

AIYA MEDICAL CENTRE

TELEHEALTH POLICY

7.23 Telehealth

7.23.1 Policy

Telehealth refers to the use of information and communication technologies to deliver health services to patients of our practice, when face-to-face consultation is not possible or not appropriate due to geographical reasons, infection control management or other factors. Telehealth can take the form of telephone or video conferencing consultation between a GP and a patient.

As our practice is located in *Homebush* area, it is unlikely that we would need to facilitate telehealth services for patients living remotely; however, where this might be required and the patient's care does not meet the Medicare Benefits Schedule (MBS) eligibility criteria, the patient will be privately billed.

During a declared public health emergency, to help reduce unnecessary risk of community transmission and to provide protection for patients and our practice team, our practice will offer telehealth services to all patients. Face-to-face consultations will still be undertaken where it is considered the most appropriate method, provided it is safe to do so.

Our practice has appointed a member of the practice team as telehealth coordinator to monitor and adapt procedures associated with telehealth consultations, and the Medicare Benefits Scheme, in addition to monitoring and implementing the advice of the NSW health department or federal government, as required.

It is also the responsibility of the telehealth coordinator to ensure all members of the practice team are educated and kept up to date on the telehealth policies of this practice, including making changes as they occur, and these particular responsibilities are documented in the relevant position description (also refer to **Section 8.9 – Governance and management**).

7.23.2 Procedure

In our practice, we have nominated the receptionists and the GPs as telehealth coordinators.

A telehealth consultation is only too conducted in place of a face-to-face consult when it is clinically appropriate to do so. Examples of consultation types where telehealth is considered appropriate include:

- *Covid-19 or Flu*
- *routine check-ups that **do not require** updates to measured information such as height and weight*
- general pathology forms for ongoing management or general check-up (must be known patient)
- *mental health treatment **must be ongoing***

- *chronic disease management, general question or issues*
- *health assessments as guided by the Medicare Benefits Schedule (MBS)*
- *support counselling (e.g. pregnancy)*
- *Repeat prescriptions where the patient is a long term patient and or has a significant reason not to attend face to face e.g. mobility issues or pandemic Covid -19 illnesses or any other infectious disease or is immunocompromised.*

Pt must have had a face to face consult in the last 12 months with the specified GP

Examples of consultation types where telehealth is **not** appropriate include:

- minor excisions and procedures,
- wound management,
- electrocardiography,
- spirometry,
- insertion and removal contraceptive implants,
- immunisations and other routine injections,
- Pap smears,
- check-ups requiring measured information such as height and weight or blood pressure,
- prescriptions for scheduled medications to patients not known to the practice,
- ***Patients who have not seen GP in last 12 months or never had face to face with other GP's in the practice.***

When arranging a telehealth consultation, it must first be ascertained if the patient meets the Medicare Benefits Schedule (MBS) eligibility criteria, either by geographical location, demographic (e.g. aged care residents or Aboriginal and/or Torres Strait Islander peoples), or as instated by the NSW health or federal government during a public health emergency.

If the patient is eligible for a Medicare Benefits Schedule (MBS) claimable telehealth consultation, the consultation can be booked in through our reception team or via our online booking system.

If the patient is ineligible for a Medicare Benefits Schedule (MBS) claimable telehealth consultation, the patient must be informed of the fees associated with accessing a telehealth consultation before the appointment is booked.

When booking a telehealth consultation, patients are informed of the risks and benefits of technology-based consultations, including their rights and responsibilities, and must provide consent to continue.

When a telehealth consultation takes place, wherever possible, it is conducted via video conferencing. Video conferencing allows the practitioner to observe symptoms, in addition to providing opportunity for the practitioner to pick up on other visual cues that might require further

investigation or discussion. Video conferencing also allows for clearer communication with patients through practitioners being able to screen share or demonstrate actions using models.

In our practice, we use *Aiya medial video software* as it meets requirements for privacy and confidentiality by *requiring a password to join the session*.

Where a video conference consultation cannot occur, such as in situations where the patient does not have access to the required technology or where internet connection may be unstable, a telephone consultation will be conducted. Aural cues are key for practitioners to be attentive to during telephone consultations, such as listening for shortness of breath, fatigue, etc.

For patient-end services with a specialist, our processes have been established to align with the RACGP *Telehealth video consultations guide, 2019* accessible via the RACGP website. Our practitioners are able to access the Medicare Benefits Schedule (MBS) where clinical support is provided during video consultations where the patient:

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

When telehealth consultations are implemented as part of a pandemic response plan, the telehealth coordinator ensures all physical requirements are in place to offer extended telehealth services, such as having sufficient inward and outbound telephone lines, call diversion where clinical team members are working from home or off-site, video conferencing software installed on all computers, remote access to the practice software systems enabled for off-site workers, and access to printers and facsimile machines for the clinical team members working off-site or from home.

At the commencement of a telehealth consultation, in accordance with **Section 7.6 – Patient identification**, the patient’s identity is verified and verbal consent is obtained from the patient to proceed; this consent is particularly important in situations where it is evident that the patient is not in a private location, or is not alone.

In situations where a third party is involved in the consultation, whether requested by the general practitioner or present with the patient, consent from the patient will be obtained in accordance with **Section 7.10 – Third party observing or clinically involved in the consultation**.

General practitioners and the practice nurse are responsible for documenting the care provided by them in accordance with **Section 7.2 - Clinical content of patient health records**, in addition to ensuring all other protocols are followed in relation to **Section 7 – Clinical management**.