TELEHEALTH FACTSHEET

QUALITY OF CARE WHEN PROVIDING REMOTE CONSULTATIONS

PATIENT CONSIDERATIONS

AUTONOMY

Patients greatly value the increased convenience of remote consultations and generally regard it as improving the range of service options. Some patients may find it difficult to travel to an in-person appointment. On the other hand, some patients may find it difficult to use or access the technology used for remote consultations, whether that be for telephone of video consultations. Some patients prefer to go to the city for social reasons. Giving patients the option of a remote consultation, where this is possible, and their healthcare is not compromised, respects their autonomy.

PRIVACY

Some patients report that remote consultations improves their feeling of privacy, for example being able to see a psychiatrist without needing to visit their rooms. On the other hand, ensuring patient privacy when using technology needs extra attention. People may speak louder on a telephone or video call, so the physical and audio privacy of the room should be checked.

Patients should be aware that maintenance of their privacy is also their responsibility, for instance by arranging a private space to take your call. Patients should understand the importance of not inadvertently sharing health information on social networks or making recordings that may be accessed by others.

INFORMED CONSENT

Patients attending remote consultations, will not be able to consult the usual information available at your reception desk. Therefore, it is particularly important to check that the patient has received and understood any information you may have sent by email, or have available on your website. Once you have done this you need to obtain informed consent for the consultation.

ACCESS TO CARE

Remote consultations can offer more equitable access to care, which is a major ethical benefit for many patient cohorts. On the other hand, vulnerable patients may have practical difficulties accessing technology. Vulnerable patients may include Aboriginal or Torres Strat Islanders, culturally and linguistically diverse groups, people with disabilities and people experiencing family violence. It is important not to pre-judge the type of consultation that can be used with a particular patient. For instance, a patient who is hard of hearing may prefer a video call, because that provides an opportunity to lip read.

PATIENT-CLINICIAN RELATIONSHIPS

Generally, patients report that rapport and relationships can be established through remote consultations. However patients may initially fee awkward talking to clinicians remotely, miss the lack of some body language such as handshakes or other gestures, and perceive that there is less warmth and care in the consultation. Patients will expect the full attention of the clinician, so explanations of the need to consult medical records etc. on a computer should be given. Clinicians may have similar concerns that the healing relationship might be depersonalized or compromised by the loss of caring touch, particularly in sensitive areas such as discussing end-of-life issues. Many of these concerns can be reduced as patients and clinicians learn how to express themselves over new forms of communication technology, especially video calls. When loss of rapport is a continuing problem, as perceived by patients or clinicians then returning to an in-person consultation should be an option.

To find out more and access additional resources, visit acrrm.org.au/telehealth

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CLINICAL CONSIDERATIONS

QUALITY OF CARE

Fast access to high quality, "just in time", advice about specific patient issues can improve patient care. Subspecialist expertise can be brought to patients with rare or complex conditions. On the other hand, when clinicians do not use interactions with specialists as an opportunity to improve their skills they may become more dependent on specialists.

The lack of physical examination by the distant clinician may impact on the quality of the diagnosis, treatment or advice provided. The best way to maintain the quality of care is to triage patients continuously. Clinicians constantly make judgements about their ability to make key clinical decisions in various contexts, and adjust their decision making accordingly. For example, they will moderate decisions according to the setting. Therefore, your practice should have a set of criteria for choosing which patients are suitable for remote consultations including:

- Clinical factors such as continuity of care, shared care, and the best model of care.
- Practical factors such as the availability of specialists, local clinical staff and technology.
- The ability of the patient to attend a remote consultation successfully, travel to the practice and their family, work and cultural situation.
- A requirement to continuously assess the appropriateness of remote consultation for each patient.

DUTY OF CARE IN REMOTE CONSULTATIONS

When more than one clinician is involved in the care of a patient, each clinician has a duty of care to that patient. Some clinicians think providing a video consultation does not result in a duty of care if the distant clinician is only offering advice to the local clinician, who is the primary provider. Actually, the duty of care is shared, although not necessarily in equal proportion.

Provision of tasks such as investigations, providing scripts, and follow up, should be agreed and recorded so that each clinician is clear what their particular responsibilities are for patient management. The medical practitioner who is at a distance should evaluate the value of information gathered by a clinician who is with the patient, and take the initiative to ask for more, or for an in-person follow up.

EDUCATION AND UP-SKILLING

The technologies used by telehealth services for remote consultations such as video conferencing and online conferencing can also be used to increase access by clinicians to mentoring, supervision, and distance education. Not only does this enable clinicians to continue professional development, especially in rural areas, but increased clinical skills enable improvements in the quality and safety of care offered to patients. However a proportion of professional development needs to remain in-person for hands-on training and social reasons. Maximizing clinical skills will improve patient retention and continuity of care for patients, especially for those with chronic conditions.

SAFETY AND QUALITY OF PRIMARY HEALTHCARE

Remote consultations should be treated in the same way as in-person consultations when assessing their safety and quality. The Australian Commission on Safety and Quality in Health Care is developing the National Safety and Quality Primary Health Care Standards for primary healthcare providers.

ACRRM has developed a standards framework and guidelines for remote consultations. The ACRRM telehealth audit survey tool can be used to audit the extent to which telehealth services in rural and remote primary healthcare meet these guidelines. Both resources are on the ACRRM telehealth web page acrrm.org.au/telehealth

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HEALTH CARE SYSTEM CONSIDERATIONS

COST AND EFFICIENCY

Remote consultations reduce transport costs for patients and clinicians. In theory this enables funds to be redirected to other aspects of care. As improvements are made to models of care, the incorporation of telehealth service options should lead to improvements in overall system efficiency. For instance, Some specialty services have used telehealth service models to promote the uptake of evidence based practice and clinical guidelines. If done well this can be very supportive and useful for rural services.

Models of care that use telehealth services can improve communication between clinicians and hence can increase integration of health care. On the other hand, consultations with remote health professionals may conflict with services from local health care workers and existing referral pathways, thereby fragmenting care. Wherever possible, build remote consultations into existing referral networks.

WORKFORCE BENEFITS

Remote consultations are one of the few interventions that can, by reducing the need to travel, increase the efficiency of the existing health workforce and distribute specialist expertise. Concerns exist that telehealth services might produce a generation of city specialists who only do video consultations, resulting in less procedural work being done in the country. However, procedural specialists can do most of their pre and post-operative consultations remotely, so they can use their time in the country to fit in more procedural work compared to at the bedside) or with whom they are communicating (e.g. a patient, junior doctor or senior specialist).

To many doctors, remote consultations, especially when using video calls will represent a new medium in which to make clinical judgements. Over time, clinicians will become familiar with the advantages and weaknesses of telephone and video consultations, and increase the range of practice for which they will use telehealth services.

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