

## Organising Telehealth in Your Practice

This document is intended for general practices, Aboriginal Health Services and primary care services who are conducting video consultations with specialist medical practitioners.

### Introductory comments

Adding video consultations to the range of services offered at a practice or health service can improve patient access to specialists, support clinical staff and enhance continuity of care. However, as with most changes to practice, some advance planning will make it run much more smoothly.

This document looks at what is needed to organise the practice to start video consultations. We have produced separate documents on how to conduct a video consultation, how to select and use the various types of technology that are available, and how to evaluate telehealth in the practice.

### Getting Started

We suggest starting small and keeping it simple.

- ☺ Begin with one clinical discipline and straightforward consultation, such as a routine follow up or pre-operative checkup.
- ☺ Set aside time for clinical and administrative staff to do some training in telehealth. ACRRM has a variety of on-line modules.
- ☺ Get help from ACRRM, your own College, from NACCHO, or your Medicare Local.

### Physical Space

#### Where to Conduct Video Consultations

Video consultations may be conducted in a standard consulting room, or can be set up in a separate space, such as the treatment room.

If possible, choose a room which is not otherwise being used for consultations, so that the video consultations can be booked at a fixed time. This will allow the usual flow of consultations at the practice to continue undisturbed, as well as giving the clinicians more flexibility. For example, the GP can then attend part of the video consultation, but also return to their office to deal with other matters.

Another option is to have the video consulting equipment on a small trolley that can be moved about the practice.

#### Room Set Up

##### *Background colour*

The best wall or background colour is a neutral pastel, such as beige, pale blue or pale green. This is better than either white or a darker colour because it reduces contrast and improves the quality of the picture. Also avoid stripes or very busy fabric.

If the existing background is not ideal, using a standard moveable screen is a quick and easy way to fix this.

### *Low noise*

The quieter the better. Noisy air conditioning or traffic can seriously interfere with audio transmission.

### *Privacy*

People participating in a video consultation may need to talk more loudly than usual, so it is important that they cannot be overheard. Particularly when using a room that is not usually a consulting room. Use the ACRRM telehealth privacy hanger on the door.

### *Chair placement*

If more than one person needs to be seen at a time, the chairs will need to be placed close together to fit into the camera range.

## **Health Care Staff**

There are Medicare rebates for the following types of staff to be physically present with the patient to assist with the video consultation:

- 📍 GP or other Medical Practitioner
- 📍 Practice Nurse
- 📍 Nurse Practitioner
- 📍 Aboriginal Health Worker
- 📍 Midwife

Only one person can claim a rebate for doing this.

### Which staff member should attend the video consultation?

The answer is likely to depend on the patient and their clinical condition; if the patient has complex or difficult issues and the doctor would like advice on diagnosis or management from the specialist then having the doctor participate in a video consultation is a good way of achieving this.

If the patient is a routine case who is attending a regular follow up visit with the specialist, then the practice nurse could assist the patient.

## **Patients**

### Selecting patients for telehealth

*Telehealth is beneficial for:*

- 📍 patients who cannot access specialist services because they are elderly, frail, have a disability, or have personal, caring or family responsibilities which prevent them from attending.
- 📍 patients who will benefit clinically from accessing specialist services in a timely fashion.
- 📍 patients who for whom telehealth is a substantial convenience, saving many hours and sometimes days of travel for a brief appointment.
- 📍 patients who either do not need a physical examination from the specialist, or the clinician with the patient can undertake this adequately.

### *Some patients might have a problem with telehealth*

Patients for whom a video consultation may be difficult are listed below, with suggestions for working around the issues:

- 🕒 patients who are very deaf. The audio quality even with a good speaker is not as good as being physically present. However, the staff member assisting the patient can repeat what the distant specialist has said. Do not leave these patients alone with the specialist, because the consultation will quickly grind to a halt.
- 🕒 patients with little English: same as above.
- 🕒 chaotic families, such as children running around the consulting room trying to grab the equipment. Distractions such as these are difficult enough for an in-person consultation, but are even harder for a video consultation. Where possible, ask the family to only bring the child who is the subject of the consultation.

### Consent to video consultations

In general, ACRRM recommends that patients are given an information sheet about telehealth and then asked verbally if they wish to see a specialist by video consultation.

However, we recommend written consent if any part of the consultation will be recorded. More information on patient consent is available from the Telehealth Informed Consent form.

### Evaluation of video consultations

Because video consultations are new to most clinicians and patients, we recommend asking patients to fill out a structured feedback form. This will provide information for the practice to review the use of telehealth and guide future decisions.

A telehealth audit has also been developed by ACRRM so that clinicians can take a more in-depth look at their video consulting practice and collect PDP points.

## **Specialists**

The combination of telehealth and National Registration has greatly expanded the number and range of specialists that are available to see your patients. Specialists who are available to consult by telehealth can be found in the ACRRM provider directory.

However, ACRRM recommends that wherever possible existing referral pathways are maintained, by referring to specialists who have an ongoing relationship with your patients and your health service, and whom the patient could see in person if this was necessary.

Also consider whether or not the patient will need to see the specialist on a regular basis. If the telehealth referral is for a one-off assessment or second opinion, the location of the specialist is less important.

## **Bookings and Administration**

### Bookings

Practice staff need to know which consultations will be by telehealth, so that they can book the room, the equipment, the clinician with the patient, and the distant clinician as a single event.

### Allocation of Time

Particularly when first getting started, video consultations are likely to take more time than an in-person consultation. Most of this extra time is needed at the beginning, to check the operation of the video link, that the patient is positioned in a good place, and that everyone can hear adequately. Therefore ask the patient to arrive about 10 minutes before the video call commences, and allow for at least the first 5 minutes of the consultation to be taken up with adjustments to things like sound, lighting or positioning. This extra time will decrease with experience and familiarity with equipment.

### Running on Time

When there are two clinicians in different locations, it is important to start the video consultation on time. This can sometimes be difficult because of the daily press of work, as well as urgent situations which can arise at any time. If the GP is planning to attend the video consultation, have another staff member such as a practice nurse available to take over if the GP is running late or must attend to an emergency.

## **Billing**

Telehealth is unique in that two clinicians can receive a Medicare rebate for seeing the patient at the same time. Details of the item numbers are available from [MBS Online](#).

### With the Patient

The clinician with the patient will bill the patient in the same way that the practice does for any other service. There are unique item numbers for telehealth which attract a higher rebate than for an equivalent in-person consultation. At present there are additional incentive payments, plus a bulk billing incentive which is also paid into the bank account registered against the practitioner.

### The Distant Specialist

The distant specialist can send the patient a bill by post, which the patient can pay and then obtain a rebate.

Alternatively, if the specialist wishes to bulk bill, there are three options. The first one involves the referring practice assisting, and the other two do not.

- ② The clinician with the patient can complete the assignment of benefit form on the specialist's behalf, ask the patient to sign it, and the practice sends it to Medicare.
- ② The specialist sends the assignment of benefit form to the patient, who signs it and forwards it to Medicare.
- ② The specialist can obtain an email agreement: the specialist sends an email to the patient with details of the service, and the patient replies agreeing to assign the benefit.