Australian Diabetes Society

Telehealth Guide During COVID-19

April 2020

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SUMMARY - TELEHEALTH SERVICES DURING COVID-19

Last updated: 20 April 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.

- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.

- The new temporary MBS telehealth items are for non-admitted patients.

- As of 20 April 2020, specialist and allied health service providers are no longer required to bulk bill these new telehealth items.

- Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.
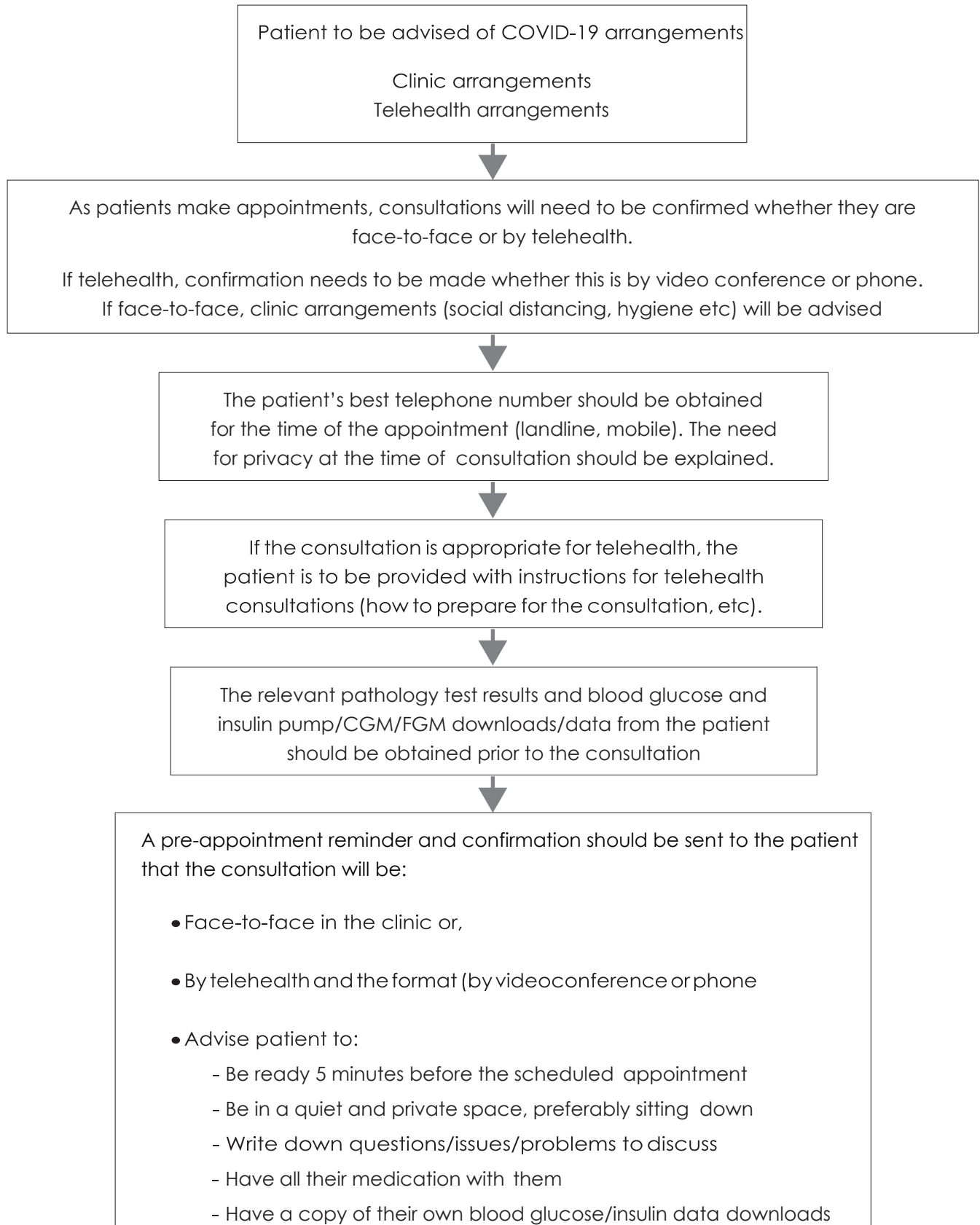
Summary table of relevant specialist and consultant physician items:

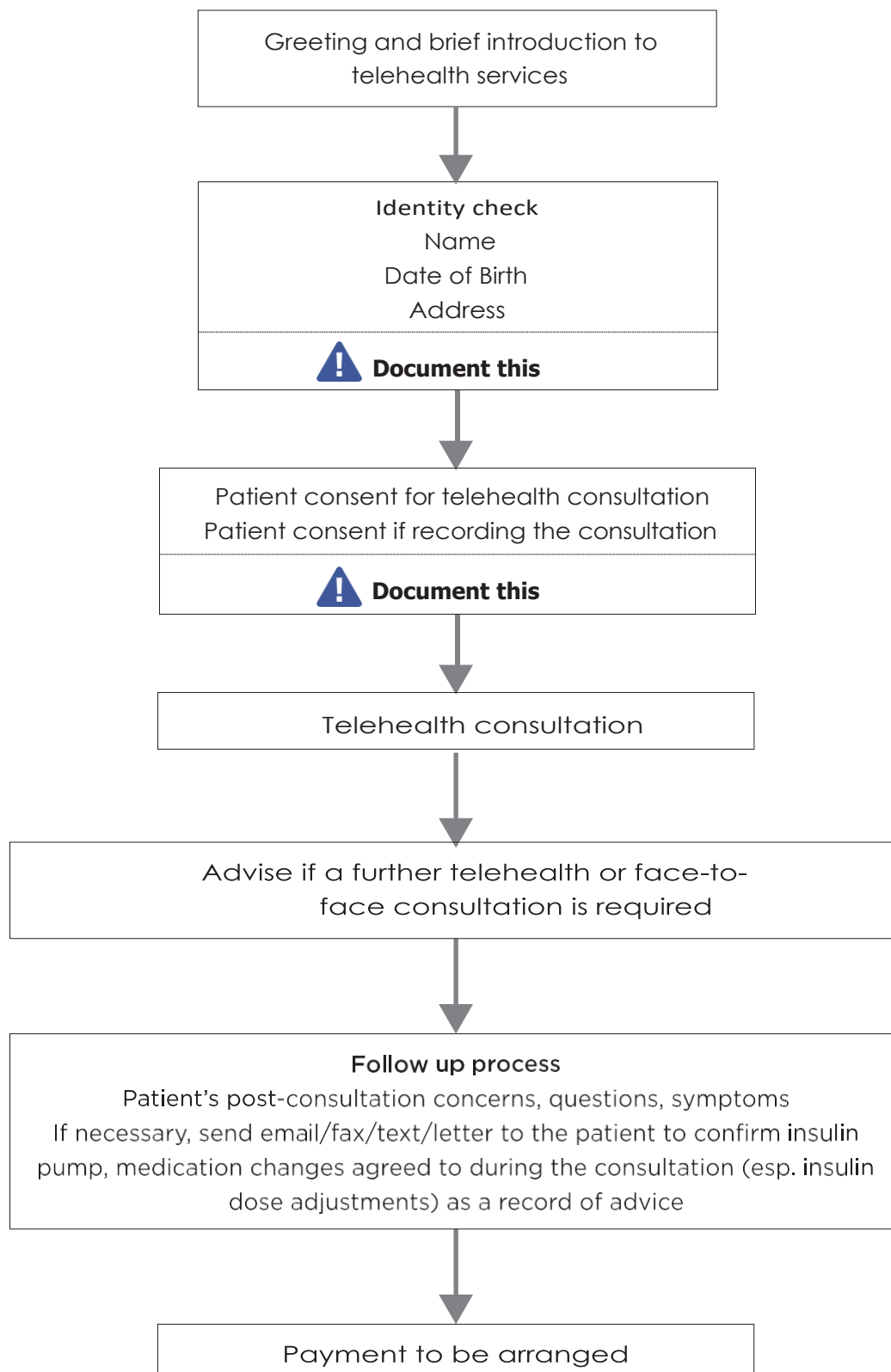| Existing MBS Item Number	Description	COVID-19 Telehealth MBS Item Number	COVID-19 Telephone MBS Item Number
110	Consultant physician. Initial attendance	91824	91834
116	Consultant physician Subsequent attendance	91825	91835
119	Consultant physician Minor attendance	91826	91836
132	Consultant physician. Initial assessment, patient with at least 2 morbidities, prepare a treatment and management plan, at least 45 minutes	92422	92431
133	Consultant physician. Subsequent assessment, patient with at least 2 morbidities, review a treatment and management plan, at least 20 minutes	92423	92432

The information provided in this guideline and attachments is valid at the date of publication and is intended for use as a guide of a general nature only. Please refer to:

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-29-latest-news-March

Figure 1

STEPS TO PREPARE FOR TELEHEALTH CONSULTATIONS

Patient to be advised of COVID-19 arrangements

Clinic arrangements
Telehealth arrangements

As patients make appointments, consultations will need to be confirmed whether they are face-to-face or by telehealth.

If telehealth, confirmation needs to be made whether this is by video conference or phone.
If face-to-face, clinic arrangements (social distancing, hygiene etc) will be advised

The patient's best telephone number should be obtained
for the time of the appointment (landline, mobile). The need
for privacy at the time of consultation should be explained.

If the consultation is appropriate for telehealth, the
patient is to be provided with instructions for telehealth
consultations (how to prepare for the consultation, etc).

The relevant pathology test results and blood glucose and
insulin pump/CGM/FGM downloads/data from the patient
should be obtained prior to the consultation

A pre-appointment reminder and confirmation should be sent to the patient
that the consultation will be:

- Face-to-face in the clinic or,

- By telehealth and the format (by videoconference or phone

- Advise patient to:
    - Be ready 5 minutes before the scheduled appointment
    - Be in a quiet and private space, preferably sitting down
    - Write down questions/issues/problems to discuss
    - Have all their medication with them
    - Have a copy of their own blood glucose/insulin data downloads

Figure 2

CONDUCTING A TELEHEALTH CONSULTATION WITH YOUR PATIENT

Greeting and brief introduction to telehealth services

↓

Identity check
Name
Date of Birth
Address

⚠ **Document this**

↓

Patient consent for telehealth consultation
Patient consent if recording the consultation

⚠ **Document this**

↓

Telehealth consultation

↓

Advise if a further telehealth or face-to-face consultation is required

↓

Follow up process
Patient's post-consultation concerns, questions, symptoms
If necessary, send email/fax/text/letter to the patient to confirm insulin pump, medication changes agreed to during the consultation (esp. insulin dose adjustments) as a record of advice

↓

Payment to be arranged

Figure 3

SAMPLE OF AN INFORMED CONSENT TEMPLATE FOR TELEHEALTH

[Note: This template includes the types of issues which may arise in relation to a telehealth consultation. It may not be appropriate for your clinic's circumstances and should be individualised to your clinic and your use of telehealth]

<Clinic Name>
ABN:

Patient Name	Date of Birth
Phone	Email Address

What is the purpose of this form?

The purpose of this form is to provide information to you about, and to obtain your consent to participate in, a telehealth consultation with your diabetes health professional.

What is telehealth and what does a telehealth consultation include?

Telehealth is the use of telecommunication to provide diabetes care to patients. This can include telephone calls or videoconferencing to deliver 'live' diabetes education

- A telehealth consultation usually involves some or all of the following:

- Your diabetes health professional will discuss your health and your health history with you and, where appropriate, will offer information and advice.

- You may bring a support person with you, as you might in a face-to-face consultation.

- A technical support person might be present for part of the consultation to assist with technical issues.

- You are not permitted to video or audio record the consultation, unless your diabetes health professional gives you permission to do so. Likewise, your diabetes health professional will not video or audio record without your permission.

What are the potential benefits of telehealth?

Telehealth <u>might</u>:

Improve your access to diabetes care

- Reduce your need for travel

- Decrease your exposure to infectious diseases

What are the potential risks of telehealth?

Telehealth <u>might</u>:

- Be negatively impacted by technical problems, such as delays due to technology failures

- Not offer the same visual and sound quality as a face-to-face consultation

- Not achieve everything that is required and therefore require another telehealth consultation or a face-to-face consultation

- Include practices and procedures that are not as well understood in a telehealth consultation as they are in a face-to-face consultation

- Increase exposure to privacy and digital security risks. (See next section.)

Will my privacy be protected?

This practice is subject to the Privacy Act 1988 and must comply with obligations related to the collection, use and disclosure of personal information, including through telehealth. The diabetes health professional must maintain confidentiality and privacy standards during consultations, and in creating, keeping and transmitting records.

While the diabetes health professional is obligated to meet standards to protect your privacy and security; telecommunication, including videoconference, may increase exposure to hacking and other online risks. As with all online activities, there is no guarantee of complete privacy and security protection. You may decrease the risk by using a secure internet connection, meeting with the diabetes health professional from a private location, and only communicating using secure channels.

What does informed consent mean?

There are a few important principles related to informed consent:

- You must be given relevant information. Ask your diabetes health professional if you have questions about telehealth and the services offered.

- You have the right to understand the information. Ask your diabetes health professional if you do not understand the information you are given.

- You have the right to choose whether your diabetes care is delivered by telehealth. If you do not agree to telehealth, you may refuse to participate. You may agree to or refuse specific activities and procedures.

- You have the right to stop using telehealth at any time. You can change your mind about telehealth or a specific activity or procedure, even in the middle of a session.

- You can agree or refuse in writing or verbally. You may give your consent in writing using the form below. You may also give or withdraw consent or change your mind by telling your diabetes health professional. Consent provided or withdrawal or refusal of consent that is done verbally will be documented by your diabetes health professional.

- You can ask about alternatives to telehealth. If you change your mind about telehealth services, your diabetes health professional will discuss other options with you. Your diabetes health professional may or may not be able to offer other options.

Written consent form:
Please tick all that apply:

☐   I agree to receive diabetes care via telehealth.

☐   I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

Signature:_____   Date: _____

Name of person signing: _____

Diabetes Health Professional: _____   Date: _____

Figure 4

SAMPLE CHECKLIST FOR PROVIDING INTERNET-BASED TELEHEALTH SERVICES

Obtaining informed consent	**Y / N**
Provide telehealth technical guidance for the patient, and where appropriate, their carer: • Identify what computer/device will be used by the patient. Where possible determine if processing speed and memory will support videoconferencing. Identify whether the device requires the patient to sit at a desk or if it offers some flexibility and mobility • Internal (embedded) webcams may facilitate face-to-face communication. External webcams or document cameras permit flexibility in observing or the ability to view work performed on a horizontal surface • Assess whether patient microphone/speakers permit appropriate observation and communication. Some environments or communication needs may require a headset • Consider how the patient will interact during the consultation e.g. will you use a shared screen, whiteboards, drawing tools, shared keyboard/mouse control or other tools during the telehealth consultation • Determine if the patient's internet supports a clear connection. This can be assessed from websites such as https://www.speedtest.net. The upload / download speeds required will depend on the platform and materials being used. However, a general minimum standard is 3 Mbps for static materials and 5 Mbps for video	**Y / N**
Check that all health professionals and patients understand how to participate in telehealth: • If using an external microphone, ensure it is placed on a firm, flat surface as close as possible to participants to enhance audio quality and minimise background noise • Ask participants to speak clearly, at their normal voice volume, and one person at a time • Ask participants to switch mobile phones off or to silent mode if these aren't being used for diabetes management or the telehealth consultation • Minimise background noise • Use the mute button when people at the other end of the video consultation are speaking	**Y / N**
Check that audio-visuals are optimised: • Ensure good lighting in the room so that faces are clearly visible • Avoid placing bright lights behind the people being viewed • Ensure appropriate background behind the people being viewed to avoid distraction during consultation • Check the camera gaze angle in advance and adjust to allow eye contact between participants • Check ability to move the camera to focus on certain items (such as CGM, insulin pump site, injection sites) • Check ability to share the screen for sharing clinical treatment guidelines or resources	**Y / N**

Figure 4 (cont.)

SAMPLE CHECKLIST FOR PROVIDING INTERNET-BASED TELEHEALTH SERVICES

Diabetes management information that may assist the telehealth consultation:	Y / N
• If using CGM or flash glucose monitoring, ask the patient to obtain the link and download current data	
• If using an insulin pump, ask the patient to download the pump data prior to the appointment. This should include total daily dose (TDD) pattern and trends. If data cannot be download from home or are not linked to the clinic, contact the pump company to arrange this as soon as possible (have available the username and password)	
• If not using a glucose sensor, ask the patient to email a photo of BGL logbook from the last 2 weeks (provide email address)	
• Consider asking the patient to provide a diet history and exercise log and have this completed two weeks prior to the appointment	
• *If patient has been newly referred for an initial visit, seek other relevant information from the referring GP. This may include HbA1c, relevant blood results and any change of medication management or current list of medications*	
• Consider obtaining online access to the patient's results from the local pathology labs	

Adapted from: Telehealth Video Consultations Guide (RACGP, 2019) and FAQs from SPA members, Telepractice in Speech Pathology (Speech Pathology Australia, 2020)

INTRODUCTION

Diabetes health professionals are facing significant challenges in the delivery of safe and appropriate health care to support people with diabetes in both the public and private sectors to optimise their glycaemic control and in their diabetes management during any intercurrent illnesses. As part of its health plan to fight COVID-19, the Australian Government has funded temporary MBS and DVA item numbers to allow health providers to deliver services via telephone/telehealth services.

Telehealth refers to healthcare services delivered using information and communication technologies substituting a face-to-face consultation. These technologies include audio-only telephone consultation or videoconferencing. Health providers whose services can be provided utilising telehealth platforms include specialist and consultant physicians. The new temporary MBS telehealth items are available to providers of telehealth services for a wide range of consultations.

Specialist and consultant physicians who have themselves been isolated because of possible COVID-19 infection can continue to provide certain health services to their patients during the period of the professional's isolation using these telehealth item numbers. All these item numbers are currently available and tentatively scheduled until 30 September 2020. Their availability may be extended on ongoing review of the situation.

Diabetes health services provided by telephone/telehealth should meet the same standards of care as services delivered in person and comply with all jurisdictional, institutional and professional regulations and policies governing the practice of diabetes care.

It is essential to assess individual patient needs and determine the appropriateness of telephone/telehealth as the method of service delivery on a case by case basis. This includes consideration of personal (vision, hearing, speech, etc), technical (access and availability, technical literacy, internet upload and download speeds, etc) and environmental factors (privacy for patient).

Telephone/telehealth services diabetes care and COVID-19

Medicare- funded telehealth/telephone consultations will assist in reducing appointment cancellations at a time when it is important that people with diabetes continue to be seen by diabetes heath professional to ensure they are managing their diabetes well and have a current 'sick day' plan.

Providing people with diabetes with access to Medicare-funded telehealth/telephone services will:

- Limit the potential exposure of people with diabetes to COVID-19 in clinics or in hospital or other clinical waiting waiting rooms

- Provide access to continuing diabetes education and care, including where people with diabetes are placed in quarantine or are unwell or elderly

- Provide continuing access to NDSS-related services, such as certifying NDSS registration forms, authorising extension of blood glucose monitoring strips and CGM Initiative forms, providing information, clinical management and support to people with diabetes, and initiating and providing ongoing support for people using diabetes technology such as insulin pumps, CGM and flash glucose monitoring

- Reduce the burden on already-stretched diabetes health professionals by reducing the number of people with diabetes seeking diabetes-related appointments

- Reduce the burden on an already-stretched hospital system by enabling people with diabetes to access critical diabetes management strategies and thereby reducing the risk of avoidable hospitalisations.

Providing telephone/telehealth services

Professional Indemnity

You should seek advice from your professional indemnity insurer to ascertain whether your professional indemnity insurance covers the type of telehealth services you are going to provide (AHPRA, 2014).

Informed consent

You must obtain informed consent from each patient to a telehealth consultation. You must also gain explicit consent for any video recording you do each time you do it. Make sure your patient fully understands what telehealth entails, how it will be used in their individual circumstances, and how you are going to safeguard their privacy and confidentiality with the technology you are using, and how you are going to store any recordings and documents.

A flowchart showing steps to prepare for telehealth consultations is provided in Figure 1, and a template for informed consent in Figure 3.

Prescriptions process to support telehealth

As a prescriber, you will still create a paper prescription, during a telehealth consultation. This prescription will need to be signed as normal or using a valid digital signature. You can then create a clear copy of the entire prescription (a digital image such as a photo or pdf including the barcode where applicable) to send on to the patient's pharmacy of choice via email, text message or fax. If your patient prefers to receive the legal paper prescription you will need to mail it to them. You will be required to retain the paper prescription for a period of 2 years for audit and compliance purposes. For further detail refer to:
https://www.health.gov.au/sites/default/files/documents/2020/04/covid-19-national-health-plan-electronic-prescribing-a-guide-for-prescribers.pdf

Providing internet-based telehealth

Health professionals should be familiar with the technology and platform functionality prior to providing internet-based telehealth services (e.g. videoconferencing). They should also be able to familiarise and guide patients and their carers.

Medicare-compliant telehealth services can be provided through widely available video-calling apps and video-conferencing software. Some apps and software may have session time limits. When setting up hardware and software for telehealth services consider compatibility, accessibility, affordability and user friendliness of the technology you plan to use (MBS; RACGP 2019).

Attachment A provides some guidance on selecting apps and software.

You will need a computer or internet enabled device (or videoconferencing facility), a webcam or camera, monitor, microphone, speakers /headset, reliable internet connection, and videoconferencing software. Ensure that this equipment has a stable internet connectivity with quality sound and high definition image (DHA - b; Mora et al 2008).

The Australian College of Rural and Remote Medicine (ACRRM) has an excellent fact sheet on the key risks associated with videoconferencing and how to mitigate them. Please refer to https://www.acrrm.org.au/docs/default-source/all-files/acrrm_risk-management_clinical-video-consultations-factsheet_final.pdf?sfvrsn=dfb6190a_4.

A flow chart for conducting a telehealth consultation is provided in Figure 2, and a checklist for providing internet-based telehealth services is in Figure 4.

Privacy and confidentiality

Your clinic/home office-clinic must comply with Australian Privacy Principles, Federal Privacy Legislation and Jurisdictional Privacy Regulations, (OAIC -a & b).

Make sure your clinic or private practice has clear policies, procedures and risk management protocols to ensure compliance with privacy and confidentiality legislation. This includes the storage of any video recordings and still images, the visual and audio privacy of the videoconferencing room, backups and processes for dealing with any data breaches that may occur (OAIC - a & c; MBS; OAIC - d).

Should your clinic experience a data breach you are required by law to notify affected individuals and the Office of the Australian Information Commissioner (OAIC - d).
An eligible data breach by your clinic occurs when:

- There is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that your clinic holds; and

- This is likely to result in serious harm to one or more individuals, and your clinic hasn't been able to prevent the likely risk of serious harm with remedial action.

Security review

Health professionals using telehealth technology must comply with Australian Privacy Principles, Federal Privacy Legislation and Jurisdictional Privacy Regulations that govern electronic storage and transmission of patient data (AHPRA 2014; ADHA -c; OAIC - a & b).

Ensure your patient's environment and your own environment permit the consultation to be confidential. Records and documents should also be transmitted and stored securely (OAIC – c and ASD - a). Free versions of telehealth applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy.

Reasonable steps must be taken to ensure security measures are in place for protecting and controlling access to patient data from misuse, interference and loss, as well as unauthorised access, modification or disclosure (OAIC - a & b). This includes how your patient's personal information is collected, stored, used, securely backed up and disposed of (Mora et al, 2008; RACGP, 2019).

Providers should use secure (encrypted) professional servers with an audit trail, secure messaging, strong multi-step authentication and separate log in permissions to minimise any risk of data breach (AHPRA, 2014; ADHA - a, c & d; MBS; OAIC - a & b). The Guide to Securing Personal Information provides clear details on how you can ensure sufficient security measures are in place for your telehealth practice (OAIC - c).

If providing Medicare-funded telehealth services, you must meet MBS requirements and applicable laws for security and privacy. MBS guidance on technical specifications for equipment and software can be found at MBS online (MBS, 2011).

For good general advice from the Australian Cyber Security Centre, see ASD – a & b.

Advice on IT equipment and software is provided in Attachment A.

Risk management

Make sure you carry out a risk analysis and develop contingencies to manage potential risks that may occur with telehealth practice e.g. if your patient is emotionally distressed, has unexpected health issues, etc. (RACGP, 2019; Drum and Littleton, 2014).

IT PLATFORMS FOR TELEHEALTH

General advice

When considering IT platforms for telehealth, you will need to be flexible and consider what is accessible to the patient. The platform could be complicated or as simple as using FaceTime on an iPhone or WhatsApp to speak with patients.

The following guidance is included in the Department of Health fact sheet, refer http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB:

> 'Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.
>
> No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Skype, FaceTime, Duo, GoToMeeting and Microsoft Teams.
>
> Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.'

The Department of Health has noted that online chat box/messaging and email will not be eligible for Medicare charging as there is no visual or audio link. When using these methods to communicate with the patient please be careful to ensure that you are sending messages to the right person, and that you are communicating securely. The Royal Australian College of General Practice has useful guidance on the risks of using email communication with patients and how to mitigate them; please refer to: https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Security/Using-email-in-general-practice-fact-sheet.pdf.

You should check whether the platform you wish to use complies with Australian privacy and security laws. You can do this by asking the vendor or checking the vendor's website.

Advice on platforms

- If you are considering Google Hangouts, read carefully their privacy statement to understand and clarify with Google what information they can store (with or without consent) and where it is stored. If this is not clear, there might be a risk of non-compliance with Australian Privacy Law.

- If you are considering Zoom, assess its security features carefully. There have been a few data breach incidents on the news recently.

- Coviu is a secure platform but entails a cost per user license.

- Microsoft Teams app is free for now, installed in most new Microsoft machines and easy to use. It can handle incoming calls from landline, mobile and videocalls, and includes a calendar for booking appointments, etc. as well. Security information related to Microsoft Teams app can be found on https://go.microsoft.com/fwlink/p/?linkid=2100811

Advice on telemedicine platforms

There are many telehealth systems available online and this website reviews several options: https://www.capterra.com, and provides links to the source sites.

Telstra has a division that looks after telehealth and provides end-to-end solutions: https://www.telstrahealth.com/home/products/national-telehealthconnectionservice.html

Useful resources for health professionals

The NSW Government's Agency for Clinical Innovation has developed useful information, resources and advice on training to support health professionals in the introduction of telehealth: https://www.aci.health.nsw.gov.au/make-it-happen/telehealth

Other useful resources include:

- Telehealth for COVID-19 – online learning module for primary health nurses
  https://www.apna.asn.au/product/detail/6e2eed54-086f-ea11-80d9-005056be66b1

- COVID-19 webinar for DAA members – Private Practice
  https://daa.asn.au/2020/03/free-covid-19-webinars-for-members/

- COVID-19 updates for Exercise Physiologists
  https://www.essa.org.au/Public/News_Room/Media_Releases1/2020/ESSA_COMMUNIQUE_COVID_19_30.3.20.aspx

- COVID-19 resources of ACRRM- including several fact sheets and a webinar introducing telehealth
  https://www.acrrm.org.au/support/clinicians/community-support/coronavirus-support/telehealth

Disclaimer

The information in this guide is valid at the date of publication and is intended for use as a guide of a general nature only. While every reasonable effort has been made to ensure accuracy of the information, no guarantee can be given that the information is free from error or omission, nor is this guide exhaustive of the subject matter. Persons implementing any recommendations contained in this guideline must exercise their own independent skill or judgement or seek appropriate professional and legal advice.

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