

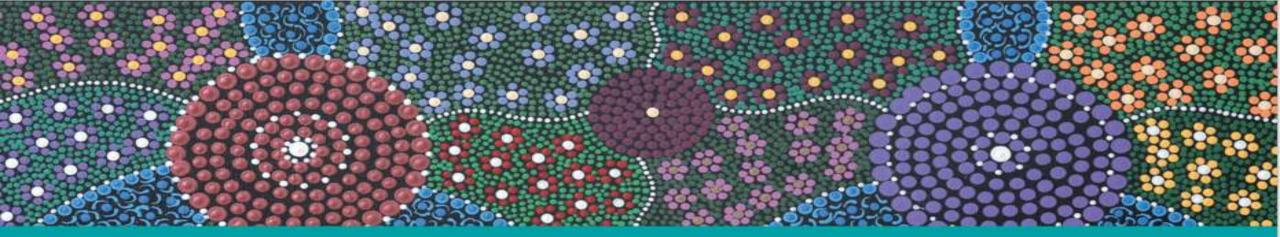


COVID-19 and Telehealth

Nurse Connect - WentWest

Presented by: Katrina Otto Train IT Medical Pty Ltd <u>www.trainitmedical.com.au</u> enquiries@trainitmedical.com.au

CN 55WentWest/20 © Train IT Medical Pty Ltd



Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

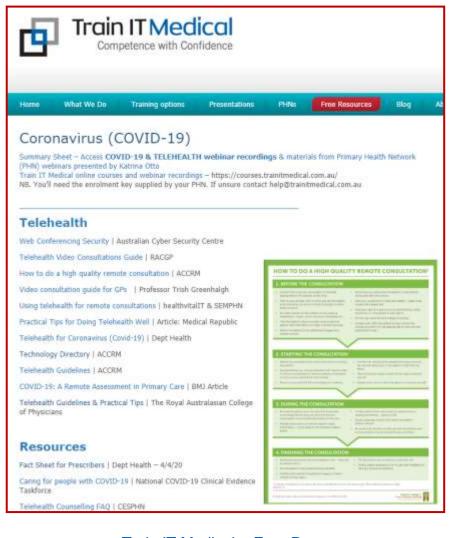
We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.



Further learning:



RACGP: Telehealth video consultation guide



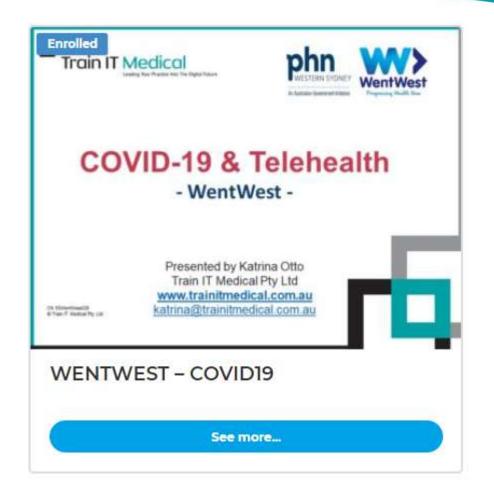
Train IT Medical – Free Resources

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Access recording:

https://courses.trainitmedical.com.au/

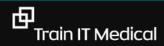






Learning Objectives:

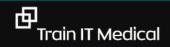
- 1. Prepare your software
- 2. Develop an understanding of new COVID-19 telehealth and telephone MBS item numbers
- 3. Consider practicalities of telehealth and clinical documentation (including consent).
- 4. Tips & tricks from experienced telehealth practitioners.
- 5. Engage your practice team.





Learning Objective 1:

Prepare your software



Ensure you have the latest data & fee updates

To check last data update: Help menu > Select About



Download mid March 2020 Drug Update (111 MB) \rightarrow

trainitmedical.com.au

Apply the Bp Premier data update

- Apply the latest data update
- New fees for telehealth
- New clinical codes
- Coding allows for audits and reporting
- Follow up of suspected cases of COVID-19

To check last data update:

Help menu > Select About > Check Last Drug Update

Best Pr	actice
Bui C Updating Pl	×
E-mail: support@bpsoftwar Copyright © 2004-2020 Pyefinch	

Past History/Reason for Contact

rear: 2020	Date: 19/03/2020]
Condition		
Pick from list	cov	
Coded)	COVID-19 (coronavirus) infection mi COVID-19 (coronavirus) pneumonia COVID-19 (coronavirus) pneumonitis COVID-19 (coronavirus) polymerase COVID-19 (coronavirus) suspected	s chain reac
	COVID-19 (coronavirus) test positive	
Free text (uncoded)		
Left	Active problem	
Right	Confidential Sun	nmary
omment:		
Meets testing criter	a - sent for test 19/03/2020	~
		~

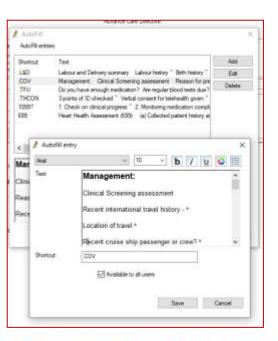
Past Medica	al History						Х
Date:	20 / 3 / 2020		Today	29/0	3/2020 🗸		
Search:	COVID		Keyword	l search	Syno	nyms	
Condition	ı	^	Condition:	COVID-	19 exposure		
COVID-19 COVID-19	exposure		Left		Right	Bilateral	
			Acute		Chronic		
			Mild		Moderate	Severe	
			Active		Inactive		
			Provision	nal diagno	osis		
			Fracture:				
			Displace	d	Undisplaced		
			Compour	nd	Comminuted		
		¥	Spiral		Greenstick		
Further de	tails:						
Referred f	or testing 20/03/2020			\sim	Send to My I	Health Record	
					Confidential		
					🗸 Include in su	mmaries	
				~ ·	Save as reas	son for visit	
Save th	nis condition in favourites list		[Save	e Anoth	er Cancel	

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Timesaving tips to prepare your software

- 1. Set up telehealth & telephone appointments
- 2. Design some shortcuts eg
 - consultation
 - telehealth
 - consent
 - warned about risks etc
- 3. Save your pathology as 'favourite'
- 4. Code reason for contact/diagnosis
- 5. Select visit type eg. telephone, telehealth or surgery.
- 6. Use alert/action/reminder feature to help track patients tested for COVID-19

Consult PBenjamin Abbott - Telephone Consult Alan "Tom" Abbott Maree Ackermann -	
Alan "Tom" Abbott	Tamara Alberts - Telephone Consult
Maree Ackermann -	Benjamin Abbott - Telephone Consult
Maree Ackermann - Telehealth Consult	🕑 Alan "Tom" Abbott
	the second s



SAMPLE SHORTCUT:

Telehealth (video or telephone) consultation during COVID-19 pandemic.

Consent obtained for telephone consultation Patient consent obtained to assign their Medicare benefit as full payment for the service to the practitioner. Patient identity verified: Name, address and DOB confirmed.

COVID 19 Prevention Advice:

Clean your hands with soap and water for 20 seconds, or use an alcohol-based hand rub/sanitiser. Cover your nose and mouth with a tissue when coughing and sneezing or use your elbow, not your hands Avoid close contact with people unwell with cold or flu-like symptoms, and stay home if you have these symptoms. Avoid touching your face and avoid shaking hands with others. Try to maintain a distance of 1.5 metres from others as much as possible, and avoid leaving home at all unless necessary

Minimise contact with young children - try and phone rather than see in person

Immunisation: Vaccination for flu as soon as accessible Vaccination for Pneumococcal required/ up to date

Welfare Check:

Sickness plan- advised if after medical advice and the general practitioner is not able to be contacted call healthdirect on 1800 022 222. Plan for access to food and household supplies -Plan for access to medications -Social supports available –

My Health Record; Date last shared health summary sent -

New telehealth fees

Telehealth fees will be available

to select in the Finalise Visit

window.

Account Type = **Direct Bill**

* Paying 85% of MBS, not 100%

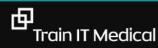
* Incentive Items will auto-add if patient eligible

Dire	ect Bill	
		Search M8
No.	Fee	Rebate
800	38.20	38.20
ofessio :: (i) tak minatio	onal at risk king a patie ons as may	of COVID- ent history; y be
seventra d	care where	the service
No.	Fee	Rebate
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Learning Objective 2:

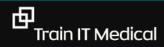
Develop an understanding of new telehealth and telephone MBS item numbers





Changes we've seen in the last weeks

- Removed requirement that must have seen a doctor in the practice in the last 12 months.
- Doubling PIP QI for 1 May and 1 August payments
- Subject to minimum hours that a clinic is open



New MBS Item Numbers for telehealth

		- Follow	Search the MBS	Q
		(Search All	
Australian Government	MBS Online		Search Item numbers only	
Department of Health	Medicare Benefits Schedule			
About the MBS	S - Help -			
MBS Online			Listen	
Page last updated: 30 March 2020			Search the MBS 🗹	
			News	
MBS Online contains the Medicare Benefits Schedule (MBS), a listing of the Medicare services subsidised by the Australian government.		nent.	Fact Sheets	
	re Benefits Scheme managed by the Department of Health and administered by Departmen MBS information and is updated as changes to the MBS occur.	nt of Human	Downloads	

Download The March 2020 Medicare Benefits Schedule

News:

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New telehealth and telephone items have been introduced to support the response to Coronavirus (COVID-19). Details are on the Latest News page and Temporary Telehealth Bulk-Billed Items for COVID-19 fact sheet. Health is closely monitoring the situation, and daily updates are available on https://www.health.gov.au/

MBS Online



MBS changes factsheet

COVID-19 Temporary MBS Telehealth Services

Last updated: 6 April 2020

- From 13 March 2020 to 30 September 2020 (inclusive), new temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.
- The list of telehealth services has continued to expand since 13 March. This is the latest factsheet and provides
 details on all current telehealth items.
- The new temporary MBS telehealth items are available to GPs, medical practitioners, nurse practitioners, participating midwives and allied health providers.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- The new temporary MBS telehealth items are for non-admitted patients.
- From 6 April 2020, it is a legislative requirement that the new telehealth services must be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19.
- Health providers may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria. Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.
- The bulk billing incentive Medicare fees have temporarily doubled (until 30 September) for items relating to General Practice, Diagnostic Imaging and Pathology services. These items can be claimed with the telehealth items where appropriate. The fees are provided later in the factsheet.

MBS changes as at 6 April 2020

 Health providers may apply their usual billing practices to the telehealth items for patients who do not fit the above criteria. Providers are expected to obtain informed financial consent from patients prior to providing the service; providing details regarding their fees, including any out-of-pocket costs.

 The bulk billing incentive Medicare fees have temporarily doubled (until 30 September) for items relating to General Practice, Diagnostic Imaging and Pathology services. These items can be claimed with the telehealth items where appropriate. The fees are provided later in the factsheet.

Bulk bill patients 'more vulnerable to COVID-19'

Vulnerable means a patient at risk of COVID-19, so a person who:

- is required to self-isolate or self-quarantine in accordance with guidance issued by the Australian Health Protection Principal Committee in relation to COVID-19; or
- is at least 70 years old; or
- if the person identifies as being of Aboriginal or Torres Strait Islander descent—is at least 50 years old; or
- is pregnant; or
- is the parent of a child aged under 12 months; or
- is being treated for a chronic health condition; or
- is immune compromised; or
- meets the current national triage protocol criteria for suspected COVID-19 infection.

The services will be available until 30 September 2020. The continuing availability of these items will be reviewed prior to 30 September 2020.

New MBS Item Numbers for COVID-19 telehealth - GP

		New	Telehealth
Health assessment			
* GP ATSI health assessment	715	92004	92016
Chronic Disease Management			
* GP management plan, prepare	721	92024	92068
* GP team care arrangement, co-ordinate development	723	92025	92069
* GP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	729	92026	92070
* GP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	731	92027	92071
* GP attendance to coordinate a GP management plan or team care arrangements	732	92028	92072
Always on from the source – MRS of	olino)

Always go from the source – MBS online

	А	В	С	D	E
1	Telehealth Item numbers		ers		
2	Restrictions as of 30/3/2020		2020		
3	Must Be Bulk Billed				
4	?removed Restriction for Face to			Face in last 12 months	
5					
	Usual Item	Video	Phone		
6	Number	Number	Number	Detail	Value
7	Standard Cor	nsult Items	5		
8	3	91790	91795	Level A	\$20.55
9	23	91800	91809	Level B	\$44.90
10	36	91801	91810	Level C	\$87.00
11	44	91802	91811	Level D	\$128.05
12	82200	91192	91193	NP Level A	\$9.75
13	82205	91178	91189	NP Level B	\$21.30
14	82210	91179	91190	NP Level C	\$40.40
15	82215	91180	91191	NP Level D	\$59.50
16	Obstetric				
17	16500	91855		Antenatal	\$47.90
18	4001	92136	92138	Non-Directive Preg Counselling >20mins	\$91.55
19	GPMP				
20	721	92924	92068	GPMP	\$172.40
21	723	92025	92069	TCA	\$136.60
22	732	92028	92072	Review GPMP/TCA	\$86.10
23	MHCP				
24	2700	92112	92124	MHCP Non Trained 20-40mins	\$85.70
25	2701	92113	92125	MHCP Non Trained >40mins	\$126.15
26	2715	92116	92128	MHCP Trained 20-40mins	\$108.80
27	2717	92117	92129	MHCP Trained >40mins	\$160.25
28	2712	92114	92126	Review of MHCP	\$85.70
29	2713	92115		MH Consultation	\$85.70
30	ATSI Health	Assessmen	nt		
31	715	92004	92016	ATSI Health Assessment	\$253.70
32	Afterhous Ur	rgent in Un	sociable H	ours (2300-0800)	
33	599	92210	92216		\$182.85
34					

Using the New MBS Item Number for COVID-19 Telehealth

- Available for all patients (until 13 September 2020)
- 1st preference is with video but telephone okay if video unavailable
- Bulk billing incentive doubled
- PIP QI payment doubled
- Expanded to include -care planning
 - Indigenous Health Assessments
 - Eating Disorder Management
 - Mental Health
 - Urgent After Hours
 - Pregnancy Support

CHANGES AHEAD

Read MBS Changes Factsheet

FAQ – Can the new temporary MBS telehealth items be used for multiple attendances on the same day?

Pres. Medicare rebates may be paid for each of several attendances on a patient on the same day by the same medical practitioner, provided the subsequent attendances are not a continuation of the initial or earlier attendances.

I However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.

I Where two or more attendances are made on the one day by the same medical practitioner, the time of each attendance should be noted (eg 10.30 am and 3.15 pm) in order to assist in the assessment of benefits."

Medicare source

Practice Incentive Payments

- Double PIP QI payments for GP practices open for face to face services for minimum 4 hours per day
- ✓ \$10 per SWPE
- ✓ Quarterly payment cap now \$25,000 per quarter
- ✓ Payments will be made on 1 May and 1 August

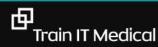


Read more about PIP QI changes





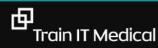
Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.





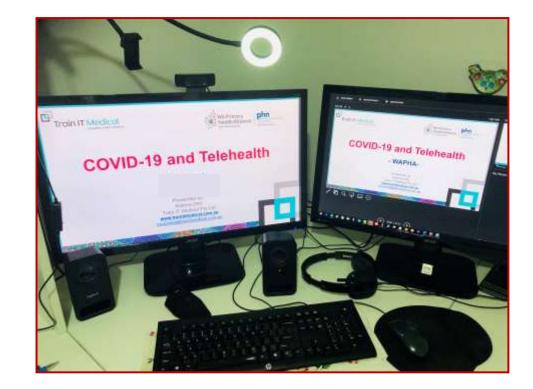
Learning Objective 3:

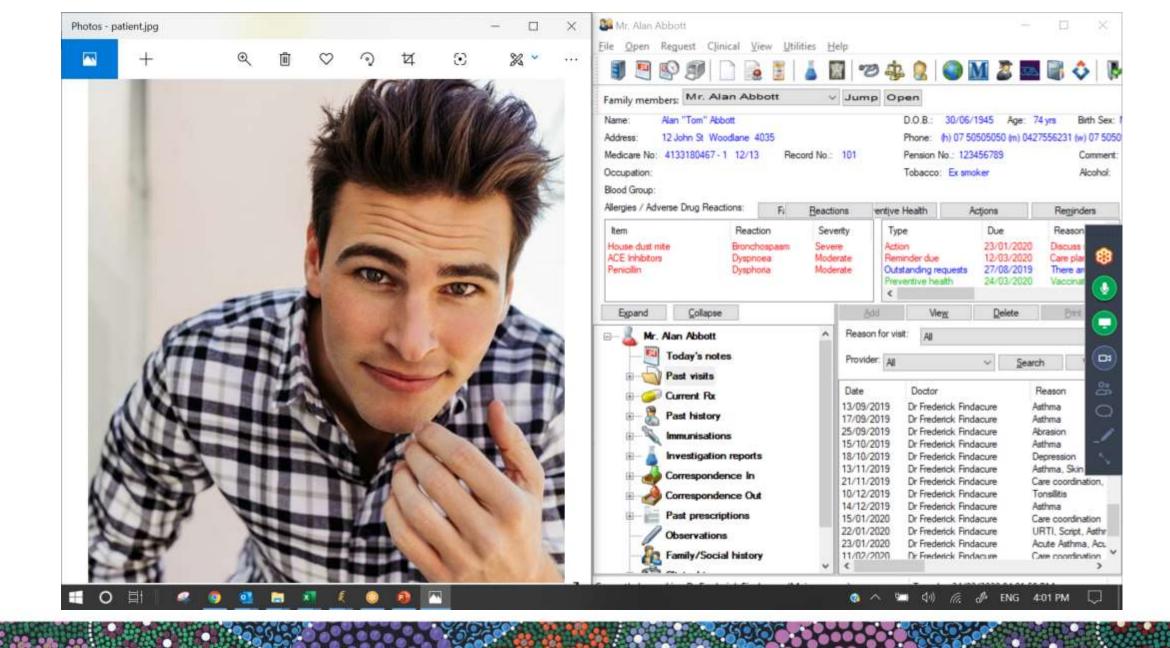
Consider practicalities of telehealth and clinical documentation (including consent).



Equipment needed

- 1. Webcam (position at top of screen for eye-contact) and microphone
- 2. Speakers or headphones
- 3. Internet connection
- 4. Ideally 2 screens (1 for telehealth software, one for medical records)
- 5. Use video-conferencing apps on PC instead of using your own phone
- 6. What can everyone see & hear?





trainitmedical.com.au

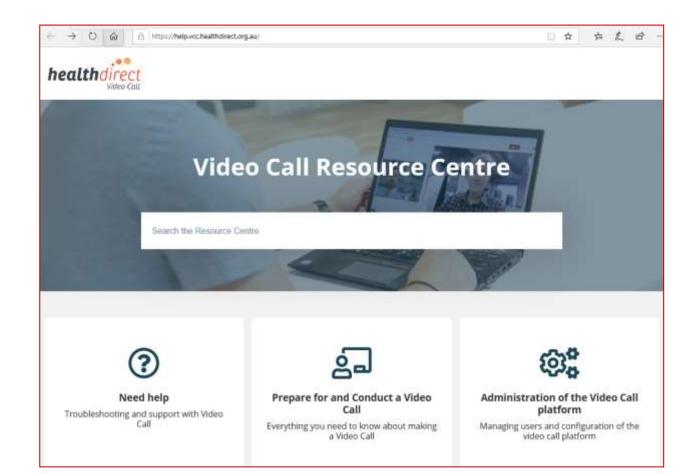
What telehealth options are available?

- Videoconference services is the preferred approach for substituting a face-to-face consultation.
- Audio-only services via telephone if video not available.
- No specific equipment is required to provide Medicare-compliant telehealth services.
- Services can be provided through widely available video calling apps and software.

MBS Online – new item numbers for telehealth and telephone consultations



HealthDirect Video Conferencing Links to further learning



HealthDirect Resource Centre

Patient Information Leaflet

Templates and guides

Clinician Video (5 min)

Contact Info: <u>videocallsupport@healthdirect.org.au</u> **Helpline:** 02 8069 6079

Attending your appointment via a Video Call

Replace this text with the name of your service

Where appropriate, you can have your consultation online via a video call

Video calling is as convenient as a phone call, with the added value of face-to-face communication.

It can save you time and money, and brings your care closer to home.

Where do I go to attend my appointment?

To attend your appointment, go to: Replace this text with the URL of your service's Waiting Area entry page

instead of traveling to your appointment, you enter the clinic's waiting area chilne.

The health service is notified when you arrive, and your clinician will join you when ready.

There is no need to create an account. No information you enter is stored.

What do I need to make a video call?

A good connection to the internet If you can watch a video online (e.g. YouTube) you can make a video call

A private, well-lit area where you will not be disturbed during the consultation

One of these:

 Google Chrome web browser (recommended) or Firefox web browser on a desidop or laptop (Windows or MacOS), or on an Android tablet or smartphone



Is it secure?

Video calls are secure, your privacy is protected. You have your own private video room, that only authorised ofinicians can enter.

\$ How much does a video call cost?

The video call is free (except for your internet usage). However, the regular costs – if any – of a medical consultation still apply.

How much internet data will I use?

You don't use any data while waiting for a clinician to join you.

A video consultation uses less than half of the data you would use while watching a YouTube video in High Definition*.

Data use is less on lower-speed internet connections, or if you're using a less powerful computer, tablet, or smartphone. These factors can also reduce the overall quality of the call.

Data use increases when there are more than two participants in the call.

Smartphone & tablet users

Patient Information Leaflet



Where do I go to attend my appointment?

To attend your appointment, go to: Replace this text with the URL of your service's Waiting Area entry page



support@wentwest.com.au ph 8811 7117

Telehealth checklist / protocol

- □ Patient requests consultation (phone)
- □ Advised to book teleconsult (phone or video)
- Appointment is confirmed & patient Information provided
- Reminder sent via SMS / Phone
- □ Patient accepts or cancels (via SMS or phone)
- Teleconsult takes place
 - Patient ID confirmed
 - Consent is documented
 - Clinical Notes recorded
 - Medicare items recorded

□ Patient follow up and feedback on teleconsult process

	elehealth video nsultations guide
racijo-org.au	Phasetty Probanie etc. Phasetty Academia

RACGP: Telehealth video consultation guide

Obtain patient consent

- **Book and confirm** telehealth consultation with patient
- **Document** patient consent:
 - Sign and scan document
 - Add a **shortcut**
 - Record patient response
 "Yes I'm fine with that"
- Informed financial consent
- **Visit Type** = Telehealth or Telephone

Reminder: doubleclick on phone number, check mobile and select preferred method of contact.

Read RACGP telehealth video consultations guide



Examples: patient consent

Add to progress notes: "Patient consent has been obtained for the telehealth consultation: YES/NO"

Use a shortcut

Patient to sign and return

Practice to scan to patient record

ABC MEDICAL CLINIC

TELEHEALTH CONSULTATION CONSENT FORM

I have read and understood the Patient Telehealth Information Form.

I agree to have a phone / video consultation with:

Name of healthcare provider

Patient Name: _____

Signature: Date:

Consent for recording video or images:

I agree to have this video consultation recorded or to have photographs taken if required. This information will be sent / stored securely and only used to benefit my healthcare. I have the right to see the images or videos if desired.

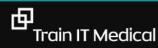
Patient Name: _____

Signature: _____ Date: _____



Learning Objective 4:

Tips & Tricks from experienced telehealth practitioners



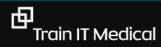
Telehealth tips & tricks from experienced practitioners

- 1. Do you have the correct patient record open? 3 points of ID
- 2. What are you wearing?
- 3. Do you have a decent camera with lighting?
- 4. Is it possible to have 2 screens maybe an ipad with PC?
- 5. Does your microphone allow your patient to hear you clearly?
- 6. Are you speaking slowly enough?
- 7. Can your patient hear any other conversations?
- 8. Does it feel like they are with you?
- 9. Are you reassuring?
- 10. Have you allowed yourself enough time?



More tips

- Be prepared to quickly switch to the telephone if tech fails.
- Expect your patients to struggle with telehealth technology it's new to us and new to them and everyone is stressed.
- Create new dialogues eg. "I need to refer/type some notes in your medical record. Is that okay with you?



Telephone & telehealth tips from our OT Brooke

"Doctors often think and talk a lot faster than the average patient.

If they don't slow down the patient won't interrupt and say they're not following, they will just agree (or won't give information) because they are lost"



Telehealth tips from OT Brooke

KP: Brooke has a 9:10AM TELEPHONE appt Tue 3/31. KP will call you between 8:40AM-9:40AM. To cancel, reply CANCEL APPT. To end text msgs reply STOP

"Even if the patient is not hearing impaired, they will often mishear or get words mixed up. Without non-verbal clues there will be misinterpretation."

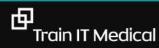
MAR 31 2020	Telephone Appointment Visit	
	MICHAEL D HELLSTROM, MD, M.D.	
🛃 Vie	w notes	

Slow down | Keep it simple | Get patient to repeat back to check understanding



Learning Objective 5:

Engage your team with telehealth



Engage your team

- Provide regular updates to the practice team
- Train your team
 - How to use technology: demonstrate
 - MBS Item numbers and rules for use
 - Record keeping notating visit type, recording consent
 - Step-by-step instructions for providers using telehealth
 - Onsite help available via practice telehealth champion
- Focus on patient centred care & flexible options for patients
- Encourage staff to adopt new ways of doing things –



Practice Incentive Payments

- Double PIP QI payments for GP practices open for face to face services for minimum 4 hours per day
- ✓ \$10 per SWPE
- ✓ Quarterly payment cap now \$25,000 per quarter
- ✓ Payments will be made on 1 May and 1 August

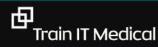


Read more about PIP QI changes





Practices may focus their quality improvement activities on areas which are informed by their clinical information system data and meets the needs of their practice population.



Know your patient population. How many confirmed and suspected cases of COVID-19?



trainitmedical.com.au

Who are your most vulnerable patients?

- ? Patients aged over 65
- ? Patients who smoke
- ? Influenza at risk
- ? Aboriginal and Torres Strait Islander people





What have you done to improve your service lately?

- 1. Telehealth & telephone processes
- 2. Upload shared health summaries for patients
- 3. Welfare calls for elderly patients
- 4. Infection control processes

Who has installed a protective barrier at reception? What else?

- 5. Influenza clinics
- 6. Policies written
- 7. Staff morale
- 8. Internal staff communication processes

Read more about PIP QI changes



Sue's list – 2 days at the AMS!

- * Set up an external triage station
- * Set up an isolation room (separate to main GP Clinic)
- * Developed lots of protocols
- * Contacted all patients >55 years to advise how to stay safe and avoid contracting

COVID-19 as well as what to do if they suspect they've contracted the virus.

- * Established pandemic kits for all consultation rooms.
- * Regular (daily) staff updates
- * Assessing all staff (temperature taken) before entering the building.
- * Installed software with new COVID-19 codes
- * Added new telehealth item numbes to billing software
- * Wrote instructions for recording details of patients who have been masked and or
- sent away for further testing so we can follow up.
- * Wrote protocols for booking phone consults
- * Setup telehealth capability.
- * Provided education about telehealth capability for staff.
- * Developed social media materials for our patient community.
- * Supported Practice Manager & CEO

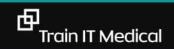




Pandemic Response & Correspondence Management	Pandemic Res	ponse & Corres	pondence N	lanagement
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What is our GOAL? (what are we trying to accomplish)	Change existing correspondence management protocol so patients no longer return for their results (ie face-to-face consultations to telehealth consultations). Decrease number of patients presenting at practice.
What measures will we use? (i.e. data)	Number of patients currently using telehealth. Number of patients currently visiting practice.
How do we start:	 Redesign correspondence management protocol to incorporate telehealth consultations to replace face-to-face follow up Team meeting to communicate QI with staff Setup appointment book in MD Teach clinicians how to use modified protocol with MD and PS





•		
•		
•		
2. Daily Team Meeting:		
Attendance:		
Actions from yesterday's meeting:		
What's changed since yesterday:		
What's on today:		
inite son today.		
Issues, concerns, or WHS risks raised:		
Improvement suggestions (CQI):		
3 Undate whitehoards notice	boards, and communication books with any new information	
	enished, including hand sanitiser and soap dispensers	
	ensure all telehealth bookings include all necessary details	
	chairs and reception surfaces with disinfectant wipes at lunch	
	equired following infection control standards	
7. Check pathology and PPE sto	cks and reorder as necessary	
8. Check in with staff members	on their mental health and wellbeing	
Are you OV3 if not to follow	up	
Are you OK? If not, to follow	e infection control techniques and staff PPE?	
	•	1
Are you using the appropriat Are there any practice issues	or concerns? If yes, to follow up	
Are you using the appropriat	or concerns? If yes, to follow up	

Credit Marg Windsor, DARTA Medical

10. Provide feedback to your PHN coordinator on any good news stories, issues, or concerns

Engage your team

Example from the outstanding Greenmeadows Medical



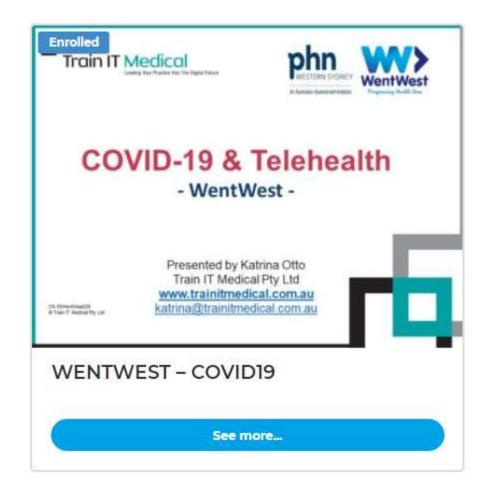


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Access eLearning course:

https://courses.trainitmedical.com.au/



Your team of the future



We're here to help you!

katrina@trainitmedical.com.au

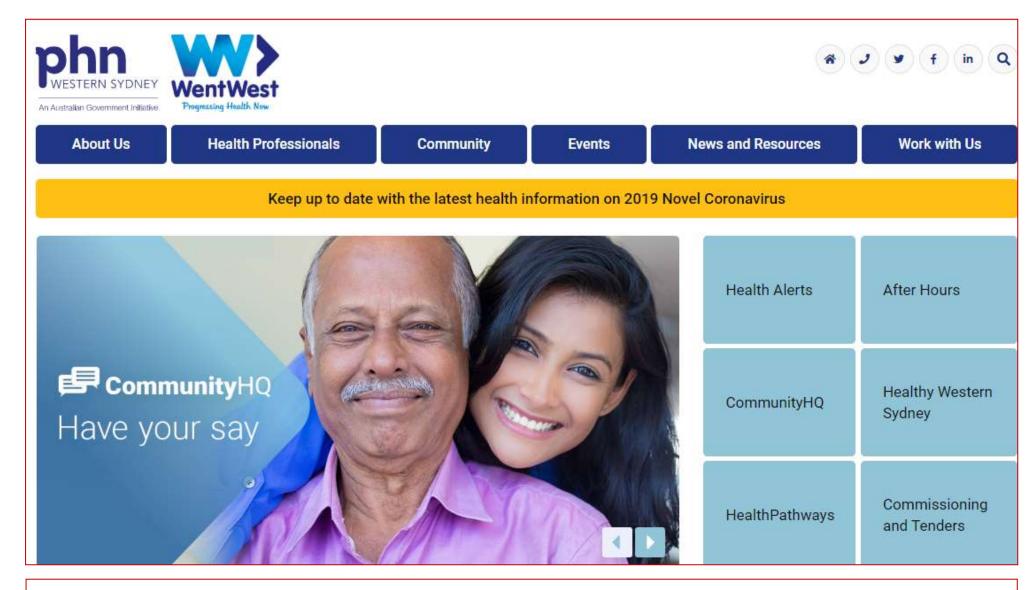
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