Chronic Pain Telehealth Toolkit

Pain Management Network
The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- **Service redesign and evaluation** – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.

- **Specialist advice on healthcare innovation** – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment.

- **Initiatives including Guidelines and Models of Care** – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.

- **Implementation support** – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.

- **Knowledge sharing** – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.

- **Continuous capability building** – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

<table>
<thead>
<tr>
<th>RESOURCE NUMBER</th>
<th>TITLE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACI Chronic Pain Telehealth Chronic Pain Project</td>
<td>Outlines roles and responsibilities of ACI and Site for project.</td>
</tr>
<tr>
<td>2</td>
<td>Pain Clinic: Telehealth Service Model</td>
<td>Describes clinical, technical and financial considerations needed for a chronic pain telehealth clinic.</td>
</tr>
<tr>
<td>3</td>
<td>High level overview of the steps for the Telehealth Service Model</td>
<td>Provides a planning checklist to help clinicians consider all resources required before, during and after the telehealth appointment.</td>
</tr>
<tr>
<td>4</td>
<td>Checklist for clinician to patient consultations</td>
<td>Practical steps</td>
</tr>
<tr>
<td>5</td>
<td>Documentation Template for telehealth consultations</td>
<td>Provides a template for telehealth documentation.</td>
</tr>
<tr>
<td>6</td>
<td>Clinician Evaluation Survey Questions</td>
<td>For clinicians to complete after every telehealth session</td>
</tr>
<tr>
<td>7</td>
<td>Patient Evaluation Survey Questions</td>
<td>For patients to complete after every telehealth session</td>
</tr>
<tr>
<td>8</td>
<td>Telehealth Service Evaluation-Clinic Logbook</td>
<td>Evaluation form to be completed by clinicians after every telehealth sessions</td>
</tr>
<tr>
<td>9</td>
<td>Patient Information sheet on being part of a telehealth consultation</td>
<td>Patient information sheet on the benefits of telehealth</td>
</tr>
<tr>
<td>10</td>
<td>MBS item numbers</td>
<td>Billing information</td>
</tr>
<tr>
<td>11</td>
<td>Email templates</td>
<td>For patient GP, physician</td>
</tr>
<tr>
<td>12</td>
<td>Telehealth Consultation Consent</td>
<td>Consent form for patients to sign for telehealth sessions</td>
</tr>
<tr>
<td>13</td>
<td>Telehealth Tips- for patients</td>
<td>Information sheet for patients about the video call software</td>
</tr>
<tr>
<td>14</td>
<td>Healthdirect cheat sheet- for clinicians</td>
<td>Step-by-step sheet outlying how to use the video call software for clinicians internal to the service.</td>
</tr>
<tr>
<td>15</td>
<td>Health Direct Cheat Sheet- for GPs and other clinicians</td>
<td>Step-by-step sheet outlying how to use the video call software for clinicians internal to the service.</td>
</tr>
<tr>
<td>Page</td>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>---------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>16</td>
<td>Trouble shooting- Healthdirect</td>
<td>1 pager that outlines simple trouble shooting techniques</td>
</tr>
<tr>
<td>17</td>
<td>Healthdirect- how to add a clinician to a service</td>
<td>Provides guidance for service admin staff, on how to add new people to a service</td>
</tr>
<tr>
<td>18</td>
<td>Testing log</td>
<td>A log to test quality of videocall prior to offering the consult.</td>
</tr>
</tbody>
</table>
Roles and Responsibilities

Role of ACI

- Assist with telehealth implementation, attend site visits, and provide coaching and support.
- Liaise with Health Direct about and troubleshoot technical issues.
- Provide implementation site site with a toolkit of pain specific resources to assist with telehealth implementation.
- Oversee evaluation of the project
- Modify the final Chronic Pain Telehealth Model, according to pilot site feedback for publication.

Role of Site

- Commit to trailing the video system and offering the service for 6 months.
- Agree to let members of the ACI project team and Healthdirect Australia attend site visits.
- Commit to telehealth as a modality that is consistent with the local implementation of the NSW pain plan.
- Agree to collect data for each telehealth consultation and participate in evaluation of the ACI Chronic Pain Telehealth Model, and share the results with the ACI and Ministry of Health.
- Provide feedback on the toolkit facilitating use by other sites
PAIN CLINIC: TELEHEALTH SERVICE MODEL FROM SPECIALIST SERVICE INTO PRIMARY CARE

Background:

Telehealth provides a means of accessing specialist pain services when consumers are located in rural and remote areas not serviced by a pain clinic locally. Telehealth services have been established between tier 2 and 3 services as a priority for the mentorship required to develop expertise in new centres. Some centres have commenced providing telehealth services from the tertiary centres to GP and to consumers directly. This document provides some guidance as to how to go about providing this service.

Objectives of the telehealth service model:

Telehealth has the potential to enhance the model of care addressing multiple key factors that currently inhibit patient access to tertiary pain management services. This is a highly specialised and tailored patient centred service.

The advantages of telehealth are that it enables provision of a service with a high level of specialist expertise, but in a mode that is highly accessible without the costs and challenges involved in transport and accommodation.

Objectives of the telehealth service model are varied and could include:

- To facilitate access to specialist evidence based pain management
- To provide appropriate pre clinic/admission support and triage activity to primary care
- To provide appropriate follow up client support and education maximising learning
- To provide appropriate support and training to health care professionals in regional, rural and remote areas
- To improve communication between client, primary care and specialist services
- Keep the patient closer to home, removing the burden of them having to travel for extended periods due to their level of injury

Objective of this document:

This document aims to provide the following guidance:

- To address the:
  - Clinical and implementation considerations
  - Financial considerations
  - Technical considerations involved in planning and implementing of the telehealth interventions
- To guide the clinician through the steps of the process in setting up and delivering a telehealth consultation
Definition

“Telehealth is the delivery of health care at a distance, using information and communications technology.” (Wade, 2014)

CLINICAL AND IMPLEMENTATION CONSIDERATIONS

The following key areas of service planning will be discussed in within clinical considerations for telehealth:

I. Components of a telehealth intervention
II. Eligibility
III. Roles & responsibility
IV. Privacy & Confidentiality
V. Documentation
VI. Evaluation

I. Components of a telehealth intervention

The components of the telehealth intervention can be defined at two stages of the clinical intervention – both pre and post attendance at a Pain Clinic as outlined below.

Table 1: Optimising telehealth consultations

<table>
<thead>
<tr>
<th>Component</th>
<th>Purpose of the intervention</th>
</tr>
</thead>
</table>
| 1. Pre-clinic liaison and consultation | a. To aid triage process and guide planning  
b. To engage with client, the local primary care services and or the case manager in the pre-clinic planning phase  
c. To support local staff in modifying or developing a pain management plan  
d. To maximise the value of the face to face time |
| 2. Multi-disciplinary or single discipline telehealth chronic pain consultation | a. Provide expert assessment from a biopsychosocial perspective |
| 3. Post – clinic liaison, consultation & follow up | a. Communication with client to provide follow up after discharge  
b. Communication with Case Manager, GP and local health team to improve management by local services |
and follow up changes to pain management plan

c. To provide the opportunity to provide ongoing support to Client via telehealth or webinar format

Figure 1: Possible components of the telehealth intervention

Practical issues for consideration include:

- Receiving any medical records, scans, results to specialist end prior to consultation time
- Layout of the room
- Patient dignity and privacy
- Position of video conferencing equipment in relation to the speakers
- Audio/microphone position

II. **Eligibility for Telehealth**

Clients are **suitable** for a telehealth intervention in the following circumstances:

- Privately referred non-inpatient: Referral received from GP or other specialist

Clients are **eligible** for a telehealth intervention in the following circumstances:


- Residing in NSW, eligible for Medicare funding & living > 15km from the nominated pain clinic
- Not an inpatient in a hospital or in an emergency department
- *To bill through Medicare, the health professional at both ends and patient must be able to see and talk to each other for this to be classed as a videoconferencing consultation according to the criteria as outlined by Medicare*
- Patient to be located beyond the geographic boundary as defined by the Australian Standard of Geographical Classification Remoteness Area (ASGC-RA 01). Patient needs to be outside
• For further detail on the eligible geographic areas please visit:

• For activity based funding, patients and health care providers must be located in a public hospital during the telehealth consultation.

III. Roles and responsibilities:

Each participant in the telehealth clinic has a different role to play. The individual roles and responsibilities of each member of the primary care and tertiary care service are presented below. NB: It is assumed that the “Patient End” location has the Client +/- Carer, GP and Case Manager +/- local allied health, while the “Specialist End” usually has the staff at the Pain Management Clinic including Pain Specialist, Physiotherapist & Psychologist as a minimum.

Roles and Responsibilities – Pre-Clinic (1) and Post-Clinic (2)

1. The pre-clinic consultation could occur as follows:

   i) A phone link up with the client and the Pain Clinic representative to assist in planning for the telehealth consultation and to ascertain the key issues of the client.
ii) A phone link up with the GP and or practice management to ascertain key strategies trialled.

2. The post-clinic consultation could occur as follows:

   i) A phone link up with the client and their local primary care provider or case management team.
   ii) Individual follow up with specific disciplines are arranged as required

The roles and responsibilities of each member of the team are outlined in the following table;

Table 2: Roles & Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Pre-Clinic</th>
<th>During Clinic</th>
<th>Post-Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
<td>Engage with Pain Clinic team member via phone to arrange an assessment date and a practice session</td>
<td>Attend at the nominated time</td>
<td>To follow up recommendations</td>
</tr>
<tr>
<td></td>
<td>Attend telehealth assessment with GP or Case Manager</td>
<td></td>
<td>To participate in a review/evaluation process after the consultation</td>
</tr>
<tr>
<td>GP</td>
<td>To provide a referral to Pain clinic <em>(NB: referral is essential if client is Medicare funded)</em></td>
<td>Follow up recommendations from pain clinic</td>
<td>+/- participate in post clinic teleconference</td>
</tr>
<tr>
<td></td>
<td>+/- engage with client and specialist team via teleconference</td>
<td></td>
<td>To provide a local contact for pain management</td>
</tr>
<tr>
<td></td>
<td>To provide the results or copies of relevant scans or investigations at least 2 days prior to Telehealth consultation</td>
<td>Follow up recommendations from Pain Clinic</td>
<td></td>
</tr>
<tr>
<td>Case Manager</td>
<td>To liaise with all parties and arrange approval for services</td>
<td>Follow up recommendations for Pain Clinic</td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Specialist</td>
<td>Engage with client and specialist team via teleconference +/− participate in post clinic teleconference To provide a local contact for pain management To liaise with Client and GP To fully assess client’s pain and recommend appropriate pain management strategies. Specifically communicate and delegate responsibility for follow up To participate in telehealth follow up with client at identified interval(s) post assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Liaise with client, case manager / GP re: pain presentation, strategies tried Assess, discuss and demonstrate education in pacing, exercise etc. Follow up and support client and local staff regarding implementation of recommended strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>Liaise with client, case manager / GP re: pain presentation, strategies tried Perform psychology assessment, education re: sleep, thoughts, mood etc Follow up and support client and local staff regarding implementation of recommended strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>Liaise with client, case manager / GP re: pain presentation, strategies tried Perform nursing assessment and provide education Follow up and support client and local staff regarding implementation of recommended strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. **Privacy and confidentiality:**

Each site participating in the telehealth consultation needs to have a system of ensuring confidentiality during the telehealth intervention. This is best achieved by using secure software for the consultations and having a dedicated time for scheduling regular telehealth interventions. There are a range of computer based software systems. The link for attending the intervention is sent to the GP or Case Manager via email, and clicking on this link establishes the connection between invited parties.

V. **Documentation**

It is essential that documentation is completed contemporaneously by clinicians at both ends of the telehealth consultation in accordance with medico-legal requirements. It is essential to document the following in patient notes:
i) Time and date of consultation  
ii) Consent  
iii) Who is present  
iv) Assessment & clinical findings  
v) Outcomes, recommended actions & responsibility for action specifically designated to individuals  
vi) Noted “Consultation conducted via telehealth” in records

In appendix 1, a draft template has been developed for both ends as a guide to record the telehealth consultation.

VI. Evaluation:

It is important to have an evaluation process developed for the service to be able to monitor and evaluate its usage and effect on patients. This type of information is important to show the overall effectiveness of the service and can be used as a basis to seek recurrent funding.

A series of tools have been devised to assist in the evaluation of the telehealth program as it evolves. Examples of evaluation forms for each service involved in the telehealth intervention is available in Appendix 2

The forms to assess and evaluate outcomes include:

- Staff Specialist Service Telehealth Evaluation form
- Primary Care Telehealth Evaluation Form
- Patient Telehealth Evaluation Form
- Telehealth logbook

FINANCIAL CONSIDERATIONS

It is important to identify costs involved in establishing and maintaining the telehealth service. Costs that need to be considered include: hardware, software, line charges, maintenance, administrations and clinical staff.

Individuals with chronic pain are generally funded via 2 key processes:

- Publically funded individuals are billed through the Medicare Scheme, with a range of specific Medicare billing codes as shown below.
- Workers compensation or CTP and public liability insurance. Pre-approval for each of the service aspects and attendance of the providers will need to be sought via the insurance companies

Medicare

A range of Medicare financial reimbursements are available for use of telehealth interventions, ranging from one off incentive items to assist with payment for hardware or software, to the more routine daily costs of running this service. Telehealth consultations can be performed by a specialist, psychiatrist or a consulting physician. A number of new MBS items have been added to cover the
patient-end and the specialist end of the consultation, and telehealth can only be conducted with one patient at one time, to be eligible for the MBS rebate. The scheduled fee can be charged for an intervention and the telehealth item is charged on top of this to recognise the time and complexity of running this service. There are also additional incentives for bulk billing patients. It is important to recall, that an audio and video link must be established for the MBS items to be claimed. The Medicare Benefit items specifically related to telehealth pain consultations are outlined in Table 2 below. It is acknowledged that although current at the time of publication, reimbursement items for telehealth may change, and detailed up to date information may be obtained from the website: http://www.mbsonline.gov.au/telehealth

Table 2: MBS Videoconferencing items for Pain as of March 2015

<table>
<thead>
<tr>
<th>Specialist End Telehealth MBS Code</th>
<th>Specialist End Associated MBS Code</th>
<th>Specialist End Service Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2820</td>
<td>2801</td>
<td>Initial Telehealth Assessment with Pain Specialist</td>
<td>$192.45</td>
</tr>
<tr>
<td>$64.15</td>
<td>$128.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2820</td>
<td>2806</td>
<td>Pain review after single course of treatment</td>
<td>$96.30</td>
</tr>
<tr>
<td>$32.10</td>
<td>$64.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>110</td>
<td>Initial Telehealth Assessment with Consultant Physician (Simple)</td>
<td>$192.45</td>
</tr>
<tr>
<td>$64.15</td>
<td>$128.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>116</td>
<td>Telehealth Review with Consultant Physician (Simple)</td>
<td>$96.30</td>
</tr>
<tr>
<td>$32.10</td>
<td>$64.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>119</td>
<td>Telehealth Minor Follow Up with Consultant Physician after single course of treatment</td>
<td>$54.85</td>
</tr>
<tr>
<td>$18.30</td>
<td>$36.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>132</td>
<td>Initial Telehealth Assessment with Consultant Physician (Complex &gt;45 mins)</td>
<td>$336.35</td>
</tr>
<tr>
<td>$112.20</td>
<td>$224.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>133</td>
<td>Telehealth Review with Consultant Physician (Complex &gt;20 mins)</td>
<td>$168.45</td>
</tr>
<tr>
<td>$56.15</td>
<td>$112.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient End Telehealth MBS Code</th>
<th>Patient End (GP) Service Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2100</td>
<td>Medical practitioner &gt; 5mins</td>
<td>$22.90</td>
</tr>
<tr>
<td>2126</td>
<td>Medical practitioner &gt; 20 mins</td>
<td>$49.95</td>
</tr>
</tbody>
</table>
MBS Billing Procedure

As both clinicians can claim relevant Medicare items during the consultation, there are some procedural differences with regards to MBS billing that need to be considered.

For the Clinician with the Patient (i.e. The Medical Practitioner/Nurse Practitioner and Practice Nurse)

The clinician with the patient will bill the patient in the same way as a face-to-face consultation. There are unique item numbers for patient-end telehealth clinician which are in the table above.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2143</td>
<td>Medical practitioner (AMS) &gt; 40 mins</td>
<td>$96.86</td>
</tr>
<tr>
<td>2195</td>
<td>Medical practitioner &gt; 40 mins</td>
<td>$142.50</td>
</tr>
<tr>
<td>10983</td>
<td>Practice nurse or aboriginal health worker</td>
<td>$32.40</td>
</tr>
<tr>
<td>82220</td>
<td>Nurse practitioner</td>
<td>$24.10</td>
</tr>
<tr>
<td>82221</td>
<td>Nurse practitioner</td>
<td>$45.65</td>
</tr>
<tr>
<td>82222</td>
<td>Nurse practitioner</td>
<td>$67.15</td>
</tr>
</tbody>
</table>

The Distant Specialist

There are multiple ways the distant specialist can bill the patient.

- The specialist can send the patient a bill by post, patient then pays and receive a rebate.

However, if the Specialist wishes to bulk bill a patient there are multiple methods in which this can be done. The first method requires involvement from the referring practice, the final two don’t.

1. The clinician with the patient fills out the assignment of benefit form on the specialist’s behalf obtains the patient signature, and the practice sends it to Medicare.
2. The specialist sends the assignment of benefit form to the patient, who signs it and forwards it to Medicare.
3. The specialist can get an email agreement: where the specialist sends an email to the patient with details of the service, and the patient replies agreeing to assign the benefit.

Email Agreement

For a patient to assign their right to a Medicare benefit to you by email, you need to complete the following steps.

Step One:

At the time of the telehealth video consultation, tell the patient you wish to bulk bill Medicare for the service, and the patient will need to:
• agree to the service being bulk billed
• check the details in the email sent to their nominated email address, and
• reply to the email which will be considered a signature agreeing to assign the benefit

Step Two:

Before lodging the claim, you need to send an email to the patient that includes specific details. A template of the email containing the required fields is provided in the templates section of this document.

Note: due to privacy reasons, the Medicare card number and provider number must not be included in the email.

Step Three:

Once you the service has received a reply email from the patient with the correct information; the service will then have to;

• Complete a Bulk Bill (assignment of benefit) noting ‘email agreement’* in the signature block
• Submit the claim to Human Services in accordance with the MBS
• Send a completed copy of the Bulk Bill (assignment of benefit) form to the patient,
• Keep the email with the patient’s consent and email signature (in hard copy or electronic form) for audit purposes for at least two years.

*For manually lodged claims only. For electronic claims, the email signature doesn’t need to be noted, but you must keep the patient’s email consent on file.

Note: when the service notes ‘email agreement’ on the manual Bulk Bill (assignment of benefit) form, they are acknowledging you have followed the steps above.

Activity Based Funding

Telehealth is an emerging model of care delivery and has the potential to improve patient outcomes. For this reason, NSW Health is committed to ensuring that this model is appropriately supported.

In the non-admitted setting (i.e. hospital outpatient, community and home delivered services setting), the appropriate counting of telehealth activity is the critical first step to enable funding under ABF. The current NSW Non-Admitted Patient Data Collection business rules acknowledge that a non-admitted patient service may be provided in-person via direct face-to-face interaction or via other service delivery modes, such as via the telephone or telehealth.

In the case where the service is delivered via telehealth, Occasion of Services (OOS) should be reported at all locations where the clinical input requires a documented entry in the patient’s health
record. As long as the activity is correctly counted, appropriate funding will flow to the Local Health District (LHD)/ Specialty Health Network (SHN).

**TECHNICAL CONSIDERATIONS:**

Technical requirements must be clinically appropriate and fit for purpose to effectively transfer audio and visual data in real time between the Specialist-end and the Patient-end during the telehealth consultation. Technology requirements for telehealth consultations should be user friendly, robust, private, secure and reliable and the needs of each site may differ. It is important to also consult your local Telehealth Manager on software choices and education and training.

A strategy for addressing technical complications should they arise must be considered in the planning phase, with the ability to define and record network problems versus equipment malfunction as minimum standard. Developing a ‘Trouble-shooting’ guide (i.e. what to do if the technology doesn’t work) prior to establishing a telehealth clinic, will assist clinicians, patients and carers during telehealth consultations. An example of this plan may be found in Table 3 below.

**Table 3: Example of Trouble shooting guide – What to do if the technology doesn’t work**

<table>
<thead>
<tr>
<th>Technology</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
<th>Plan E</th>
</tr>
</thead>
<tbody>
<tr>
<td>VC equipment</td>
<td>Try a different modality (e.g. if using a standard VC equipment try a different room or use A VC system on a computer)</td>
<td>Mute the audio and use speaker function on the telephone</td>
<td>Cancel and reschedule</td>
<td></td>
</tr>
<tr>
<td>Poor/no sound</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No image</td>
<td>Try a different modality (e.g. if using a standard VC equipment try a different room or use A VC system on a computer)</td>
<td>Try a different communication system e.g. Go To Meeting</td>
<td>Determine if image necessary for consultation, if not then revert to phone</td>
<td>Cancel and reschedule</td>
</tr>
<tr>
<td>No network connectivity</td>
<td>Use a laptop with an internet dongle</td>
<td>Cancel and reschedule</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is important to ascertain bandwidth at both sites to ensure adequate speed of data acquisition and transmission, and this needs to be addressed at a local level, and a speed test can be conducted during the planning phase [http://www.speedtest.net/](http://www.speedtest.net/) and a test of the link and connection is recommended prior to the telehealth clinic.
For extensive detail on technical requirements please refer to the technical specifications outlined in the MBS and RACGP documents available:

“Guidance on Security, Privacy and Technical Specifications for Clinicians”:

The Royal Australian College of General Practitioners “Implementation guidelines for video consultations in general practice”:

A summary of technical requirements may be found in Table 4 below.

Table 4: Technical Requirements for Telehealth

<table>
<thead>
<tr>
<th>Specialist End</th>
<th>Patient End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Connection</td>
<td>Internet Connection</td>
</tr>
<tr>
<td>Round-trip latency &lt; 300 ms</td>
<td>Round-trip latency &lt; 300 ms</td>
</tr>
<tr>
<td>Packet loss &lt; 0.1%</td>
<td>Packet loss &lt; 0.1%</td>
</tr>
<tr>
<td>Upload &amp; download speed over 2 Mbps</td>
<td>Upload &amp; download speed over 2 Mbps</td>
</tr>
<tr>
<td>Minimum data speed 256Kbps upload and download</td>
<td>Minimum data speed 256Kbps upload and download</td>
</tr>
<tr>
<td>Computer</td>
<td>Computer</td>
</tr>
<tr>
<td>*Static - PC</td>
<td>*Static - PC</td>
</tr>
<tr>
<td>*Mobile – tablet or laptop</td>
<td>*Mobile – tablet or laptop</td>
</tr>
<tr>
<td>Web cam</td>
<td>Web cam</td>
</tr>
<tr>
<td>*Image Sensor: Complementary Metal Oxide Semiconductor (CMOS) or CCD type</td>
<td>*Image Sensor: Complementary Metal Oxide Semiconductor (CMOS) or CCD type</td>
</tr>
<tr>
<td>*Minimum resolution: Video Graphics Array (VGA) 640x480</td>
<td>*Minimum resolution: Video Graphics Array (VGA) 640x480</td>
</tr>
<tr>
<td>*Frame rate: 30 frames per second (FPS) (at VGA resolution)</td>
<td>Frame rate: 25 frames per second</td>
</tr>
<tr>
<td>Microphone &amp; Speakers</td>
<td>Microphone &amp; Speakers</td>
</tr>
<tr>
<td>*Audio should be encoded at 16kbit/s at minimum</td>
<td>*Audio should be encoded at 16kbit/s at minimum</td>
</tr>
</tbody>
</table>
# HIGH LEVEL OVERVIEW OF THE STEPS FOR THE TELEHEALTH SERVICE MODEL FOR CHRONIC PAIN

<table>
<thead>
<tr>
<th>Number</th>
<th>Phase</th>
<th>Modality</th>
<th>Checklist</th>
</tr>
</thead>
</table>
| 1.     | Referral received | Referral | □ Referral received for pain clinic  
□ Pain team to liaise with referring: GP/Specialist or therapist re: patient’s pain presentation, current and previous strategies tried, appropriate investigations and documentation provided  
□ Pain team to liaise with patient to ensure willingness to attend telehealth service model |
| 2.     | Pre-Appointment | Phone    | □ Pain team representative phones client and GP to arrange date and logistics for set up  
□ Healthdirect info/Telehealth or Vidyo link sent to parties  
□ Test equipment – organise a quick test with the host user prior to the live telehealth consult |
| 3. | Pre-Appointment | Telehealth | - Introduce all attendees including their discipline and role  
- Introduce the purpose of the session  
- Establish verbal consent and document consent  
- Conduct assessment |
| 4. | Post Appointment | Phone | - Phone follow up by one or more members of the pain clinic team (2/52) after clinic |
| 5. | Post Appointment follow-up options | Telehealth | - Telehealth consultation options as follows:  
  - 1 month  
    - Medical  
    - Physiotherapy  
    - Clinical Psychology  
    - Nursing  
  - 2 months  
    - Medical  
    - Physiotherapy  
    - Clinical Psychology  
    - Nursing  
  - 3 months after clinic – Multidisciplinary telehealth (TBC)  
  - 6 months  
    - Medical  
    - Physiotherapy  
    - Clinical Psychology  
  - 12 months  
    - Medical  
    - Physiotherapy  
    - Clinical Psychology |
# Checklist for Clinician to Patient consultations

This document has been designed to give practical steps that are required for clinicians who want to/ or are undertaking Telehealth consultations with their patients to conduct successful sessions.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior to the consultation</td>
<td>1. Consider the direct care appropriateness for the consultation to be held via telehealth</td>
</tr>
<tr>
<td></td>
<td>2. Ensure all patient information results have been sent to the clinician providing the consult in advance</td>
</tr>
<tr>
<td></td>
<td>3. Depending on your LHD, please consider secure messaging software- you can discuss this with your local Telehealth manager/ or IT (for sending information on patients)</td>
</tr>
<tr>
<td></td>
<td>4. Identify a contact at the far site where the patient will be and consider if a staff member is required to be with the patient during the consult</td>
</tr>
<tr>
<td></td>
<td>5. At the patient end, provide patient information sheet/ brochure on Telehealth</td>
</tr>
<tr>
<td></td>
<td>6. Confirm appointment with patient</td>
</tr>
<tr>
<td></td>
<td>7. It is ideal to build some rapport with the patient prior to the telehealth consultation to make them more comfortable (i.e. a phone call if applicable- from the local site where the patient will be for the consultation)</td>
</tr>
<tr>
<td>Day of the consultation</td>
<td>8. Test the equipment 30 minutes prior</td>
</tr>
<tr>
<td></td>
<td>9. Ensure positioning of the camera and remember to look at the camera when talking. It is ideal to have the camera above the screen so when you look at the screen the camera is directed at your face (i.e. rather than your side)</td>
</tr>
<tr>
<td></td>
<td>10. Ensure all documentation has been received</td>
</tr>
<tr>
<td>Time of the consultation</td>
<td>11. Put mobile phones to silent</td>
</tr>
<tr>
<td></td>
<td>12. Be aware there is a slight delay in using videoconferencing- when asking questions wait until the party has stopped speaking and the respond</td>
</tr>
<tr>
<td></td>
<td>13. If applicable in multi-site telehealth consults- please ensure your site is on ‘mute’ if you are not talking</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>14.</td>
<td>Provide an overview on how the technology works and how the session will run</td>
</tr>
<tr>
<td>15.</td>
<td>Speak naturally</td>
</tr>
<tr>
<td>16.</td>
<td>Introduce yourself and the other people in both rooms and their roles</td>
</tr>
<tr>
<td>17.</td>
<td>Receive verbal consent from patient to continue with the consult and document in notes (see attached template)</td>
</tr>
<tr>
<td>18.</td>
<td>Confirm Medicare bulk billing (if applicable)</td>
</tr>
<tr>
<td>19.</td>
<td>Inform the patient that this session is private, and is a confidential secure link and it will NOT be recorded</td>
</tr>
<tr>
<td>20.</td>
<td>Record notes of the consult at both ends (refer to template)</td>
</tr>
<tr>
<td>21.</td>
<td>Discuss next steps and follow up appointment (if required)</td>
</tr>
<tr>
<td>22.</td>
<td>Ensure the patient and other staff involved in the consultation are clear on the next steps and don’t have any other questions</td>
</tr>
</tbody>
</table>

After the consultation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23.</td>
<td>Ask staff/ and or patients to complete a survey based on their experience (if appropriate)</td>
</tr>
<tr>
<td>24.</td>
<td>Enter the Occasion of Service for Activity Based Funding if applicable/ submit claim to Medicare if applicable</td>
</tr>
<tr>
<td>25.</td>
<td>Send any scripts/ medication to the patient end (if applicable)/ or local pharmacy</td>
</tr>
<tr>
<td>26.</td>
<td>Enter patient notes in their medical record</td>
</tr>
<tr>
<td>27.</td>
<td>Organise follow up (if applicable)</td>
</tr>
</tbody>
</table>

March 2015
Documentation template guide for telehealth consultations for patient records

Date of consultation___________     Time _________

Patients name ________________

Consent sought from patient  ☐ yes  ☐ no

* Note- Clinical consultation conducted via telehealth

Staff present for consultation (at both sites)

1. 
2. 
3. 
4. 
5. 

Assessment & clinical findings

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Outcomes, recommended actions & responsibility for action

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Next steps

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Name: ……………………………………………………………………………..
DOB: …………………………………………………………………………………
MRN: …………………………………………………………………………………
Clinician Evaluation Survey Questions

Below are some example questions that can be tailored to your service to assess the patient satisfaction of utilising a telehealth service.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The telehealth consultation was convenient for me?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The telehealth consultation helped me support my patient with pain management</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The benefit of the service I received through telehealth was as good as face to face?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I was comfortable with the technology?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I would be happy to have ongoing consultations via telehealth?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I have a range of information, skills and or knowledge that I can try</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What improvements can you suggest to be made to improve the telehealth service?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>What was the benefit of the service?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Patient Evaluation Survey Questions

The information collected below will remain anonymous. It will be used to improve and evaluate the telehealth service offered to patients across the state. Completion of the information is entirely voluntary.

Below are some example questions that can be tailored to your service to assess the patient satisfaction of utilising a telehealth service.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The telehealth consultation was convenient for me?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The telehealth consultation saved me time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The telehealth service I received was as good as face to face?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was comfortable using the technology?</td>
<td></td>
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</tr>
<tr>
<td>My safety and privacy was maintained during the consultation?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>I would be happy to have ongoing consultations via telehealth?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I would prefer a face to face consultation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a range of information, skills and or knowledge that I can try</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>What improvements can you suggest to be made to improve the telehealth service?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>What was the benefit of the service?</td>
<td></td>
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</tr>
</tbody>
</table>

Please forward responses to Julia Martinovich Telehealth Implementation Officer C/O NSW Agency for Clinical Innovation PO Box 699, Chatswood NSW, 2067
# TELEHEALTH SERVICE EVALUATION – CLINIC LOGBOOK- completed at the end of each activity

<table>
<thead>
<tr>
<th>Date and source of referral/activity</th>
<th>Consent Y/N/NA</th>
<th>People present</th>
<th>Duration of session</th>
<th>Location (Town) of the receiver</th>
<th>Describe Objective (patient assessment/review/upskilling/education)</th>
<th>Patient Aboriginal and/or Torres Strait Islander or CALD background</th>
<th>Presenting Clinical Issues/Education topic</th>
<th>Immediate outcome</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Describe any Technical issues</td>
<td>Was session completed/discontinued (Y/N)</td>
<td>Correspondence out (Y/N)</td>
<td>Patient survey Collected (Y/N)</td>
<td>Clinician survey collected (Y/N)</td>
<td>Modality assessment (better than/ equal to/inferior to face to face)</td>
<td>Why?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------------------</td>
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<td></td>
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</tr>
</tbody>
</table>
Questions – completed at 3 and 6 months post commencement of the pilot

1. Where have the patient referrals come from or requests for education and upskilling?
2. What patients are most suitable for telehealth consultation? Eg consider distance, complexity, disability
3. What patients are least suitable and why?
4. What format works best for telehealth consultations
5. What benefits have telehealth bought to your clinical practice eg reduced DNA, improved access
6. Describe 3 case studies
Patient Information Sheet on being part of a Telehealth consultation

What is a Telehealth consultation?

A Telehealth consultation is a consultation where you and your specialist are not in the same room as each other and use technology to be able to see and hear each other.

At the time of consultation you will see your doctor through a screen. There may be a staff member with you in the room if it is deemed appropriate and you are comfortable with that (for example if they have to check your blood pressure or read through results). A Telehealth consultation reduces the need for you to travel to large towns or cities to receive your treatment.

Telehealth (also commonly called Telemedicine) connects patients, carers and health care providers together, improving access to quality public health care, particularly in rural and remote parts of NSW. The most common piece of technology used to deliver telehealth consultations is videoconferencing. It is similar to a normal telephone call, with the added benefit of being able to see the participants at the other end. Most videoconferencing equipment allows you to transmit data e.g. PowerPoint presentations, photographs, x-rays and video.

Important Information

1. You may choose not to participate in a telehealth consultation
2. There should be no additional cost to you other than your usual consultation fees
3. You can choose if a family member attends the appointment with you
4. If you are uncomfortable you can ask to finish the consultation
5. A follow up appointment will be made if required
6. Feel free to ask any questions you have both before, during and after the consultation.

Privacy and Confidentiality

All consultations done via Telehealth are private and secure and won’t be recorded. Documentation will be taken during the consultation at both ends and will then be entered into your medical record as what would normally happen if you saw your specialist face to face. Verbal consent is required at the beginning of the consultation before your consultation will proceed and all staff part of the consultation will be introduced at the beginning of the session.

For further information or to discuss the use of Telehealth please contact Telehealth Implementation Officer, ACI on +61 (02) 9464 4654
### MBS Item Numbers Eligible for Telehealth Billing

<table>
<thead>
<tr>
<th>Telehealth MBS Item</th>
<th>Consultation Type</th>
<th>Value Telehealth 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td></td>
<td>104 initial</td>
<td>$109</td>
</tr>
<tr>
<td></td>
<td>105 subsequent</td>
<td>$55</td>
</tr>
<tr>
<td>Consultant Physician</td>
<td>112</td>
<td></td>
</tr>
<tr>
<td></td>
<td>110 simple new</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>116 simple review</td>
<td>$96</td>
</tr>
<tr>
<td></td>
<td>119 minor follow up</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>132 complex new, &gt;45 mins</td>
<td>$337</td>
</tr>
<tr>
<td></td>
<td>133 complex review, &gt;20 mins</td>
<td>$168</td>
</tr>
<tr>
<td>Stand Alone</td>
<td>114</td>
<td></td>
</tr>
<tr>
<td></td>
<td>114 initial consult ≤ 10 mins</td>
<td>$96</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>288</td>
<td></td>
</tr>
<tr>
<td></td>
<td>291 management plan, &lt;45 mins</td>
<td>$577</td>
</tr>
<tr>
<td></td>
<td>293 review management plan</td>
<td>$361</td>
</tr>
<tr>
<td></td>
<td>296 new, &lt;45 mins</td>
<td>$332</td>
</tr>
<tr>
<td></td>
<td>300 referred, &lt;15 mins, review</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>302 15 - 30 mins, review</td>
<td>$110</td>
</tr>
<tr>
<td></td>
<td>304 30 - 45 mins, review</td>
<td>$170</td>
</tr>
<tr>
<td></td>
<td>306 45 - 75 mins, review</td>
<td>$234</td>
</tr>
<tr>
<td></td>
<td>308 &gt;75 mins, review</td>
<td>$272</td>
</tr>
<tr>
<td></td>
<td>310 &lt; 15 mins, review</td>
<td>$28</td>
</tr>
<tr>
<td></td>
<td>319 &gt;45 mins, Dx specific, see MBS</td>
<td>$234</td>
</tr>
<tr>
<td></td>
<td>348 20 - 45 mins, consult not w pt, initial</td>
<td>$162</td>
</tr>
<tr>
<td></td>
<td>350 &gt;45 mins, no criteria</td>
<td>$223</td>
</tr>
<tr>
<td></td>
<td>352 &gt;20 mins, consult not w pt, ongoing</td>
<td>$162</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>2820</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2801 initial</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>2806 subsequent</td>
<td>$96</td>
</tr>
<tr>
<td></td>
<td>2814 minor subsequent</td>
<td>$55</td>
</tr>
<tr>
<td>Stand Alone</td>
<td>2799</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2799 initial consult ≤ 10 mins</td>
<td>$96</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>3105</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3005 initial</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>3010 subsequent</td>
<td>$96</td>
</tr>
<tr>
<td></td>
<td>3014 minor</td>
<td>$55</td>
</tr>
<tr>
<td>Stand Alone</td>
<td>3003</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3003 initial consult ≤ 10 mins</td>
<td>$96</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>6016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6007 initial</td>
<td>$165</td>
</tr>
<tr>
<td></td>
<td>6009 minor, subsequent</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>6013 30 - 45 mins, complex subsequent</td>
<td>$151</td>
</tr>
<tr>
<td></td>
<td>6015 &gt;45 mins, complex subsequent</td>
<td>$192</td>
</tr>
<tr>
<td>Stand Alone</td>
<td>6004</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6004 initial consult ≤ 10 mins (where no other item applies)</td>
<td>$83</td>
</tr>
<tr>
<td>Anaesthesia</td>
<td>17609</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17610 &lt;15 mins, simple pre-anaesthesia</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>17615 15 - 30 mins, complex pre-anaesthesia</td>
<td>$109</td>
</tr>
<tr>
<td></td>
<td>17620 30 - 45 mins, complex pre-anaesthesia</td>
<td>$151</td>
</tr>
<tr>
<td></td>
<td>17625 &gt;45 mins, complex pre-anaesthesia</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>17640 Referred, &lt;15 mins, simple assessment</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>17645 15 - 30 mins, complex assessment</td>
<td>$109</td>
</tr>
<tr>
<td></td>
<td>17650 30 - 45 mins, complex assessment</td>
<td>$151</td>
</tr>
<tr>
<td></td>
<td>17655 &gt;45 mins, high complexity</td>
<td>$192</td>
</tr>
<tr>
<td></td>
<td>17690 &gt;15 mins, pre-anaesthesia</td>
<td>$50</td>
</tr>
<tr>
<td>Stand Alone</td>
<td>113</td>
<td></td>
</tr>
<tr>
<td></td>
<td>113 initial consult, ≤ 10 mins (specialist where no other item applies)</td>
<td>$55</td>
</tr>
</tbody>
</table>

Updated March 2015. Values are approximation only. Add around 3.5% CPI after 2015.
www.rch.org.au/telehealth
Email template MBS- Consultant Physician  Initial Assessment

Dear (patient)

Details of telehealth consultation to be claimed with Medicare

Item number: 101  Benefit amount: $128.30
Item number: 112 Benefit amount: $64.15
Date and time of consultation: XX/XX/XXXX   XX:XX a/pm

Patient name:
Provider name:

Agreement

If you (the patient) agree to the assignment of the Medicare benefit directly to the specialist (bulk bill), reply to this email including:

• the word ‘YES’ in the body of the reply email
• your (the patient’s) name.

Regards
Dr

Privacy note: Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare and Child Support purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services; or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law
The procedure for conducting the telehealth consultation has been fully explained to me and I understand that:

- My participation is completely voluntary and I have the right to refuse to participate
- I have the right to withdraw my consent and terminate the consultation at any time
- Health professionals are permitted to take notes during the consultation
- I agree to my medical information being used for case conference, ensuring that my right to confidentiality is maintained
- I agree to my personal and health information relevant to the telehealth service to be shared by all health practitioners involved in delivering the program.

My consent relates to:
- A single telehealth session
- An episode of care involving several telehealth sessions
- The use of medical information for case conference

Please tick the appropriate response

For patient over 16 years

Patient Name: ______________________________
Signature of Patient: ________________________
(Print)
Date: ______________________________

For patient under 16 years/ in Care / with Guardian

Parent / Carer / Guardian Name: ______________________________
(Print)
Telehealth Tips – For Patients/Caregiver/Client

What technology do I need to?

- To use videocall© make sure you have the following:
  - A computer or laptop (Windows or Mac)
  - A webcam (built-in or USB)
  - A microphone and speakers (usually built in to most laptop computers and external webcams)
  - An Android-based smartphone, with a front facing camera
  - An Android-based tablet, with a front facing camera
  - The Google Chrome web browser installed (version 40 or later, go to www.whatbrowser.org to check)
  - A reasonable and reliable Internet connection

At this moment you can not use an IPAD or IPHONE for videocall.

What can I do in advance?

- Download google chrome at http://www.google.com/chrome/
- Know in advance who’ll will be involved in the consultation, so you can have your questions ready.
- If the consultation is at home, have distractions (i.e. something to keep you occupied if waiting) available if needed.
- Ensure children/other siblings are cared for during the consultation so you do not need to attend to them.
- Reduce environmental/background distractions in advance (e.g. games finished, no no conversations happening within earshot)
- Prepare children in advance for a telehealth video-consultation so they can enjoy seeing their doctor through the computer, which can be a helpful way to keep them interested.

What do I do on the day?

- Go to start video call button, then select the service you will be attending. If you are not sure who you are seeing please contact, xxxx
- 5 minutes before the consultation time, follow the instructions to join your video call online.
- Go to www.
- Scroll down the website to you see this button

Comment [JM1]: Insert service’s website
• Click the start video call button
• Check that your speakers, microphone and camera are all turned on/working.
• Try to use WiFi or wired if possible.
• 3G may result in poor image quality and call may cut out easily.
• Best to ensure there is no concurrent internet use: No online games, downloading movies (remember to check on relatives if at home).
• Look at the video of yourself on screen to check how you look to the other party.
• Frame yourself according to the ‘rule of thirds’ (angle not too high, not too low)
• Make sure your camera is positioned next to the video on your screen (to help improve line of sight/eye contact)
• Please have your phone turned on, and handy we will contact you if there are any troubles.
• As with appointments in the hospital, clinic may run behind time and you may have to wait before the doctor joins. Log on anyway- you’ll hear when the doctor joins/starts the consultation.
• If you can’t make the appointment, please call us to cancel/reschedule on phone:

Who will be part of the consultation?
• At the start of the consultation we will introduce everyone in the room and ask you to do the same. As with face-to-face consultation they may be students, trainees or other staff in the consultation. You can always ask for them to leave the consultation at any time.
• You are welcome to have anyone with you at your end- please make sure you introduce them and we can see them on the screen.

What about privacy?
As with face-to-face consultations
• No-one (including you, your GP or us) may record the consultation
• We will keep a written record of the consultation and this will go in your medical record.
• We will also send a summary letter to your GP, even if they were involved in the consultation.

What happens afterwards?

Evaluation and Feedback
• Please complete the patient evaluation form
Feel free to contact the pain service directly.
As with face-to-face sessions, if you are not happy with the clinical outcome or decisions you can always elect to see another doctor or seek a second opinion.

Medicare Consent
- If you receive an email from us, please type your name to sign the ‘consent to bill Medicare’ form.
- This enables us to bill Medicare for the service. There is no cost to you from the Health Service.

Follow up
The principles are the same as a face-to-face consultation:
- You will be offered a follow-up appointment or further investigations as needed, this could be by video-consultations again, or in person at your local healthcare facility or with your local doctor.
- If you don’t like the style of video-consultation, you can always choose face-to-face next time-the choice is yours.
HealthDirect Step-by-Step- For clinicians

Getting started

1. Liaise with local IT to get google chrome on the computers you plan to use during the telehealth sessions
2. Obtain a webcam
3. Email project lead you are intending to use health direct as a clinician
4. Once you receive your email from healthdirect inviting you to join the Orange Chronic Pain Management Service, click – join group and create account
5. To create your account, fill in details
6. Select a password, your login name will be your work email.

Before sessions

7. Open chrome browser
8. Type this in the address bar
9. Enter your login name and password
10. You will see this page

11. Click test call button on the right hand side to check your computer is ok to use webRTC
12. A pop-up window will come up, and take you through the testing steps, first step, is to test the connection speech

13. Press continue to progress to the second part of the test
14. The second step is to test the speaker, listen to hear a sound, if you hear the sound, press the yes button.
15. Once you press yes, you will progress to test the microphone. Press the hold and speak button to test this. You may hear an echo but this is ok.

16. If you hear anything either yourself or a noise press yes.
17. Once you press yes you will progress to the final part of the computer test which is to test your picture. If you can see yourself properly press the yes button. Remember to frame yourself accordingly.

18. Under the box titled “Video consulting dashboard” you will notice a grey square titled “Orange Hospital Chronic pain clinic” click the square.

19. After you have clicked this button you will be taken into a service waiting room it will look like this, it will identify patients waiting to be see,
20. Click the waiting box to enter the call

21. Click the join box to enter call ensure video and sound box are ticked.
22. Finally you will enter a room looking like this

**End a session**

Hit the end call button
In the session
Once in the session you can do some extra features as you would in a physical appointment.

Chat Boxes

• To use the chat box- you may want to use a chat box, to type hyperlinks for educational websites, or to provide education for parents/caregivers. To do this press the chat icon on the bottom of the page.
A chat box will appear, and you can start typing.

**Inviting people to the call**
You can invite a 3rd party to the consultation. To do this click the invite icon on the bottom right hand side.
Placing a client back in the waiting room.
Sometimes you might need to place a client back in a waiting room, whilst you and your team members discuss your client’s treatment plan. This involves many steps outlined below.

1. Instruct the patient that you are putting them back in the waiting room, and **not to close the browser**.
2. Inform them you will be back no later than 10 minutes, and to have their phone handy, that the clinic might call if there are any connection difficulties.
3. Click the leave call button on the left hand side of the screen.
4. You will receive a pop up notification asking you if you want to disconnect all callers from the conversation, and click no, as this will place the patient back in the waiting room.
5. When you want to start the consultation again press the idle call button on your dashboard and then click the join button.

6. Rejoin the consultation.
Share a screen

- If you want to share screens, particularly to show educational materials you can.
- Press the share screen icon on the bottom of the page, if you have never shared a screen you will get this message.

You will need to install screen sharing extension button. Click the hyperlink to activate this.
You will go to another webpage. At this webpage you need to click the add to chrome button on the top right hand corner.

- After you have done this make sure you have your document you want to share.
• click back on the video call on your task bar

• Once you open the video call session hit the share screen button on the bottom of the page

• An automatic pop up will come up, showing all the products opened on your desktop
• Click the document you will to share **NB YOU MIGHT HAVE TO SCROLL DOWN TO FIND IT**
• Once the document is clicked the document will share on the screen
• This is what it would look like for you

**Clinician View**

You will get a google chrome pop up asking you to stop sharing. Press the stop sharing button when you want to “stop sharing”

The picture below shows you want the patient can see when you share a screen

**Patient view**
Telehealth Tips – For GPs and Other clinicians

What can I do in advance?

- Download google chrome at http://www.google.com/chrome/
- Know in advance who will be involved in the consultation, so you can have your questions ready.
- Ensure you have completed a test call with the pain clinic
- Reduce environmental/background distractions in advance (e.g. electronic scripts, medical records open may slow down the progress)

What do I do on the day?

If the patient is with you

- Go to start video call button, then select the service you will be attending. If you are not sure who you are seeing please contact, Donna O’Donell on ph: 6369 3988
- 5 minutes before the consultation time, follow the instructions to join your video call online.
- Scroll down the website to see this button

- Click the start video call button
- Check that your speakers, microphone ad camera are all turned on/ working.
- Try to use WiFi or wired if possible.
- 3G may result in poor image quality and call may cut out easily.
- Look at the video of yourself on screen to check how you look to the other party.
- Make sure your camera is positioned next to the video on your screen (to help improve line of sight/eye contact)
- Please have your phone turned on, and handy we will contact you if there are any troubles.
- If you can’t make the appointment, please call us to cancel/reschedule on ph:

If the patient is not with you

- You can use the video call solution, if you are in your rooms and the patient is at home.
- Make sure the pain clinic has your email details, and you have access to your inbox
- You will receive an email from healthdirect looking like this, open the email
• Scroll down the email and you will find a statement like this:

Please join me in the video room ‘test user’, at this web address:

• Copy the address and open in a google chrome task bar: NOTE THE WEBSITE WILL BE DIFFERENT TO WHAT IS DISPLAYED

• You will be directed to your clinic’s website
• An automatic pop up window will appear and you will be asked to enter your details

• Once you have entered your details and click the Terms of Use and Privacy box,

• Next click the continue box
• Another pop-up window will come up, and take you through the testing steps, first step, is to test the connection speed

![Video Call Setup](image1)

- Your connection speed is OK

  - Press continue to progress to the second part of the test
  - The second step is to test the speaker, listen to hear a sound, if you hear the sound, press the yes button.

![Video Call Setup](image2)

- Once you press yes, you will progress to test the microphone. Press the hold and speak button to test this. You may hear an echo but this is ok.
• If you hear anything either yourself or a noise press yes.

• Once you press yes you will progress to the final part of the computer test which is to test your picture. If you can see yourself properly press the yes button. Remember to frame yourself accordingly.

• Following this test you will get a notification message, reiterating the terms and conditions press start call to begin your consultation.
• Your screen will look like this

[Image of a screen with a Start Call button]

• You can change your view by pressing the tile button on the top right hand corner

[Image of a screen showing a different view]

If the link provided in the email fails to work,

• You can access the room via an alternate method if the link provided in the email fails to work.

- Click start video call
- You will get a pop-up window underneath the service description you will notice a disclaimer asking you if you have a video room ID, click here.

**Western NSW Local Health District**

If you have been given a Video Room ID, click here.

Waiting Room: Orange Hospital Chronic Pain Mgt Service

- Enter details of the person this call is about.

- The video room ID is available on the email, (SCROLL DOWN TO FIND IT)
- **Note room ID and password may be different, use the one provided in your email**

OR (If you cannot use the direct video room link, above):
2. Click ‘Start Video Call’.
3. Follow the prompts.
4. When asked to enter your appointment details, use the following:
   - Video Room ID: 60992
   - Password: place73

- Enter the Video room ID and Password
• Click the Terms of Use and Privacy Policy box,

• Next press continue

• You will enter the room and your screen will look like this
End a session

• Hit the end call button
In the session

Once in the session you can do some extra features as you would in a physical appointment.

Chat Boxes

- To use the chat box- you may want to use a chat box, to type hyperlinks for educational websites, or to provide education for parents/caregivers. To do this press the chat icon on the bottom of the page.

A chat box will appear, and you can start typing
Share a screen

- If you want to share screens, particularly to show educational materials you can.
- Press the share screen icon on the bottom of the page, **if you have never shared a screen you will get this message**

You will need to install screen sharing extension button. Click the hyperlink to activate this.

You will go to another webpage. At this webpage you need to **click the add to chrome button** on the top right hand corner.

- After you have done this make sure you have your document you want to share **MAXMISED**

- Click back on the video call on your task bar
• Once you open the video call session hit the share screen button on the bottom of the page

• An automatic pop up will come up, showing all the products opened on your desktop

• Click the document you will to share **NB YOU MIGHT HAVE TO SCROLL DOWN TO FIND IT**
• Once the document is clicked the document will share on the screen
• This is what it would look like for you

**Clinician View**

![Clinician View Image]

- You will get a google chrome pop up asking you to stop sharing. Press the stop sharing button when you want to “stop sharing”

**Patient view**

![Patient View Image]
Video Call troubleshooting checklist
for support personnel and experienced providers

Using the latest version of Google Chrome?
(Video Call only works with the Chrome web browser)

Other browsers? Confirm that the participant is actually using Chrome to access Video Call. If another browser is their default, they may be using it without realising.

Check version at www.whatbrowser.org
Update browser from chrome://help
Download new at www.google.com/chrome

Remember: Many issues can be resolved by clicking Refresh

Someone can't hear

Microphone
(If external) Plugged in securely?
Recognised by their computer?
Check computer’s audio settings.

Chrome using the correct microphone?
Click camera icon in Call Screen’s address bar; check access and selected microphone.

Muted?
Either Call Screen, or device’s audio.

Other software using the microphone?
(Example: Skype also running)
May require computer reboot.

More at vccresources.com.au/mic

Speakers/headset
(If external) Plugged in securely?
Volume? (If powered) Switched on?
Recognised by their computer?
Check computer’s audio settings.

Hearing an echo?
Check computer’s audio settings.

More at vccresources.com.au/speaker

Someone can't see

Web camera
(If external) Plugged in securely?
Chrome using the correct camera?
Click camera icon in Call Screen’s address bar; check access and selected camera.

Other software using the camera?
(Example: Skype also running)
May require computer reboot.

Firewall settings allow video stream?
Ask whomever looks after your firewall for help.

More at vccresources.com.au/camera

Dropouts and delays

Connection to Internet okay?
Others on your network using lots of bandwidth?
(Example: Watching Netflix or YouTube)

Modem/router working properly?
(Wireless network) Get closer to access point.

Guides & Troubleshooting
Healthdirect Video Call – How to add people to a service.

Where to start?

- Login on healthdirect video call website

- One you sign in you will be taken to your dashboard this is your main navigation page it will look like this

- With healthdirect there are two types of room group rooms and services
  - **Group rooms** - are for one off video calls, such as education events and corporate communications
  - **Services** – are for patient services
  - Generally it is wise to add your clinicians to both the services and group rooms.
To add a clinician to a service

- Click the organisation box on the bottom right hand box of the page

- A little box will come up saying “view all” click it

- At the organisation sheet click the organisation you want to click

- Click the “view profile” button
• Click the service on the bottom left hand page

• You will be directed to the service profile. Once here click the add bottom middle left of the webpage

• Click add person to add suitable clinicians
• You will be directed to a service offering membership dashboard press the add button on the middle of the page

![Add Button](image)

• You will get a pop up box asking you to enter/add clinicians to the service

![Add People](image)

• Add details of who you want to have membership. The clinician will receive an automated email inviting them to join and register.
Telehealth Session

Refer to NACCHO conducting a telehealth session pamphlet

Date of test:

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picture – screen fits patients/clinician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lighting- enough light to see everyone’s face?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited contrast- refer to information sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Tone- limited contrast between patient’s skin colour and clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple – make sure patient not near busy strips/pattern keep it neutral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picture – natural with no pixilation’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise- can hear whisper sounds such as /s/ /z/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noise- limited background noise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to maintain 5 minute conversation without disruptions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If answer no to any of these questions – refresh screen and try again, if continue to answer no, then book patient in for face-to-face session