rationale for the video consultation (ie purpose and potential benefits)
- financial costs associated with the consultation, including specialist fees
- how the cultural needs and preferences of patients will be handled, such as sensitivities about personal images and the recording of personal images
- the role of the support clinician at the patient end of the video consultation
- confirmation that the patient may have their own support person in attendance
- confirmation that other parties (ie parties other than their own support person, the GP or another support clinician at the patient end, and the distant specialist) will only be present if the patient agrees to this in advance
- identifying information the patient will be asked to provide at the commencement of the consultation (eg their name, address and date of birth)
- the patient's right to ask any support clinician to leave the consultation at any time if they wish to have a private discussion with the specialist (if the support clinician deems it safe for this to occur)
- the practice's systems and processes that protect patient privacy – for example, using secure videoconference systems and not recording video consultations unless exceptional clinical circumstances apply
- advice that in the event that the patient felt unable to continue with a video consultation, they could end the consultation and that consultation fees may still apply.

5.2 Consent

Once clinical appropriateness is confirmed and the patient and GP have decided to proceed, seek prior consent from the patient and document this in the patient's health record held by the practice.

Seek consent from patients prior to a consultation if a third party will be present during the consultation at either the specialist or patient end of a consultation. Document such consent in the patient's health record held by the practice.

5.3 Patient choice

Telehealth video consultations are an alternative option to access specialist medical services without personal inconvenience and cost of travel to a major centre. Nevertheless, some patients will prefer to attend physical consultations with specialists, and this choice should be respected.

Where a patient or carer expresses a preference for a video consultation, consider this preference in the context of the informed consent process and clinical appropriateness.

5.4 Recording video consultations

The default position is that telehealth consultations are not recorded (in the same way that face-to-face GP consultations are not recorded). However, instances may arise where it is clinically appropriate to record all or some of a telehealth video consultation, or take and record still images from a consultation in order to properly manage a patient's health needs.

If the recording of a video consultation is proposed for clinical purposes:

- provide the patient with information about how the recordings (including discrete still images) would be managed, stored and accessed
- gain prior written consent from the patient and document this consent in the patient's health record
- confirm a patient's consent for recording verbally on camera at the commencement of the consultation
- send a copy of the written consent to the distant specialist prior to the consultation
- store recordings securely in the patient's health record in accordance with usual requirements for retaining health records.

Advise patients that they are not authorised to make their own recordings of a video consultation.

Clinicians should be mindful of their own privacy in relation to the risk of video recordings being redistributed in the public domain without their consent.

5.5 Using an interpreting service

In cases where an interpreter is required, ensure that a separate audio lead is available and can be connected to your videoconferencing system for interpreters that cannot be present in person. Engage a qualified medical interpreter if possible.

Practice tip → Despite the different method of delivery, the principles and procedures for conducting a telehealth video consultation are generally the same as for a physical one. Think about your usual procedures for a physical consultation – how do you normally prepare for or conduct a physical consultation? How would you shift these into video consultations?

Box 5 provides a process summary before, during and after a telehealth video consultation.

Box 5. GP (or other support clinician) and distant specialist responsibilities before, during and after a telehealth video consultation

Before the video consultation

| Referring GP/practice | Distant specialist/practice | Both referring GP and specialist |
|--|--|---|
| <ul style="list-style-type: none"> • Determine clinical appropriateness • Obtain and record patient consent • Send referral letter • Provide patient with information on telehealth video consultation process and any additional costs • Conduct clinical handover between patient's GP and delegated support clinician (if applicable) • Prepare clinical support • Ask patient to arrive 15 minutes prior to appointment | <ul style="list-style-type: none"> • Determine clinical appropriateness • Check and record patient consent • Receive referral letter • Provide patient with information on clinical condition and possible costs • Advise what clinical support is required | <ul style="list-style-type: none"> • Confirm the video consultation with all parties • Pre-test videoconference equipment and connectivity • Coordinate video consultation booking |

During the video consultation

| Referring GP/other support clinician | Distant specialist | Both referring GP and specialist |
|--|--|---|
| <ul style="list-style-type: none"> • Introduce parties at patient end • Invite patient to self-identify • Outline presenting problem • Provide clinical support as required • Summarise follow-up actions for GP and patient • Adhere to evidence-based practice | <ul style="list-style-type: none"> • Introduce parties at specialist end • Match correct health record • Use clinical support as required • Summarise diagnosis and all follow-up actions • Summarise follow-up actions for specialist • Adhere to evidence-based practice | <ul style="list-style-type: none"> • Ensure contingency plans for clinical safety, operational problems, technical malfunctions • Conduct synchronous, dual-care video consultation |

After the video consultation

| Referring GP/other support clinician | Distant specialist | Both referring GP and specialist |
|---|---|---|
| <ul style="list-style-type: none"> • Make consultation notes • Conduct clinical handover between the support clinician (if not the referring GP) and the referring GP • Implement and monitor agreed follow-up actions | <ul style="list-style-type: none"> • Make consultation notes • Send response letter to GP • Implement and monitor agreed follow-up actions | <ul style="list-style-type: none"> • Record any technical malfunctions |

5.6 Documenting a telehealth video consultation

GPs/other clinical support people and the distant specialists should document video consultations in their respective practices' patient health records. Adhere to the same record-keeping standards as for physical health consultations and include additional information such as:

- that the consultation was conducted by videoconference (with the patient's consent)
- the patient-end location of the video consultation
- who was present (other than the GP and distant specialist) and the patient's consent for such parties to be present
- the rationale for a video consultation instead of a physical consultation
- which clinician is responsible for which 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 period of time a support clinician was not present at the patient end (eg to allow the patient to have a private discussion with the specialist)
- any technical malfunctions during the videoconference (eg poor sound or image) that may have compromised the safety or quality of the video consultation.

Write up the notes as soon after the consultation as possible. This will facilitate safe and effective continuity of care for the patient.

06 Evaluating telehealth video consultation services

Track your experiences with video consultations by collecting and analysing practice data about the implementation process and outcomes. Data analysis and evaluation will help your practice develop and improve its video consultation service and will contribute to the wider evidence base regarding video consultations in Australian primary care.

Further, actively seeking patient feedback about video consultations will help to inform risk management and quality improvement initiatives.

A template patient evaluation form is available from the RACGP website at www.racgp.org.au/your-practice/ehealth/telehealth/resources/templates



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