*RACGP template – Post-telehealth video consultation patient evaluation*

As telehealth video consultations are a new way of delivering healthcare in Australian primary healthcare setting, the RACGP has designed this template to help you evaluate and improve your telehealth video consultation processes and outcomes.

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. Further information on telehealth video consultations is available on the [RACGP website.](https://www.racgp.org.au/your-practice/ehealth/telehealth/)

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 MBS 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.

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[insert practice name] post-telehealth video consultation patient evaluation

*Explanatory notes:* This simple evaluation tool is specific to video consultations and is designed to generate patient-level data practices can use to improve their video consultation systems. Practices are invited to adapt the template on suitable practice stationery to create their own post-video consultation patient evaluation tool.

Dear [insert patient name]

Thank you for participating in a telehealth video consultation on [insert date].

We would like to collect feedback to improve our services and appreciate you taking the time to complete the following questions.

We will anonymously use your feedback to create a better telehealth video consultation experience for our patients and specialists. If you want your feedback to remain confidential, please select the box below.

**□** I do not wish to have my feedback used by the practice or other specialists.

Please rate your level of agreement with the following statements. There is no right or wrong answer. We are interested in honest feedback to help us improve our telehealth video consultations. Thank you for taking a few minutes to complete this evaluation form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Statement** | **Strongly disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly agree** |
| 1 | I received the same standard of care from my video consultation, as I would have from a face-to-face consultation. | **☐** | **☐** | **☐** | **☐** | **☐** |
| 2 | The video consultation was convenient for me (eg. saved me travel costs, saved me taking a day off work, was easier to manage because I have limited mobility). | **☐** | **☐** | **☐** | **☐** | **☐** |
| 3 | I felt well prepared for the video consultation. | **☐** | **☐** | **☐** | **☐** | **☐** |
| 4 | I would be willing to participate in another video consultation if my doctor considered it appropriate. | **☐** | **☐** | **☐** | **☐** | **☐** |
| 5 | How could we improve our video consultation service? |  | | | | |
| 6 | Other comments |  | | | | |

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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.

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