

RACF Telehealth Guide

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THIS RESOURCE WAS DEVELOPED BY THE HUNTER NEW ENGLAND CENTRAL COAST PRIMARY HEALTH NETWORK (PHN) AND ENHANCED BY THE INCLUSION OF MATERIAL DEVELOPED BY THE WESTERN NSW PHN.

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Introduction



INTRODUCTION

Sometimes face-to-face consultations with patients aren't possible.

Video conference is the preferred approach for substituting a face-to-face consultation, but providers may also offer audio-only services via telephone if video is not available.

Video and telephone consultations (collectively "telehealth") help protect both patients and providers, preventing the spread of infection.

Telehealth enables GPs and other health providers to see patients remotely, so that people with symptoms can continue to isolate, and the risk of others being exposed is reduced.

Telehealth is particularly helpful for patients with mobility issues, people in remote areas, and those who want the convenience of connecting from their location or device.

BENEFITS FOR HEALTH PROFESSIONALS	BENEFITS FOR PATIENTS
<ul style="list-style-type: none"> - greater ability to provide medical services to regional and remote areas - reduction in travel time and costs - greater patient satisfaction - stronger partnerships with Aboriginal health services and other healthcare providers 	<ul style="list-style-type: none"> - improved access to quality healthcare, particularly in regional and remote areas (including Aboriginal communities) - reduction in travel time and costs - better mental health outcomes - greater support for home based and community-based interventions

The PHN strongly recommends including video consultation as a complementary service offering for patients.



FACE-TO-FACE CONSULTATION



VIDEO CONSULTATION



TELEPHONE CONSULTATION

TELEHEALTH TOOLKIT

We've designed this document to be a one-stop "Telehealth Toolkit" with all the information and support you need to be able to have best practice video consultations.

It covers the key topics of:

- Which video conferencing system to use
- Costs and benefits
- *healthdirect* Video Call
 - > [Video](#) for patients
- What to do pre-, during- and post-consultation
- Helpful tips for overcoming obstacles
- Information for patients
- Training and support available
- Telehealth and COVID-19 resources
- How to contact us for more information



WHY OFFER VIDEO CONSULTATIONS IN PREFERENCE TO TELEPHONE CONSULTATIONS?

Providing medical care via video conference improves patients' access to care and helps to create a more sustainable health care system.

Being unable to see a patient means that practitioners must make decisions with less information than they would receive if they were conducting a face-to-face consultation.

Although physical examination is not possible in a video consultation, being able to see their patient provides health professionals with much more information than they receive when holding a telephone consultation.

For example, while someone may sound positive over the telephone, in a video consultation, health professionals may observe signs of trauma, domestic violence, depression or anxiety through body language, reactions or physical wounds.

Video consultation provides greater opportunity for practitioners to observe these signs and symptoms, helping them to ensure that the patient receives a suitable and high-quality treatment.

BENEFITS FOR HEALTH PROFESSIONALS

Greater depth and detail - The [RACGP reports](#) that "the addition of visual images via a video link adds value to any telehealth consultation and can improve both quality and safety for more complex consultations".

Time savings - [The British Medical Journal reports](#) that video consultations save time, as (on average):

- video consultations are almost four minutes shorter than face-to-face consultations, and
- patients raise fewer problems than they do in face-to-face consultations.

Patient satisfaction - In addition to time and cost savings, studies have shown that there is significant patient demand for video consultation.

In a [HotDoc survey](#), patients expressed their preference for telehealth appointments for results (60%), appointments with their current GP (53%), repeat prescriptions or specialist referral (52%) and follow-up appointments (51%).

Meeting patient demand for video consultation is likely to increase patient satisfaction with the services offered by health professionals.



BENEFITS FOR PATIENTS

Time and cost savings – Telehealth enables patients to save time and travel costs by attending the consultation at a location and time that is convenient for them.

Australia's Health Panel asked panelists about their views and perceptions on the use of telehealth in Australia. The majority (83%) reported that they were likely to use – or would definitely use – telehealth services in the future.

*"I was **more relaxed** in my consultation. I was in my **familiar environment** and the specialist and I were both **at ease**. I **didn't have the stress** of getting the two people I care for sorted before the 90 minute drive to the city hospital for this appointment. I **saved money** on fuel and parking fees. I didn't have to sit in a full waiting room. I **didn't have to turn down work for that entire day** because of the travel time and waiting room time blowouts. The benefits of telehealth are immense." – [Australia's Health Panel contributor](#)*

The Consumers Health Foundation of Australia reported that the [Telehealth services survey](#) found that over 80% of people offered telehealth services used it, and a similar proportion viewed the service as being excellent or good quality.

Risk reduction – Particularly during the COVID-19 pandemic, when both patients and practitioners have heightened safety and security concerns, video consultation reduces risks and most closely replicates the face-to-face consultation experience, providing the highest possible standard of care.

RISKS OF NOT OFFERING VIDEO CONSULTATIONS TO PATIENTS

It is important to remember that when face-to-face consultations are not available, video conference services are the preferred approach for substituting a face-to-face consultation.

If video is not available, health practitioners may offer audio-only services via telephone.

It is in **patients' best interests** to have the most comprehensive consultation available, with the highest possible standard of care, and it is in **practitioners' best interests** to minimise the risk of missing something in a triage or consultation without visual examination or the ability to observe body language and comprehension.



HEALTH PRACTITIONERS IN THEIR OWN WORDS

All quotes are sourced from The Royal Australasian College of Physicians [Members' Survey](#).

Practitioners reported that the convenience of telehealth has been of great benefit to patients in saving time, travel and costs:

*"It allows for more **frequent and shorter consults**, which has allowed **reduced fees for consults**. It has **reduced the associated cost of travel, parking, and time off work**. It also allows access to appointment slots in the middle of the day, or before school pickup, which otherwise would be impracticable due to travel time."*

*"Elderly love it as **they don't have to leave their house**."*

*"It means my country patients, and immune-suppressed patients, have been able to continue access to expert health care despite isolation requirements due to the pandemic. Also have some country patients with complex disease who **I see regularly via telehealth who would otherwise just not get care as they cannot afford a trip to Sydney all the time**."*

*"I have one patient who had **not attended for several appointments pre-COVID** because she **didn't have access to transport** on my clinic day. **I have seen her 3 times since starting telehealth**. Many similar stories around transport, costs of coming to clinic"*

*"**Easier, more convenient for patients with disabilities and I bulk bill all HCC holders**"*

*"I'm seeing a lot of people who were on public waitlists as **they couldn't afford private fees before**."*

*"Single parents who have casual employment can have consults on meal breaks and **not lose precious income**."*

*Elderly, housebound patients can get **regular appointments without the cost & hassle of arranging transport**."*

*Rural patients can get the same care as their city counterparts - it's been a big deal to find it easier for them to **see other specialists quickly via telehealth** rather than waiting 6 months to be seen face to face near their homes."*

GPs also reported greater consistency of patient attendance at telehealth consultations:

*"I have a number of disadvantaged families whom I have been able to keep in contact with... they did not need to visit my rooms physically but I could still provide care. This was the group where I usually have the majority of my failure to attend, yet **I have not had a single failed appointment** with Telehealth."*

Another GP reported that telehealth consultations also increased patient compliance with treatment.

Additionally, practitioners thought that the new telehealth attendance items:

- led to **better outcomes** for patients (40.8% of respondents),
- enabled **greater access to specialist care by people with chronic and complex diseases**, (47.5% of respondents), and





- enabled **greater access to specialist care by Indigenous people** (10.8% of respondents).

Telephone consultations are satisfactory

Practitioners reported that telephone consultation is satisfactory for patients who cannot have a video consultation:

*"Phone attendances are **adequate for stable patients** or for **patients who have a few queries** in between their longer appointments..."*

*"Phone is **easier to set up and for patients to manage.**"*

"Most of my patients are happiest with telephone reviews, and many lack access to the technology to facilitate video-conferencing."

*"[Telephone is] **essential for patients that do not have access to video** on their phone/computer or who **do not know how to operate their video.**"*

However, the major drawback of telephone consultation was reported to be the inability to perform visual examinations:

*"Telephone **removes all physical examination (including general inspection), facial cues...** when trying to gauge understanding/ acceptance of treatment plan."*

*"Telephone attendance is a poor relative here for me as e.g. **I can't see the patient** and therefore **when [I] type out my patient instruction the patient cannot see them instantly.** I only use the telephone when there are technical difficulties at the patient end."*

*"Telephone **much harder to build rapport, unable to even obtain general observation about appearance etc which is important** in geriatrics..."*

*"**Unable to do comprehensive cognitive assessment***

*or give definitive dementia diagnosis over the phone as **only able to complete limited assessment, can do a proper MOCA via video conference.**"*

Video consultations are better quality

While one respondent reported that telephone calls frequently went unanswered, GPs who offered video consultations reported a **"better attendance rate with videoconferencing"**, in one case specifically due to the assistance of family members.

*"I have had **almost 100% attendance** in my complex care clinic (hospital avoidance) = all low socioeconomic and poor health literacy patients"*

The ease of using video consultation was also reported to have been of great benefit to (particularly) patients with disabilities:

*"The intellectually disabled who need careers to bring them along, who may live at distance etc are **more easily seen, those with physical disability find it far easier to be seen in their own homes via video.**"*

Almost 50% of respondents strongly preferred video conferencing to telephone, due to its "superiority in patient assessment", "better communication and ... examination":

*"Video conference is **undoubtedly better**, particularly for new patients or patients who are not stable."*

*"Video essential for new patients. **Video better -- for seeing facial expressions/ body language, and inspection of limbs/ROM.**"*

*"I find video-conferences **much more useful to establish a better rapport**, during history taking and answering questions. Essential for the initial consultation."*

*"Video gives a better experience both in establishing rapport and in being **able to pick up non verbal cues** do a superficial examination."*

*"I think **video is the better option - allowing me to see the patient both for clinical assessment and to facilitate communication.**"*

Use of video conferencing technology to visually examine patients - particularly children, geriatric patients and NESB patients - was also considered to be of great value:

*"Video facilitates at least some physical examination and potentially **enables additional non-verbal cues to be detected.**"*

*"Video is preferred in order to do **cognitive and physical examinations** in geriatric practice."*

*"Video-Conferencing allows me to **visualise the patient** hence in some scenarios, **may aid better physician judgement** of patient's condition."*

*"**Particularly useful in NESB patients** - Doctor may notice physical changes or symptoms that patient may have not mentioned."*

Video consultation reportedly also allowed for **better for sharing of images and documents** with patients and family members:

*"Video conferencing is **vastly superior** - for the **body language content** for both physician and patient and their relatives, for the **screen share capabilities** enabling a usual consultative experience (**I can show the patient and their family** their previous results in my practice software on my screen with screen sharing)."*



WHEN IS EACH TYPE OF CONSULTATION APPROPRIATE?

Although some types of issues can be managed through more than one type of consultation, video conference is the preferred approach for substituting a face-to-face consultation, and providers should offer telephone consultation *only if video is not available*.

The table below provides guidance on which consultation type may best suit various scenarios, when face-to-face consultation is not available or desirable.

However, every health professional must exercise judgement about the appropriateness of video, telephone and/or face-to-face consultations, considering the clinical

risks of each, as well as the risks of not conducting a consultation at all.

NOTE: CALL THE NATIONAL CORONAVIRUS HELPLINE ON 1800 020 080 FOR GUIDANCE ON MANAGING PRE-SCREENING FOR PATIENTS WHO MAY BE AT RISK OF COVID-19.

Visit the [Department of Health website](#) for resources on managing patients who have tested positive to COVID-19, for health professionals (including aged care providers, pathology providers and healthcare managers).

SITUATION	VIDEO	TELEPHONE	FACE-TO-FACE
Any condition/scenario where telehealth protects vulnerable people (e.g. older patients and patients with comorbidities who are at increased risk if they contract COVID-19)	●		
You are working remotely or self-isolating	●		
The patient has a family member or carer to support them	●		
The patient needs reassurance	●		
Chronic disease management, especially where the patient is fairly stable and has monitoring devices (if required) at home	●		
Repeat prescriptions	●		
Referral letters	●		
Exploring mental health issues	●		
Exploring diet and physical activity	●		
Skin conditions	●		

SITUATION	VIDEO	TELEPHONE	FACE-TO-FACE
Relatively straightforward clinical needs, short-term illnesses or treatment requests, such as: <ul style="list-style-type: none"> – Straightforward urinary tract – Upper respiratory tract infections 	•		
You have access to the patient's records	•		
You can provide all the necessary advice or information verbally or electronically	•		
The patient has capacity to make decisions about their treatment	•		
Counselling services	•		
The patient needs to lip read	•		
The patient is from a non-English-speaking background	•		
The patient needs a translator	•		
The patient needs to see information (e.g. an instructional video, diagram or flowchart)	•		
The patient needs to provide images, videos, photos, diaries, progress reports, etc.	•		
Any consultation where the trade-off between attending in person and staying at home favours the latter	•		
The patient lacks adequate internet access		•	
The patient does not have access to a computer, tablet or mobile with a camera and microphone		•	
Potentially serious, high-risk conditions requiring physical examination, particularly patients with chronic disease who are unable to self-monitor appropriately and patients at high risk for poor outcomes from COVID-19			•
Internal examination is required and cannot be deferred to support clinical decision making			•

SITUATION	VIDEO	TELEPHONE	FACE-TO-FACE
The patient's ability to communicate by telephone or video consultation is compromised and they do not have a support person to assist them during the consultation			●
Situations where there is any doubt about the clinical appropriateness of a telephone or video consultation			●
Conditions which require physical examination, such as: <ul style="list-style-type: none"> - Listening to heart or lungs - Feeling the abdomen - Taking temperatures 			●
Procedures such as: <ul style="list-style-type: none"> - Excising skin lesions - Taking swabs and smears - Inserting contraceptive devices - Giving injections 			●
Checking blood pressure (if unable to be monitored remotely)			●
Routine check-ups and screening tests (if unable to be postponed)			●
You are not the patient's usual GP or doctor			●
You do not have access to the patient's records			●
The patient has not consented to a video consultation			●
The patient has complex clinical needs or requests higher risk treatments			●
You are unsure about the patient's capacity to decide on their treatment			●
It is difficult to determine by telehealth whether the patient has all the information about treatment options that they want and need			●

The examples above have been sourced from [this article](#) by Dr Brett Montgomery, Senior Lecturer in General Practice at the University of Western Australia, these [RACGP guidelines](#), the [RACP Members' Survey](#) and the [UK General Medical Council](#).

HOLDING VIDEO CONSULTATIONS

HOLDING A BEST PRACTICE VIDEO CONSULTATION

Video consultations most closely replicate the face-to-face consultation experience, providing the highest possible standard of care, but they are not without challenges.

ALWAYS FOLLOW THE CLINICAL PROCESSES IN THE [HUNTER NEW ENGLAND HEALTH PATHWAYS](#) AND [CENTRAL COAST HEALTH PATHWAYS](#) FOR PRE-, DURING- AND POST-CONSULTATION ACTIVITIES.

To ensure a constructive and worthwhile consultation, health professionals should do everything they can to maintain patient trust, communicate clearly and engage attentively with patients.

Pre-consultation

PATIENT INFORMATION

- Review patient records and reason for appointment.
- Obtain fee details, including any out-of-pocket costs.
- Provide informed financial consent.

ENVIRONMENT

- Ensure you attend from a private location in which your consultation will not be seen, overheard or interrupted. The only people who should be able to hear your conversation are the video consultation participants.
- Ensure you are well-lit - normal room lighting is usually sufficient.
- Avoid sitting directly beneath the light source if possible. Side-lighting works well.
- Be aware of incidental movement behind you. Ensure that you aren't sitting in front of a window to minimise distraction for participants.

EQUIPMENT

- Log into the *healthdirect* platform before accessing the links.
- Take time to familiarise yourself with the equipment and software before the consultation.
- Understand what to do if things go wrong, and how to fix basic problems.
- Know who to contact if you can't resolve any problems that do occur.
- Charge and test your equipment before the call.
- [Run a test call](#) or call a colleague to make sure everything works.
- Be mindful of current audio and video settings.

MAKING THE CALL FROM A DESKTOP OR LAPTOP COMPUTER

- Eliminate distractions and noises from your computer and surroundings, such as computer and mobile phone notifications.
- Try to ensure that software updates do not occur during video consultations.
- Only run the software you need to use while in the video call: this increases the resources available to your computer.

SET UP THE CAMERA IN A GOOD POSITION

- Use a professional/neutral backdrop and good lighting.
- Place the camera in a location where the participants stay within camera view.
- Position your web camera so you are looking directly at it, at eye level, if possible.
- Keep the participants centred in the camera view.

CHOOSE MICROPHONE AND SPEAKERS BASED ON LOCATION AND ENVIRONMENT

- Laptop microphones and speakers are adequate but be aware of echo or feedback during conversations.
- Headsets work well for single-person locations.
- Use a noise-cancelling speakerphone device when multiple people are sharing the same room.
- Position the microphone so that voices are clear and neither too loud nor soft.

During consultation

GETTING STARTED

- [Join the video call](#) in the virtual consultation room.
- Adjust your microphone and camera as required so that everyone can see and hear.
- Introduce everyone attending the consultation.

BE MINDFUL OF BODY LANGUAGE AND BEHAVIOUR

- Remember that the other participants can see you - act like they're in the room with you.
- Avoid raising your voice.

HAVE ALTERNATIVE CONTACT INFORMATION AVAILABLE

- Be prepared to contact other participants by phone if something goes wrong with the video consultation.

FOCUS ON THE CALL

- Assure your patient that they have your full attention, showing eye contact, positive body language and attentiveness.
- Do not check your email or phone while in a video call.
- Look at the camera when you talk, not at the screen.

UNDERSTAND THE SUBTLE DIFFERENCES BETWEEN MEETING VIA VIDEO AND MEETING FACE-TO-FACE

- There is always a small amount of lag in conversations. Be patient and allow participants time to finish speaking.

Post-consultation

- When the call ends, ensure all video and audio equipment is switched off.
- Check the patient understands the outcome of the consultation.
- Update the patient record with consultation notes as soon as possible.
- Organise follow up and supplementary resources, information, education and links if required.



TRAINING & SUPPORT

HEALTHDIRECT VIDEO CALL TRAINING

- [Register to attend a live healthdirect Video Call webinar](#)

WEBINARS

Quality Improvement Community of Practice #4 – Telehealth

- [Livestream video recording](#) (External link)
- [PowerPoint slide presentation \(IT & Privacy\)](#)
- [PowerPoint slide presentation \(Quality Improvement\)](#)

Adapting to Telehealth for Allied Health & Commissioned Services

- [Livestream recording](#)
- [PowerPoint slide presentation](#)

Mastermind: Overview & Guide to Telehealth in General Practice

- [Livestream recording](#)
- [PowerPoint slide presentation](#)

See our [calendar of events](#) for previous and upcoming webinars and professional education events.



FREQUENTLY ASKED QUESTIONS

We've compiled the answers, information, resources and tips below to help make video consultations simple, easy and successful for practitioners and patients.

WHICH VIDEO CONFERENCING SYSTEM SHOULD I USE?

Although health professionals are free to choose which video conferencing platform to offer to patients, the PHN recommends use of [healthdirect Video Call](#) for telehealth consultations.

healthdirect Video Call is a comprehensive, secure and reliable video consulting service which follows the Australian Government cyber security guidelines and safeguards privacy.

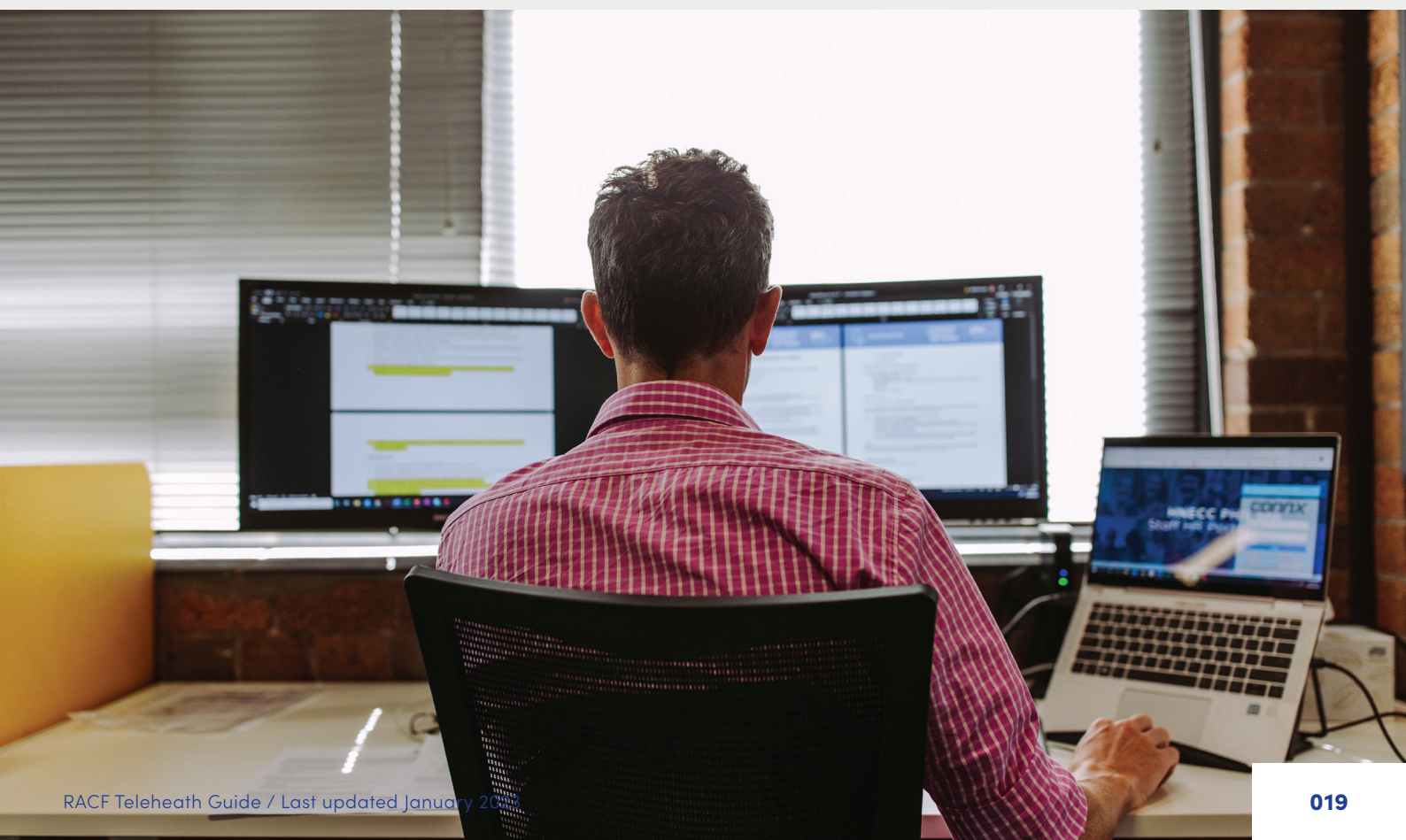
healthdirect Video Call is funded by the Federal Government and is currently:

- **free** for General Practices,
- **free** for Aboriginal Medical Services (AMS),
- **free** for Aboriginal Community Controlled Health Services (ACCHS),

- **free** for Mental Health, Aged Care, Maternity, Indigenous Health and Allied Health services (including paediatrics and child health, palliative medicine, psychiatry, chiropractors, diabetes educators, exercise physiologists, mental health workers, midwives, nurses, Aboriginal and Torres Strait Islander health practitioners and health workers, nurse practitioners, clinical psychologists, psychologists, occupational therapists, social workers, speech pathologists and physiotherapists), and
- **free** for use in Residential Aged Care Facilities

Both patients and health professionals can be confident that all video, audio, chat and shared screen activity during video consultation using *healthdirect* Video Call is between patients and clinicians only and is fully encrypted.

Practitioners must ensure that their chosen video consultation system meets clinical requirements and satisfies privacy laws.



CAN I USE HEALTHDIRECT VIDEO CALL ON MY PHONE?

Yes. Open a browser window and go to <https://vcc.healthdirect.org.au/login>. Log in and you will have access to the same features available through the web portal when its used on a laptop or tablet.

CAN I USE THE SAME VIDEO CONSULTATION SYSTEM ACROSS ALL HEALTH SERVICES?

At present, different video conference systems are used in state and federal health services, and in private practices.

The PHN supports the use of one video consultation system across all health services.

The Federal Government has provided funding for [healthdirect Video Call](#) – a comprehensive, secure and reliable video consulting service which follows the Australian Government cyber security guidelines and safeguards privacy.

healthdirect Video Call is currently **free** for:

- General Practices,
- Aboriginal Medical Services (AMS),
- Aboriginal Community Controlled Health Services (ACCHS),
- Allied Health professionals, and
- Residential Aged Care Facilities.

Both patients and health professionals can be confident that all video, audio, chat and shared screen activity during video consultation using *healthdirect* Video Call is between patients and clinicians only and is fully encrypted.

IS VIDEO CONSULTATION PRIVATE AND SECURE?

The PHN recommends that you use a secure and reliable video consulting service, such as [healthdirect Video Call](#), which follows the Australian Government cyber security guidelines and safeguards privacy.

Both patients and health professionals can be confident that all video, audio, chat and shared screen activity during video consultation using *healthdirect* Video Call are between patients and clinicians only and are fully encrypted.

Assure the patient that:

- the GP will consult with them from a private place where you will not be overheard or interrupted (especially if consulting from home),
- their consultation details and treatment information will be recorded in the normal clinical system,
- any personal information the GP receives from the patient or obtains through a video or telephone consultation will be safely transferred to the normal clinical system, or deleted if not required, as soon as possible.

The use of video consultation does not impact or change the normal clinical obligations required of health professionals when engaging with patients.

HOW DO DIFFERENT VIDEO CONFERENCE SYSTEMS COMPARE?

The PHN has prepared a **comparison of the features, costs and security** of the most commonly used video consultation systems.

Email telehealth@thephn.com.au with the name of your current video conferencing system (if applicable).

We'll help you compare options, minimise risk and maximise security in video consultation.

WHAT EQUIPMENT DO I NEED FOR VIDEO CONSULTATION?

In order to provide video consultations to patients, you will need the following equipment:

- A phone or computer (see [Minimum device and operating requirements](#))
- Microphone (may be built into phone or computer)
- Camera or webcam (may be built into phone or computer)
- Keyboard
- Mouse
- Internet connection with sufficient speed (SpeedTest) and data (see [Technical requirements for Video Call](#))

PHN technology provider Brennan IT can help you determine the most suitable products for your practice, and purchase what you need.

Call them on 02 4969 0690 for advice and guidance on purchasing the right equipment for your business.

WHAT BROWSER SHOULD I USE?

If possible, use the latest version of Chrome or Safari for best quality video consultation.

Visit [What's my browser?](#) to check your web browser and version (including whether it is the latest version available or not).

HOW DO I INSTALL GOOGLE CHROME?

Visit the [Google Chrome website](#) and follow the instructions.

HOW DO I KNOW IF I HAVE THE LATEST VERSION OF GOOGLE CHROME?

In the address bar, type: **chrome://help/** and press Enter. This will open Chrome's "About" page. Text below the version number will tell you whether you have the current version or not:

If a newer version is available, Chrome may update automatically.



Google Chrome



Google Chrome is up to date
Version 87.0.4280.88 (Official Build) (x86_64)

Automatic updates are turned on [Learn more](#)

Get help with Chrome



Report an issue



WHAT DOES VIDEO CONSULTATION COST?

The cost of providing video consultations will vary depending on the system you use, any equipment you need, and the type of consultation, as well as other factors.

Video consultation can also save you time and expenses such as travel, PPE (e.g. masks, gowns, gloves, etc.) and room and clinic space.

Video conferencing system

[healthdirect Video Call](#) is funded by the Federal Government and is currently:

- **free** for General Practices,
- **free** for Aboriginal Medical Services (AMS),
- **free** for Aboriginal Community Controlled Health Services (ACCHS),
- **free** for Mental Health, Aged Care, Maternity, Indigenous Health and Allied Health services (including paediatrics and child health, palliative medicine, psychiatry, chiropractors, diabetes educators, exercise physiologists, mental health workers, midwives, nurses, Aboriginal and Torres Strait Islander health practitioners and health workers, nurse practitioners, clinical psychologists, psychologists, occupational therapists, social workers, speech pathologists and physiotherapists), and
- **free** for use in Residential Aged Care Facilities.

Telehealth item costs

The resources below will help you to understand what MBS items can be used for Telehealth.

- Medicare Australia: [Telehealth](#)
- Medicare Benefits Schedule (MBS) Online: [COVID-19 Temporary MBS Telehealth Services](#)

If you are part of the Hunter, New England or Central Coast regions, you can also contact your Primary Care Improvement Officer (PCIO) for more information.

CAN A GP CONDUCT A NON-CLINICAL VIDEO CONSULTATION?

No, clinical service payments are only payable for clinical services provided by participating GPs and can only be claimed for time spent with the patient.

CAN A VIDEO CONSULTATION OCCUR IF THE PATIENT IS NOT PRESENT?

No. Video consultation must conform to the requirements governing provision of face-to-face consultations in RACF, funded through the MBS, by which patients need to be present for a video consultation to be claimable by the GP.

CAN PATIENTS USE VIDEO CONSULTATION?

Most video conferencing systems are fairly simple and easy for patients to use. Many patients with a smart phone, tablet or laptop computer will be able to participate in a video consultation.

If you use [healthdirect Video Call](#), you will not need to download anything. You will receive one link by SMS or email, which you click to join the consultation.

You might also like to:

- ask patients whether a family member or carer can help them to participate in a video consultation, and
- Watch [this video for patients](#)

WHAT IS THE PROCESS IF THE VIDEO CONSULTATION IS DELAYED?

If the GP is running late, a practice administrator should notify the RACF of the delay and/or organise an alternative date and time for the video consultation.

If the RACF needs to change the appointment, they should inform the practice and request a revised appointment time for the video consultation.

CAN I GET A TRANSLATOR?

Yes. Organise an interpreter through the [Translating & Interpreting Service](#) and utilise these resources for consultations with people of Non-English-Speaking Backgrounds (NESB).

DO PATIENTS NEED TO CONSENT TO VIDEO CONSULTATION?

Patient consent is mandatory for video consultations and RACF must maintain patient consent on residents' records.

The [NSW Civil & Administrative Tribunal \(NCAT\) Guardianship Division](#) provides information on consent to medical treatment for people who lack capacity to consent for themselves.

Give the patient this one-page [Health Services Consumer Factsheet](#).

IS MY INTERNET SERVICE SUFFICIENT FOR VIDEO CONSULTATION?

To work smoothly, [healthdirect Video Call](#) requires a minimum broadband speed of 0.350 Mbps upstream and downstream.

Check your internet speed at [Speedtest.net](#).

Close other applications on your phone or computer to maximise your video consultation.

WHAT HAPPENS IF I HAVE A PROBLEM DURING VIDEO CONSULTATION?

Clinicians: Check the [healthdirect troubleshooting guide](#) to resolve any problems encountered during a video consultation, or try reconnecting to the consultation via the waiting room.

RACF / Patients: Check the [healthdirect troubleshooting guide for patients](#) or try reconnecting to the call by opening the link again.

DOES VIDEO CONSULTATION CHANGE HOW PRESCRIPTIONS ARE DELIVERED TO PHARMACIES?

No, health professional should mail or email a prescription to the patient or pharmacist.

HOW DO I FIND A GP, PHARMACY OR PALLIATIVE CARE SUPPORT SERVICE THAT IS OPEN AFTER HOURS?

Call [healthdirect](#) on 1800 022 222. *healthdirect* is funded by the Federal, State and Territory Governments and provides trusted health information and advice online and over the phone, 24 hours a day, 7 days a week.

healthdirect provides the [National Health Services Directory](#), which allows consumers to easily search for the closest doctor, pharmacy or other health service that is open now (including after hours).

NSW patients receiving palliative care, as well as their carers and families, can access a new service for additional advice and support during the after-hours period.

The NSW Palliative Care After Hours Helpline is a free service, available within NSW on weekdays from 5pm to 9am, on weekends and public holidays on 1800 548 225.

TELEHEALTH RESOURCES

GENERAL RESOURCES

- [Telehealth – Hunter New England Health Pathways](#) (PHN)
- [Central Coast HealthPathways](#) (PHN)
- [Telehealth Guidance for Health Practitioners](#) (Australian Health Practitioner Regulation Authority)
- [Telehealth for NSW Health clinicians](#) (Agency for Clinical Innovation)
- [Services, payments and programs for health professionals](#) (Services Australia)
- [Better Access Telehealth Services for people in rural and remote areas](#) (Australian Government Department of Health)
- [Virtual Care Playbook](#) (Canadian Medical Association, The College of Family Physicians of Canada & the Royal College of Physicians and Surgeons of Canada)

PRIVACY REQUIREMENTS

Practitioners must ensure that their chosen video consultation system meets clinical requirements and satisfies privacy laws.

- [Privacy Checklist for Telehealth Services](#) (MBS Online, Australian Department of Health)
- [Privacy for Health Service Providers](#) (Office of the Australian Information Commissioner)
- [Australian Cyber Security Centre website](#)

RESOURCES FOR PATIENTS

If the patient may need assistance to participate in a video consultation, ask whether a family member or carer can help them on the day, and share the following resources with them in advance.

Healthdirect Video Call resources

- [healthdirect video for patients](#) (*healthdirect* Australia)

- [Video Call tips for patients](#) (*healthdirect* Australia)
- [Step-by-step Video Call Guide](#) (*healthdirect* Australia)
- [Browser information](#) (*healthdirect* Australia)
- [Troubleshooting guide for patients](#) (*healthdirect* Australia)

General resources

- [COVID-19 Telehealth Services Consumer Factsheet](#) (MBSOnline)
- [Get the Most Out of Your Video Consultation](#) (Juntos)
- [How to describe your symptoms to health professionals](#) (PHN)
- [Home Medicines Service - Information for Consumers](#) (Australian Government Department of Health)

To get the most out of a video consultation, follow the guidance below:

- Attend from a quiet place, free of distractions,
 - › Turn off television, radio and phone notifications
 - › Sit where they can be seen clearly (i.e. do not sit with their back to a window)
- Check your internet speed at [Speedtest.net](#) (*healthdirect* Video Call requires a minimum broadband speed of 0.350 Mbps upstream and downstream to work smoothly),
- Close other applications on their phone or computer to optimise their video consultation,
- Position your laptop/phone so it is stable and at eye level,
- Be punctual, prepare in advance and login to their consultation (i.e. click the link provided) five minutes prior to their appointment time,
- Cancel or reschedule if they are unable to attend, and
- Do not record the consultation.

RESOURCES FOR GENERAL PRACTITIONERS

- [Telehealth resources](#) (RACGP)
- [Guide to providing telephone and video consultations in general practice](#) (RACGP)
- [Video consultations in General Practice – step by step](#) (RACGP)
- [Standards for General Practices offering video consultations](#) (RACGP)
- [Telehealth Video Consultation Guide](#) (RACGP)
- [Telehealth resources](#) (Agency for Clinical Innovation)
- [How is General Practice using Telehealth?](#) (PHN)
- [Advice in Risk Management when Using Video Conferencing Software for Clinical Video Consultations](#) (Australian College of Rural and Remote Medicine)
- [How to do a high-quality remote consultation](#) (Australian College of Rural and Remote Medicine [ACRRM])
- [Telehealth Hub](#) (Digital Health CRC)
- [Telehealth](#) (Rural Doctors Network)
- [Organising Telehealth in your practice](#) (Australasian Telehealth Society & Australian College of Rural and Remote Medicine)

RESOURCES FOR CONSULTATIONS WITH ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

- [Tips on conducting Telehealth with Aboriginal patients](#) (PHN)
- [Telehealth – Supporting Indigenous health](#) (Services Australia)
- [Conducting 715 health assessments via Telehealth](#) (PHN)
- [Culturally safe telehealth services for Aboriginal and Torres Strait Islander patients](#) (PHN)
- [Principles for Telehealth Consultations with Aboriginal and Torres Strait Islander Peoples](#) (HealthPathways)

RESOURCES FOR CONSULTATIONS WITH PATIENTS IN RESIDENTIAL AGED CARE FACILITIES (RACF)

Appointments via video consultation are particularly useful for patients living in RACF, who may have trouble getting out and about.

Video consultation provides patients with access to a GP when it might not otherwise be possible (e.g. during COVID, on a day the GP isn't scheduled to visit, or when the resident is unwell).

Video consultations do not replace face-to-face consultations and are not suitable for all appointments.

However, where suitable, video consultations offer benefits to both residents of RACF and GPs:

RESIDENT/RACF	GP
<ul style="list-style-type: none"> - Less patient distress - Reduced waiting times and travel times - Fewer hospital transfers - Easy for family and carers to participate - Increased access to GPs, Allied Health Professionals and Specialists 	<ul style="list-style-type: none"> - Sees the patient in their usual environment - Can access patients quickly and easily without needing to visit in person

ISBAR4AC CLINICAL HANDOVER FORM

DOWNLOAD ↓

RESOURCES FOR RESIDENTIAL AGED CARE FACILITIES

- [COVID-19 Guidance for residential aged care facility staff](#) (HealthPathways)

RESOURCES FOR CONSULTATIONS WITH PEOPLE OF NON-ENGLISH SPEAKING BACKGROUNDS (NESB)

- [Telephone Consultations with Patients Requiring an Interpreter](#) (RACGP)
- [Interpreter services](#) (Hunter New England Central Coast HealthPathways)
- [Interpreter services](#) (Central Coast)
- The [Translating & Interpreting Service](#) (Australian Government)

COVID-19 RESOURCES

Call the National Coronavirus Helpline on 1800 020 080 for information on coronavirus (COVID-19). The line operates 24 hours a day, seven days a week.

GENERAL RESOURCES

- [Telehealth - keeping us safe during COVID-19](#) (PHN)
- [COVID-19 Telehealth Guides](#) (Australasian Telehealth Society)
- [COVID-19: A Remote Assessment in Primary Care](#) (British Medical Journal)
- [Video Consultations for COVID-19](#) (British Medical Journal)
- [COVID-19 Telehealth Guides](#) (Australasian Telehealth Society)
- [Telehealth for Global Emergencies: COVID-19](#) (The University of Queensland Centre for Online Health)

RESOURCES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS

- [COVID-19 GP Checklist: Aboriginal and Torres Strait Islander People](#) (Aboriginal Health & Medical Research Council of NSW)
- [COVID-19: Telehealth Information for AH&MRC Member Services](#) (Aboriginal Health & Medical Research Council of NSW)
- [COVID-19: Telehealth Services for Aboriginal Communities](#) (Aboriginal Health & Medical Research Council of NSW)
- [Managing COVID-19 in Aboriginal Communities](#) (PHN)



TEMPLATE: CONSENT FORM

Consent to participation in video consultation

I, _____ (full name) consent to participate in video consultation(s) with a Health Provider, including but not limited to my General Practitioner, Allied Health Professional or Specialist.

I understand that:

- I may have other people present such as a nurse, carer or family member during the consultation to discuss my health condition(s),
- a limited physical examination may take place during the video consultation, and
- I can withdraw my consent to participate at anytime, including during a video consultation.

I authorise the release of any of my relevant medical information to the consulting Health Professional and third-party professionals/organisations that may require this information for continuing care.

I have had the opportunity to ask any questions about the video consultation process.

/ /		
PATIENT NAME	PATIENT'S/PERSON RESPONSIBLE SIGNATURE	DATE
/ /		
PATIENT'S AUTHORISED REPRESENTATIVE NAME (IF APPLICABLE)	RELATIONSHIP TO PATIENT (IF APPLICABLE)	DATE
/ /		
WITNESS NAME	WITNESS SIGNATURE	DATE

TEMPLATE: WITHDRAWAL OF CONSENT FORM

Withdrawal of video consultation consent

I, _____ (full name) withdraw my consent to video consultations with the Health Provider, including but not limited to my General Practitioner, Allied Health Professional or Specialist.

/ /

PATIENT NAME

PATIENT'S/PERSON RESPONSIBLE SIGNATURE

DATE

/ /

PATIENT'S AUTHORISED REPRESENTATIVE NAME
(IF APPLICABLE)

RELATIONSHIP TO PATIENT
(IF APPLICABLE)

DATE

/ /

WITNESS NAME

WITNESS SIGNATURE

DATE

RACF VIDEO CONSULT CHECKLIST - GP

STAGE	STEP	ACTION	OWNER
Set up	1	Determine need for consultation.	RACF
	2	Send email or make phone call in ISBAR 4AC format, allowing the GP to determine priority or urgency for an appointment. Or if this is a routine review or case conference, arrange an appointment time with GP practice	RACFNurse (RN/EN)
	3	Determine suitability of video consultation.	GP/Practice Administrator
	4	Obtain patient's/person responsible consent to video consultation (for first video consult only).	RACF
	5	Confirm date and time for the video consultation via return email or phone.	GP/Practice Administrator
	6	Ensure equipment is charged ahead of the appointment.	GP/Practice Administrator & RACF
Hold video consultation	1	Check referral or email	GP & RACF
	2	Login into the virtual clinic (see Appendix 1).	GP
	3	Advise RACF via healthdirect Video Call message or phone call if GP is delayed.	GP/Practice Administrator
	4	Click appointment link to join video consultation (see Appendix 2).	RACF
	5	Click "Join call" to commence the consultation.	GP
	6	Seek patient's verbal consent for the video consultation prior to commencing observations. (For first video call only)	GP
	7	Complete ISBAR 4AC handover to GP with any updates and diagnostic results. If this is an urgent or routine review by GP, ensure all relevant charts are available.	Nurse (RN/EN)
	8	Complete observations in presence of patient and nurse (RN / EN).	GP
	9	Click "Disconnect video call" on completion of video consultation.	GP

STAGE	STEP	ACTION	OWNER
Post-video consultation - GP	1	<p>Write Doctor's notes and complete Medication Order (drug, dose, route and frequency) in Medscomm.</p> <p>Add a request to Pharmacy to fax to RACF (on same day before 6pm or first thing next morning if After Hours consultation).</p> <p>If not on Medscomm, clearly write the Medication Order (drug, dose route and frequency), note changes, signoff and arrange to fax to RACF.</p>	GP
	2	Note ceased medication in Medscomm or write Medication Order and GP Progress Note and fax to RACF.	GP
	3	Visit RACF to write up order on original Medication Chart or write "end date" for ceased medications and sign off the order.	GP
Post-video consultation - RACF	1	Update RN / EN notes in patient's records.	RACF
	2	<p>Add GP's progress note/Medication Order (via fax or from pharmacy) to medication chart while waiting for GP to visit RACF to write up on original Medication Chart.</p> <p>For ceased medication:</p> <ol style="list-style-type: none"> 1. TBC - Phone order until written Medication Order is received. 2. GP - Provide written Medication Order via Medscomm, fax or GP progress note. 3. RN/EN/Care Staff - Place "ceased" sticker on Webster pack / Medication Chart. Upon receipt of order in Medscomm via fax from the pharmacy, write "Withheld" on Medsig and write a progress note "As per GP Video Consultation". 	Nurse (RN/ EN)
	3	Follow up with GP to get an Original Medication Order written up or end date for ceased medication approved on the GP's next visit.	RACF
	4	Update clinical records.	RACF



Appendix 1



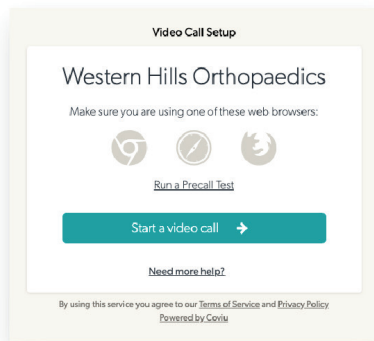
RACF LOGIN TO
HEALTHDIRECT VIDEO CALL

PATIENT/CALLER: STEP BY STEP VIDEO CALL GUIDE

How to begin a Video Call consultation.

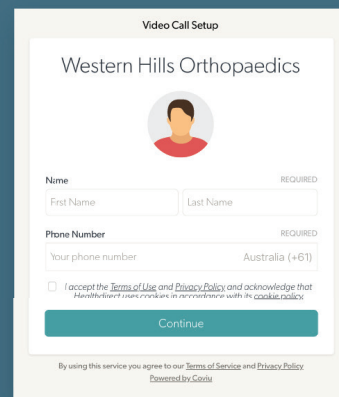
1

Go to the entry point on the service's website and click the **Start Video Call** icon



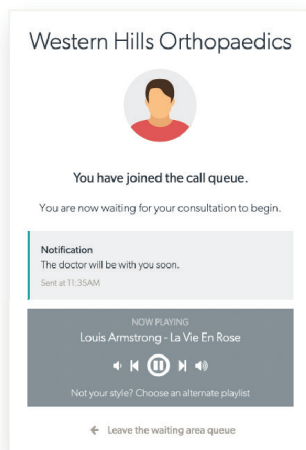
2

Enter name and phone number when prompted



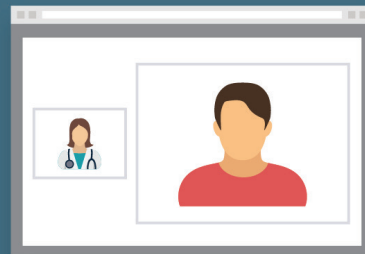
3

Enter the clinic's online **Waiting Area**



4

Clinician arrives and the consultation proceeds



TEMPLATE: PATIENT GUIDE TO VIDEO CONSULTATION

PATIENT GUIDE TO VIDEO CONSULTATION

If you've received this guide, it's because your General Practitioner or Registered Nurse has organised for you to have an appointment with your GP using video consultation.

WHAT IS A VIDEO CONSULTATION?

A video consultation is a medical appointment using video conferencing. You see and hear the GP, without having to leave the facility.

HOW DO I PREPARE FOR A VIDEO CONSULTATION?

If you would like a family member, carer or friend attend the appointment with you, advise a member of staff.

On the day of your appointment, staff will help you to get ready for the appointment.

- You will need to wear appropriate clothing to enable you to be examined, if necessary.
- You will be given paper work, including a video consultation consent form, to complete.
- A staff member will bring the video consultation equipment to your room, set it up, and explain to you how it works.

WHAT SHOULD I EXPECT IN A VIDEO CONSULTATION?

For all video consultations, a Registered Nurse (RN) or Enrolled Nurse (EN) will attend the appointment with you.

When the appointment starts, you should be able to see and hear the GP, and they will be able to see and hear you, through the screen.

You should talk in much the same way as you do for a normal appointment.

WHAT HAPPENS AFTER MY VIDEO CONSULTATION?

After the appointment, your GP will write up some notes and any new medication that was prescribed for you. The RN, who was with you, will also write up their notes.

Once the appointment is finished, staff will pack up the equipment and you can continue your day as normal.

DEVICE DECONTAMINATION PROCESS CHECKLIST

1. Wash your hands (as per [hand hygiene protocol](#)).
2. Put on clean rubber or plastic gloves.
3. Clean and disinfect the computer / tablet / iPad / smartphone by wiping it with a 70% isopropyl alcohol wipe or Clorox disinfecting wipe.
4. Gently wipe hard, nonporous surfaces, such as the display, keyboard or other exterior surface, including the cover. Do not use bleach. Avoid getting moisture in any opening, and don't submerge devices in any cleaning agents.
5. Ensure all surfaces, cords, leads and room touch points are cleaned in compliance with COVIDsafe practices.
6. Place dirty wipes in the rubbish bin.
7. Wash your hands (as per [hand hygiene protocol](#)).

CONTACT US

Email telehealth@thephn.com.au or call us on 1300 859 028.



**PRIMARY
HEALTH
NETWORK**

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative