



FOR SPECIALIST PRACTICES

Telehealth Consultations

What is a Telehealth consultation?

Telehealth consultations provide a patient consultation through video or telephone instead of face-to-face. It involves the use of “information and communications technologies (ICTs) to deliver health services and transmit health information over both long and short distances”.¹ It uses the transmission of images, voice, and data between two or more sites using telecommunications to provide health services, such as clinical advice, consultation, education, and training services.² There are three main modalities of telehealth:

1. **Remote patient monitoring** – monitoring patient health and clinical information at a distance.
2. **Store-and-forward** – transmission of images or information from one healthcare provider to another.
3. **Telehealth consultations** – connection between a patient and healthcare provider/s through an audio or video-enabled device.³

Most practices in Australia that use telehealth tend to utilise telehealth consultations, particularly since the COVID-19 pandemic.⁴ Video is preferred due to the added information it provides in consultations. Telehealth consultations have been widely used to overcome barriers to healthcare created by distance for rural and remote communities, however its benefits are shown to extend well beyond this context and setting.

EFFECTIVENESS OF TELEHEALTH CONSULTATIONS VS FACE-TO-FACE CARE

Telehealth consultations have been shown in research to be as effective as face-to-face care in certain circumstances. This includes practise that is highly visual, needs detailed history taking, or requires interpersonal communication, including:

- **Chronic disease management** of long-term physical, mental health and chronic fatigue conditions, including in older people and with cardiac rehabilitation.
- **Specialist diagnosis** across the areas of cardiology, dermatology, psychiatry, psycho-geriatrics, neurology, and rheumatology.
- **Specialist consulting** for in-person consultations in clinical oncology, surgery,⁵ clinical genetics, and cardiology.⁶

Telehealth consultations can be used in conjunction with face-to-face care, rather than replacing it, as an added modality for improved patient outcomes.

WHEN IS IT APPROPRIATE TO USE TELEHEALTH CONSULTATIONS?

The clinical appropriateness of telehealth consultations needs to be considered. The following questions can help inform decisions around the circumstances in which telehealth consultations will be used in your practice:

- **Is there a need for physical assessment?** If yes, a traditional face-to-face consultation may be preferred. However, you should still consider whether physical support can be provided by carers, with patient consent, in the patient’s location to enable telehealth consultations.



- **Are there physical barriers to telehealth** assessment, testing, or procedure? Can they be overcome by gaining support from health professionals/carers in the patient's location? Can new diagnostic equipment be purchased or accessed for initial assessments?
- **Are you or your practice familiar with the patient?** It may be preferable to utilise telehealth consultations for a follow-up (review) consultation than for a new referral.
- **Is there contextual information a health care provider will only observe face-to-face** that is clinically important (gait, steadiness, etc.) that cannot be observed via telehealth consultations?
- **Is there contextual information regarding the patient's location** that needs to be considered? Can they be easily referred for local testing or to see a health care provider?
- **Is there risk that the provision of care through telehealth consultations will be of less quality** when compared to a face-to-face consultation, or broader risks that need to be considered?
- **Do patients have capacity and are willing to participate in telehealth consultations?** This includes individual considerations, such as vision or hearing impairments, and technical considerations, such as an internet connection and mobile phone, computer or another video-enabled device. Are they comfortable using this technology, for this purpose?

WHAT ARE THE BENEFITS OF TELEHEALTH CONSULTATIONS?⁷



Patients

may benefit through:⁸

- improved access to healthcare, i.e. greater equity,
- reduced travel, expense and time away from home,
- reduced waiting times supporting faster diagnosis and appropriate treatment,
- improved continuity and quality of care,
- local treatment from known health professionals, under specialist supervision,
- increased opportunity to contact a specialist between face-to-face consults, and
- convenience of accessing medical specialist without travelling from home or work.



Specialists

may benefit through:⁹

- reduced travel, expense and time away from home,¹⁰
- higher patient reach, due to less location and travel barriers,
- reduced patient 'no-shows',¹¹
- real-time assistance with difficult cases and emergencies,
- improved allocation of consulting rooms within a practice where there is limited availability,
- opportunity for staff to work remotely, and
- professional development, e.g. informal knowledge transfer, through increased collaboration, networking and case conferencing opportunities.



Practice Managers

may benefit through¹²:

- service delivery growth opportunities,
- improved clinical workflows and increased practice efficiency, e.g. time savings,
- more cost-effective delivery of service through higher patient flow and time savings, and
- improved coordination of care and service integration.

THE BUSINESS CASE FOR USING TELEHEALTH CONSULTATIONS

From a practice perspective, the displayed benefits also provide a strong business case for providing telehealth consultations. Research shows how incorporating telehealth consultations into your practice can provide time and cost savings.¹³ Contributing factors can include:

- higher patient attendance,¹⁴
- shorter consultations that run to time, freeing up time and resources,¹⁵
- decreases in specialist travel and associated expenses,¹⁶ and
- higher levels of patient satisfaction and the impact this has on practice reputation.^{17,18}

Note: Medicare rebates exist for the provision of telehealth consultations between specialists and patients. The Australian Government provides guidance on Medicare Benefits Schedule arrangements.

NEXT STEPS

- **Learning module:** Telehealth consultation applications, case studies and medico-legal considerations.
- **Implementation guide:** Instruction on how to set-up telehealth consultations.
- **User guide:** Instruction on how to conduct an effective telehealth consultation.

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¹ Department of Health, 'Telehealth', 2015, accessed 10 September 2020.

² Services for Australian Rural and Remote Allied Health, 'Telehealth', 2018, accessed 10 September 2020.

³ Chiron Health, 'Telehealth Technology', 2019.

⁴ Department of Health, 'Australians embrace Telehealth to save lives during COVID-19', 20 April 2020, accessed 10 September 2020.

⁵ Rowell, P. D., Pincus, P., White, M., & Smith, A. C., (2014), 'Telehealth in paediatric orthopaedic surgery in Queensland: a 10-year review', *ANZ Journal of Surgery*, 84(12), 955-959.

⁶ PausJenssen, A. M., Spooner, B. A., Wilson, M. P., & Wilson, T. W., (2008), 'Cardiovascular risk reduction via Telehealth: a feasibility study', *Canadian Journal of Cardiology*, 24(1), 57-60.

⁷ Australian College of Rural and Remote Medicine, 'Handbook for the TeleHealth online education module', n.d., accessed 10 September 2020.

⁸ Eleyl, D. S. (2010), 'The reported benefits of Telehealth for rural Australians', *Australian Health Review*, 34, 276-281.

⁹ Eleyl, D. S. (2010), 'The reported benefits of Telehealth for rural Australians', *Australian Health Review*, 34, 276-281.

¹⁰ Thaker, D. A., Monypenny, R., Olver, I., & Sabesan, S., (2013), 'Cost savings from a telemedicine model of care in northern Queensland, Australia', *Medical Journal of Australia*, 199(6), 414-417.

¹¹ Covert, L. T., Slevin, J. T., & Hatterman, J., (2018), 'The effect of telerehabilitation on missed appointment rates', *International Journal of Telerehabilitation*, 10(2), 65.

¹² Hill, A. J., & Miller, L. E., (2012), 'A survey of the clinical use of Telehealth in speech-language pathology across Australia', *Journal of Clinical Practice in Speech-Language Pathology*, 14(3), 110-117.

¹³ Fleischhacker, C. L., (2020), 'Patient Satisfaction with Telehealth Services Compared to In-Office Visits: A Systematic Literature Review' [Master's alternative plan paper, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/982/>

¹⁴ Covert, L. T., Slevin, J. T., & Hatterman, J., (2018), 'The effect of telerehabilitation on missed appointment rates', *International Journal of Telerehabilitation*, 10(2), 65.

¹⁵ Appireddy, R., Khan, S., Leaver, C., Martin, C., Jin, A., Durafourt, B. A., & Archer, S. L., (2019), 'Home Virtual Visits for Outpatient Follow-Up Stroke Care: Cross-Sectional Study', *Journal of Medical Internet Research*, 21(10), 13734.

¹⁶ Thaker, D. A., Monypenny, R., Olver, I., & Sabesan, S., (2013), 'Cost savings from a telemedicine model of care in northern Queensland, Australia', *Medical Journal of Australia*, 199(6), 414-417.

¹⁷ Cox, A., Lucas, G., Marcu, A., Piano, M., Grosvenor, W., Mold, F., Maguires, R., & Ream, E., (2017), 'Cancer survivors' experience with Telehealth: A systematic review and thematic synthesis', *Journal of Medical Internet Research*, 19(1), 11.

¹⁸ Fleischhacker, C. L. (2020). Patient Satisfaction with Telehealth Services Compared to In-Office Visits: A Systematic Literature Review. [Master's alternative plan paper, Minnesota State University, Mankato]. Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. <https://cornerstone.lib.mnsu.edu/etds/982/>.