

Consultation: revised telehealth guidelines

Submission by eDevelopment Solution

Email [REDACTED]

Questions and Answers

1. Is the content and structure of the *draft revised Guidelines: Telehealth consultations with patients helpful, clear, relevant and workable?*

In the main yes. Comments below.

a) The definition of telehealth is problematic for the following reasons.

Telehealth is not a “thing”. It is a service that supports healthcare. There is no need to create a separate type of healthcare. The following may help. Since the original Medical Board guidelines were issued Standards Australia has published: AS ISO 13131:2022 Health informatics—Telehealth services—Quality planning guidelines. https://infostore.saiglobal.com/en-au/standards/as-iso-13131-2022-99279_saig_as_as_3177359/. This standard in clause 3.5.2 defines a telehealth service as a healthcare activity supported at a distance by information and communication technology service(s). A service is defined in ISO 9000 as the output of an organization with at least one activity necessarily performed between the organization and the customer

It would therefore better to the word “telehealth” through with the words “telehealth service” and amend the section title “Definition of telehealth as follows:

Telehealth services are a method of delivering healthcare that involves the use of information and communications technologies (ICT) to transmit audio, video, images and/or data between a patient and a healthcare provider. Telehealth services can be used to provide, diagnosis, treatment, preventive and curative aspects of healthcare.

Remote consultations use telehealth service as an alternative to face -to-face consultations and can include video, internet or telephone consultations, digital photography, remote patient monitoring and online prescribing. Telehealth services do not refer to the use of technology during a face-to-face consultation.

The board should also note that for historical reasons, in Australia, the term “telehealth” is often taken to refer to only remote video consultations, which as indicated above is a very specific form of telehealth service.

- b) Title. For clarity as to the application of these guidelines, amend to “Remote consultations using telehealth services with patients”
- c) Reference AS ISO 13131:2022 Health informatics—Telehealth services—Quality planning guidelines and in the definition and include in the Bibliography
- d) On page 9, point 4, it would be useful to reference the ACRRM guidelines:

Australian College of Rural and Remote Medicine. (2021). ACRRM Framework and Guidelines for Telehealth Services. https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_2
- e) On page 10 “During the consultation” it should also be made clear the practitioner should know what to do if the technology fails. This point would supplement the statement for patients regarding technology failure.
- f) On page 10 “Follow-up and record keeping” point 14 d. The statement regarding consent is appropriate, but the phrase “when information is uploaded to digital health infrastructure” is unclear. It would probably be safe to assume that “information” in the form of the medical record is uploaded to organizational electronic medical record systems and practice management systems and does not specifically need to be called out in the guidelines.

However, other types of information could include audio, video, medical signs monitoring, personal details, booking and appointment details, emails, images (photos, diagnostic images or scans). This needs to be made clear in the terms of service and confirmed verbally by the practitioner. This point could perhaps be clarified in a revised wording.

- g) On page 10 "Prescribing" point 16. "RTMS" I suggest avoiding the use of any abbreviations.
- h) On page 11 "International Telehealth". For practitioner undertaking this type on consultation it would be useful if they were made aware of the International Standard:

International Organisation for Standardization. (2021). ISO 13131:2021 Health informatics—Telehealth services—Quality planning guidelines.

<https://www.iso.org/cms/render/live/en/sites/isoorg/contents/data/standard/07/59/75962.html>

2. Is there anything missing that needs to be added to the draft revised guidelines?

Yes. A Bibliography

I agree with the aim the Board has to provide short, simple and clear guidance. Therefore I appreciate that the proposed guidelines cannot be comprehensive and must be applicable to a wide range of health services. It would therefore be useful to provide a bibliography which lists other more comprehensive and sometimes specialized guidelines on telehealth services developed by Australian medical professional associations. These could include (*but please check each reference for updates and any guidelines from professional organization not listed below*):

Standards Australia. (2022). AS ISO 13131:2022 Health informatics—Telehealth services—Quality planning guidelines. https://infostore.saiglobal.com/en-au/standards/as-iso-13131-2022-99279_saig_as_as_3177359/

Note this standard covers at a high level most of the issues address the draft guidelines. This standard is intended to assist health organizations develop their own sets of guidelines for telehealth services. It is also useful to a sole practitioner who is not associated with a health organization.

Australian Commission on Safety and Quality in Health Care. (2020). National Safety and Quality Digital Mental Health Standards. <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>

Australian Digital Health Agency. (2020). Online Conferencing Technologies—Connected, secure consultations.pdf. <https://www.digitalhealth.gov.au/about-the-agency/digital-health-cyber-security-centre/online-conferencing-technologies-for-healthcare-providers/Online%20Conferencing%20Technologies%20-%20Connected,%20secure%20consultations.pdf>

Allied Health Professionals Australia. (2020). AHPA Telehealth Guide Allied Health Professionals. https://ahpa.com.au/wp-content/uploads/2020/06/AHPA-Telehealth-Guide_Allied-Health-Professionals-May-2020.pdf

Australian College of Rural and Remote Medicine. (2021). ACRRM Framework and Guidelines for Telehealth Services. https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_2

Australian Diabetes Society. (2020). Telehealth Guide during COVID-19. https://diabetessociety.com.au/downloads/20200429%20ADS_Telehealth_Guidelines_Updated_format_1_.pdf

Australian Nursing Federation. (2013). Guidelines for Telehealth On-Line Video Consultation Funded Through Medicare. http://anmf.org.au/documents/reports/Telehealth_Guidelines.pdf

Exercise and Sports Science Australia. (2020). ESSA_Telepractice Standards.
<https://www.essa.org.au/AEP/Telepractice.aspx>

Royal Australasian College of Physicians. (2012). Telehealth guidelines and practical tips. Royal Australasian College of Physicians (RACP). <https://www.racp.edu.au/docs/default-source/advocacy-library/telehealth-guidelines-and-practical-tips.pdf>

Royal Australian College of General Practitioners. (2013). Guidelines for interprofessional collaboration between general practitioners and other medical specialists providing video consultations. RACGP. <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Technology/Video%20consultations/Guidelines-for-interprofessional-collaboration-between-general-practitioners-and-other-medical-specialists-providing-video-consultations.pdf>

Royal Australian College of General Practitioners. (2014). Implementation guidelines for video consultations in general practice. RACGP. <https://www.racgp.org.au/running-a-practice/technology/telehealth/guidelines-and-standards/implementation-guidelines-for-video-consultations>

3. Do you have any other comments on the draft revised guidelines?

Yes.

The draft guide is focused on consultations, which are the only form of healthcare activity in Australia that currently receives financial support under the Medical Benefits Scheme. Other healthcare activities which can be provided remotely using telehealth service such as provision of second opinions, shared care, monitoring of a patient's health state may at some point in the future receive support from the Medical Benefits Scheme.

The Medical Board draft guidance could to some extent be future proofed by removing the sole emphasis on consultations and making it clear that the requirements for other forms of healthcare activities provided by practitioners should also comply with the same requirements listed for "consultations".

I would be happy to support the Medical Board in any discussions or further consultations.

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