Train IT Medical
Competence with Confidence

phn WESTERN SYDNEY
An Australian Government Initiative

WentWest
Progressing Health Now

Advanced Telehealth & digital health improvements

- WentWest -

Presented by:
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enquiries@trainitmedical.com.au

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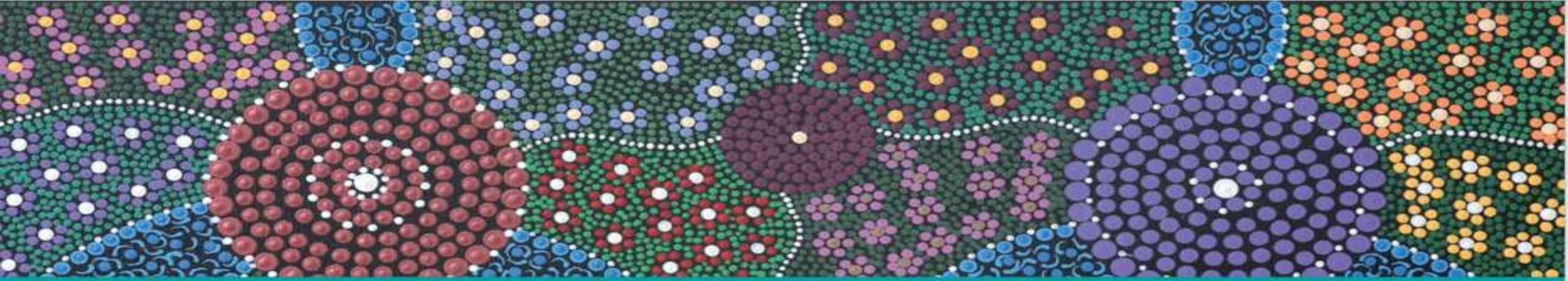
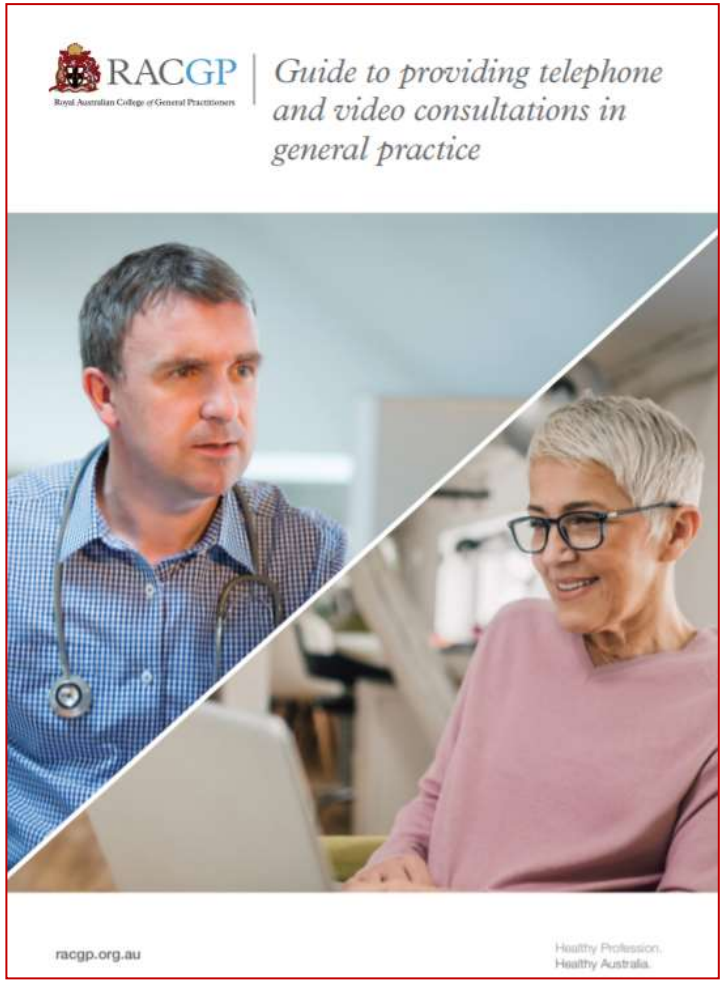


Acknowledgement of Country

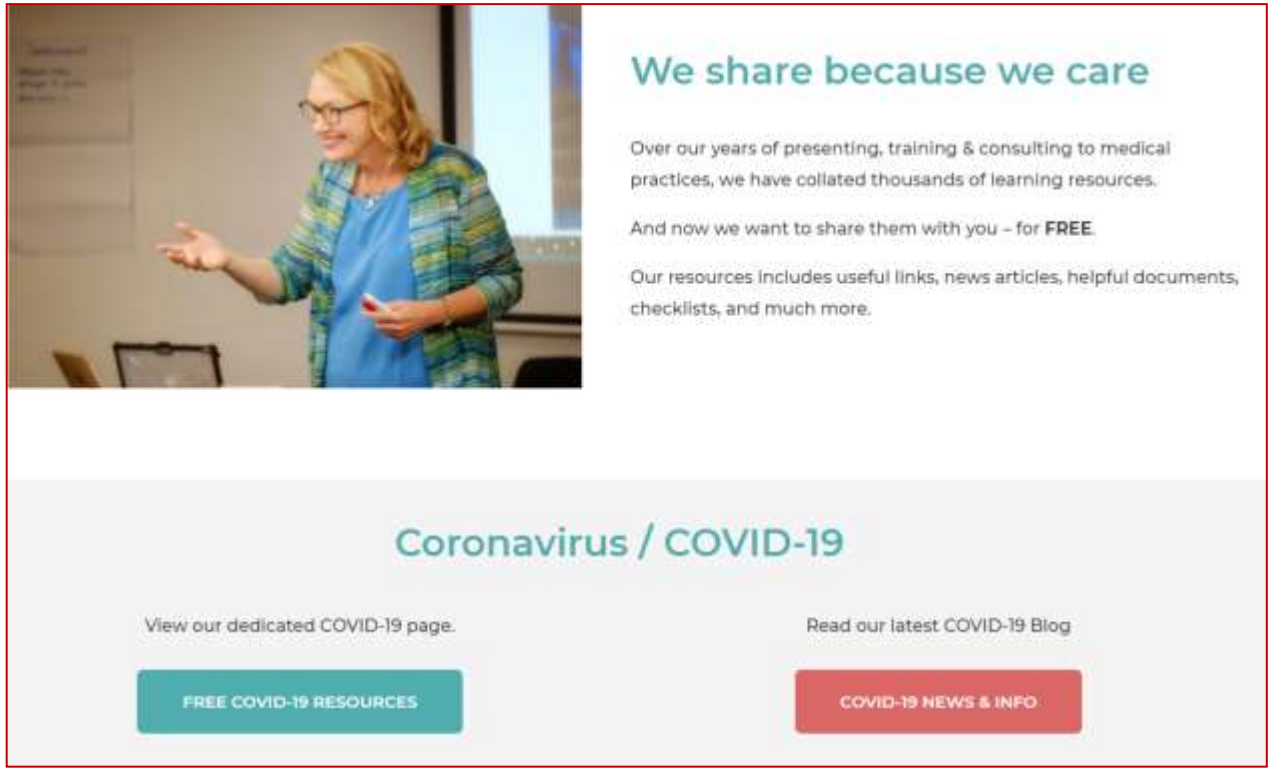
Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

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

Further learning:



[RACGP: Telehealth video consultation guide]



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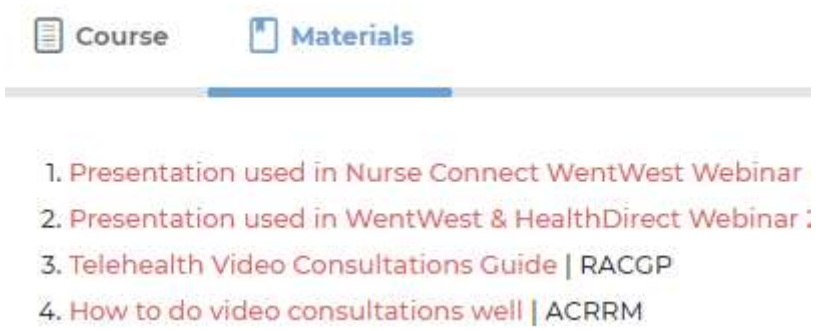
trainitmedical.com.au

Access eLearning course:

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

Enrolment Code: p8GsSTHo



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.

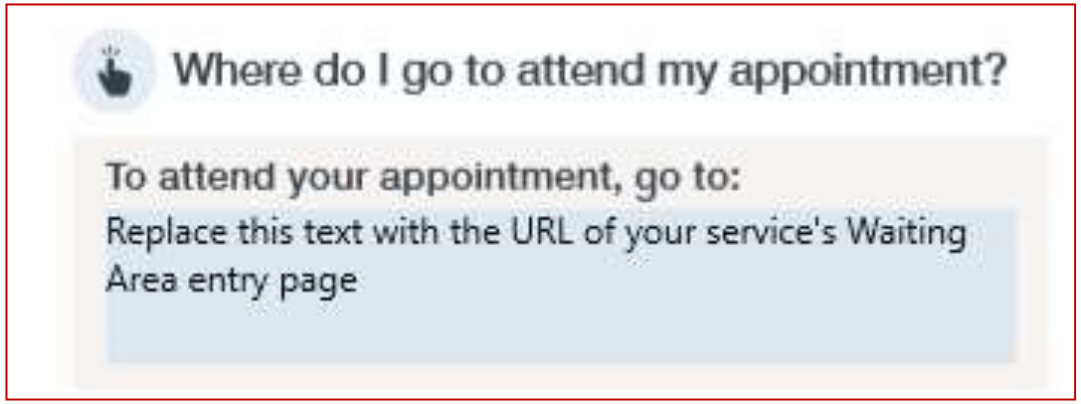
A video consultation uses less than half of the data you would use while watching a YouTube video in High Definition*.

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

Patient Information Leaflet



support@wentwest.com.au
ph 8811 7117

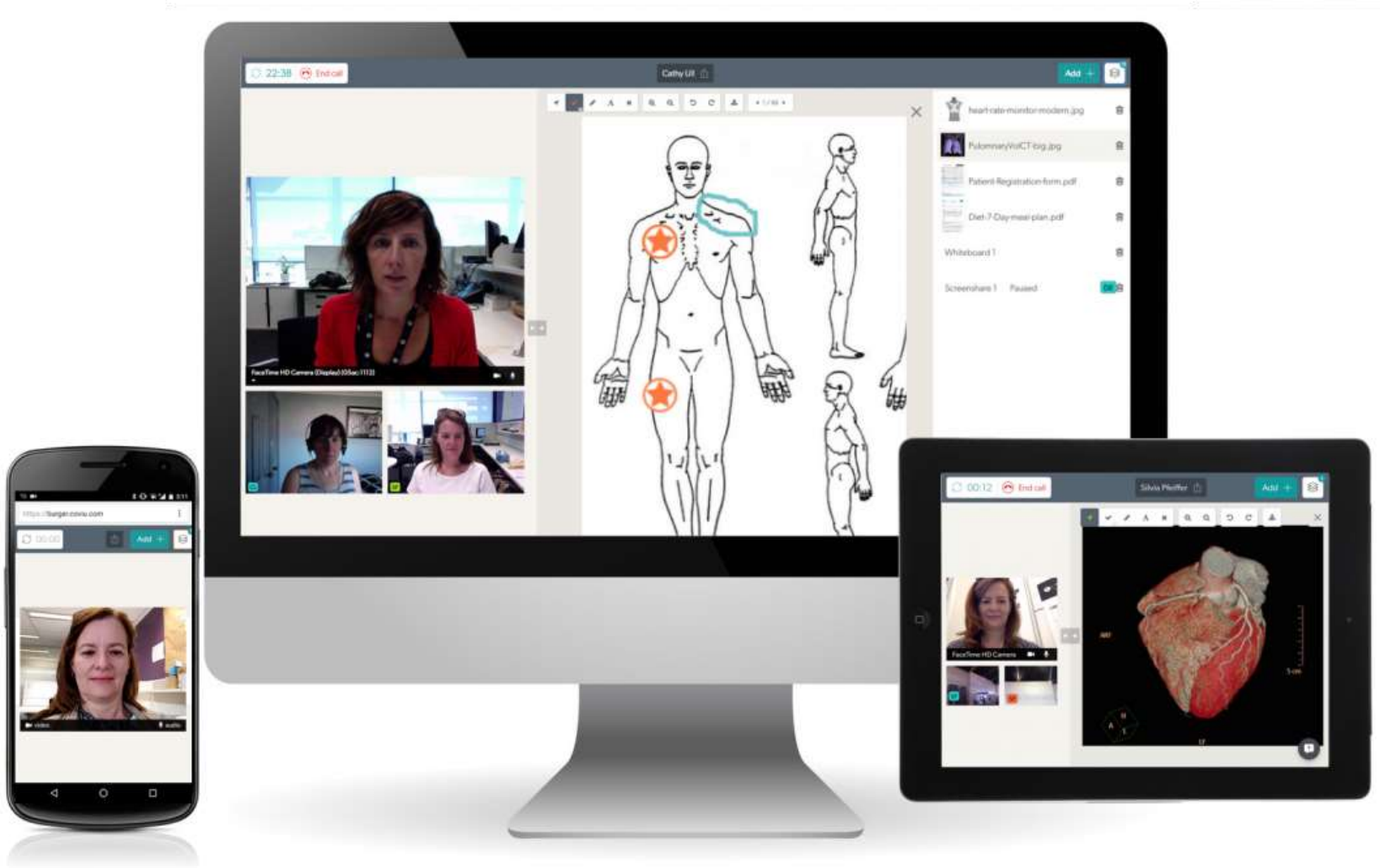
Learning Objectives:

1. Define team-based care and telehealth
2. Discuss changes to Medicare item numbers in relation to team-based care
3. Use case conferencing to interact efficiently with other clinicians in a team-based care setting.
4. Consider digital health tools (including My Health Record) to enhance care for vulnerable patients and meet eligibility for practice incentive payments

Learning Objective 1:

Define team based care and telehealth

Team based, patient-centred care and shared goals

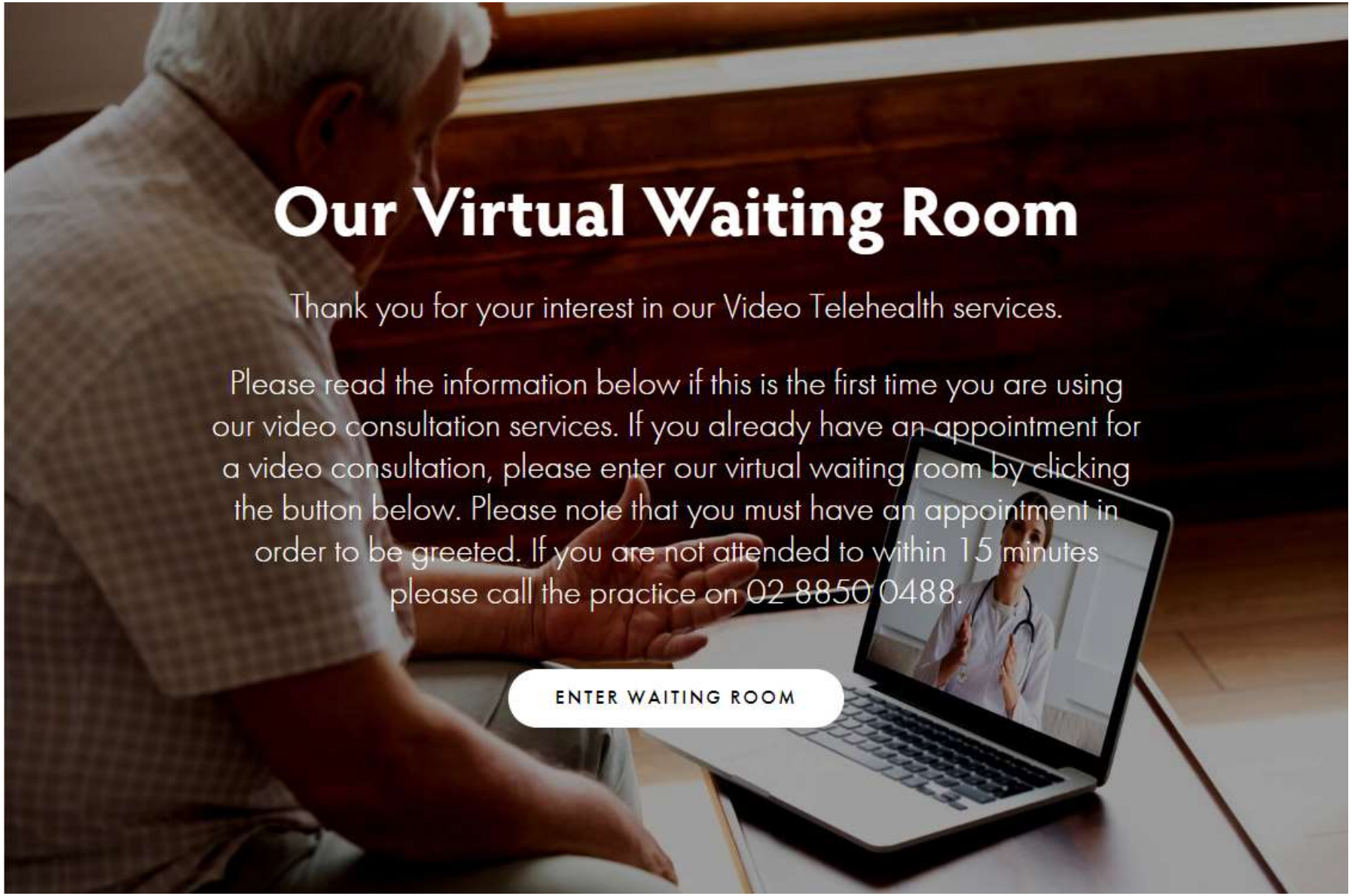


Coviu

*"**Team-based care** has the potential to improve the comprehensiveness, coordination, efficiency, effectiveness, and value of care, as well as the satisfaction of patients and providers. "*

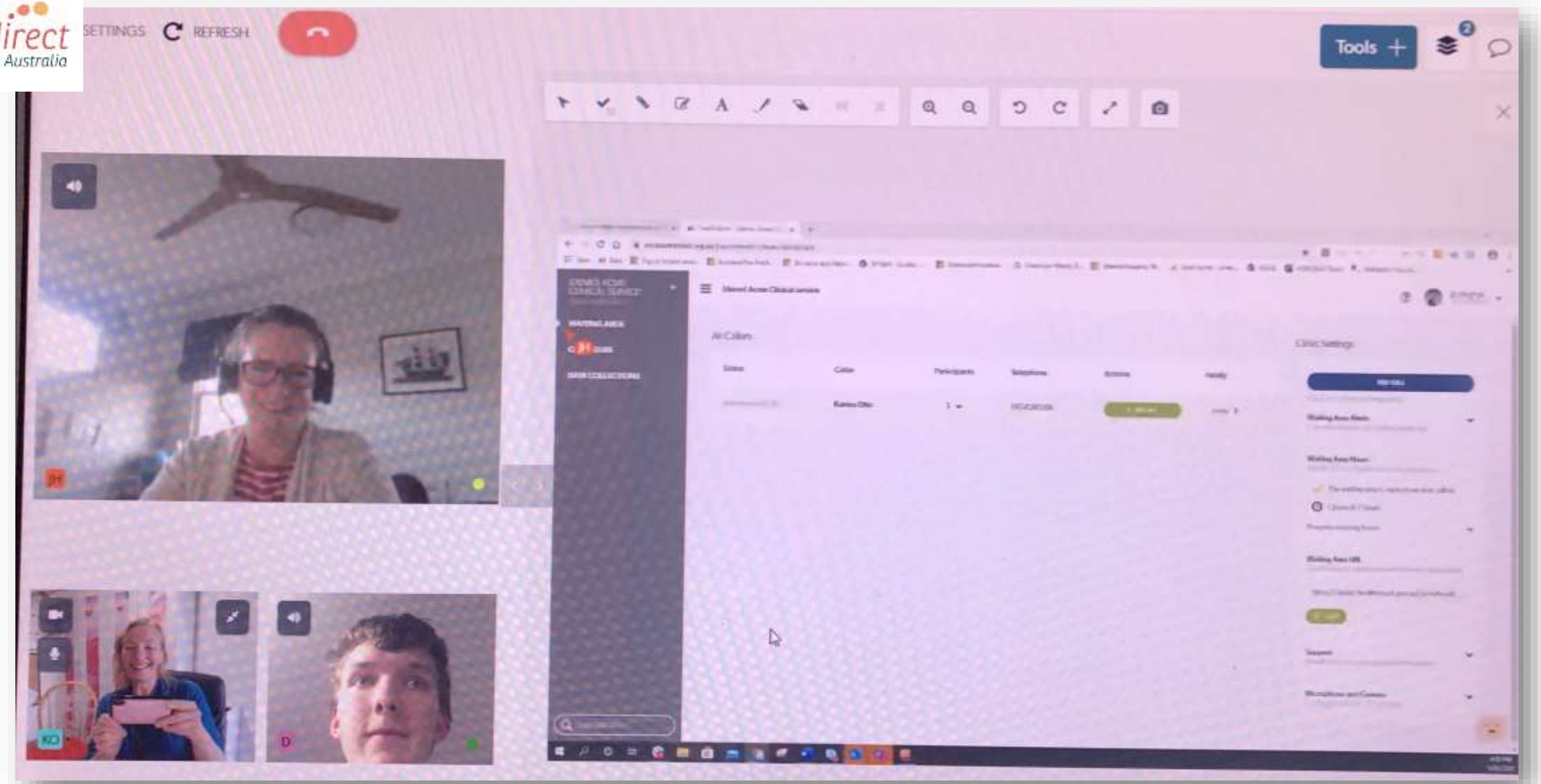
*"It is **patient-centred** and supports patients in learning to manage, organize, and participate in their own care at the level the patient chooses."*

Source: PMCH Resource Centre



Hills Family General Practice

HealthDirect Resource Centre


SETTINGS
REFRESH
Tools

Learning Objective 2:

Discuss changes to Medicare item numbers in relation to team-based care

New COVID-19 Bulk Billing Incentives - April 2020

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

This is for vulnerable patients who are not eligible for 10990 or 10991.
Apply for unreferred medical service for patients more vulnerable to COVID-19 - not admitted to a hospital.

Bulk bill patients ‘more vulnerable to COVID-19’

Must bulk-bill

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	
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

A new way to connect…

Service	Existing Items *face to face*	Telehealth items *video-conference*	Telephone items – *for when video-conferencing is not available*
Chronic disease management Items introduced 30 March 2020			
Allied health CDM services (all 13 items)	10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970	93000	93013
Items introduced 20 April 2020			
CDM service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner	10997	93201	93203

CALCULATING MULTI-DISCIPLINARY TELEHEALTH ITEM NOS.

TELEHEALTH SCENARIOS

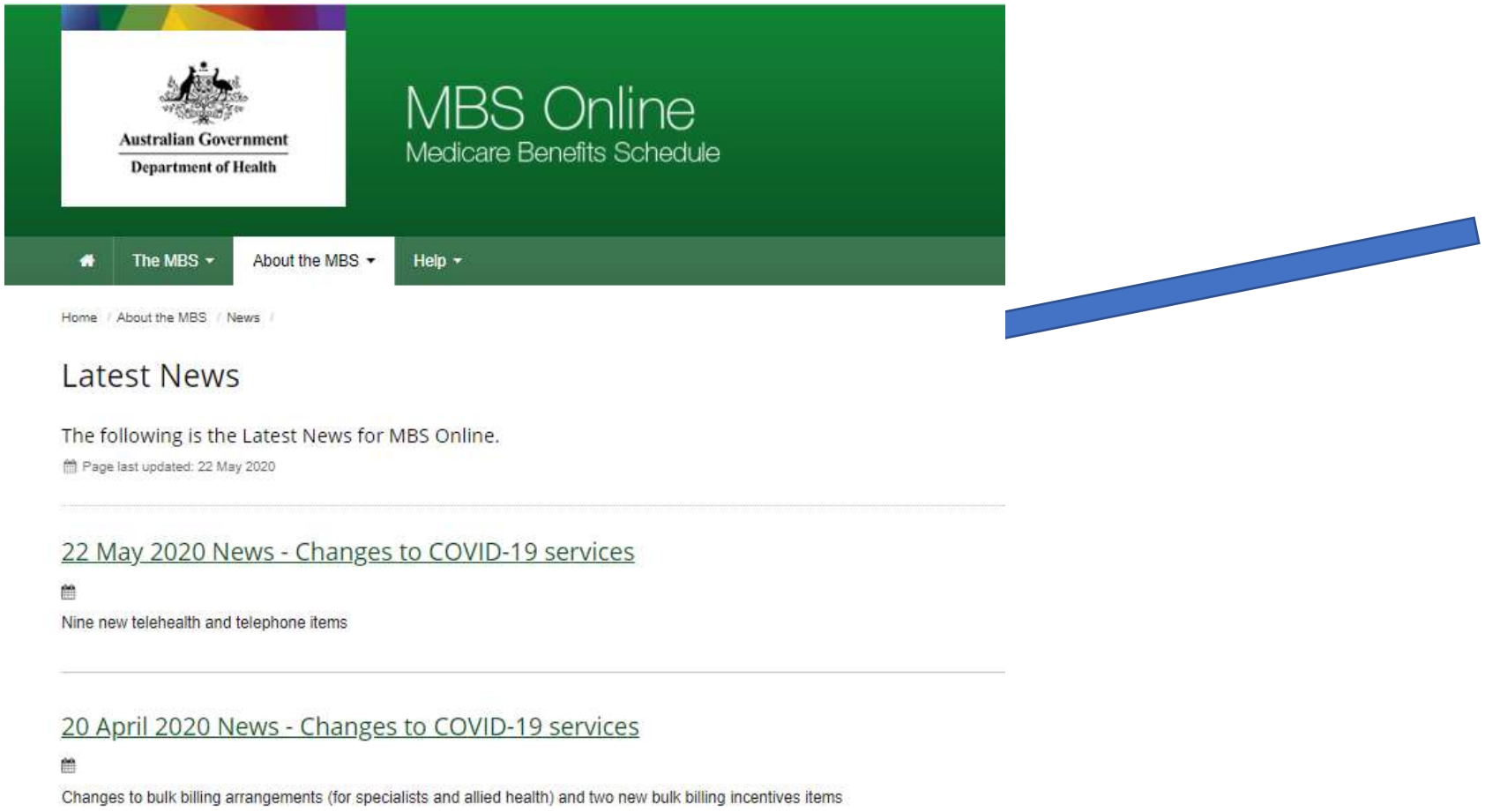
WITH VIDEO ITEM NUMBERS

CARE PLANNING VIDEO CONSULTATION WITH PATIENT + NURSE + GP

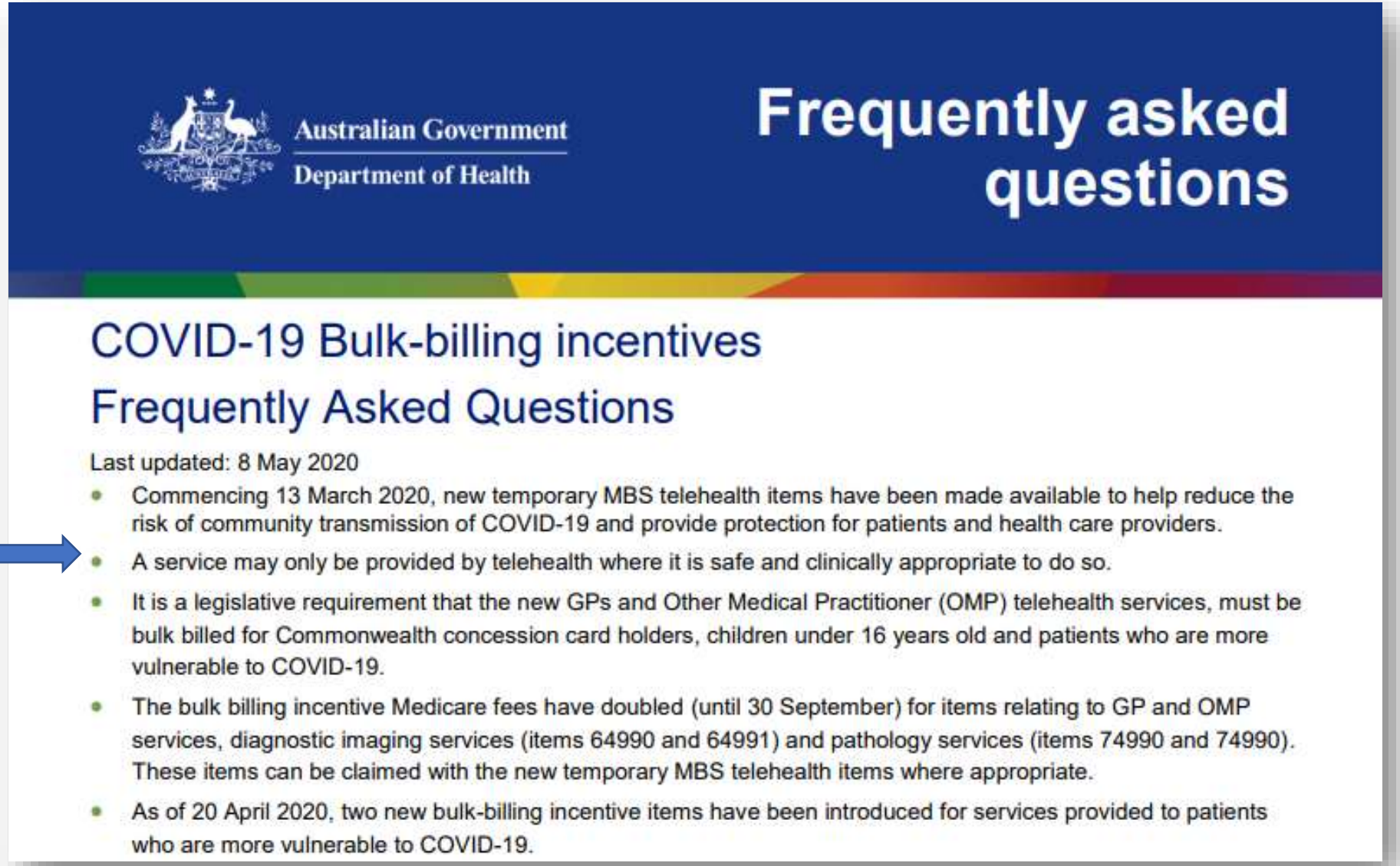
Nurse or AHW: 93201
GPMP Review: 92072
TCA Review: 92072

Incentives:
10990 (concession) or 10991 (rural)
or 10981 (no concession) or 10982

New MBS Item Numbers for telehealth



MBS Online – Complete List of COVID-19 Telehealth MBS items


Australian Government
Department of Health
Frequently asked questions
COVID-19 Bulk-billing incentives
Frequently Asked Questions
Last updated: 8 May 2020
Commencing 13 March 2020, 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 GPs and Other Medical Practitioner (OMP) 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.
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.

FAQs

MBS Item Number for COVID-19 Telehealth now include:

- Care planning
- Indigenous Health Assessments
- Eating Disorder Management
- Mental Health
- Urgent After Hours
- Pregnancy Support

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

Usual Item Number	Video Number	Phone Number	Detail	Value
Standard Consult Items				
3	91790	91795	Level A	$20.55
23	91800	91809	Level B	$44.90
36	91801	91810	Level C	$87.00
44	91802	91811	Level D	$128.05
82200	91192	91193	NP Level A	$9.75
82205	91178	91189	NP Level B	$21.30
82210	91179	91190	NP Level C	$40.40
82215	91180	91191	NP Level D	$59.50
Obstetric				
16500	91855	91858	Antenatal	$47.90
4001	92136	92138	Non-Directive Preg Counselling >20mins	$91.55
GPMP				
721	92924	92068	GPMP	$172.40
723	92025	92069	TCA	$136.60
732	92028	92072	Review GPMP/TCA	$86.10
MHCP				
2700	92112	92124	MHCP Non Trained 20-40mins	$85.70
2701	92113	92125	MHCP Non Trained >40mins	$126.15
2715	92116	92128	MHCP Trained 20-40mins	$108.80
2717	92117	92129	MHCP Trained >40mins	$160.25
2712	92114	92126	Review of MHCP	$85.70
2713	92115	92127	MH Consultation	$85.70
ATSI Health Assessment				
715	92004	92016	ATSI Health Assessment	$253.70
Afterhous Urgent in Unsociable Hours (2300-0800)				
599	92210	92216		$182.85

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.

Train IT Medical
Competence with Confidence

PDSA/Quality Improvement Activity - Sample

Topic – My Health Record

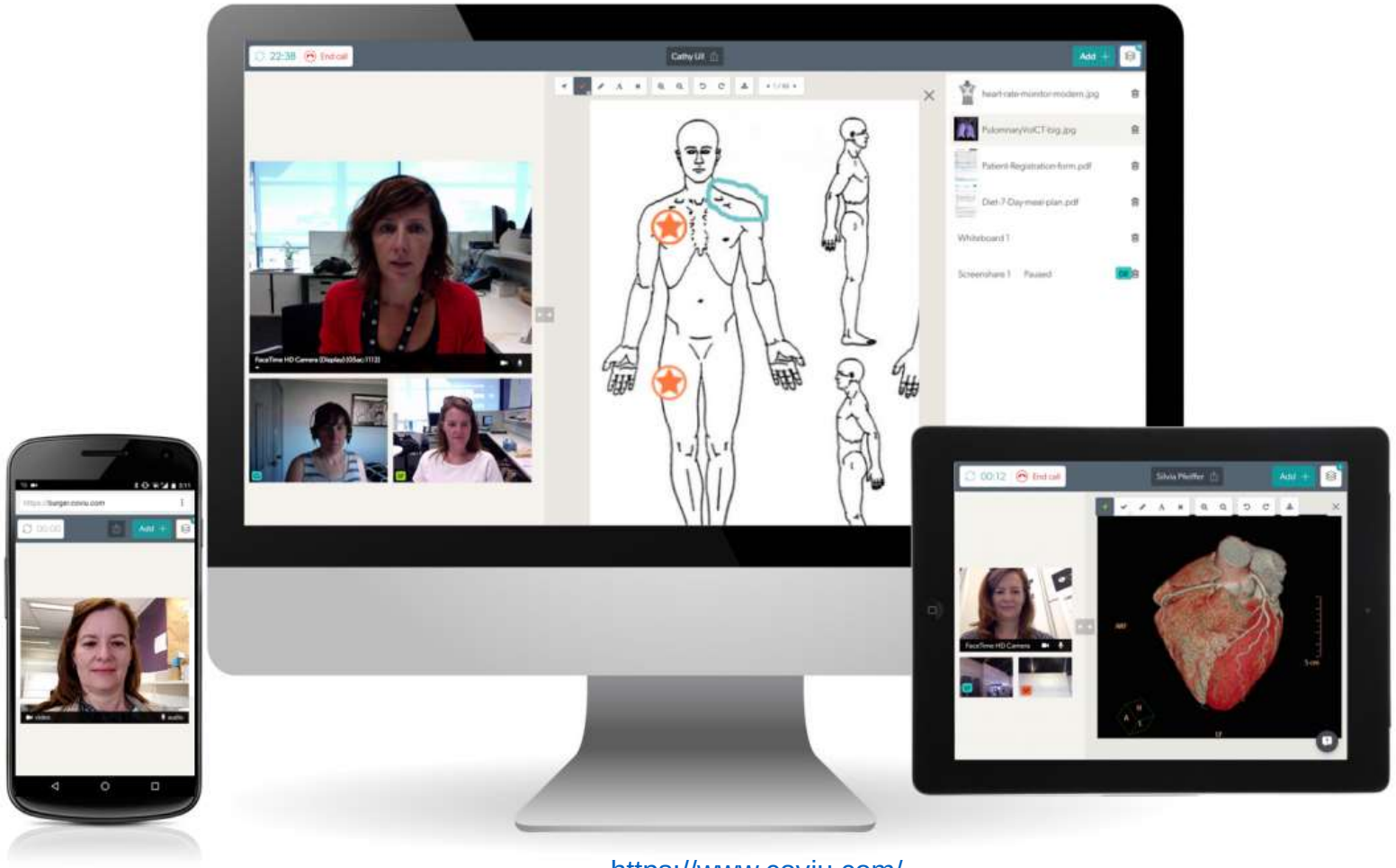
Area of Focus: Shared Health Summaries

Step 1. The 3 Fundamental Questions

1. What are we trying to accomplish? **(By answering this question you will develop your goal for improvement)**
Improve the management of vulnerable patients through the use of digital health and in particular the use of My Health Record (as a method to share information) with a focus on vulnerable patients.
2. How will we know that a change is an improvement? **(By answering this question you will develop measures to track the achievement of your goal)**
The total number of Shared Health Summaries for 'vulnerable patients' uploaded to My health Record will increase by 10% each month for the next 6 months.

Learning Objective 3:

Use case conferencing to interact efficiently with other clinicians in a team-based care setting.



https://www.coviu.com/

HOW TO DO A HIGH QUALITY REMOTE CONSULTATION[1]

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 is 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.

[1]A 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

ACRRM

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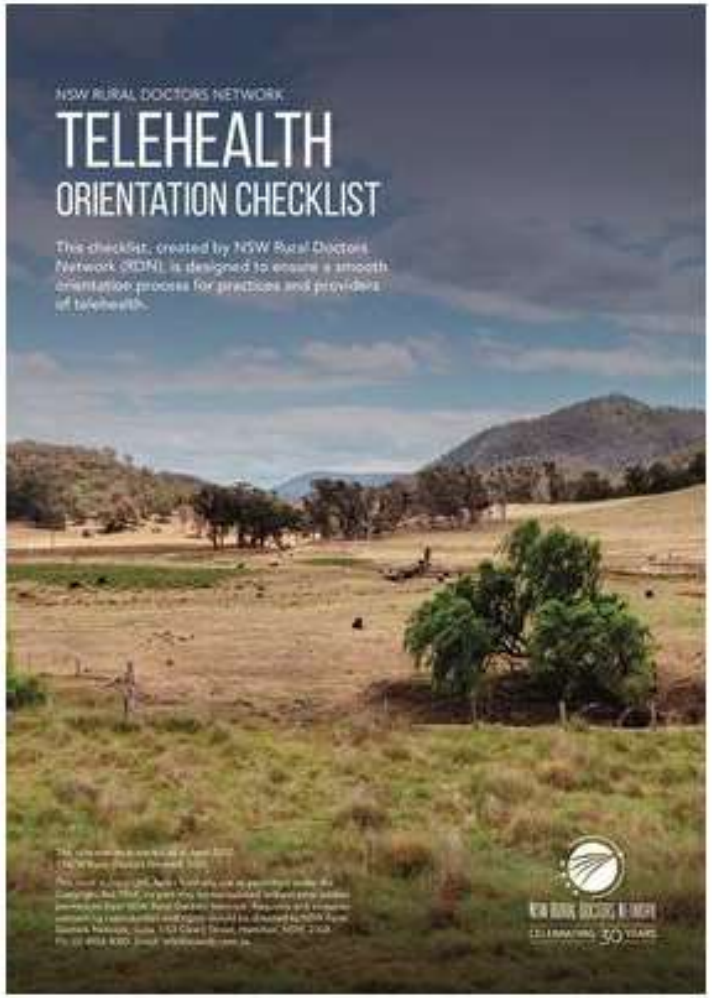
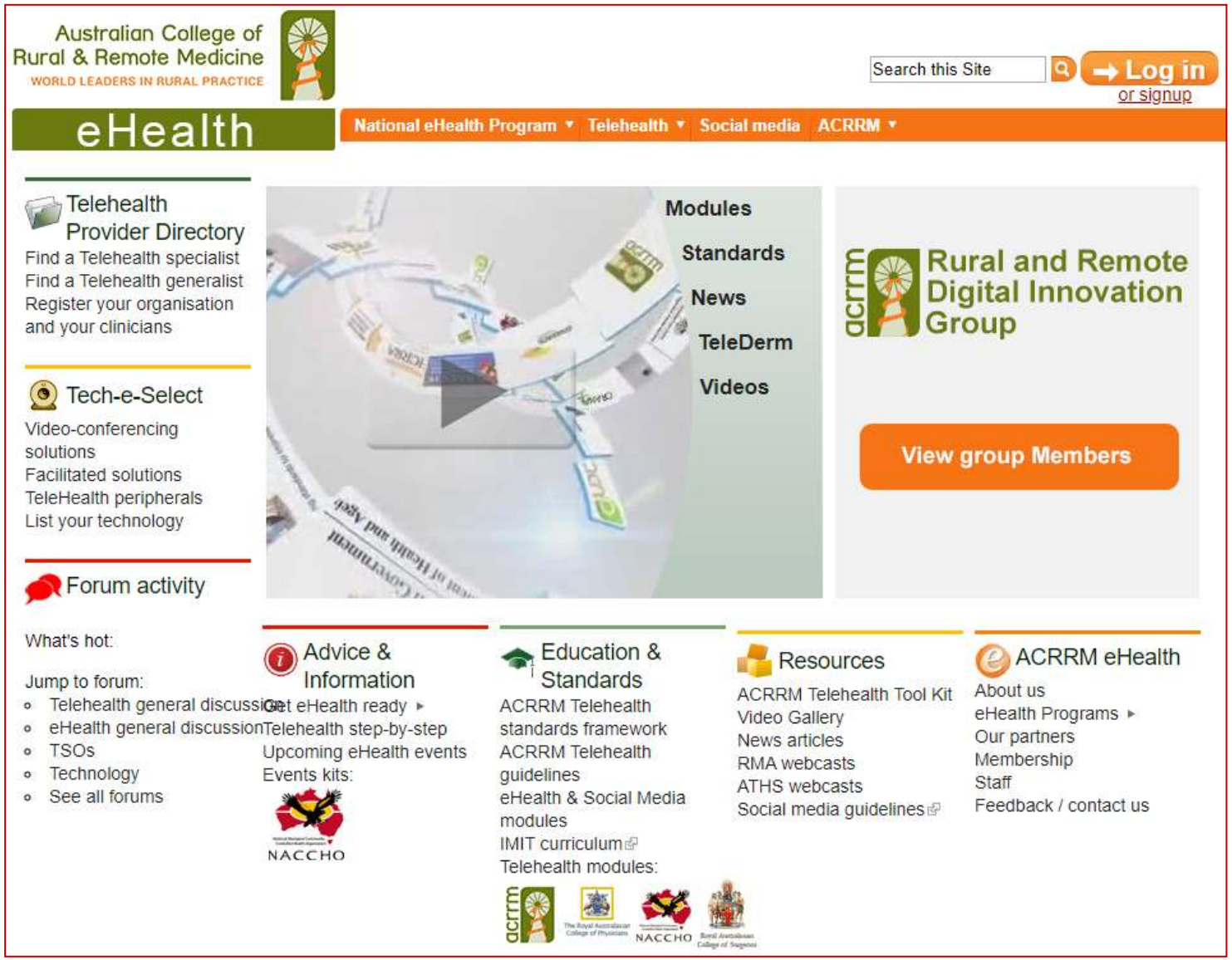
ACRRM


NSW RURAL DOCTORS NETWORK
TELEHEALTH
ORIENTATION CHECKLIST
This checklist, created by NSW Rural Doctors Network (RDN), is designed to ensure a smooth orientation process for practices and providers of telehealth.

[NSWRDN]

NSW RURAL DOCTORS NETWORK
TELEHEALTH
RESOURCES AND TIPS
This guide, created by NSW Rural Doctors Network (RDN), is designed to assist practices offering telehealth, and providers of telehealth, with the process of recruitment and onboarding.


Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE
Search this Site
Log in
or signup
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
Modules
Standards
News
TeleDerm
Videos
Rural and Remote Digital Innovation Group
View group Members
Advice & Information
Get eHealth ready
Telehealth step-by-step
Upcoming eHealth events
Events kits:
NACCHO
Education & Standards
ACRRM Telehealth standards framework
ACRRM Telehealth guidelines
eHealth & Social Media modules
IMIT curriculum
Telehealth modules:
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

ACCRM

Clinical Handover after multi-party telehealth consultation

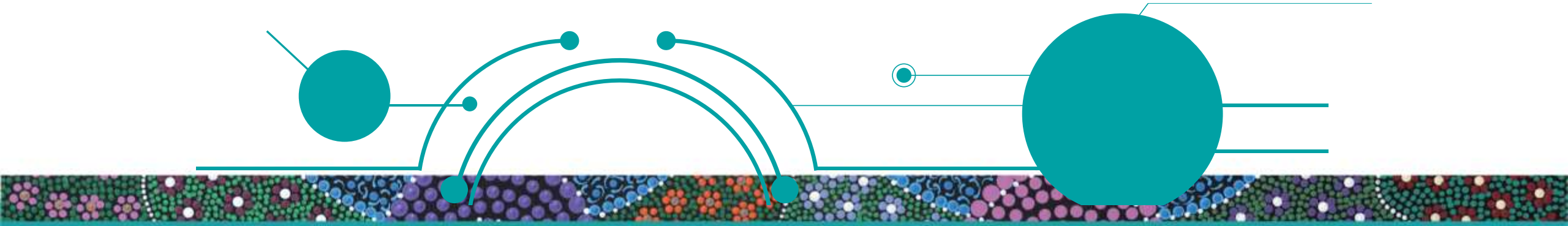
Referring GP	Clinical handover	Distant specialist
• Make consultation notes • Record any technical malfunctions • Implement and monitor agreed follow-up actions	⟷	• Make consultation notes • Record any technical malfunctions • Send response letter to GP • Implement and monitor agreed follow-up actions

RACGP Guidelines

Standard 1.3 “Expect to Share”

“Health Professionals should expect to share their health information with colleagues and with patients to facilitate safe and effective health care”

RACGP Quality Health Records in Australian Primary Healthcare



“General assumption is that you lose rapport but that is the opposite of what I’ve found over the past 2 years of doing telehealth”.

Dr Gaj Panagoda,
Paediatric Rehabilitation Physician &
General Paediatrician,
Institute for Urban Indigenous Health

Listen to RACP podcast: The Art of Telehealth

CASE CONFERENCING | 3 WAY TELEHEALTH

TELEHEALTH SCENARIOS

RESPONSIVE OR PLANNED

PATIENT + NURSE + GP

1. Booked nurse + client care plan appointment
2. Nurse calls GP into join telehealth consultation.

PATIENT + GP + SPECIALIST

1. Times co-ordinated, appointment booked and link sent to all parties.
2. At time of appointment all parties enter telehealth waiting room.

PATIENT + GP/NURSE + INTERPRETER

Nurse can quickly send a direct link to join the consultation.

PATIENT/CLIENT + AHP + FAMILY

1. AHP books appointment and sends the link.
2. Family member can also receive link or be added urgently during consult.

Team care with shared goals

Learning Objective 4:

Consider digital health tools (including My Health Record) to enhance care for vulnerable patients and meet eligibility for practice incentive payments

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 Window Help

Go MDF

Mrs Laura Curtin (83yrs 2mths) | DOB: 05/03/1937 | Gender: Female | Occupation: | 0m 59s

87 Chapman Ave. Gurnang. Nsw 2787 | Ph: 0455555555 (mobile) | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: Nil known | Pension No: | Ethnicity:

Smoking Hx: Never smoked | IHI No: 8003 6085 0004 5331

Warnings: | MyHealthRecord: Exists with access permission as of 17/05/2020

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Cervical Screening

Consultation date: 17/05/2020 | Previous visits: ALL

Visit type: Surgery Consultation

Sunday May 17 2020 14:43:37
Dr Phillip Lang
Visit type:
Surgery Consultation

Date	Recorded by:	Visit type	Reason for contact
07/08/2018	Dr Phillip Lang	Surgery Consultation	
17/05/2020	Dr Phillip Lang	Surgery Consultation	

Tuesday August 7 2018 09:43:08
Dr Phillip Lang
Visit type:
Surgery Consultation

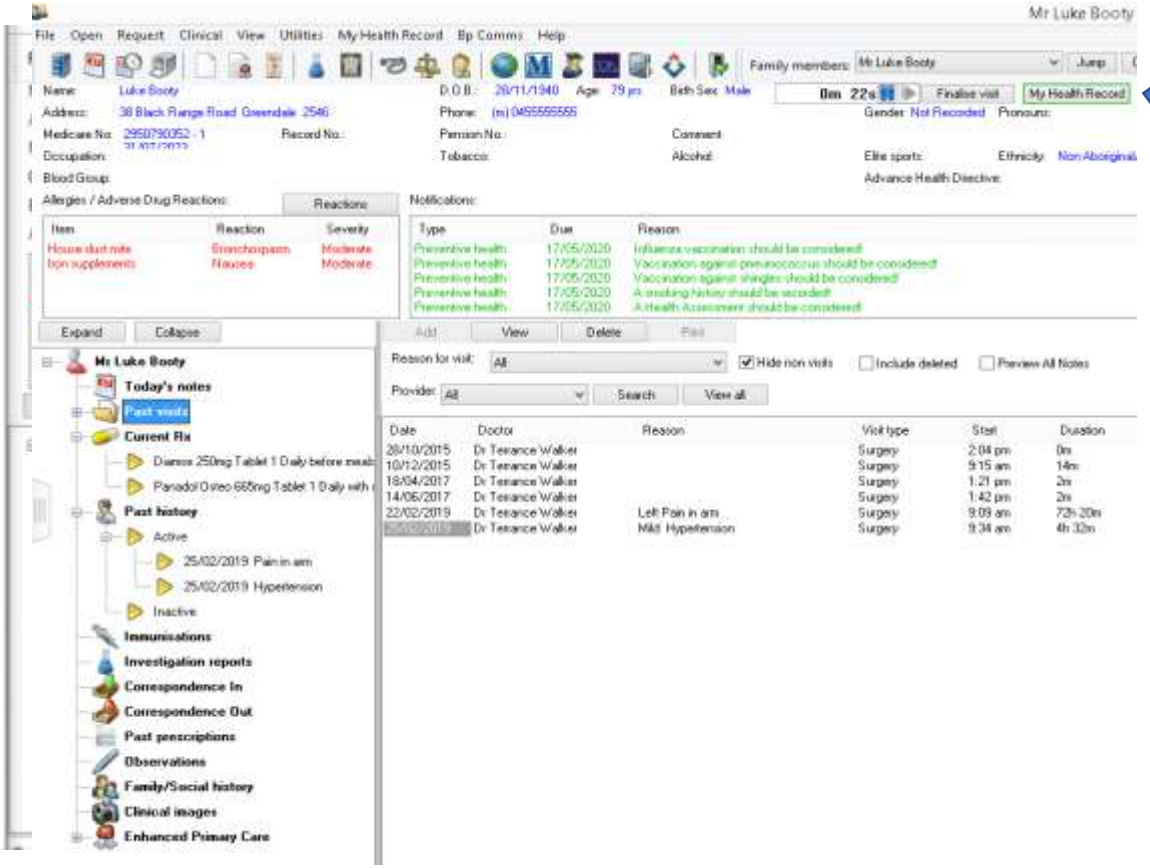
What is Best Practice doing?

- Telehealth consults using integrated software
  - Myhealth1st
  - HotDoc
  - Healthsite
  - HealthEngine
  - AutoMed Systems

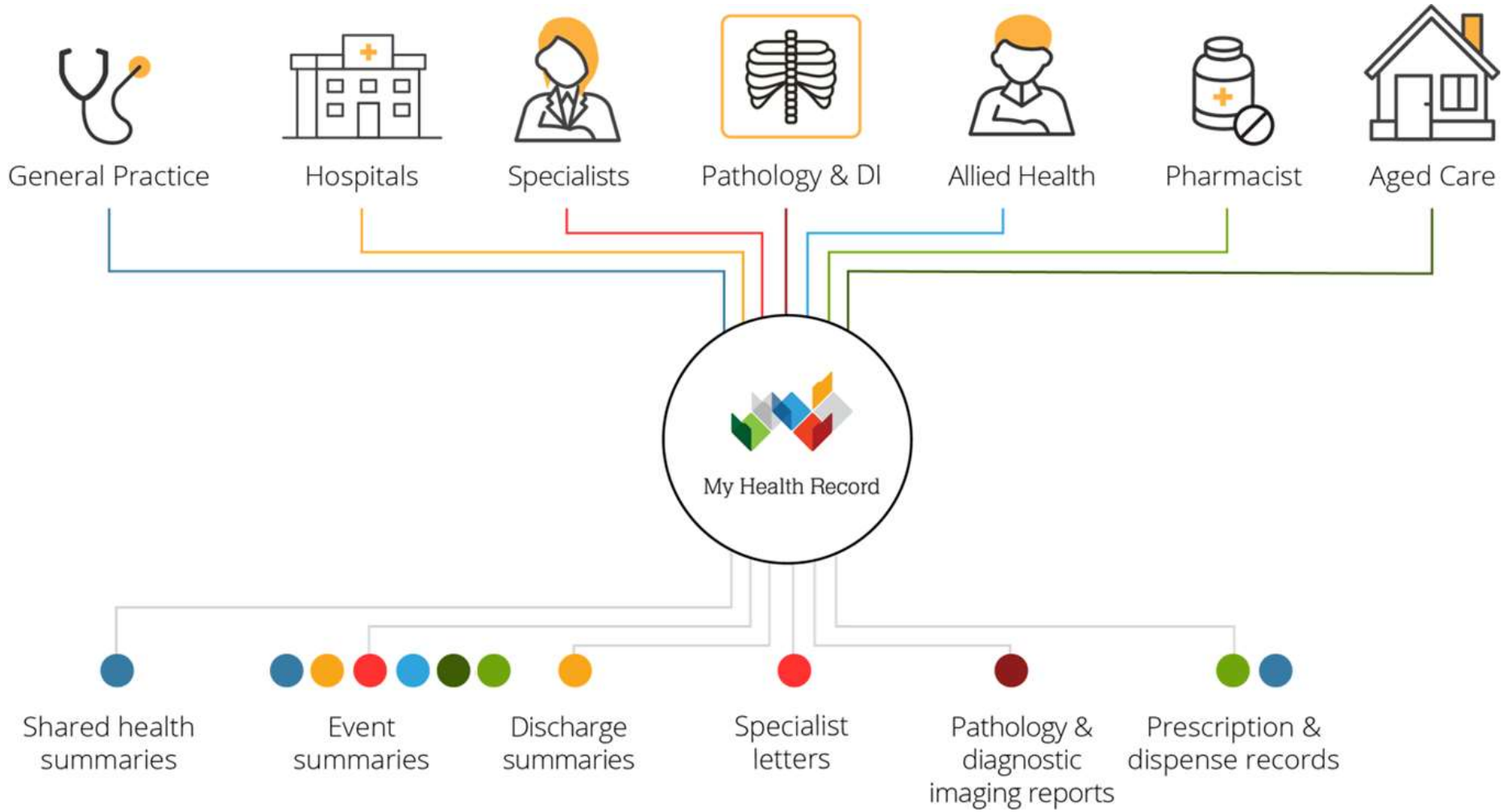
- Suggested workflows for telehealth consults for non-integrated software (and lots of other useful COVID-19 specific information) available via our Knowledge Base (accessed via help>online within Bp Premier)

- Fast Tracked ePrescriptions will be available in Jade Sp3

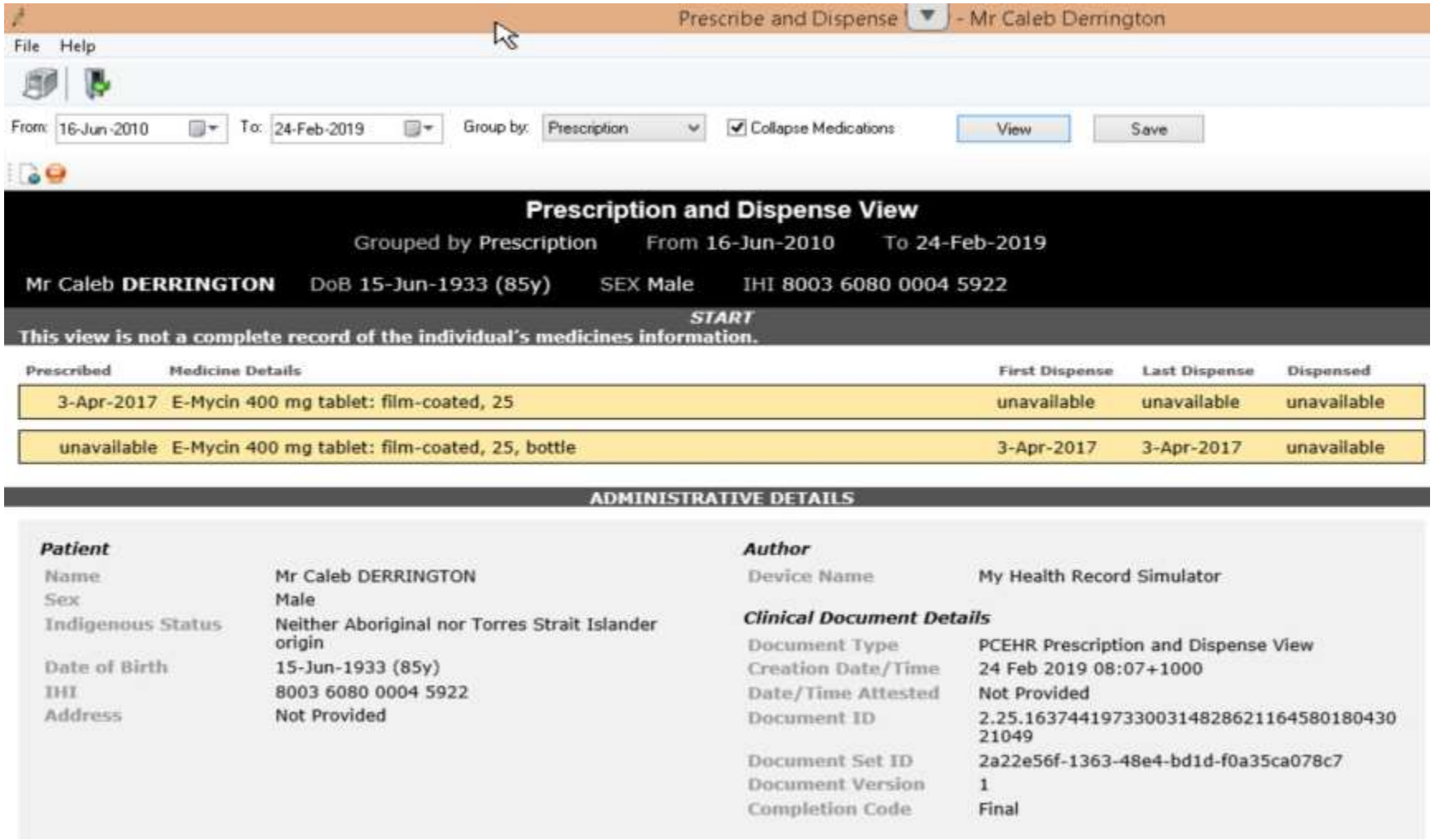
- It's imperative you are operating on the most recently released version of Bp Premier to take advantage of ePrescriptions, or any other initiatives Best Practice releases in the coming months.


Mr Luke Booty
File Open Request Clinical View Utilities My Health Record Bp Comms Help
Family members: Mr Luke Booty
Jump
Name: Luke Booty
D.O.B.: 26/11/1940
Age: 79 yrs
Birth Sex: Male
0m 22s
Finalise visit
My Health Record
Address: 38 Black Range Road Greendale 2546
Phone: (m) 0455555555
Gender: Not Recorded
Pronouns:
Medicare No: 2950790352 : 1
Record No:
Person No:
Comment
Occupation:
Tobacco:
Alcohol:
Elite sports:
Ethnicity: Non Aboriginal
Blood Group:
Advance Health Directive:
Allergies / Adverse Drug Reactions:
Reactions
Item
Reaction
Severity
House dust mite
Bronchospasm
Moderate
Iron supplements
Nausea
Moderate
Notifications:
Type
Due
Reason
Preventive health
17/05/2020
Influenza vaccination should be considered!
Preventive health
17/05/2020
Vaccination against pneumococcus should be considered!
Preventive health
17/05/2020
Vaccination against shingles should be considered!
Preventive health
17/05/2020
A smoking history should be recorded!
Preventive health
17/05/2020
A Health Assessment should be considered!
Expand
Collapse
Add
View
Delete
Print
Mr Luke Booty
Today's notes
Past visits
Current Rx
Past history
Active
25/02/2019 Pain in arm
25/02/2019 Hypertension
Inactive
Immunisations
Investigation reports
Correspondence In
Correspondence Out
Past perscriptions
Observations
Family/Social history
Clinical images
Enhanced Primary Care
Reason for visit:
All
Hide non visits
Include deleted
Preview All Notes
Provider:
All
Search
View all
Date
Doctor
Reason
Visit type
Start
Duration
26/10/2015
Dr Terrance Walker
Surgery
2:04 pm
0m
10/12/2015
Dr Terrance Walker
Surgery
9:15 am
14m
18/04/2017
Dr Terrance Walker
Surgery
1:21 pm
2m
14/06/2017
Dr Terrance Walker
Surgery
1:42 pm
2m
22/02/2019
Dr Terrance Walker
Left Pain in arm
Surgery
9:09 am
72h 20m
Dr Terrance Walker
Mild Hypertension
Surgery
9:34 am
4h 32m

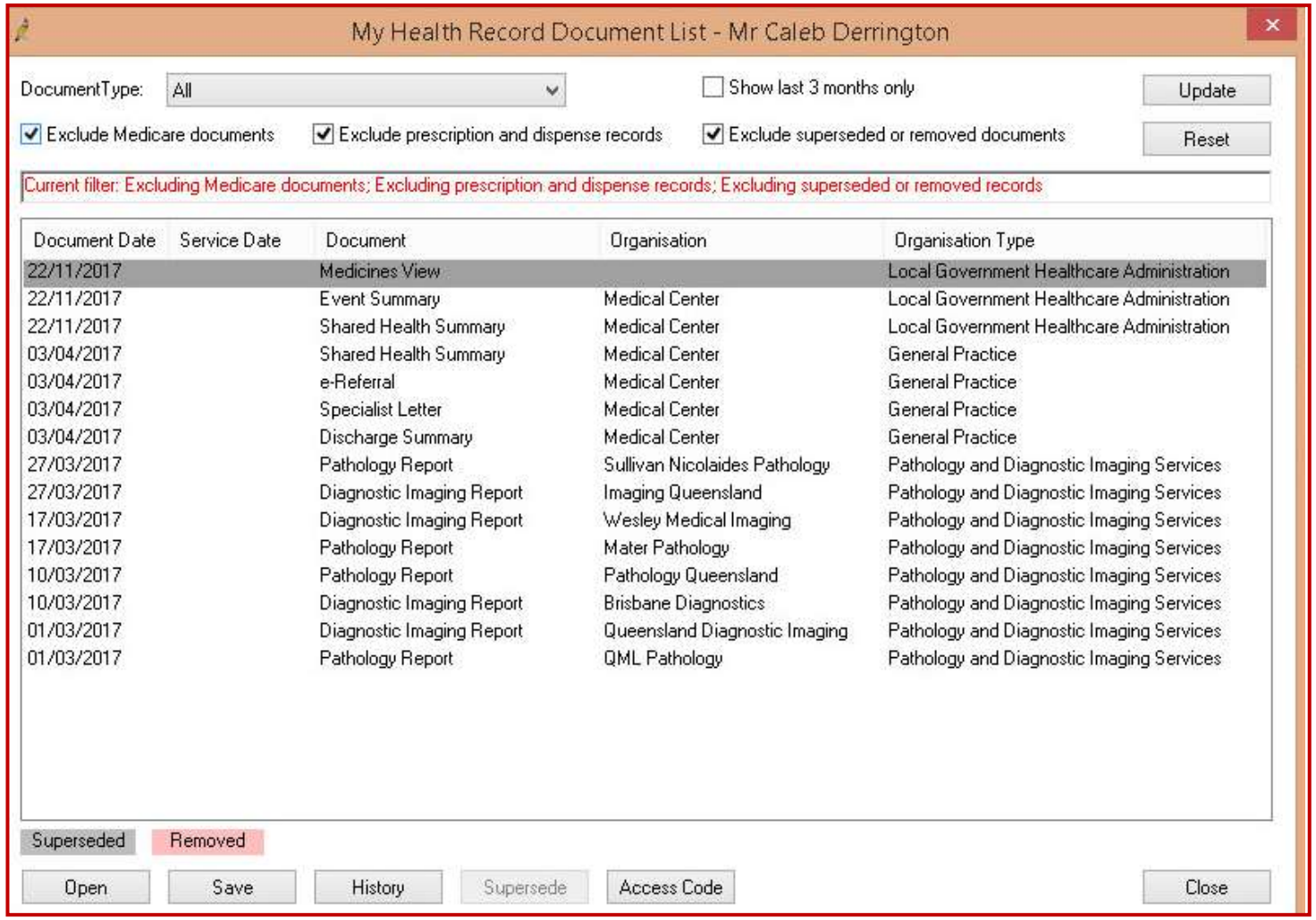
My Health Record: Easily accessible across healthcare settings



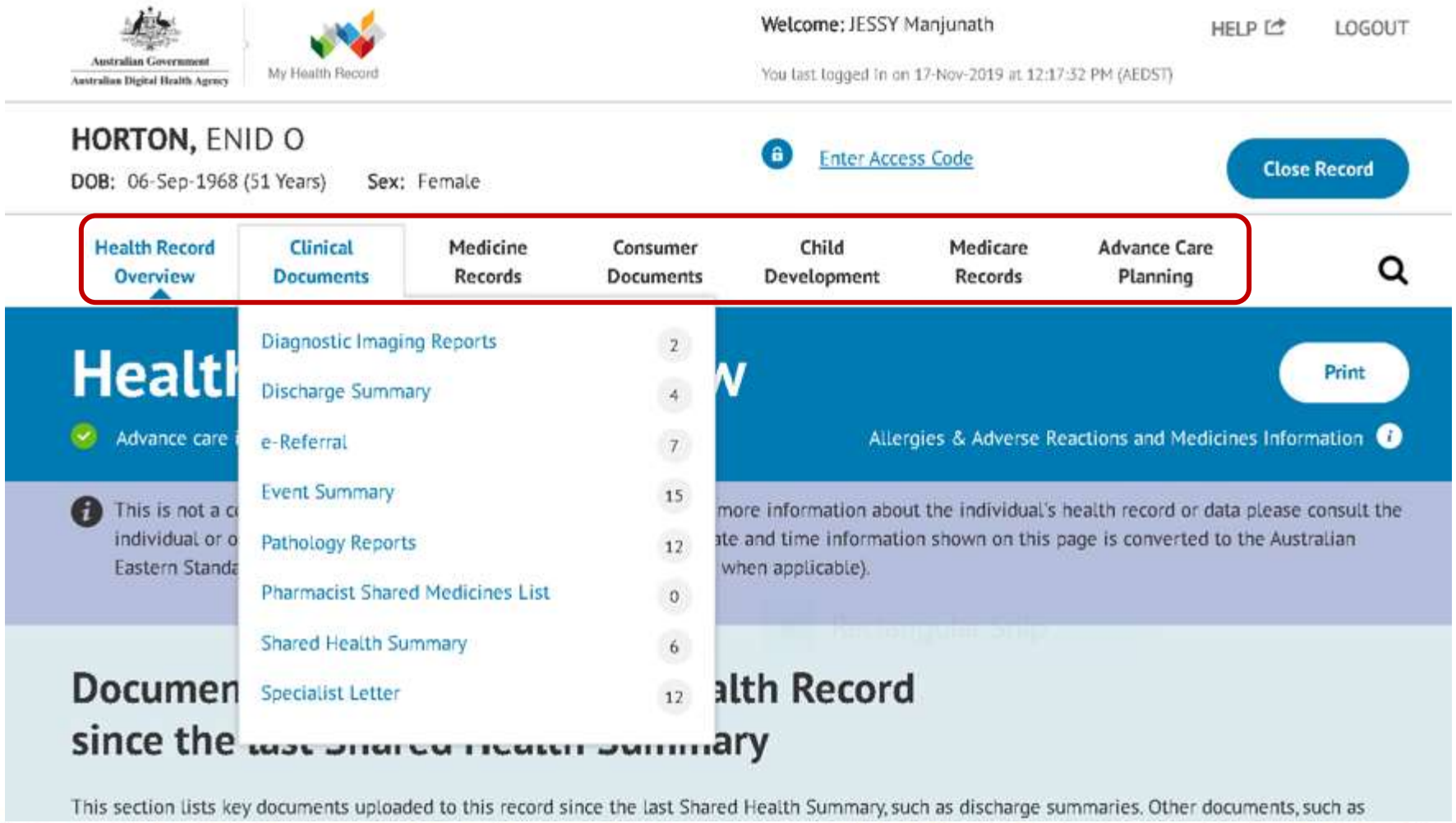
My Health Record – Prescription & Dispense View



Pathology and Diagnostic Imaging included



Access via National Provider Portal



How are healthcare providers using it?

My Health Record | Statistics and Insights
MAR 2019 TO MAR 2020

91% of pharmacies are now registered

69% are using My Health Record

91% of GPs are now registered

73% are using My Health Record

94% of public hospital beds are now registered

How many documents are in the system now?

There are almost **43 million** Pathology Reports

There are nearly **7 million** Diagnostic Imaging Reports

There are more than **6 million** Discharge Summaries

There are more than **4 million** Shared Health Summaries

How did healthcare provider views change in March?

Views by GP's in March reached nearly **250,000**

An increase of almost **20%** since February.

Views by Public Hospitals and Health Services were **180,000**

That's an increase of more than **40%** in the last month.

My Health Record

Time for innovative, team-thinking

Example from the outstanding Greenmeadows Medical, Port Macquarie, NSW

Train IT Medical

Competence with Confidence

PDSA Template

Please complete this template for each PDSA cycle you undertake.

Idea #1	*Describe the idea you are testing: refer to the 3rd fundamental question, 'What are we trying to accomplish?*
	• Hold a team meeting • Agree definition of Vulnerable patients and how to flag in software • Agree a plan of action to follow up and upload SHS

Evidence has shown that ***quality improvement activities lead to positive change in practices****, particularly when a* ***whole practice team*** *approach is adopted*

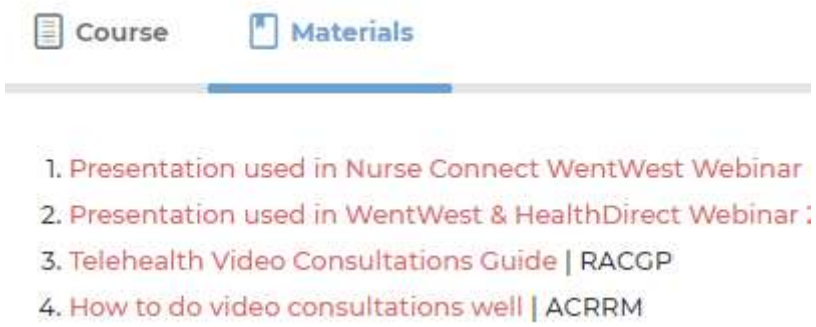
Book into one of our upcoming webinars:

Webinar 6: Telehealth for Specialists & Practice Managers Part 1	3rd June	6.30pm
Webinar 7: ePrescribing, Results and My Health Record for multidisciplinary based care	10th June	6.30pm
Webinar 8: Electronic transfer of prescriptions using MedicalDirector	17th June	6.30pm
Webinar 9: Electronic transfer of prescriptions using Best Practice	7th July	6.30pm

Access eLearning course:

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

Enrolment Code: p8GsSTHo



We're here to help you!

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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.

Read more

See Pulse IT's curated list of digital health providers