Expansion of a telemedicine model into the patient’s home

LATROBE REGIONAL HOSPITAL
TELEHEALTH PROJECT

INFORMATION FOR GENERAL PRACTICE, SPECIALIST OUTPATIENT CLINICS AND ABORIGINAL MEDICAL SERVICES
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Latrobe Regional Hospital
Better Care Victoria Telehealth Project

Expansion of a telemedicine model into the patient’s home

Information for General Practice, Specialist Outpatient Clinics and Aboriginal Medical Services

Introduction

Telehealth consultations enable patients in remote and rural areas to have easier access to specialists without the time and expense involved in travelling to major cities or regional townships. Latrobe Regional Hospital (LRH) acknowledges distance can be a significant barrier to accessing health services and consumers should be entitled to equity of care regardless of the geographic region in which they live.

With a focus on improvements in consumer outcomes, telehealth services are being offered by LRH to eligible outpatients. A number of Medicare benefits are available to specialists and consultant physicians. Benefits are also available for general practitioners (GPs), nurse practitioners, midwives, practice nurses, or Aboriginal health workers who support the patient face-to-face at the receiving end of a telehealth consultation.

To qualify for the Telehealth Medicare Benefits Schedule (MBS) items, patients must reside in an Australian Standard Geographical Classification Remoteness Area (RA) 2-5 and be located at least 15 km in distance by road to Latrobe Regional Hospital. Patients attending an Aboriginal Medical Service are exempt from this rule.
Background

In 2016, LRH successfully applied to the Better Care Victoria (BCV) Innovation Fund, to expand its paediatric telehealth service and target specific adult outpatient populations. The project aligns with the BCV priority areas of Outpatients and Care outside the hospital walls.

The benefits of this project will be delivered to consumers, specialist outpatient clinics and the state health system, and include:

- Reduced burden and cost of travel to attend specialist outpatient clinics for both consumers and their carers
- Opportunities for improved collaboration between GPs and LRH specialists which will enhance partnerships and improve coordination of care
- Improved focus on, and delivery of, patient-centred care
- Improved efficiency of specialist outpatient clinics through the reduction of the number of appointments which rural and remote patients fail to attend
- Development of a statewide implementation toolkit as a resource for regional services

In developing the statewide toolkit, consultation is being undertaken with general practitioners in collaboration with the Gippsland Primary Health Network (PHN); Barwon South West Telehealth; and Western Victoria PHN. The following information is intended to provide an initial overview of the scope of the project and the incentives for physicians and practitioners to be involved.
Project objective

The primary objective of this project is to improve access to specialist outpatient clinics at LRH and improve the utilisation and efficiency of these clinics by reducing the number of patients who fail to attend appointments. This will be achieved through the provision of telehealth consultations, either hosted by eligible local GP clinics or within the patient’s own home using an existing and well-developed model of care.

Project scope

Eligibility criteria – patients:

Patients who are referred to Latrobe Regional Hospital paediatric, endocrinology (diabetic patients) or physician (chronic heart failure) specialist outpatient clinics, who are:

- Accepting of the telehealth model of care
- Attending a ‘review’ appointment
- Reside at least 15 km by road from Latrobe Regional Hospital
- Are identified as appropriate for a telehealth consultation by the treating specialist

The exception to the above is a patient attending an Aboriginal Medical Service. In this case, the >15km minimum distance criteria does not apply.

Eligibility criteria – general practitioners:

GP clinics that are geographically located >15km by road to Latrobe Regional Hospital.

In order to fulfil the MBS item descriptor, there must be a visual and audio link between the patient end and the specialist end. If the medical practitioners are unable to establish both a video and audio link with the patient, an MBS rebate for a telehealth attendance is not payable.
Craft groups for the project

Endocrinology and cardiology (specifically diabetes and heart failure) and pediatrics.

Types of consultations possible within the project’s scope:

Telehealth appointments via video with LRH outpatient specialists or sub-specialist appointments with tertiary providers in metropolitan Melbourne, either within an eligible GP clinic or in the patient’s own home (with no patient end service provided).

Utilisation of MBS items that may apply

Telehealth is unique in that two clinicians can receive a Medicare rebate for seeing the patient at the same time.

There are a range of MBS item numbers which may be applied for video consultations. They vary from specialist services to patient-end services in various settings, such as home visits and within Aboriginal Health Services.

Where the referring general practitioner, specialist, or consultant physician forms the view that it is clinically necessary for the patient to be accompanied during the telehealth consultation, the referring general practitioner, a nurse practitioner, midwife, practice nurse, or Aboriginal health worker supporting the patient face to face at the receiving end is entitled to claim ‘Patient-End Services’.

The MBS fee payable to the doctor or health practitioner depends on the time spent with the patient. The doctor supporting the patient does not have to be present for the entire consultation, if it is not clinically required. The consultant physician or specialist ‘sending out’ advice at the other end is able to claim the fee for professional attendance as per the Telehealth Medicare Benefit Schedule.

There are 23 MBS item numbers which offer financial benefits to enable general practitioners - and eligible health workers - to provide clinical support where
necessary to the patient during a video consultation with a specialist or consultant physician.

The MBS Online webpage can be accessed for up-to-date item number information via the links on page 10 of this document.

MBS video consultation items for specialist services and patient-end services can be found here.

**Bulk billing a telehealth video consultation**

Patients who have a telehealth video consultation with a specialist have the option to assign their right to a Medicare benefit to the specialist through an email agreement. The process for this can found in a step-by-step guide, along with information about claiming MBS items for telehealth services here.

The LRH Telehealth Facilitator will provide patients with a consent form giving permission to bill Medicare for their appointment with outpatient services.

**Approaches to scheduling**

As the project takes shape, it is envisaged that the coordination of scheduling for appointments will be considered in consultation with LRH consultant specialists/physicians and general practitioners.

A key factor to consider when committing to telemedicine is the timing of consultations, to ensure that appointments can run on time and as scheduled. Initially, it may be useful to allow for a few extra minutes before a telehealth appointment, to make sure the patient has connected successfully. The Telehealth Facilitator will ask the patient to join the appointment 10 minutes early.

**Technical requirements**

The government is not mandating or endorsing any particular technical solution for telehealth. In providing MBS billed telehealth services, clinicians can be confident that the software solution offered by the LRH telehealth project (Jabber Guest) meets the applicable laws for security and privacy. However, the
normal privacy requirements for health information will need to be met at the service end.

Google Chrome is preferred to be installed on the computer or device that is used for teleconsultations, at both the distant end and the patient end.

When a telehealth appointment is made with LRH, a link is provided via email to patients (if they are attending from home), or to the patient’s GP. When first using the telehealth program, the user will be prompted to download and install the free Jabber Guest plug-in. The first participant to join the teleconsultation will enter a ‘virtual waiting room’. Other participant(s) will then join the appointment via the same process and the consultation begins.

New Jabber Guest plug-ins are periodically made available with fixes and improved functionality.

The equipment required to participate in the project includes a computer with speakers and microphone, webcam and internet access.

There must be a visual link between the patient and the eligible specialist or consultant physician in order to bill a video consultation through Medicare.

The room needs to be quiet from external noise and free of interruptions ensuring privacy is maintained at all times. A ‘Do Not Disturb’ sign is recommended for the door of the telehealth consulting room.

LRH’s consideration of providing devices to practices

As part of this project, LRH has the opportunity to work with your clinic to ensure you have the technology required to deliver telehealth services.

The most appropriate equipment may vary from one setting to the next; for example, a clinic may find it useful to have a second computer screen to view patient notes or diagnostic results while the video is viewed on the main screen, while another may prefer external speakers.
Options may include any of the following:
- iPads and associated accessories
- Docking ports/stands for iPads or tablets
- Webcams
- Dedicated PC with built-in camera/microphone
- Additional monitors/dual screens
- Dedicated software
- External speakers/external microphones

The project’s steering committee are seeking expressions of interest through the Gippsland PHN from GPs and clinicians who are interested in participating in the project. Support equipment will be provided as agreed by the steering committee with a memorandum of understanding governing the ongoing maintenance of such supplied to recipient practices.

Internet access and available bandwidth

Participating clinics will have an opportunity to test the stability of their internet connection with the assistance of the LRH Telehealth Facilitator, who will also test the internet connection at the patient end prior to the outpatient appointment. This will usually occur a week beforehand. The LRH Telehealth Facilitator is able to provide more detailed information regarding device compatibility upon request.

The minimum bandwidth requirement for good quality video during a telehealth call is 2 Mbps. Potential users can test their network connections via the following link: http://www.speedtest.net/

For more information, please contact Barb Radley, Latrobe Regional Hospital Telehealth Facilitator during business hours on 5173 8022 or bradley@lrh.com.au.

Although the Telehealth Financial Incentives Program ended on 30 June 2014, there are no changes to Telehealth Medicare Benefits Schedule (MBS) items. Providers will continue to receive higher Medicare benefits for telehealth services.

Information regarding eligibility and claiming can be found here.
Flowchart: ‘Sending Out’ to GP Clinics and Aboriginal Medical Centres

**Telehealth: How does it work?**
Patient decides on Telehealth

Clinician initiates or discusses Telehealth consultation with patient, who agrees

Appointment arranged between LRH and patient’s GP clinic or Aboriginal Medical Centre. Patient contacted to confirm appointment time. Email address is obtained. ‘Consent to bulk bill’ form and brochure are sent to patient

LRH Telehealth Facilitator is notified via email

Facilitator ensures appointment is flagged as a Telehealth consultation in LRH outpatient booking system. Consultation reminder sent to LRH specialist via email

Facilitator emails video link to GP clinic or Aboriginal Medical Centre, confirms time and arranges pre-test to take place one week prior to appointment

**VIDEO CONSULTATION TAKES PLACE**

LRH satisfaction survey sent to patient or carer, GP or clinical support person, and outpatient specialist

EXPANSION OF A TELEMEDICINE MODEL INTO THE PATIENT’S HOME
Latrobe Regional Hospital - Better Care Victoria Telehealth Project
Flowchart: ‘Sending Out’ to the Patient’s Home

**Telehealth: How does it work?**

Patient decides on Telehealth

- Clinician initiates or discusses Telehealth consultation with patient, who agrees

- Patient contacted to confirm eligibility and appointment time. Email address is obtained. ‘Consent to bulk bill’ form and brochure are sent to patient.

- Patient is informed of Telehealth page on LRH website

- Facilitator ensures appointment is flagged as a Telehealth consultation in LRH outpatient booking system.

- Consultation reminder sent to LRH specialist via email

- Facilitator emails video link to patient, confirms time and arranges pre-test to take place one week prior to appointment

**VIDEO CONSULTATION TAKES PLACE**

LRH satisfaction survey sent to patient or carer, doctor (if participating) and outpatient specialist
Frequently asked questions

Q. What technical support is available to practices for telehealth appointments?
A. The LRH Telehealth Facilitator is available 5 days per week by phone or email to assist with set-up, information and resources. Practices are able to conduct a test call with the facilitator, one week before the appointment.

Q. How do I write a prescription for the patient if I’m not co-located?
A. Patient-end practitioners can provide prescriptions ordered by specialists during a video consultation. If the drug to be prescribed can only be ordered by an eligible specialist or consultant physician, or if a patient-end practitioner is not involved in the video consultation, the specialist or consultant physician can mail a prescription to the patient or the patient’s pharmacist.

Q. If I provide patient-end services, will I need to be with the patient for the entire appointment?
A. The practitioner attending at the patient end of the video consultation does not need to be present for the entire consultation, only as long as it is clinically relevant – this can be established in consultation with the specialist. The MBS fee payable to the supporting practitioner will be determined by the total time spent assisting the patient. This time does not need to be continuous.

Q. Will our practice need to invest in equipment to participate?
A. The equipment requirements to participate are a PC or device with a webcam and microphone, speakers and internet connection. An email address is required for receiving the video call link; and a phone is also necessary to connect parties if questions arise prior to the appointment. If a clinic requires an item of hardware in order to become telehealth enabled, there is scope for equipment requests to be considered by the Telehealth Project Steering Group. An MOU will be agreed upon by both parties for supply and management of the equipment.

Q. Our practice has security settings/administration restrictions that may prevent access to the Jabber Guest plug-in. Can we still participate?
A. Portable devices that are independent of the network may be utilised. For example, a laptop, tablet or iPad could be used for telehealth consultations within the practice, providing sufficient internet access is available. Again, new equipment may be available via the Telehealth Project Steering Group.

Q. Has this model of care been tested by LRH?
A. LRH has established and consolidated the model previously through the Victorian Expanding Paediatric Project. The current Better Care Victoria project builds on the successes of this model and is scaling the mode of service delivery to adult populations.
Helpful links

Frequently asked questions – Telehealth Medicare Benefits Schedule:

MBS Online – MBS Video Consultation Items – specialist and patient-end services:

Telehealth: Specialist video consultations under Medicare:

Telehealth: Specialist video consultations under Medicare associated notes:

Department of Health and Human Services: ‘MBS and Telehealth’:

Royal Australian College of General Practitioners - Telehealth:

Medico-legal aspects of establishing telehealth services:

Australian College of Rural and Remote Medicine (create a login and access numerous telehealth resources):