



FOR SPECIALIST PRACTICES

Telehealth Consultations

The following guide provides steps on how to undertake telehealth consultations in your practice, including:

- clarifying your purpose,
- checking connectivity and bandwidth,
- choosing your equipment,
- selecting a software provider, and
- changing relevant processes and workflows.

Together, these steps will support you in moving consultations to video and/or telephone-based platforms.



TELEHEALTH CONSULTATION IMPLEMENTATION CHECKLIST

STEP

1

CLARIFY YOUR PURPOSE

STEP

2

CHECK CONNECTIVITY AND BANDWIDTH

STEP

3

CHOOSE AND SET UP YOUR HARDWARE AND EQUIPMENT

STEP

4

CHOOSE YOUR SOFTWARE



ADDITIONAL IMPLEMENTATION RESOURCES

STEP

8

MANAGE ONGOING RISK

STEP

7

TEST YOUR TELEHEALTH PROCESS

STEP

6

CONDUCT TELEHEALTH CONSULTATION TRAINING

STEP

5

INTRODUCE RELEVANT PROCESSES AND WORKFLOWS



Australian Government

Australian Digital Health Agency

Telehealth Consultations Implementation Checklist

IMPLEMENTATION STEP	STATUS
Determine when telehealth consultations are clinically appropriate	<input type="checkbox"/>
Determine when telehealth consultations will be used	<input type="checkbox"/>
Work out the intended benefits of telehealth consultations	<input type="checkbox"/>
Choose what type of telehealth consultations will suit your practice	<input type="checkbox"/>
Check your practice connectivity and bandwidth	<input type="checkbox"/>
Choose and set up telehealth consultation devices and hardware	<input type="checkbox"/>
Select your telehealth consultation software solution	<input type="checkbox"/>
Contact the vendor and install any necessary software	<input type="checkbox"/>
Promote telehealth consultations to Patients	<input type="checkbox"/>
Change practice systems	<input type="checkbox"/>
Implement follow-up processes	<input type="checkbox"/>
Conduct telehealth consultation training	<input type="checkbox"/>
Test all telehealth consultation devices	<input type="checkbox"/>
Test software including all features	<input type="checkbox"/>
Test the telehealth consultation process, from start to finish	<input type="checkbox"/>
Manage ongoing telehealth consultation risk	<input type="checkbox"/>

Step 1: Clarify your purpose

DETERMINE WHEN TELEHEALTH CONSULTATIONS IS CLINICALLY APPROPRIATE

Telehealth consultations will meet clinical needs better in some situations than others. Remote consultations using telehealth have relevance for follow up, older patients, those with disabilities, patient rehabilitation, and for team-based support for complex conditions.

DETERMINE WHEN TELEHEALTH CONSULTATIONS WILL BE USED¹

Consider which clinical scenarios can be appropriately managed via telehealth consultations versus face-to-face interactions. These scenarios will change depending on the specialty, type of consultations (e.g. initial appointment, post-operative check-ins) and case mix (consultative versus procedural) of referrals. Regardless to scenario, deciding on the appropriateness of telehealth consultations should incorporate the following factors:

- **Clinical:** the best model of patient care, continuity of care and shared care.
- **Practical:** the availability of appropriate technology and any required patient-end support.
- **Patients' needs:** the patient's capacity to travel and participate in telehealth consultations, plus their family, work and cultural situation.

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 remote 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?

When considering the above, telehealth consultations may be used for scenarios where a telephone or video consultation protects vulnerable populations, for instance, from being exposed to busy waiting rooms of other sick people, and any consultation where the trade-off for the patient between attending in person and staying at home favours the latter. Benefits of staying at home may stem from reduced stress, inconvenience, travel costs, less chance of an accident or adverse event, and less time away from work, home or family.

However, without due consideration of the condition, technology, and staff available, it is NOT recommended to use telehealth consultations with potentially serious, high-risk conditions requiring physical examination, when internal examination is required, when patients are not comfortable using telehealth consultations, and when the patient's ability to communicate is compromised.

WORK OUT THE INTENDED BENEFITS

The benefits can include, but are not limited to:

- Improved delivery of care for vulnerable populations (for instance, for elderly patients or those with disabilities,² where the cost and inconvenience of patient transport is considerably increased).
- Improved quality of care via shared-care arrangements (for instance, store-and-forward of clinical images and other information from primary care physicians to surgeons to support screening for surgical services).³
- Improved continuity of care via follow-up consultations (for instance, through increased attendance that may not have been possible or adhered to by patients by reducing the need for travel and associated costs).^{4 5}
- Reduced isolation and increased access to care for patients in rural and remote locations. Additionally, regional patients can have their GP with them during the specialist telehealth consultation.⁶

Using the below table may help you to consider the patient and clinical interactions in your practice to identify where telehealth consultations are most beneficial:

Patient Group	CLINICAL INTERACTIONS				
	New Referral	Pre-procedure Consult	Post-procedure Follow-up	Periodic Review	Others
Local	Face-to-face	Face-to-face	Telehealth consultation	Telehealth consultation	...
Remote	Face-to-face	Telehealth consultation	Telehealth consultation	Telehealth consultation	...
Elderly Local	Face-to-face	Face-to-face	Face-to-face	Telehealth consultation	...
Elderly Remote	Face-to-face	Telehealth consultation	Telehealth consultation (with remote care support)	Telehealth consultation	...
Others

Alternatively, you may find that telehealth consultation suitability is better stratified in your practice according to the nature of the presenting problem or diagnosis, or – for post procedure follow up – the type of procedure. Choose what type of Telehealth consultation will suit your practice

Once you have reached an agreement upon the appropriateness of telehealth consultations, a decision should be made regarding the technologies used to support the consultations.

It is worth highlighting that the addition of visual images via a video link adds value to telehealth consultations beyond telephone and improves both quality and safety in the provision of care.⁷ Video-based telehealth can therefore be used as a preference because of its additional benefits, yet where technical issues arise, patients are not comfortable or it is not necessary to see the patient, telephone consultations may be more suitable. Consider the table on the right, outlining the characteristics of both telephone and video telehealth.

Note: Medicare rebates exist for the provision of telehealth consultations between specialists and patients, which is also influenced by type of consultation. The Australian Government provides [guidance](#) on Medicare Benefits Schedule arrangements.

Note: The Australian College of Rural and Remote Medicine (ACRRM) host a free [Telehealth provider directory](#). The directory contains a list of specialist and general practice telehealth consultation providers across Australia; enabling specialists to locate other telehealth-enabled clinicians, and specialists to refer patients to telehealth providers when requested.

Video Telehealth	Telephone Telehealth
Visual and auditory cues	Only auditory cues
High patient satisfaction	High patient satisfaction
Lower medication errors	Less safe than video telehealth
Higher diagnostic accuracy	Convenient plan B for video issues
Higher decision-making accuracy	May support shorter consultations
Patients may need to adjust initially	May be more comfortable for patients

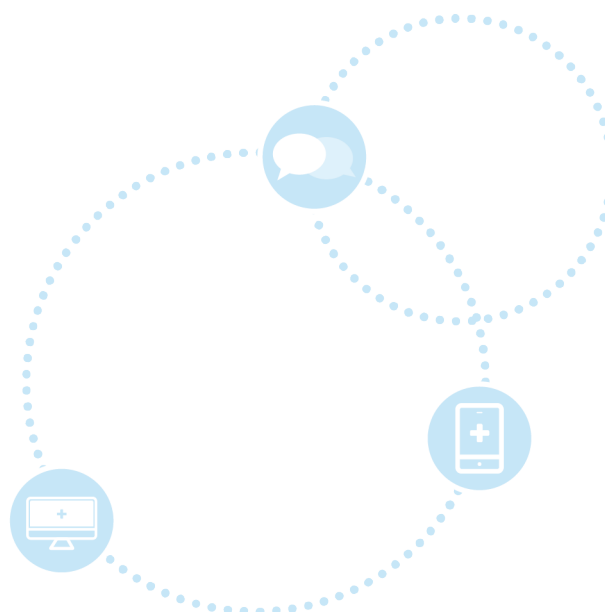
CONSIDER AND ACCOUNT FOR TELEHEALTH CONSULTATION RISKS

On-going risk management is an integral component of providing telehealth consultations safely. In their [TeleHealth online education module](#) (pages 37-40) ACRRM identify and provide recommendations for addressing telehealth risks including:⁸

- Quality of service:** to help ensure the image quality of video calls is appropriate for the provision of care, it is recommended that internet bandwidth is as high as possible, consultation last one hour or less, and, if video calls will be used regularly for critical or urgent clinical consultations, subscription to a paid service occurs.
Sending data through videoconferencing software: Attention to security, privacy and record keeping is required. It is recommended caution be used in relation to text chat and the file transfer features of video conferencing software for clinical purposes.

Current best practice for transfers of information between specialists/practices is to use Secure Messaging because it is able to be fully integrated into the practice's clinical software. See the '[Secure Messaging Fact Sheet](#)' for more information. Best practice for information that is transferred between providers and patients is that it should also be integrated into the patients' records.

- Recording video consultations:** as legislation varies by state regarding the need to gain consent to record video consults, it is recommended that recording video-based consultations is avoided, and that consent is gained from video call participants if there is a valid requirement before recording consultations.



Step 2: Check connectivity & bandwidth⁹

One of the key technical considerations in video consultation is the quality of the calls – this is influenced heavily by the quality of internet connectivity and bandwidth. Review the options below, and seek support from your internet services provider, to ensure you have an appropriate connection to support your remote consultations.

MOBILE BROADBAND: 3G, 4G AND 5G

These can be used for video communication, but the quality is variable. Seek technical advice specific to your area if you are considering using this method of connectivity.

SATELLITE CONNECTION

Only use this in remote areas where other options are unavailable as affordable satellite connections have limited bandwidth and additional transmission delays.

NATIONAL BROADBAND NETWORK

The National Broadband Network provides a range of connectivity and bandwidth options through many retail service providers. Depending on the selected service it can provide high bandwidths with less delay in transmission and is very suitable for video communication.

WIFI

This is the limited range wireless connection used to provide mobile connectivity at short range. Within this range it is reliable, and not unlike having a physical cable connection to your router or modem. However, the signal decreases in strength rapidly with distance which may lead to interrupted connections.

Note: A more in-depth review of connectivity options can be found on page 33 of the Australian College of Rural and Remote Medicine's [Telehealth online education module](#).

HOW MUCH BANDWIDTH DO YOU NEED?

In general, the RACP have recommended a broadband connection with upload and download speeds greater than 0.7 Mbps for video consultations, and UniQuest (commissioned by the Australian Government Department of Health) have recommended a minimum call speed/bandwidth of 256 Kbps.¹⁰¹¹ To check your internet speed search for “internet speed test” and select a free speed test service.

In the context of practice bandwidth requirements, the table below displays advice for supporting a combination of practice management functions, an electronic health record (EHR), and video consultations.¹²

INDICATIVE BROADBAND REQUIREMENTS	
Number of Specialists	Recommended Bandwidth
1	≥ 4 Mb/s
2-5	≥ 10 Mb/s
5-25	≥ 25 Mb/s

Individual requirements will vary, and this should be used as a guide only. Please consult your telecommunications provider for tailored advice and consideration.

Step 3: Choose and set up your hardware and equipment

TYPES OF HARDWARE

The hardware specifications for equipment to support remote consultations will vary depending on the technologies and individual circumstances. For basic videoconferencing with patients, the following hardware is recommended:



A webcam

If your computer does not have an inbuilt webcam you can either purchase a screen with an inbuilt webcam or purchase a USB webcam.



Microphone

Most laptop devices will come with inbuilt microphones, however, it is recommended to use a headset with a microphone or headphones that produce higher quality audio transmission.



Speakers (or headphones)

It might be possible to use inbuilt sound in your computer or laptop, but this is not recommended for telehealth consultations due to the quality. It is recommended to use a headset, headphones or speakers.



Quality internet connection

To enable quality connection and video/audio you will need an internet connection (see previous step for more details on connection requirements).

For optional extra reading and guidance on telehealth hardware, up-to-date Medicare Benefits Schedule (MBS) guidance on technical specifications for equipment as well as software can be found at [MBS Online](#).

For optional extra reading and guidance on telehealth hardware purchasing, see the following resource from University of Queensland's [Centre for Online Health](#).

Step 4: Choose your software

Many videoconferencing platforms exist that enable telehealth consultations, each differing on price, complexity and practice software integration. Practices that have a high volume of videoconferencing may find it worthwhile to invest in specific video-conferencing software designed for a health context. In addition, it is important to consider system security when deciding, as many of the free video platforms have lower security provisions.

Using the criteria below, evaluate your list of potential solutions:

PRODUCT USABILITY

- The workflow is easy to understand for both the healthcare provider and patient. The product is maintained and updated regularly, has a log on process and stays active while logged in as long as required.

INTERNET DEPENDENCE

- The product has the capability to operate with high and low bandwidth, and slow and fast internet connections without major disruption.

WAITING ROOM

- Ability to manage incoming calls and queues, customisable per provider, messaging features to patient to advise on wait time.

SCHEDULING

- Allows the provider to decide when telehealth appointments will be available and to change bookings easily.

PRICE

- Product price is reasonable/within-budget and enables overall savings via telehealth consultations.

SYSTEM FUNCTIONALITY

- Automated appointment reminders for patients and specialists,
- Enables information capture: patient demographic forms, consent forms, medical history forms, etc, and
- Ability to save documents & information obtained during consultations.

PRIVACY CONTROLS

- Sessions are private between patient and specialist. The solution does not unnecessarily store any private and sensitive information.

CONFIDENTIALITY

- Practices should ensure that clinicians do not use their own personal accounts with any online service for remote consultations

CUSTOMER SUPPORT

- Provides immediate help for patients and specialists using software and offers support features such as connection testing.

AUSTRALIA-WIDE

- Wide utilisation across Australia with a large user base.

BILLING INTEGRATION

- Has the ability to automate billing processes.

VIDEO CALL CONFERENCING

- Ability to securely add other individuals into the telehealth call.

SOFTWARE INTEGRATION

- The video software can integrate with your practice management and/or booking system and enable you to select patient records.

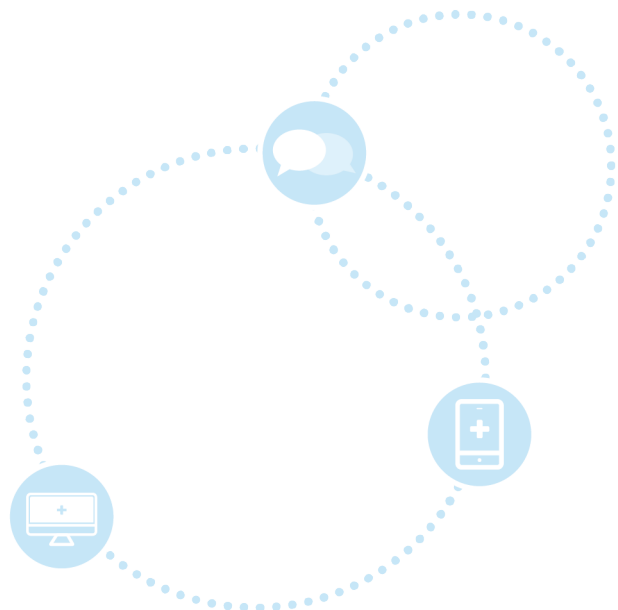
PRACTICE BRANDING

- Enables the display of practice branding.

FEATURES ALIGN WITH CLINICAL WORKFLOW

- The system features fit into the practice workflow, for instance, the use of a waiting room functionality, and sending direct links to join the consultation versus calling the patient directly.

HealthVitalIT, a collaboration between Infoxchange and South Eastern Melbourne Primary Health Network, has a [useful guide](#).



Step 5: Introduce relevant processes and workflows

The following section provides recommendations on the ways in which relevant processes and workflows can be introduced to support a transition to telehealth consultations.

PROMOTE TELEHEALTH CONSULTATIONS TO PATIENTS

- Update on-hold message to advise that the practice now offers telephone and video consultations.
- Develop information sheet for patients on what to expect in a telephone or video consultation, and any preparation (see [Telehealth Consultations User Guide](#) for further information).
- Update practice website with information for patients about telephone and video consultations now offered by the practice.
- Ensure that clear instructions and resources exist for practice staff to use and/or provide to patients that may have lower levels of digital literacy.

The Royal Australian College of General Practitioners (RACGP) suggests the following example message to introduce telehealth consultation options to patients:¹³

Telephone and video consultations now offered by the practice: Example message

“Our practice is now offering telephone and video appointments to patients where appropriate.

If you would like to book a telephone or video consultation, please contact our reception team on XX XXXX XXXX and request a telephone or video consultation. A date and time will be made, and your GP will contact you via the agreed method on, or around, this time.

For telephone consultation we will call your nominated mobile or landline number. Video consultation can be via Skype, WhatsApp or Facebook Messenger.”

CHANGE PRACTICE SYSTEMS

- Implement a system within the practice for verifying a patient’s identity for telephone consultations (e.g. using identifying information: ask the patient to provide their name, address and date of birth at the commencement of the consultation).
- Update any practice templates or booking systems to include options for telephone and video consultations.
- Implement a triage step in the booking process to identify those consultations where telehealth consultations should be offered to patients (and those requiring face-to-face care).
- Ensure there is a clear process for members of the practice team to report where a system or process is not working satisfactorily and a process to review the issue.
- Ensure a process exists to support non-English speaking patients to participate in telehealth consultations. RACGP provide [guidance](#) on handling this consideration through involving an interpreter in the consultations.¹⁴

IMPLEMENT FOLLOW-UP PROCESSES

- Set up arrangements for follow-up actions – for example, the provision of prescriptions and referrals.
- A number of options exist for prescriptions, for instance, where the prescription may be sent digitally or in paper form to the patient or a pharmacy of their choice. A new system for Electronic Prescriptions is being rolled out nationally. The electronic prescription system offers benefits for patients and practices including security and convenience. To learn more read the Australian Digital Health Agency's guide to [Electronic Prescriptions – For Prescribers](#), and access the Specialist Toolkit [Electronic Prescribing module](#).



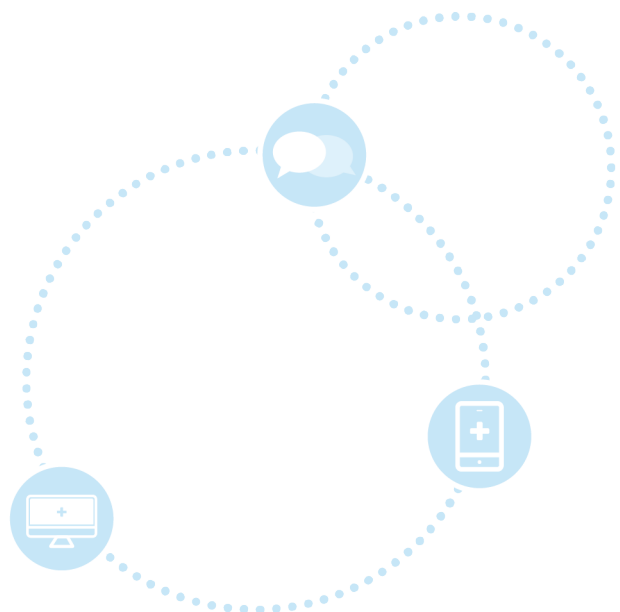
Step 6: Conduct telehealth training¹⁵

Specialists should be trained on key components of the telehealth system. Training should also span practice managers and administration staff who manage bookings, specialist schedules and any video conferencing equipment. It is encouraged that specialist practices take the time to provide necessary training for all staff on broad telehealth concepts and practice-specific details such as hardware and software usage.

Training can be provided drawing from resources in the current telehealth consultations module, as well as [educational modules](#) provided by ACRRM and those found on the [Digital Health Telehealth Hub](#).

Training should include but is not limited to:

- informed patient decisions,
- cultural awareness (e.g. particular sensitivities about personal images and the recording of personal images),
- patient consent to the presence of third parties,
- efficient coordination of patient appointments, including cancellations, clinician availability and properly functioning equipment,
- proficient use of the practice's video conference equipment,
- troubleshooting common technical difficulties,
- video consultation etiquette,
- practice policy on video recording, and
- privacy, confidentiality and security of patient health information.



Step 7: Test your telehealth process

TEST ALL HARDWARE

Test webcams, microphones, speakers/headsets/ headphones, internet connection and screens/computers.

TEST ALL SOFTWARE

Liaise with your software vendor to fully integrate and then test your practice's telehealth consultation capabilities, including basic functions such as audio and video quality, and potentially unique features such as waiting rooms, photo sharing capability, participation link functionality and multiple person attendance capabilities.

TEST THE PROCESS

Now that hardware and software is implemented and tested, test the process from start to finish. Involve all practice staff to test the process and arrange for a patient/layperson to test the process by participating in a dummy consultation with each practice team member. Ensure that opportunity is provided for specialists, in particular, to practice the soft skills required for successful telehealth consultations.

For optional further reading on setting up and testing telehealth, see the following [guide](#) from the University of Queensland's Centre for Online Health.



Step 8: Manage ongoing risk

INCREASE AWARENESS OF MEDICO-LEGAL RISKS AND SAFE STRATEGIES

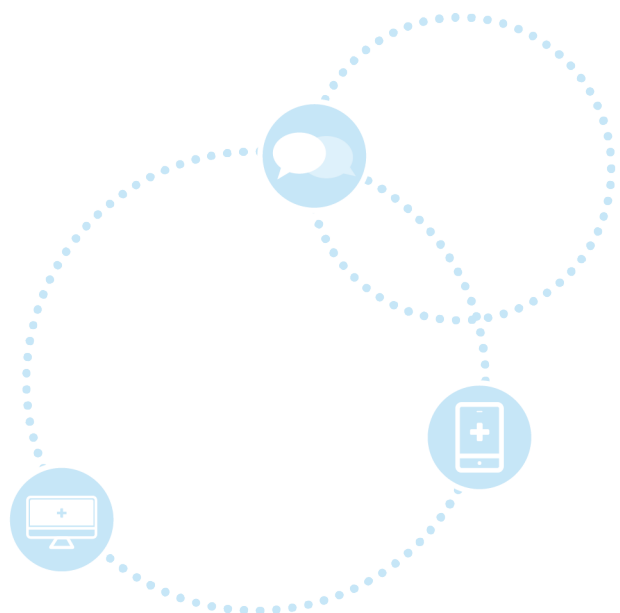
Ensure staff are aware of the medico-legal risks of telehealth consultations and methods to reduce such risks by:

- encouraging completion of the [Telehealth Consultations Learning Module](#), or
- distributing the reported ethical and medico-legal considerations, and advice from the [Medical Board of Australia](#) on how to protect your practice and manage risk.

PREPARE FOR UNEXPECTED EVENTS DURING A TELEHEALTH CONSULTATION

Have a documented contingency plan for managing patients who become distressed during a telehealth consultation. This is especially relevant if the telephone call or video session consultation is being conducted at a remote location where the practice's usual resources and tools for handling adverse events are not available. It is also recommended that specialists and patients have an agreed backup plan in the event of technical difficulties (e.g. a mobile number in the event the videoconference system fails or proves confusing).

In addition to the above, it is important to note that, as with all digital health technologies, security and privacy risks exist. Ensure that you complete the [Digital Foundations module](#) to better understand the security and privacy standards required at your practice when using telehealth consultations.



Additional Implementation Resources

- [Handbook for the Telehealth online education module](#) | ACRRM
- [Telehealth Video Consultations Guide](#) | RACGP
- [Telephone and video consultations in general practice: Flowcharts](#) | RACGP
- [Guidelines for technology-based patient consultations](#) | Medical Board AHPRA
- [Help Centre](#) | Australian Digital Health Agency

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¹ The Centre for Online Health for CheckUP and Queensland Health, '[Exploring Telehealth options for outreach services](#)', 2016, accessed 10 September 2020.

² 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.

³ Mora, F., Cone, S., Rodas, E., & Merrell, R. C., (2006), 'Telemedicine and electronic health information for clinical continuity in a mobile surgery program', *World Journal of Surgery*, 30(6), 1128-1134.

⁴ Covert, L. T., Slevin, J. T., & Hatterman, J. (2018), 'The effect of telerehabilitation on missed appointment rates', *International Journal of Telerehabilitation*, 10(2), 65.

⁵ Holyk, T., Pawlovich, J., Ross, C., & Hooper, A., (2017), 'The role of Telehealth in improving continuity of care: The Carrier Sekani Family Services primary care model', *British Columbia Medical Journal*, 59(9).

⁶ Gagnon, M. P., Duplantie, J., Fortin, J. P., & Landry, R., (2006), 'Implementing Telehealth to support medical practice in rural/remote regions: what are the conditions for success?', *Implementation Science*, 1(1), 18.

⁷ Rush, K. L., Howlett, L., Munro, A., & Burton, L. (2018), 'Videoconference compared to telephone in healthcare delivery: A systematic review', *International Journal of Medical Informatics*, 118, 44-53.

⁸ Australian College of Rural and Remote Medicine (ACCRM), '[ACCRM Advice on Risk Management When using Video Conferencing Software for Clinical Video Consultations](#)', n.d., accessed 10 September 2020.

⁹ ACCRM, '[Handbook for the TeleHealth online education module](#)', n.d., accessed 10 September 2020.

¹⁰ The Royal Australasian College of Physicians (RACP), '[Fact Sheet: Practical Guide to Telehealth for Physicians](#)', n.d., accessed 10 September 2020.

¹¹ RACGP, '[Telephone and video consultations in general practice: Flowcharts](#)', East Melbourne, Vic, accessed 10 September 2020.

¹² Federal Communications Commission, '[Healthcare Broadband in America](#)', 2010, accessed 10 September 2020.

¹³ RACGP, '[Telephone and video consultations in general practice: Flowcharts](#)', East Melbourne, Vic, accessed 10 September 2020.

¹⁴ RACGP, '[Telephone consultations with patients requiring an interpreter: Information and support for GPs](#)', East Melbourne, Vic, accessed 10 September 2020.

¹⁵ RACGP, '[Telephone and video consultations in general practice: Flowcharts](#)', East Melbourne, Vic, accessed 10 September 2020.

¹⁶ Federal Communications Commission, '[Healthcare Broadband in America](#)', 2010, accessed 10 September 2020.