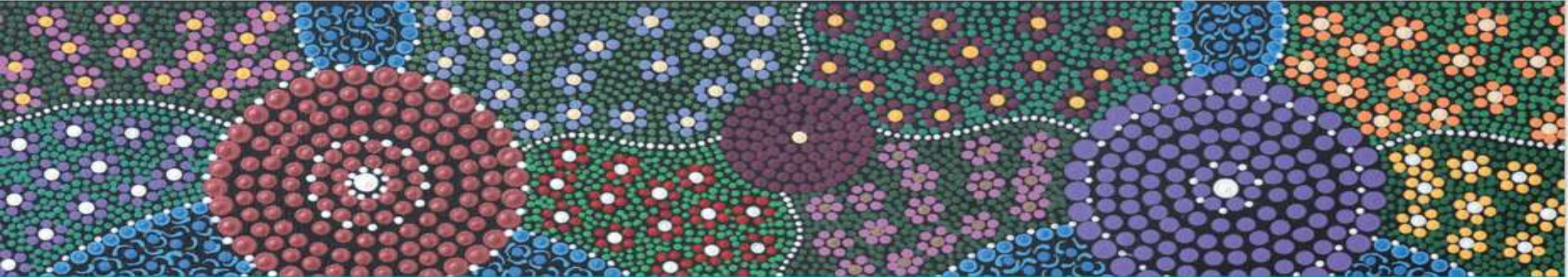


Telehealth & MBS Item Numbers

- WentWest -

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





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:



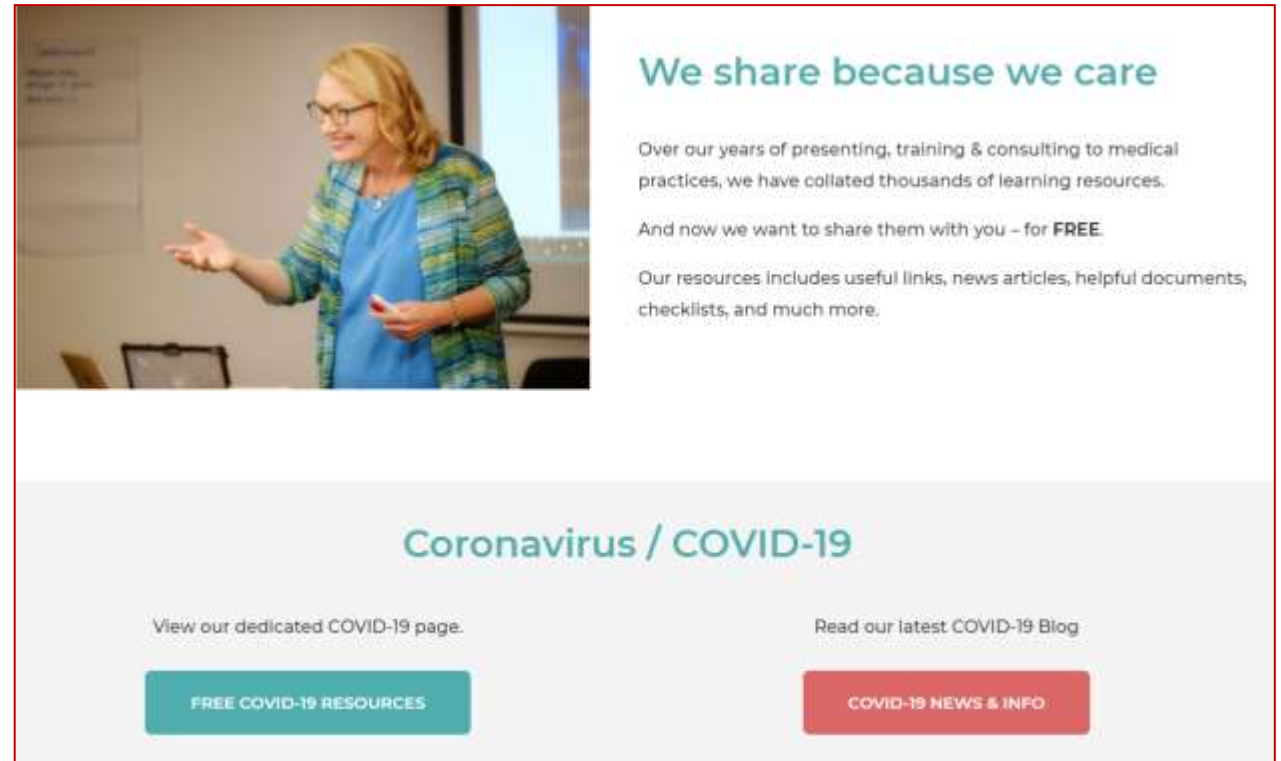
The image shows the cover of a RACGP guide. At the top left is the RACGP logo with the text 'Royal Australian College of General Practitioners'. To its right is the title 'Guide to providing telephone and video consultations in general practice'. Below the title is a photograph of a male doctor with a stethoscope and a female patient looking at a laptop. At the bottom left is the website 'racgp.org.au' and at the bottom right is the slogan 'Healthy Profession. Healthy Australia.'

RACGP | *Guide to providing telephone and video consultations in general practice*

racgp.org.au

Healthy Profession.
Healthy Australia.

[RACGP: Telehealth video consultation guide](#)



The image shows a woman in a blue shirt and patterned jacket gesturing while speaking. To her right is the text 'We share because we care'. Below this is a paragraph about sharing resources. Further down is a section titled 'Coronavirus / COVID-19' with two buttons: 'FREE COVID-19 RESOURCES' and 'COVID-19 NEWS & INFO'.

We share because we care

Over our years of presenting, training & consulting to medical practices, we have collated thousands of learning resources.

And now we want to share them with you – for **FREE**.

Our resources includes useful links, news articles, helpful documents, checklists, and much more.

Coronavirus / COVID-19

View our dedicated COVID-19 page.

FREE COVID-19 RESOURCES

Read our latest COVID-19 Blog


COVID-19 NEWS & INFO

[TRAIN IT MEDICAL](#)
trainitmedical.com.au

Access eLearning course:

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

Enrolment Code: p8GsSTHo

 Course  Materials

1. Presentation used in Nurse Connect WentWest Webinar
2. Presentation used in WentWest & HealthDirect Webinar :
3. Telehealth Video Consultations Guide | RACGP
4. How to do video consultations well | ACRRM

Enrolled

Train IT Medical
Leading Your Practice Into The Digital Future

phn
WESTERN SYDNEY
An Australian Government Institute

WentWest
Progressing Health, One Step at a Time

COVID-19 & Telehealth

- WentWest -

Presented by Katrina Otto
Train IT Medical Pty Ltd
www.trainitmedical.com.au
katrina@trainitmedical.com.au

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WENTWEST – COVID19

See more...

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 travelling to your appointment, you enter the clinic's waiting area online.

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 desktop 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 clinicians 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

If you can, connect to a home or work

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



Learning Objectives:

1. Prepare your technology tools for telehealth efficiency
2. Understand telehealth and telephone item numbers and changes to incentive payments.
3. Use clinical software to identify 'vulnerable patients
4. Implement a planned approach for preventive health for patients at risk.



Learning Objective 1:

Prepare your technology tools for telehealth efficiency

Ensure you have the latest data & fee updates

To check last data update: Help menu > Select About

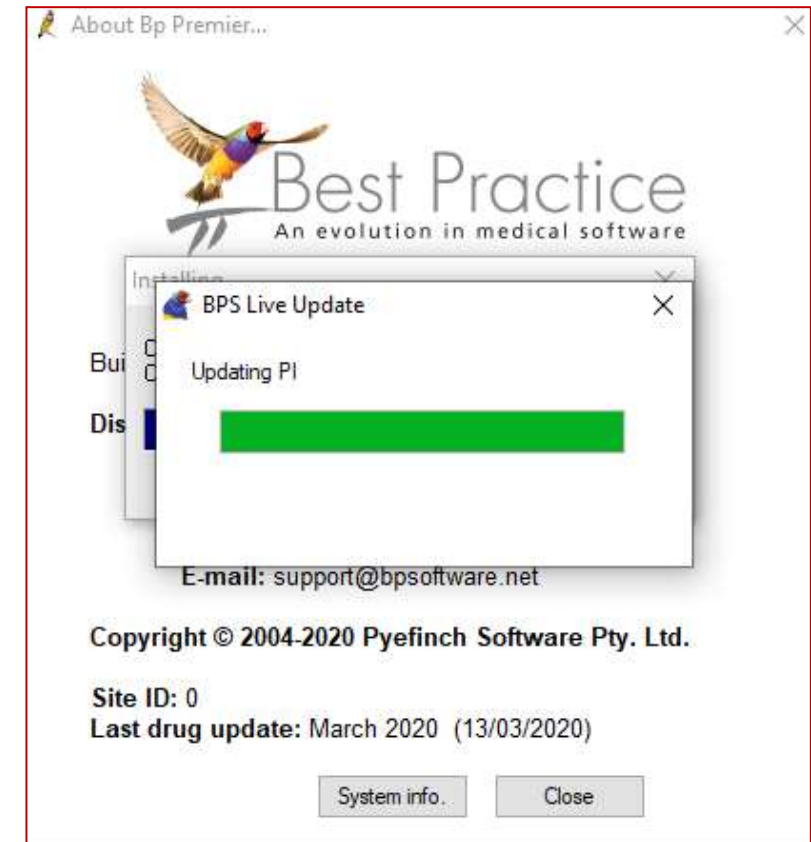


Apply the Bp Premier data update

- 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



New telehealth fees

Telehealth fees will be available to select in the **Finalise Visit** window.

Finalise visit

Visit length: 2m 58s Account type: Direct Bill

MBS item: 91800 ☐ Default list Search MBS

Description	Item No.	Fee	Rebate
Covid-19 GP Telehealth attendance less than 20 minutes.	91800	38.20	38.20

Telehealth attendance by a general practitioner lasting less than 20 minutes if: (a) the attendance is where: (i) the person is a patient at risk of COVID-19 virus; or (ii) the general practitioner is a health professional at risk of COVID-19 virus; and (b) the attendance includes any of the following that are clinically relevant: (i) taking a patient history; (ii) arranging any necessary investigation (iii) conducting or supervising such clinical examinations as may be practical; (iv) implementing a management plan; (v) providing appropriate preventative health care where the service

Items to bill:

Description	Service text	Item No.	Fee	Rebate
Covid-19 GP Telehealth attendance less than		91800	38.20	38.20

Note to reception:

Book follow up appt in 2 weeks

☐ Not normal aftercare
☐ In hospital
No. of patients: 1

Save Save & Close Cancel

* Paying 85% of MBS, not 100%

Past History/Reason for Contact

New History Item

Year: Date:

Condition

☒ Pick from list (coded)

☐ Free text (uncoded)

☐ Left ☒ Active problem ☐ Confidential ☒ Summary

Comment:

Meets testing criteria - sent for test 19/03/2020

Past Medical History

Date: / / ☐ Today

Search:

Condition:

☐ Left ☐ Right ☐ Bilateral

☐ Acute ☐ Chronic

☐ Mild ☐ Moderate ☐ Severe

☐ Active ☐ Inactive

☐ Provisional diagnosis

Fracture:

☐ Displaced ☐ Undisplaced

☐ Compound ☐ Comminuted

☐ Spiral ☐ Greenstick

Further details:

Referred for testing 20/03/2020

☒ Send to My Health Record ☐ Confidential ☒ Include in summaries ☒ Save as reason for visit

☐ Save this condition in favourites list

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eHealth

National eHealth Program ▾ Telehealth ▾ Social media ▾ ACRRM ▾

Telehealth Provider Directory

Find a Telehealth specialist
Find a Telehealth generalist
Register your organisation
and your clinicians

Tech-e-Select

Video-conferencing
solutions
Facilitated solutions
TeleHealth peripherals
List your technology

Forum activity

What's hot:

Jump to forum:

- Telehealth general discussion
- eHealth general discussion
- TSOs
- Technology
- See all forums

Advice & Information

Get eHealth ready ►
Telehealth step-by-step
Upcoming eHealth events
Events kits:



Education & Standards

ACRRM Telehealth
standards framework
ACRRM Telehealth
guidelines
eHealth & Social Media
modules
IMIT curriculum



Resources

ACRRM Telehealth Tool Kit
Video Gallery
News articles
RMA webcasts
ATHS webcasts
Social media guidelines

ACRRM eHealth

About us
eHealth Programs ►
Our partners
Membership
Staff
Feedback / contact us



Modules

Standards

News

TeleDerm

Videos



Rural and Remote
Digital Innovation
Group

View group Members

[ACCRRM](http://accrm.com.au)

What about Genie and all the others?



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Genie to roll out end-to-end telehealth platform with online booking and payments

Written by Kate McDonald on 20 April 2020.

Clinical software vendor Genie Solutions will this week roll out the first iteration of its new telehealth solution TeleConsult, powered by Amazon Chime, one of four products on its new platform that aims to provide an end-to-end telehealth workflow solution for medical specialists.

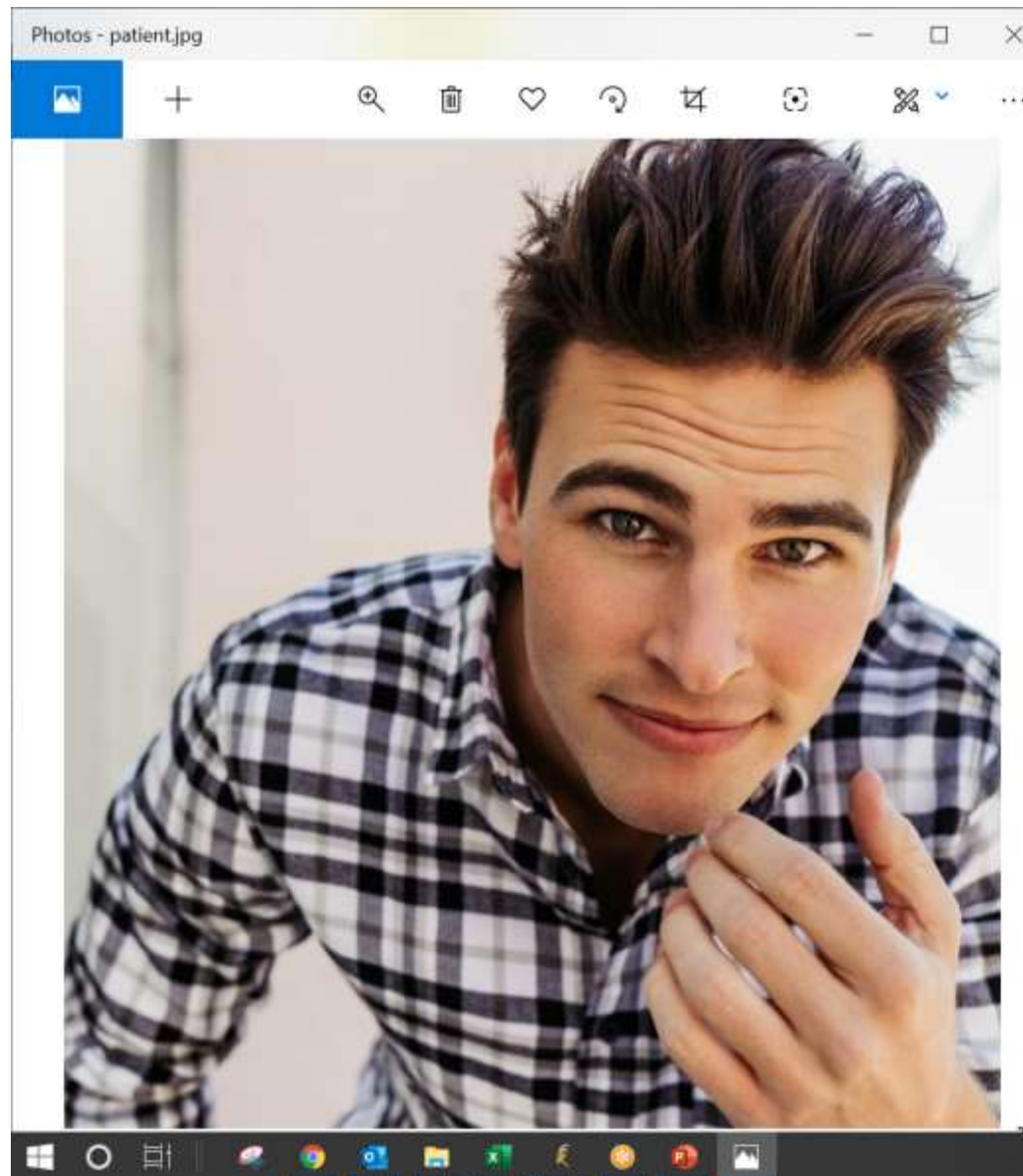
The company is also set to release a **booking system with triage capabilities** it has been developing with online appointments specialist HotDoc, along with a new online payment system it has developed with Ezidebit and an online patient registration service that lets new patients register their demographic details.



[See Pulse IT's curated list of digital health providers](#)

[Read more](#)





Mr. Alan Abbott

File Open Request Clinical View Utilities Help

Family members: Mr. Alan Abbott Jump Open

Name: Alan "Tom" Abbott D.O.B.: 30/06/1945 Age: 74 yrs Birth Sex: M
Address: 12 John St Woodlane 4035 Phone: (h) 07 50505050 (m) 0427556231 (w) 07 50505050
Medicare No: 4133180467 - 1 12/13 Record No: 101 Pension No: 123456789 Comment:
Occupation: Tobacco: Ex smoker Alcohol:
Blood Group:

Allergies / Adverse Drug Reactions:

Item	Reaction	Severity	Type	Due	Reason
House dust mite	Bronchospasm	Severe	Action	23/01/2020	Discuss
ACE Inhibitors	Dyspnoea	Moderate	Reminder due	12/03/2020	Care plan
Penicillin	Dysphoria	Moderate	Outstanding requests	27/08/2019	There are
			Preventive health	24/03/2020	Vaccinat

Expand Collapse

Mr. Alan Abbott

- Today's notes
- Past visits
- Current Rx
- Past history
- Immunisations
- Investigation reports
- Correspondence In
- Correspondence Out
- Past prescriptions
- Observations
- Family/Social history

Reason for visit: All

Provider: All Search

Date	Doctor	Reason
13/09/2019	Dr Frederick Findacure	Asthma
17/09/2019	Dr Frederick Findacure	Asthma
25/09/2019	Dr Frederick Findacure	Abrasion
15/10/2019	Dr Frederick Findacure	Asthma
18/10/2019	Dr Frederick Findacure	Depression
13/11/2019	Dr Frederick Findacure	Asthma, Skin
21/11/2019	Dr Frederick Findacure	Care coordination,
10/12/2019	Dr Frederick Findacure	Tonsillitis
14/12/2019	Dr Frederick Findacure	Asthma
15/01/2020	Dr Frederick Findacure	Care coordination
22/01/2020	Dr Frederick Findacure	URTI, Script, Asthr
23/01/2020	Dr Frederick Findacure	Acute Asthma, Acu
11/02/2020	Dr Frederick Findacure	Care coordination

trainitmedical.com.au

What is Best Practice doing?

- Telehealth consults using integrated software
 - Myhealth1st
 - HotDoc
 - Healthsite
 - HealthEngine
 - AutoMed Systems
- Suggested workflows for telehealth consults for non-integrated software (and lots of other useful COVID-19 specific information) available via our Knowledge Base (accessed via help>online within Bp Premier)
- Fast Tracked ePrescriptions will be available in Jade Sp3
- It's imperative you are operating on the most recently released version of Bp Premier to take advantage of ePrescriptions, or any other initiatives Best Practice releases in the coming months.



MedicalDirector Telehealth



- Telehealth capability has launched in MedicalDirector Helix and Clinical. In Helix, it is accessible within the Clinical Consult panel. In Clinical, it is accessible via the Sidebar
- No need for any special downloads. A secure link can be sent to the patient as part of the normal email and SMS confirmation process, and the patient can join the consultation at the appropriate time, via phone, tablet or computer
- Telehealth capability will be free within MedicalDirector for at least the next 3 months, to support practices during COVID-19 (conditions apply)
- Emails have been sent to all MedicalDirector practices with instructions on setting up



File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord

Ms Maureen Andrews (79yrs 4mths) DOB: 01/01/1941 Gender: Female Occupation:

1 Happy Street, Happy Valley, Qld 4825 Ph: 0424 0424 333 (mobile) Record No: HCH1 ATSI:

Allergies & Adverse Reactions: ACE INHIBITORS, ASPIRIN Pension No: Ethnicity:

Smoking Hx: Never smoked IHI No:

Warnings: MyHealthRecord:

Summary Current Rx Progress Past history Results Letters Documents Old scripts

Family History

No significant family history

Past History

Year	Date	Condition	Side
1970		Rheumatic fever	
2015		Diabetes Mellitus - Type II	
2018		Osteoporosis	
2019	23/06/2019	Coeliac disease	

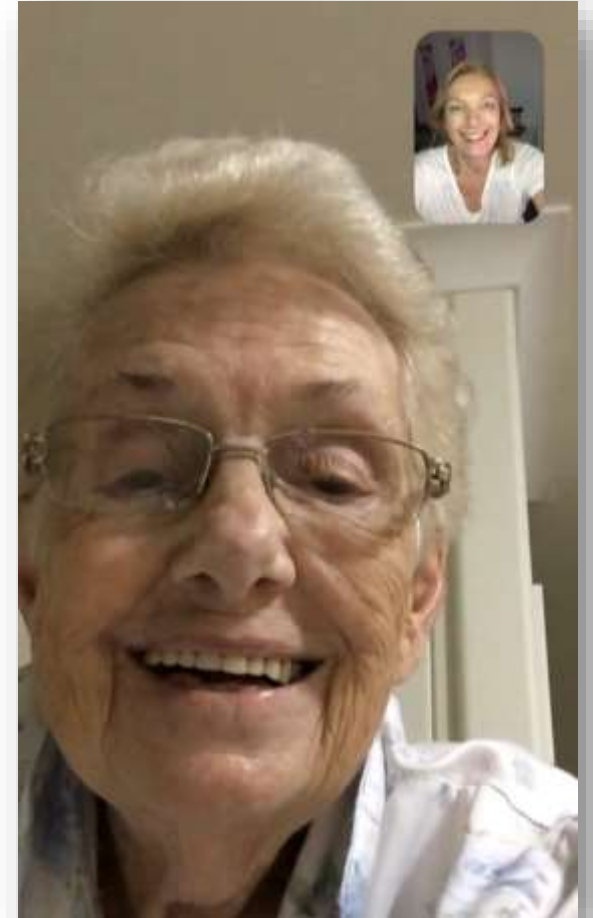
Medications

Drug name	Strength	Dose	Freq	Instructions
ACTRAPID PENFILL INJECTION	100 units/mL			m.d.u.
AMOXICILLIN CAPSULE	250mg	1	t.i.d.	
FOSAMAX PLUS D-CAL TABLETS	70mg/5,600 u...			m.d.u.
METFORMIN AN TABLET	500mg	1	b.d.	m.d.u.



Planning

1. Start with technology you and your patients are comfortable with.
2. Focus on your most isolated and vulnerable patients.
3. Acknowledge pros and cons of telehealth. “Are you used to video?”
4. Tell your patient what to expect if technology fails eg “I will call you”.
5. Create new dialogues eg. “I need to refer to/type some notes in your medical record. I will just be looking away for a moment, is that okay with you?”
6. Access/add information to My Health Record.



Obtain patient consent



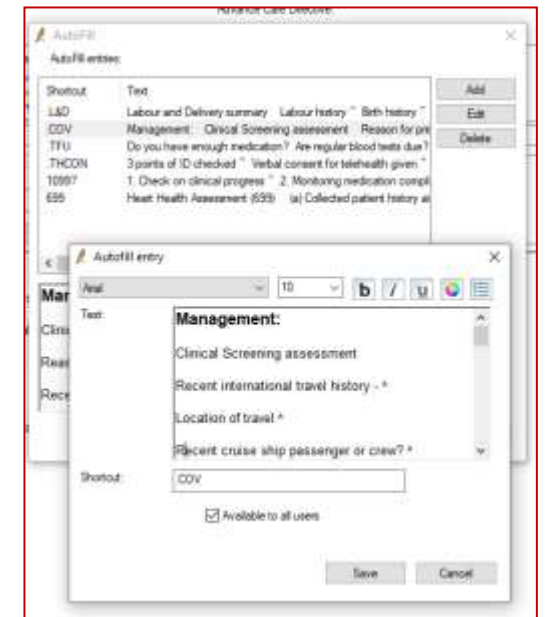
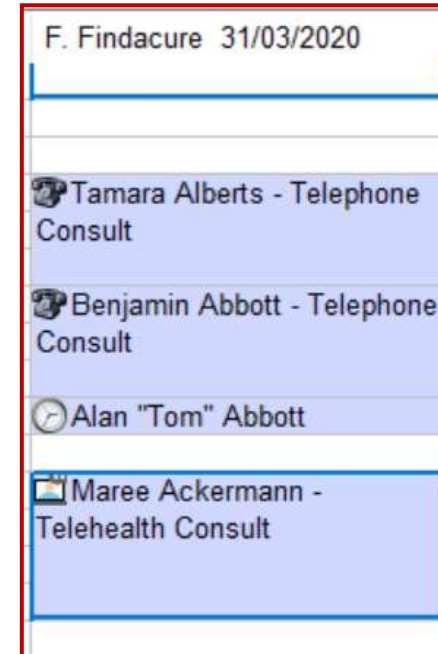
- **Book and confirm** telehealth consultation with patient
- **Document** patient consent:
 - Sign and scan document
 - Add a **shortcut**
 - Record patient response
“Yes I’m fine with that”
- **Informed** financial consent
- **Visit Type** = Telehealth or Telephone

[Read RACGP telehealth video consultations guide](#)

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

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





Learning Objective 2:

Understand telehealth and telephone item numbers and changes to incentive payments.

New MBS Item Numbers for telehealth



The screenshot shows the MBS Online Medicare Benefits Schedule website. The header includes the Australian Government Department of Health logo, the text 'MBS Online Medicare Benefits Schedule', and a search bar with options to 'Search All' or 'Search item numbers only'. A blue arrow points to the 'Search the MBS' link in the right-hand sidebar. The main content area features a news item dated '20 April 2020' titled 'Changes to COVID-19 services'. The text details updates to bulk billing arrangements and incentives for telehealth services. It specifies that specialists and allied health providers are no longer required to bulk-bill COVID-19 telehealth (video conference) and telephone consultations for concessional or vulnerable patients or children under 16. It also mentions that GPs and other medical practitioners must continue to bulk-bill these services. The page lists two new bulk-billing incentive items: 10981 (metropolitan) and 10982 (regional), which mirror existing items 10990 and 10991 respectively.

20 April 2020 News - Changes to COVID-19 services

Changes to bulk billing arrangements (for specialists and allied health) and two new bulk billing incentives items
Page last updated: 20-April-2020

From 20 April 2020:

Bulk-billing:
Specialists and allied health providers are no longer required to bulk-bill COVID-19 telehealth (video conference) and telephone consultations where the service is provided to a concessional or vulnerable patient or a child under 16. Specialists and allied health providers may continue their usual billing practices.

GPs and Other Medical Practitioners must continue to bulk-bill the COVID-19 telehealth and telephone consultation services where the service is provided to a concessional or vulnerable patient or a child under 16 at the time the service is provided. For all other patients, these services may be bulk-billed.

Bulk-billing incentives items:
Bulk-billing incentives items are currently available for medical services for patients who are either under 16 years old, or who are a concessional beneficiary (items 10990, 10991 and 10992).

Two new bulk-billing incentive items are now available where a medical service is provided to a vulnerable patient:

- item 10981 mirrors the current item 10990 metropolitan
- item 10982 mirrors the current item 10991 regional

[MBS Online](#) – Complete List of COVID-19 Telehealth MBS items



Frequently asked questions

COVID-19 Bulk-billing incentives Frequently Asked Questions

Last updated: 20 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.
- A service may only be provided by telehealth where it is safe and clinically appropriate to do so.
- It is a legislative requirement that the new telehealth services, where they are provided by GPs and Other Medical Practitioners (OMP), must be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19.
- The bulk billing incentive Medicare fees have doubled (until 30 September) for items relating to GP and OMP services, diagnostic imaging services (items 64990 and 64991) and pathology services (items 74990 and 74990). These items can be claimed with the new temporary MBS telehealth items where appropriate.
- As of 20 April 2020, two new bulk-billing incentive items have been introduced for services provided to patients who are more vulnerable to COVID-19.
- Please refer to the 'Provider Frequently Asked Questions' on [MBS Online](#) for general information on eligibility, telehealth arrangements, referrals, bulk-billing and claiming, and assignment of benefits.
- Please note that this information is accurate as of this date. This is an evolving situation and it is possible that some of this information could change in response to the circumstances. Please continue to check MBS Online (www.mbsonline.gov.au) regularly for any further announcements.

New MBS Item Numbers for COVID-19 telehealth - GP

		New	
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 go from the source – MBS online](#)

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.

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

- ☐ **Yes.** 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.
- ☐ However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.
- ☐ 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](#)

New COVID-19 Bulk Billing Incentives - 20th April 2020

As of 20 April, two new bulk-billing incentives introduced for vulnerable patients (items 10981 and 10982).

Equivalent to 10990 (metropolitan) and 10991 (regional).

Apply for unreferral medical service for patients more vulnerable to COVID-19 - not admitted to a hospital.

Bulk Billing Incentives*		
Item	Temporary Fee (30 March – 30 September 2020)	Temporary Benefit (30 March – 30 September 2020)
10990	\$15.00	\$12.75
10991	\$22.70	\$19.30
10992	\$22.70	\$19.30
64990	\$14.10	\$12.00
64991	\$21.30	\$18.15
74990	\$14.10	\$12.00
74991	\$21.30	\$18.15
New Item	Temporary Fee (14 April – 30 September 2020)	Temporary Benefit (14 April – 30 September 2020)
10981	\$15.00	\$12.75
10982	\$22.70	\$19.30

[MBS Changes Factsheet - 20th April 2020](#)



Changes to MBS COVID-19 telehealth items - 20th April

Specialists and Allied Health

Bulk Billing Rules

Specialists and Allied Health are **no longer required** to bulk bill telehealth consultations for concessional, vulnerable patients or children under 16. Usual billing practices can be applied.

Allied Health – new MBS items

- 4 for Chronic Disease Management
- 4 follow-up items for indigenous patients
- 2 for pregnancy support counselling
- 8 for children with autism, PDD or disability
- 18 for eating disorders services

[Allied Health Fact Sheet – 20 April 2020](#)

Specialists 24 new items

- 6 for consultant psychiatrists,
- 8 for public health physicians,
- 10 for neurosurgeons

[Specialist Fact Sheet – 20th April 2020](#)

Changes to MBS COVID-19 telehealth items - 20th April

Bulk Billing Rules (for concessional, vulnerable patients or children under 16)

1. **Specialists and Allied Health** **no longer required** to bulk bill telehealth consultations
2. **GP's and OMP's** **MUST continue to bulk bill** telehealth consultations

Bulk Billing Incentive Items

2 new bulk-billing incentive items now available - medical services to vulnerable patient/s:

- item 10981 mirrors the current item 10990 metropolitan
- item 10982 mirrors the current item 10991 regional

4 new telehealth items for practice nurses / Aboriginal health practitioners

Mirroring items 10997 and 10987

For chronic disease management and follow up to an Aboriginal Health Assessment.

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](#)





PIP QI

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.

Key points for discussion at team meeting:	
•	
•	
•	
•	
•	
•	
2. Daily Team Meeting:	
Attendance:	
Actions from yesterday's meeting:	
What's changed since yesterday:	
What's on today:	
Issues, concerns, or WHS risks raised:	
Improvement suggestions (CQI):	
3. Update whiteboards, notice boards, and communication books with any new information	
4. Ensure all PPE stocks are replenished, including hand sanitiser and soap dispensers	
5. Review appointment book to ensure all telehealth bookings include all necessary details	
6. Wipe down the waiting room chairs and reception surfaces with disinfectant wipes at lunch time and any other time as required following infection control standards	
7. Check pathology and PPE stocks and reorder as necessary	
8. Check in with staff members on their mental health and wellbeing	
Are you OK? If not, to follow up	
Are you using the appropriate infection control techniques and staff PPE?	
Are there any practice issues or concerns? If yes, to follow up	
9. Today's good news story:	
10. Provide feedback to your PHN coordinator on any good news stories, issues, or concerns	

Credit Marg Windsor, DARTA Medical



Using the New MBS Item Number for COVID-19 Telehealth

- Available for all patients (until 30 September 2020)
- 1st preference is with video but telephone okay
- PIP QI payment doubled
- Expanded to include
 - care planning
 - Indigenous Health Assessments
 - Eating Disorder Management
 - Mental Health
 - Urgent After Hours
 - Pregnancy Support
- Bulk billing incentive doubled
- Incentive payment for 'vulnerable patients'



Bulk bill patients 'more vulnerable to COVID-19'

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

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- 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.



Learning Objective 3:

Use clinical software to identify 'vulnerable patients'



A new way to connect...



Who are your most vulnerable patients?

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



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



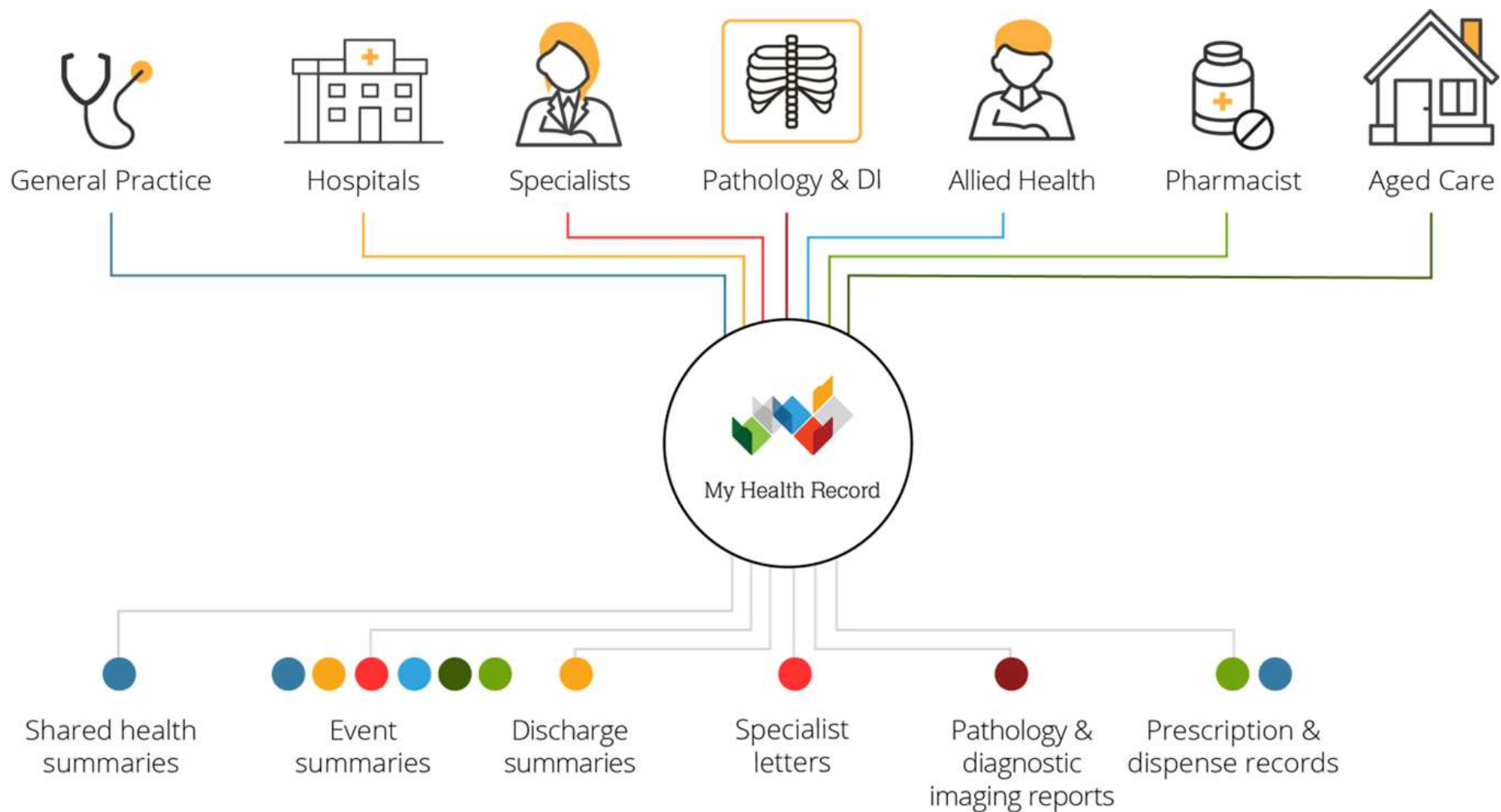


Pandemic Response & Correspondence Management

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:	<ul style="list-style-type: none">• 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

[Sample PDSA](#)

My Health Record: Easily accessible across healthcare settings





Learning Objective 4:

Implement a planned approach for preventive health for patients at risk.

WHAT'S YOUR PLAN?

Generate list of vulnerable patients:

- At risk > flu vaccinations
- already on care plans?
- due for care plan review
- everyone over 65
- Aboriginal and/or Torres Strait Islander origin
- Pregnant patients
- Babies under 12 months

5					
6	Usual Item Number	Video Number	Phone Number	Detail	Value
7	Standard Consult Items				
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	91858	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	92127	MH Consultation	\$85.70
30	ATSI Health Assessment				
31	715	92004	92016	ATSI Health Assessment	\$253.70
32	Afterhours Urgent in Unsociable Hours (2300-0800)				
33	599	92210	92216		\$182.85
34					



A new way to connect...



Educate patients - protocol

1. Prepare patients for what to expect
2. Provide a cheatsheet
3. Communicate via practice website
4. Send a link via email to join the session
5. Keep it simple
6. Reassure patients – they trust you
7. Ask for feedback – continuous improvement



TELEHEALTH TIPS FOR PATIENTS

How to prepare for telephone or
video medical appointments



1 FIND A PRIVATE SPACE

Your healthcare provider may need to ask you personal questions and see you clearly. Please find a private, quiet space with good lighting.



2 ALLOW PLENTY OF TIME

Due to medical emergencies it is virtually impossible for doctors to run exactly to the minute. Make yourself comfortable and expect to wait.



3 WRITE A LITTLE LIST

It can be hard to remember what you wanted to discuss with your doctor. Write a list of what you want to cover and keep it handy for the appointment.



4 CHECK YOUR UNDERSTANDING

Telehealth consultations require extra clarity. Repeat back important instructions to your healthcare provider to ensure you understand advice or instructions.



5 TELEHEALTH IS NEW FOR EVERYONE

Telehealth is new to your healthcare providers. It may be new for you. Please share your thoughts and experiences and together we can improve patient-centred healthcare for everyone.

[Telehealth-tips-for-patients](#)

Patient resources

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 travelling to your appointment, you enter the clinic's waiting area online.

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.

Is it secure?

Video calls are secure; your privacy is protected. You have your own private video room, that only authorised clinicians 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.

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 desktop or laptop (Windows or MacOS), or on an Android tablet or smartphone

Smartphone & tablet users


If you can, connect to a home or work

Patient Information Leaflet

Centre for Online Health
CENTRE FOR HEALTH SERVICES RESEARCH



**THE UNIVERSITY OF QUEENSLAND AUSTRALIA**
CREATE CHANGE

ATTENDING YOUR VIDEO CONSULTATION:
A telehealth guide for patients




STEP 1: Check you have the right equipment for a video consultation

- ✓ You will need a computer or tablet computer with either a built-in web-cam or a USB web-cam.
- ✓ Ensure you have a good Internet connection. **TIP!** If you can watch YouTube clips, your connection is probably good enough for a video consultation.




Once you have an appointment here's how to prepare and get the best out of your video consultation.


STEP 2: Prepare for your video consultation




Before your video consultation, ask others in your household to **stop** using internet applications that might slow your connection, such as video streaming or gaming.




Have at hand relevant health records, prescriptions, lists of medication and copies of results.




Prepare a list of concerns you want to discuss and have a pen and notepad handy.




If you have any medical devices, place them nearby (e.g. thermometer, blood pressure cuff, blood glucose monitor).



Set up in a quiet, private and well-lit room.




Try not to sit with bright light behind you – for example, face the window rather than having your back to the window. This will help to ensure your face can be seen clearly.



Connect your laptop or tablet to the Internet.



Sit close to the camera so your head and shoulders are in view.



If there is someone with you, ensure both of you can be seen.



A few minutes before your appointment time, follow the connection instructions provided to you when you made the appointment.

TIP! When making your appointment ask how you can practise connecting before the actual video consultation.

STEP 3: During your video consultation

- ✓ Look directly at the screen.
- ✓ Speak a little more **slowly** than normal to help your healthcare provider hear you clearly.
- ✓ **Take care** not talk over the top of your healthcare provider. Pause after speaking and be conscious of taking turns to speak.
- ✓ If you get out off and can't reconnect, **wait** for a phone call from the healthcare provider.

- ✓ If you need to move out of camera view, **inform** your healthcare provider what you are doing.
- ✓ **Write down** any advice or instructions, and make sure you understand the next steps (e.g. where to leave a specimen; how to receive a prescription).
- ✓ **Repeat** the instructions back to the healthcare provider.
- ✓ When you've both said **goodbye**, disconnect the call.

CONTACT US: coh.centre.uq.edu.au  enquiries@coh.uq.edu.au  @UQ_COH

Version: March 2020

COH Quick Guide for consumers

trainitmedical.com.au

HOW TO DO A HIGH QUALITY REMOTE CONSULTATION¹

1. BEFORE THE CONSULTATION

- Confirm that a remote consultation is clinically appropriate for this patient, at this time.
- Plan to use a private, well-lit room and ask the patient to do the same, do not sit in front of a bright window (draw curtains).
- For video decide on the platform to be used e.g. Healthdirect, Skype, Zoom, Facetime, WhatsApp etc.
- Take the patient's phone number and provide the patient with information on video or phone consults.
- Inform the patient of any additional charges for a remote consult.
- Know how you will access the patient's notes before, during and after the consult.
- Have your equipment in place and tested – ideally dual screen and a speed test.
- Have your plan B in place such as rescheduling, using the phone or if the patient is seriously ill.
- On the day check the technology is working.
- Contact (call, SMS) the patient an hour before the consult to confirm it's still appropriate to wait until the appointment time.

2. STARTING THE CONSULTATION

- Initiate the consultation by connecting online or calling the patient.
- Say something e.g. 'can you hear/see me?' use the chat or phone to troubleshoot with the patient and position screens so you can both be seen clearly.
- Revert to your plan B if the technology isn't working.
- Confirm the identity of the patient and anyone else on the call with either you or the patient or that they are alone.
- Take and record verbal consent for the video or phone consult.
- Explain what can or cannot be done on a remote consult.

3. DURING THE CONSULTATION

- Remind the patient what the plan B should be should the technology fail and they are not to record the consultation or put health information in the chat.
- Provide instructions on how to capture visual information – come close to the camera or take a photo.
- Let the patient know when you are taking notes or reading something – silence is OK.
- Ensure adequate clinical notes are in the patient medical record.
- Be aware that remote consults are new for patients and communication may be harder for you and them.

4. FINISHING THE CONSULTATION

- Summarise key points and what happens next – who will do what & when.
- Ask the patient if they need anything clarified.
- Confirm and record if the patient is happy to have a remote consult again.
- Tell the patient you are going to close the call.
- Send a patient evaluation form to get their feedback on having a remote consultation.

¹A remote consultation is one where the Doctor and Patient are not in the same room. This could be by phone or video.
Version 1.0

To find out more, visit us online at acrrm.org.au or call 1800 223 226

Australian College of
Rural & Remote Medicine
www.acrrm.org.au




ACCRM



Access eLearning course:

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

Enrolment Code: p8GsSTHo

 Course  Materials

1. Presentation used in Nurse Connect WentWest Webinar
2. Presentation used in WentWest & HealthDirect Webinar :
3. Telehealth Video Consultations Guide | RACGP
4. How to do video consultations well | ACRRM

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Presented by Katrina Otto
Train IT Medical Pty Ltd
www.trainitmedical.com.au
katrina@trainitmedical.com.au

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WENTWEST – COVID19

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Book into one of our upcoming webinars:



TOPIC	DATE	TIME
Webinar 4: Telehealth & new Medicare item numbers	19 th May	12:30pm
Webinar 5: Advanced Telehealth & digital health improvements	27 th May	6.30pm
Webinar 6: Telehealth for Specialists & Practice Managers Part 1	3 rd June	6.30pm
Webinar 7: ePrescribing, Results and My Health Record for multidisciplinary based care	10 th June	6.30pm
Webinar 8: Electronic transfer of prescriptions using MedicalDirector	17 th June	6.30pm
Webinar 9: Electronic transfer of prescriptions using Best Practice	7 th July	6.30pm



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