*RACGP template – Telehealth video consultation specialist checklist*

The specialist checklist provides a list of standard steps to consider:

* before
* during; and
* after a telehealth video consultation.

You can adapt the sections in red text and other areas of the template as required to suit the specific needs of your individual general practice.

The explanatory notes provide additional information and context on why a particular section is important.

Your final template does not necessarily need to include these explanatory notes.

A telehealth video consultation involves a specialist or consultant physician attending to the patient, and can include another medical practitioner, a participating optometrist, a participating nurse practitioner, a participating midwife, practice nurse, Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker providing support at the patient end.

It is recommended you establish whether you and your patient meet the Medicare Benefits Schedule (MBS) requirements, prior to engaging with a specialist.

Geographic eligibility for telehealth services funded under Medicare are determined according to the Australian Standard Geographical Classification Remoteness Area (ASGC-RA) classifications.

Telehealth Eligible Areas are those areas that are outside a Major City (RA1) according to ASGC-RA (RA2-5). Patients and providers are able to check their eligibility by following the links on the MSB website ([www.mbsonline.gov.au/telehealth](http://www.mbsonline.gov.au/telehealth)).

There is a requirement for the patient and specialist to be located a minimum of 15km apart at the time of the consultation.

Residents of eligible Residential Aged Care Facilities and patients of eligible Aboriginal Medical Services in all areas of Australia are eligible for specialist video consultations under Medicare.

Specialists must still meet all the requirements set out in the specialist item in order for it to be provided as a video consultation. If any of the requirements are not met, the item cannot be claimed. For example, item 141 for a comprehensive geriatric assessment requires the provider to spend more than 60 minutes with the patient. This requirement remains unchanged when provided by video consultation ([www.mbsonline.gov.au/telehealth](http://www.mbsonline.gov.au/telehealth)).

1

[insert practice name] telehealth video consultation specialist checklist

*Explanatory notes:* Practices are invited to adapt the template on suitable practice stationery to create their own booking checklist. The checklist is designed to accompany the GP’s referral to the distant specialist. A copy of the checklist and letter of referral should be stored in the patient’s health record.

# Before telehealth video consultation

|  |  |
| --- | --- |
| Determine clinical appropriateness |  |
| Check patient consent |  |
| Record patient consent |  |
| Receive referral letter |  |
| Provide patient information on clinical condition and possible costs |  |
| Coordinate telehealth video consultation booking |  |
| Advise what clinical support is required |  |
| Pre-test video conference equipment and connectivity |  |

During telehealth video consultation

|  |  |
| --- | --- |
| Introduce parties |  |
| Match correct health record |  |
| Utilise clinical support as required |  |
| Summarise diagnosis and all follow-up actions |  |
| Summarise follow-up actions for specialist |  |
| Adhere to evidence-based practice |  |

After telehealth video consultation

|  |  |
| --- | --- |
| Make consultation notes |  |
| Record any technical malfunctions |  |
| Send response letter to GP |  |
| Implement and monitor agreed follow-up actions |  |

2

# Practice policy on video recording

Our practice does not record telehealth video consultations and does not authorise patients to make their own separate recording of a telehealth video consultation.

*Explanatory notes:* The RACGP recommends that general practices adopt a default position of not recording telehealth video consultations, and not authorising patients to make their own recordings of telehealth video consultations.

Where a video recording is made, the practice needs to meet community expectations and legal requirements to protect patient privacy. Clinicians need to be mindful of their own privacy in relation to the risk of video recordings being redistributed in the public domain without their consent. As these scenarios can be problematic and have unintended consequences for all parties, it is suggested that recordings be reserved for exceptional circumstances where it is absolutely clinically necessary.

Exceptional circumstances for making a recording during a telehealth video consultation may include still images (eg a wound or skin lesion) or moving images (eg a tremor, gait abnormality, unusual movement or range of movement) where such images are deemed to have clinical value. The patient will need to provide explicit prior consent and repeat this consent on camera.

# Disclaimer

The information set out in this publication is © The Royal Australian College of General Practitioners, 2017 and current at the date of first publication. Permission is granted to general practices to adapt and reproduce the information in any medium.

The information is intended for use as a guide of a general nature only and may or may not be relevant to particular practices or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgment or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

While the text is directed to health professionals possessing appropriate qualifications and skills in ascertaining and discharging their professional (including legal) duties, it is not to be regarded as clinical advice and, in particular, is no substitute for a full examination and consideration of medical history in reaching a diagnosis and treatment based on accepted clinical practices.

Accordingly The Royal Australian College of General Practitioners and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

3