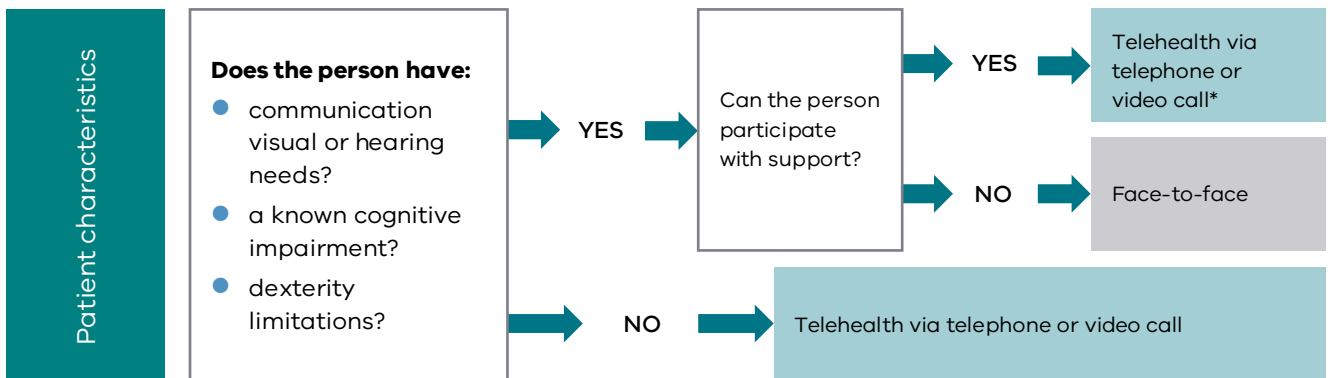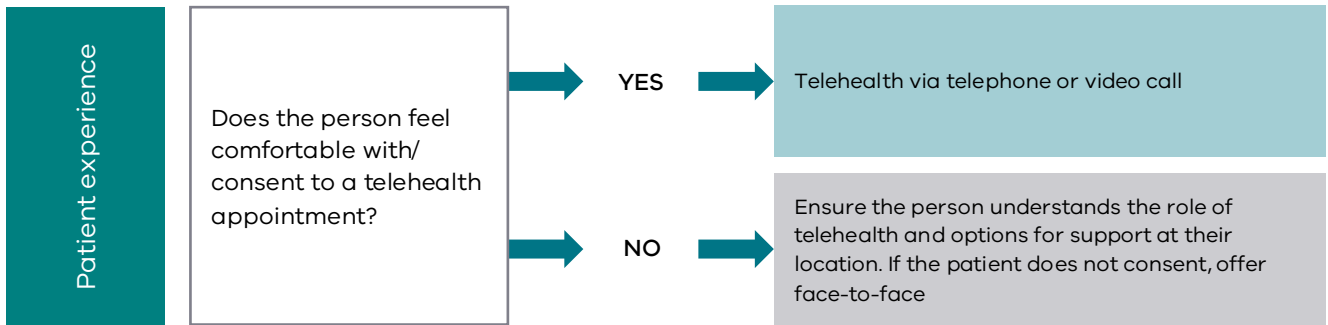# Telehealth decision tool

This tool is designed to guide clinicians to make decisions in partnership with consumers about using telehealth (video or telephone) in their clinical care. The decision to use telehealth practice remains with the clinician and the consumer receiving care.

Telehealth is a convenient way for people to remain in contact with their healthcare providers. It may:
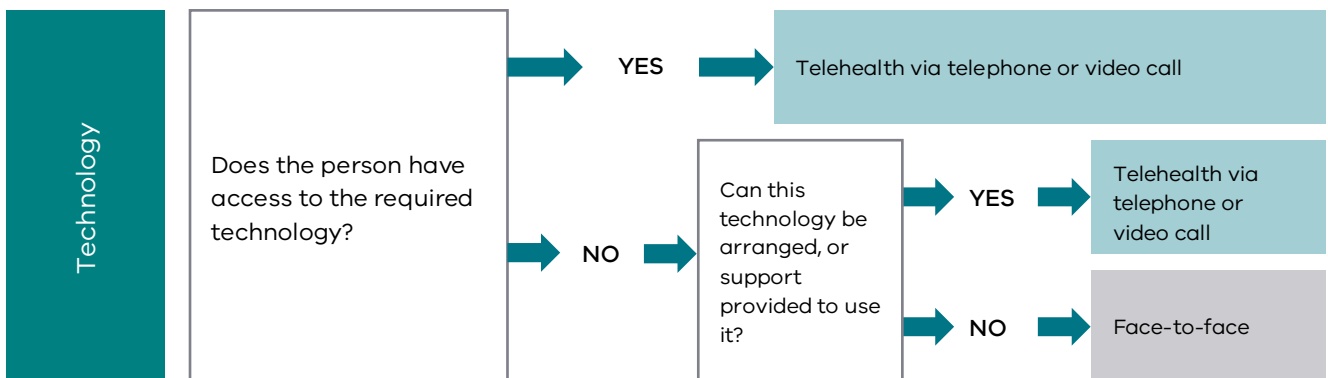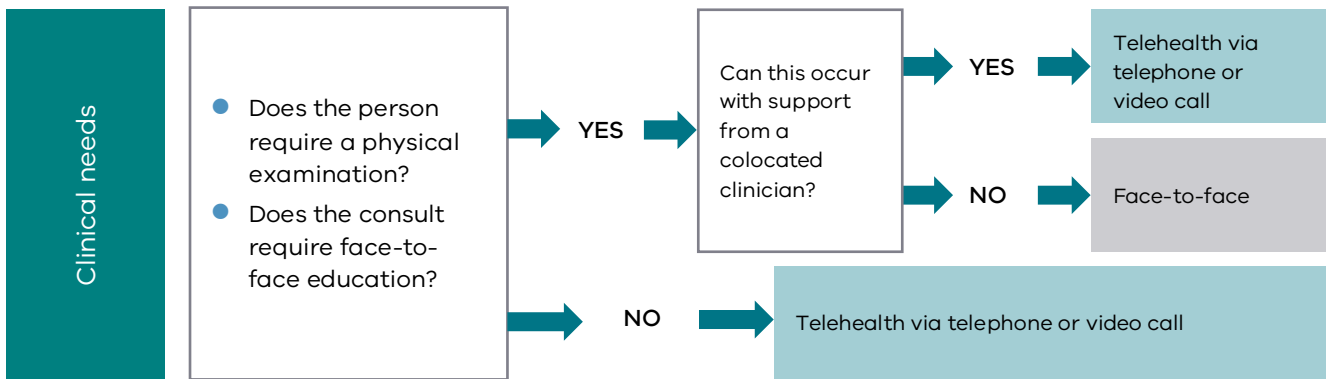
- save time away from home, work and school and reduce travel expenses
- help protect immune compromised people, particularly when broader community health risks are present
- support families, carers and other healthcare providers to be involved in the care of a consumer when ordinarily they may not be able to attend appointments.

GUIDING PRINCIPLES FOR USING TELEHEALTH

- Telehealth is not intended to replace face-to-face care in all circumstances. Instead, it provides an alternative method to provide safe, appropriate and accessible clinical care.
- Video calls should be used where possible to support clinician/patient interaction and assessment.
- Clinicians and those who support appointment scheduling should ensure the consumer understands, agrees to and is comfortable with telehealth as part of their care.
- A consumer may need support (e.g. with communication or technology) to participate in a telehealth appointment. Support is best provided by a clinician or family member or carer, located with the consumer.
- Clinicians are encouraged to consider the appropriateness of using telehealth in circumstances where a person may require face-to-face support – for example, in giving a diagnosis for a serious disease or when a physical examination is required and there are no supports available in their location.
- Standard practices around consent and patient identification checks should be completed for telehealth practice. Confirming the person's location may also support privacy checks and support escalation in the event of an incident.
- Consider privacy and confidentiality in telehealth:
  - Ensure the person is in a private and safe place and they have consented to others being present such as their carers, family members or other clinicians.
  - Have a pre-planned signal/phrase that may indicate the person is not safe.
  - Take measures to reduce the possibility of others not in view listening in to the conversation.
- Ensure you are familiar with your agency's overarching policies, procedures and local escalation processes when using telehealth.
- Consider processes in the case of a clinical or environmental incident including how to escalate to local or internal supports.

Patient experience

Does the person feel comfortable with/ consent to a telehealth appointment?

YES → Telehealth via telephone or video call

NO → Ensure the person understands the role of telehealth and options for support at their location. If the patient does not consent, offer face-to-face

Patient characteristics

Does the person have:
- communication visual or hearing needs?
- a known cognitive impairment?
- dexterity limitations?

YES → Can the person participate with support?
- YES → Telehealth via telephone or video call*
- NO → Face-to-face

NO → Telehealth via telephone or video call

*provide telephone or video interpreter if required

Clinical needs

- Does the person require a physical examination?
- Does the consult require face-to-face education?

YES → Can this occur with support from a colocated clinician?
- YES → Telehealth via telephone or video call
- NO → Face-to-face

NO → Telehealth via telephone or video call

Technology

Does the person have access to the required technology?

YES → Telehealth via telephone or video call

NO → Can this technology be arranged, or support provided to use it?
- YES → Telehealth via telephone or video call
- NO → Face-to-face

Case study

A 79-year-old man with advanced gastric cancer and is currently receiving palliative chemotherapy used video telehealth to discuss the option of stopping chemotherapy given the impact on his quality of life.

The man has mild hearing loss but was able to have his family members with him during the video consultation rather than go on his own to the hospital clinic.

His family members were also able to participate in the consultation and report back about visits made by the specialist community palliative care service which the man could not remember.

Case study

A 30-year-old pregnant woman with a history of poorly controlled asthma used telehealth with her shared care GP and respiratory physician, in the GP clinic.

The telehealth consultation aimed to make sure the woman and her treating team were aware of her current asthma medications and plan, so her asthma was controlled during her pregnancy. The telehealth appointment followed a face-to-face appointment with her respiratory specialist two weeks prior, where she had a lung function test. In the telehealth consult, the respiratory specialist shared their screen to show the lung function results and also those from her last pregnancy.

The GP discussed with the specialist the trigger points for escalation of care for the remainder of her pregnancy. This enabled the woman to discuss her concerns with the support of her GP and ensure there was a shared plan of care.

SUPPORTING RESOURCES

Communication skills resources

- www.vitaltalk.org/guides/covid-19-communication-skills/
- clinicalexcellence.qld.gov.au/priority-areas/service-improvement/improving-care-end-life-queensland/resources/compassionate

For consumers

- www.cancervic.org.au/downloads/resources/factsheets/Telehealth-patient-fact-sheet.pdf
- www.wcmics.org/our-work

Other guidance documents and resources for clinicians

- Allied health telehealth guidance: www.bettersafercare.vic.gov.au/publications/allied-health-and-telehealth-guidance
- Telehealth suitability and tips for conducting telehealth sessions (cancer focus): www.wcmics.org/our-work
- AHPRA and National Boards Telehealth guidelines for practitioners: www.ahpra.gov.au/news/covid-19/workforce-resources/telehealth-guidance-for-practitioners.aspx

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