



Telehealth / Technology-based Clinical Consultations

Statement of Purpose

This document outlines some of the main considerations for Accredited Practising Dietitians (APDs) who may wish to consider the use of telehealth and technology-based consultations as part of their practice. It also contains helpful links to information on telehealth and technology-based consults for health professionals.

Many Australians have limited access to health care services due to barriers including:

- residing in rural or remote regions.
- limited health care services nearby.
- limited access to services outside business hours.

Telehealth or technology-based clinical consultations can offer an alternative means of providing dietetic services to Australians, not just to those affected by these barriers, and may also be used to complement existing nutrition care. The Medical Board of Australia¹ defines technology-based patient consultations as:

“patient consultations that use any form of technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face consultations”.

Suitable candidates for telehealth or technology-based consults

Dietetic services are well suited to the medium of telehealth, and there is evidence to show that telephone counselling by a dietitian achieves dietary behaviour change^{2,3} and improves metabolic parameters in individuals with metabolic syndrome⁴.

It is up to the discretion of the APD to determine whether a technology-based consultation is appropriate for their client. The University of Calgary⁵ has developed three Telehealth Readiness Assessment tools focusing on organisational readiness, practitioner readiness and patient readiness. There are a variety of aspects that can be ranked (from 1-5), with the total score indicating telehealth readiness. They provide a useful and efficient way to identify any barriers prior to implementation of telehealth services, and can be

found in the ACI document ‘Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW’⁶.

Suitable candidates	Telehealth/technology-based consults may be difficult for
People who cannot access dietetic services because they are elderly, frail, have a disability or have personal, caring or family responsibilities that make attending an appointment difficult (some of these individuals may experience difficulty with this consult type, such barriers would need to be addressed).	Those who are very hard of hearing, audio quality can be altered depending on equipment used. A staff member/accompanying adult should be present to assist with these consults.
Those who might need to see a dietitian urgently. Those who would need to travel for many hours/days to attend an appointment.	Patients with poor English. A translator should be present or dialled in by telephone. ⁷
Those who would prefer a telehealth consultation and have been referred by another health professional who has had a face to face consultation with the individual and they are deemed appropriate by the APD.	
Those who are seeking a dietitian who works in a particular practice area.	

APDs should clearly outline to their client what the benefits and limitations of technology-based consultations are, to enable the client to make an informed decision. The ACI document⁶ also includes a brochure (page 25) which can be provided to patients/carers prior to their first telehealth consultation.

Risk management

Telehealth and technology-based consultations are within the scope of practice for APDs, but can pose a number of limitations and risks not present in face- face consultation. This is especially so when there has been no prior face-to-face contact between the dietitian and the patient. APDs need to ensure technology-based consultations do not affect the level of patient care provided; this includes patient selection, assessment, diagnosis, consent and follow-up.

Challenges and risks include:

- difficulty in taking accurate and reliable anthropometric measurements
- establishment of rapport
- assessment of physical signs associated with nutritional deficiencies
- cultural safety
- recognition of emotion during interviews

- real-time responses and
- perceptions of data safety and security.

Some of these limitations may be addressed with appropriate standards set in place or may not be present depending on the type of technology used, e.g. using videoconferencing instead of telephone consults may allow for some assessment of physical signs and emotion.

Other risks can be managed by considering some of the options below:

Security of information

APDs need to introduce quality standards in their practice to safeguard the sending and receiving of information (for example, video conference, using a secure email system and secure electronic record system) and incorporate measures that enhance benefits, minimise risk and ensure authentication. Encrypted accounts are more secure than those that are only 'password protected'. Skype to Skype voice, video, file transfers and instant messages are encrypted. For more information on the security of using Skype for consultations, see [RACGP's fact sheet](#).

Security of the information being transferred via electronic means (e.g. teleconference, Internet etc.) must be ensured as safe and secure by the health professional. Communication via the Internet must be received in the original condition with the quality of information preserved e.g. images. Using hospital/health service internal mail systems or couriers may assist here; or if the client gives permission their information may be sent by post to the health site or client.

Privacy

The requirements of the [Federal Privacy Act 1988](#), amended in March 2014, are relevant to technology-based consultations. Risks around unauthorised individuals viewing client information may arise when:

- Households share a family email address, increasing the chance of individuals receiving emails not addressed to them⁹.
- Computers have a common password allowing multiple user access, increasing the potential for emails to be viewed by those other than the intended recipient.
- Public computers are used. Clients may forget to sign out, or they save their username and password to the computer, allowing the next person who uses the device easy access.

To minimise these risks APDs must ensure consent and a declaration of understanding and agreement is signed before pursuing technology-based consultations. A standard consent form should be used (see Appendix 1). At the time of consultation, verbal consent must be given and this should be documented within the patient notes.

Records

All client records must be maintained in line with existing legislation in each State/Territory. All records must be up to date, clear, accurate and secure. More information on office systems and records may be found in [DAA's Small Business Manual](#).

Legal obligations and location

Health professionals may be subject to the legal obligations, requirements or liabilities of the State/Country the patient is living in, not only the State/Country they are practising in. Health professionals need to be aware of any specific state based legislation or standards of care in a country outside Australia (e.g. New Zealand) for any clients residing in a different country¹⁰.

As with any aspect of their business, it is recommended that all APDs obtain personalised legal and insurance advice based on their individual circumstances.

Insurance

APDs should determine whether their professional indemnity insurance covers non face-to-face consultations and whether this cover extends to practice in other Australian states and countries.

Guild Insurance – case example

APDs who have sought professional indemnity insurance from Guild Insurance are covered for telehealth services on the basis that they undertake:

- (i) an initial face to face consultation or have a referral from another health professional involved in the care of the client who has participated in a face to face consultation with the client and will continue to be involved in their care.*
- (ii) if they are in a remote areas or telehealth is a more suitable arrangement, the involvement of any other recognised health care worker who is eligible for Medicare rebates can replace (i).*
- (iii) annual review by (i) and (ii).*
- (iv) on-line treatment communication and management in between.*

APDs are reminded to review the Territorial and Jurisdictional limits of their policy. If cover is required for telehealth services outside of the policy's territorial limit, they will need to contact Guild.

Non Face-to-Face Consultations

The first consultation with a new patient may not need to be face-to-face provided a referral has been made by another health professional, with whom the APD can liaise with, and who has seen the client face-to-face. In this circumstance, consent needs to be obtained, the reason for the referral needs to be established and the identity of the patient must be verified to the APDs satisfaction before service is provided. Confirmation of identity can be achieved by asking for three patient identifiers, the following identifiers are approved by the Royal Australian College of General Practitioners (RACGP):

- patient name (family and given names)
- date of birth
- gender (as identified by the patient themselves)
- address
- patient record number where it exists¹¹.

Ensure the client is asked to provide the three identifiers, rather than asking them to confirm information provided to them¹¹. A consent form (see Appendix 1) should be signed by a client stating that all information they have provided during a consultation is accurate and correct.

If the patient is underage, the form should be signed by a parent/legal guardian before consultations can begin. Carers/guardians will also be required to verify their identity and potentially attend the consult with the patient.

When a client is referred by another health professional, the referral should include enough information to make an accurate assessment/diagnosis.

Medicare and Private Health Cover

Medicare does not currently provide rebates for telehealth/technology-based services provided by an APD. DAA would like to see telehealth services as an alternative to face-to-face allied health services, such as APDs under the MBS Dietetics Item 10954 to improve access to allied health services and thus improve chronic disease management in rural and remote areas.

DAA has previously contacted a number of health funds and responses varied regarding the cover for technology-based dietetic services. DAA suggests clients of APDs contact their private health fund to check what cover is provided for these services.

Getting started

For helpful information about the logistics of conducting technology-based consultations, read the Department of Health resources, [Telehealth Technical Standards Position Paper 2012](#) and [Guidance on Security, Privacy and Technical Specifications for Clinicians: Draft for consultation 2011](#).

References

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More Information

- [“Is Skype safe for a Clinical Consultation?”](#) (Royal Australian College of General Practitioners)
- [PEN Knowledge Pathway: Telehealth/Teledietetics](#)
- [Position Statement: Technology- based patient consultations 2013](#) (Australian Medical Association)
- [Policy Issue Review: Allied health video consultation services 2013](#) (Primary Health Care Research and Information Service)
- [Guidance on Security, Privacy and Technical Specifications for Clinicians: Draft for consultation 2011](#) (Department of Health and Ageing)
- [Telehealth Technical Standards Position Paper 2012](#) (Department of Health and Ageing)

Appendices

Appendix 1: Telehealth Consultation Consent

Surname	Given Names	
Email Address	Suburb	Postcode
Date of Birth	Sex	

I understand:

- My participation is voluntary.
- I have the right to withdraw my consent.
- I have the right to cease consultations at any stage.
- The procedure for conducting telehealth consultations.
- The Accredited Practising Dietitian will take notes during the consultation.
- My referring doctor or health professional will be contacted in reference to my treatments.

My consent relates to:

- A period of care which may involve several consultations via telehealth.
- The passing of information in relation to my dietetic treatment to be sent to the nominated email address, which is a secure and safe address that only I have access.
- Permission for further specified health professionals to be contacted in reference to my treatments.

I declare that all information provided on this form is true and accurate at the time of signing and that my identify is that stated on this form.

For patient over 16 years

Patient Name: (Print):

Signature of Patient:

Date:

For patient under 16 years/ in Care / with Guardian

Parent / Carer / Guardian Name: (Print)

Signature of Parent/ Carer/ Guardian:

Date: