Telehealth Guidelines

3 April 2020

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COMPASS ASSURANCE ISO 9001 QUALITY

ADEA

Your trusted partner in diabetes care

Version control table

(For first edition)

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1.0	3 April 2020	CEO	Draft for circulation to members, for guidance and feedback

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Foreword

The Australian Diabetes Educators Association (ADEA) is the peak national organisation for multidisciplinary health professionals who are committed to the provision and excellence of quality, evidence-based diabetes education, care and management with over 2,300 members working in all sectors and across all locations.

The uptake of telehealth by health professionals and consumers has accelerated significantly with the recent Federal Government announcements about new COVID-19 telehealth arrangements. Many health professionals are now able to offer telehealth services, either through private funding arrangements or through Medicare.

The new COVID-19 telehealth arrangements for Credentialled Diabetes Educators (CDEs) and other eligible allied health professionals were announced on 29 March 2020. In announcing these new telehealth arrangements, the Federal Government and the Department of Health have emphasised the essential nature of all health professionals in providing healthcare and support to all Australians, and in particular to people with chronic health conditions. The Federal Government and the Department of Health encourage eligible health professionals to offer telehealth consultations where these are appropriate for the health professional and the client, however they acknowledge that there will continue to be circumstances where face-to-face consultations will be required.

The announcement means CDEs can provide telehealth to people with diabetes through videoconference and telephone services, under Schedule 3 (sub-groups 11 and 12) of the *Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020,* dated 28 March 2020. As is the case for all eligible health professionals, CDEs will have access to these arrangements from 30 March 2020 until 30 September 2020.

These guidelines have been developed to help ADEA members in implementing telehealth arrangements. They are a draft, and we **welcome your feedback**. Please send this to admin@adea.com.au.

Yours sincerely,

Susan Davidson
ADEA CEO
3 April 2020

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1 Introduction to telehealth

Telehealth is the use of telecommunications technology by a health professional to deliver clinical services to a client, caregiver, or any person involved in caring for the client for the purposes of assessment, intervention, consultation and/or supervision (Mora et al 2008; RACGP, 2019). This may include telephone consultation, email and/or video conferencing – with the mode of communication being that best suited to the client and their available technology.

ADEA supports the use of telehealth services that comply with ADEA's Standards of Practice and Code of Conduct and are client centred, evidence based, fit for purpose and within a Credentialled Diabetes Educators' role and scope of practice:
https://www.adea.com.au/Resources/position_statements_other_resources ;
https://www.adea.com.au/About_Us/Code_of_Conduct.

However, it is important to note that as a relatively new method of service delivery there are gaps in evidence, policy or precedent to guide these services which makes telehealth susceptible to certain online risks (ADHA, 2020).

Diabetes education services provided by telehealth should meet the same standards of care as services delivered in person and comply with all jurisdictional, institutional and professional regulations and policies governing the practice of diabetes education, and those of the CDE's primary health discipline.

It is essential to assess individual client needs and determine the appropriateness of telehealth as the method of service delivery on a case by case basis, in determining whether to provide diabetes education services by telehealth. This includes consideration of personal (vision, hearing, speech, etc), technical (access and availability, technical literacy, internet upload and download speeds, etc) and environmental factors (privacy for each client).

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2 COVID-19 and telehealth coverage for diabetes education

In response to the COVID-19 pandemic, ADEA has advocated for CDEs to have access to telehealth arrangements. In March 2020, ADEA wrote to the Minister for Health and other Ministers seeking an extension of the COVID-19 telehealth arrangements, noting that the COVID-19 pandemic is a significant challenge to the Australian community and that the extension of telehealth services will assist health professionals in responding to the virus and its impact on their patients.

The Determination, made on 28 March 2020, by the Minister of Health, covers new temporary Medicare Benefits Schedule (MBS) telehealth items for allied health professionals, including CDEs, to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers. The Health Insurance (Section 3C General Medical Services - COVID-19 Telehealth and Telephone Attendances) Determination 2020 outlines the new items that will be available from 30 March 2020 to 30 September 2020 (inclusive) – please refer Schedule 3, subgroups 11 and 12 for consultations for chronic conditions. These temporary arrangements are available for the period 30 March until 30 September 2020.

The Determination enables all eligible allied health practitioners to provide Medicare-funded telehealth videoconference and telephone services. The definitions section of the Determination defines which allied health professionals can provide services under the new extended telehealth arrangements. Eligible diabetes educators can provide these services. An **eligible diabetes educator** has the meaning given by section 4 of the *Health Insurance (Allied Health Services) Determination 2014,* which states *'A person is an allied health professional in relation to the provision of a diabetes education health service if the person is credentialled by the Australian Diabetes Educators Association as a 'Credentialled Diabetes Educator'*.

The expansion of telehealth will reduce the need for vulnerable people with chronic conditions (including diabetes) to attend GPs' and other health professionals' waiting rooms and assist in limiting unnecessary contact with other people. This is particularly important during intercurrent respiratory illness during the COVID-19 pandemic and in the upcoming cold and 'flu season.

In people with diabetes, being unwell can destabilise blood glucose levels and increase the risk of severe hypoglycaemia or diabetic ketoacidosis (DKA). If a person with diabetes becomes unwell and does not have the support of an endocrinologist or CDE, it is more likely they will end up in hospital emergency departments, potentially with a life-threatening complication that can be avoided with careful education and supportive management at home. Medicare-funded telehealth and telephone consultations will assist in reducing appointment cancellations at a time when it is important that people with diabetes continue to see a CDE to ensure they are managing their diabetes well and have a current 'sick day' plan with CDE advice and support in place for the coming months.

Providing people with diabetes with access to Medicare-funded telehealth and telephone CDE services will:

- Limit the potential exposure of people with diabetes to COVID-19 in doctors' clinics or hospital waiting rooms
- Provide access to continuing diabetes education and care, including where people with diabetes are placed in quarantine or are unwell or elderly

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- Provide continuing access to NDSS-related services performed by CDEs, such as certifying NDSS registration forms, authorising extension of blood glucose monitoring strips and CGM Initiative forms, providing information, clinical management and support to people with diabetes, and initiating and providing ongoing support for people using diabetes technology such as insulin pumps, CGM and flash glucose monitoring
- Reduce the burden on already-stretched doctors and nurse practitioners by reducing the number of people with diabetes seeking diabetes-related appointments
- Reduce the burden on an already-stretched hospital system by enabling people with diabetes to access critical diabetes education and management strategies and thereby reducing the risk of avoidable hospitalisations.

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3 Funding for telehealth consultations

3.1 Medicare

The new COVID-19 expanded telehealth arrangements previously only applied to GPs, specialists, consultant physicians, obstetricians, consultant psychiatrists, nurse practitioners, allied mental health workers and midwives.

On Sunday 29 March, the Government announced Stage Four of the new arrangements, the expansion of telehealth arrangements to a greater range of health professionals.

The telehealth arrangements are:

- For bulk billing only and for non-admitted patients only.
- For the same items that are currently available through Medicare.
- At the same rates as under current Medicare arrangements.

Gap payments cannot be charged. *[Note: this requirement is in place while changes are being made to Medicare IT systems. Once these IT changes are made, health professionals will be able to return to their usual billing arrangements.]*

This is in line with the already-announced COVID-19 Medicare-funded telehealth arrangements for GPs and other health professionals.

Medicare provider numbers are usually location-specific, however under the COVID-19 arrangements, the provider numbers are mobile and can be used by health professionals for remote working arrangements. This means providers do not need to be in their regular practice to provide telehealth services and they should use their provider number for their primary location.

The new temporary telehealth MBS items will enable health professionals, where appropriate, to substitute current face-to-face consultations that are available through the MBS, with telehealth consultations. The new temporary MBS telehealth items will have similar requirements to usual timed consultation items.

Refer to the MBS website for further information:
http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home

3.2 Privately funded telehealth services

Privately funded telehealth services are also an option for CDEs and allied health professionals. If the person with diabetes wishes to claim these services from their private health insurer, they should check whether diabetes education delivered by telehealth is covered under their private health insurance policy.

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4 Providing telehealth services

4.1 Professional Indemnity

You should seek advice from your professional indemnity insurer to ascertain whether your professional indemnity insurance covers the type of telehealth services you are going to provide (AHPRA, 2014).

4.2 Informed consent

You must obtain informed consent from each client prior to a telehealth consultation. You must also gain explicit consent for any video recording you do each time you do it.

Make sure your clients fully understand what telehealth entails, how it will be used in their individual circumstances, and how you are going to safeguard their privacy and confidentiality with the technology you are using, and how you are going to store any recordings and documents (AHPRA, 2014; DHA - b; OAIC - a).

A flowchart showing steps to prepare for telehealth consultations is provided at Attachment A, and a template for informed consent at Attachment C.

4.3 Providing internet-based telehealth

Members should be familiar with the technology and platform functionality prior to providing internet-based telehealth services (e.g. videoconferencing). They should also be able to familiarise and guide clients and their carers.

Clinics should develop procedures and protocols to manage training and technical support issues as they arise. Members are encouraged to seek professional support from those with experience offering telehealth services.

Videoconference consultations are the preferred telehealth approach. However, providers are also able to offer telephone services if video is not available. There are separate MBS item numbers for telephone consultations.

Medicare-compliant telehealth services can be provided through widely available video-calling apps and video-conferencing software. Some apps and software may have session time limits. When setting up hardware and software for telehealth services consider compatibility, accessibility, affordability and user friendliness of the technology you plan to use with your clients (MBS; RACGP 2019).

Attachment E provides some guidance on selecting apps and software.

You will need a computer or internet enabled device (or videoconferencing facility), a webcam or camera, a monitor, microphone, speakers /headset, a reliable internet connection, and videoconferencing software. Ensure that this equipment has a stable internet connectivity with quality sound and high definition image (DHA - b; Mora et al 2008).

The Australian College of Rural and Remote Medicine (ACRRM) has an excellent fact sheet on the key risks associated with videoconferencing and how to mitigate them. Please refer to

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https://www.acrrm.org.au/docs/default-source/all-files/acrrm_risk-management_clinical-video-consultations-factsheet_final.pdf?sfvrsn=dfb6190a_4.

A flow chart for conducting a telehealth consultation is provided at Attachment B, and a checklist for providing internet-based telehealth services is at Attachment D.

4.4 Privacy and confidentiality

Your clinic must comply with Australian Privacy Principles, Federal Privacy Legislation and Jurisdictional Privacy Regulations, (OAIC -a & b). As a CDE you must also comply with ADEA's Code of Conduct https://www.adea.com.au/About_Us/Code_of_Conduct.

Make sure your clinic has clear policies, procedures and risk management protocols to ensure compliance with privacy and confidentiality legislation. This includes the storage of any video recordings and still images, the visual and audio privacy of the videoconferencing room, backups and processes for dealing with any data breaches that may occur (OAIC - a & c; MBS; OAIC - d).

Should your clinic experience a data breach you are required by law to notify affected individuals and the Office of the Australian Information Commissioner (OAIC - d). An eligible data breach by your clinic occurs when:

- There is unauthorised access to or unauthorised disclosure of personal information, or a loss of personal information, that your clinic holds; and
- This is likely to result in serious harm to one or more individuals, and your clinic hasn't been able to prevent the likely risk of serious harm with remedial action.

ADEA's privacy policy is available at www.adea.com.au and can be adapted for your business. We also have a data breach management policy. If you would like a copy, please email admin@adea.com.au

4.5 Security

CDEs using telehealth technology must comply with Australian Privacy Principles, Federal Privacy Legislation and Jurisdictional Privacy Regulations that govern electronic storage and transmission of client data (AHPRA 2014; ADHA -c; OAIC - a & b).

Ensure your client's environment and your own environment permit the consultation to be confidential. Records and documents should also be transmitted and stored securely (OAIC – c and ASD - a). Free versions of telehealth applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy.

Reasonable steps must be taken to ensure security measures are in place for protecting and controlling access to client data from misuse, interference and loss, as well as unauthorised access, modification or disclosure (OAIC - a & b). This includes how your clients' personal information is collected, stored, used, securely backed up and disposed of (Mora et al, 2008; RACGP, 2019).

Providers should use secure (encrypted) professional servers with an audit trail, secure messaging, strong multi-step authentication and separate log in permissions to minimise any risk of data breach

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(AHPRA, 2014; ADHA - a, c & d; MBS; OAIC - a & b). The Guide to Securing Personal Information provides clear details on how you can ensure sufficient security measures are in place for your telehealth practice (OAIC - c).

If providing Medicare-funded telehealth services, you must meet MBS requirements and applicable laws for security and privacy. MBS guidance on technical specifications for equipment and software can be found at MBS online (MBS, 2011).

For good general advice from the Australian Cyber Security Centre, see ASD – a & b.

Advice on IT equipment and software is provided as Attachment E.

4.6 Risk management

Make sure you carry out a risk analysis and develop contingencies to manage potential risks that may occur with telehealth practice e.g. if your client is emotionally distressed, has unexpected health issues, etc. (RACGP, 2019; Drum and Littleton, 2014).

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5 Useful resources for health professionals

The NSW Government's Agency for Clinical Innovation has developed useful information, resources and advice on training to support health professionals in the introduction of telehealth: https://www.aci.health.nsw.gov.au/make-it-happen/telehealth

Other useful resources include:

- Telehealth for COVID-19 – online learning module for primary health nurses https://www.apna.asn.au/product/detail/6e2eed54-086f-ea11-80d9-005056be66b1
- COVID-19 webinar for DAA members – Private Practice https://daa.asn.au/2020/03/free-covid-19-webinars-for-members/
- COVID-19 updates for Exercise Physiologists https://www.essa.org.au/Public/News_Room/Media_Releases1/2020/ESSA_COMMUNIQUE_COVID_19_30.3.20.aspx
- COVID-19 resources of ACRRM- including several fact sheets and a webinar introducing telehealth https://www.acrrm.org.au/support/clinicians/community-support/coronavirus-support/telehealth

Disclaimer

The information provided in this guideline and attachments is valid at the date of publication and is intended for use as a guide of a general nature only. While every reasonable effort has been made to ensure accuracy of the information, no guarantee can be given that the information is free from error or omission, nor is this guideline exhaustive of the subject matter. Persons implementing any recommendations contained in this guideline must exercise their own independent skill or judgement or seek appropriate professional and legal advice.

ADEA and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this guide for any loss or damage (consequential or otherwise) cost or expense incurred or arising by reason of any person using or relying on the information contained in this guide and whether caused by reason of any error, negligent act omission or misrepresentation in the guide.

Acknowledgements

ADEA thanks Occupational Therapy Australia and Speech Pathology Australia for generously allowing ADEA to adapt their policies, guidelines and other documents to assist in the rapid development of these guidelines.

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  FAQs from SPA members: Technology in Speech Pathology (2020)

7 Attachments

A. Steps to prepare for and conduct telehealth consultations (flow chart)
B. Conducting a telehealth consultation with your client (flow chart)
C. Informed Consent for Telehealth (template)
D. Checklist for providing internet-based telehealth services (checklist)
E. IT platforms for telehealth (advice)

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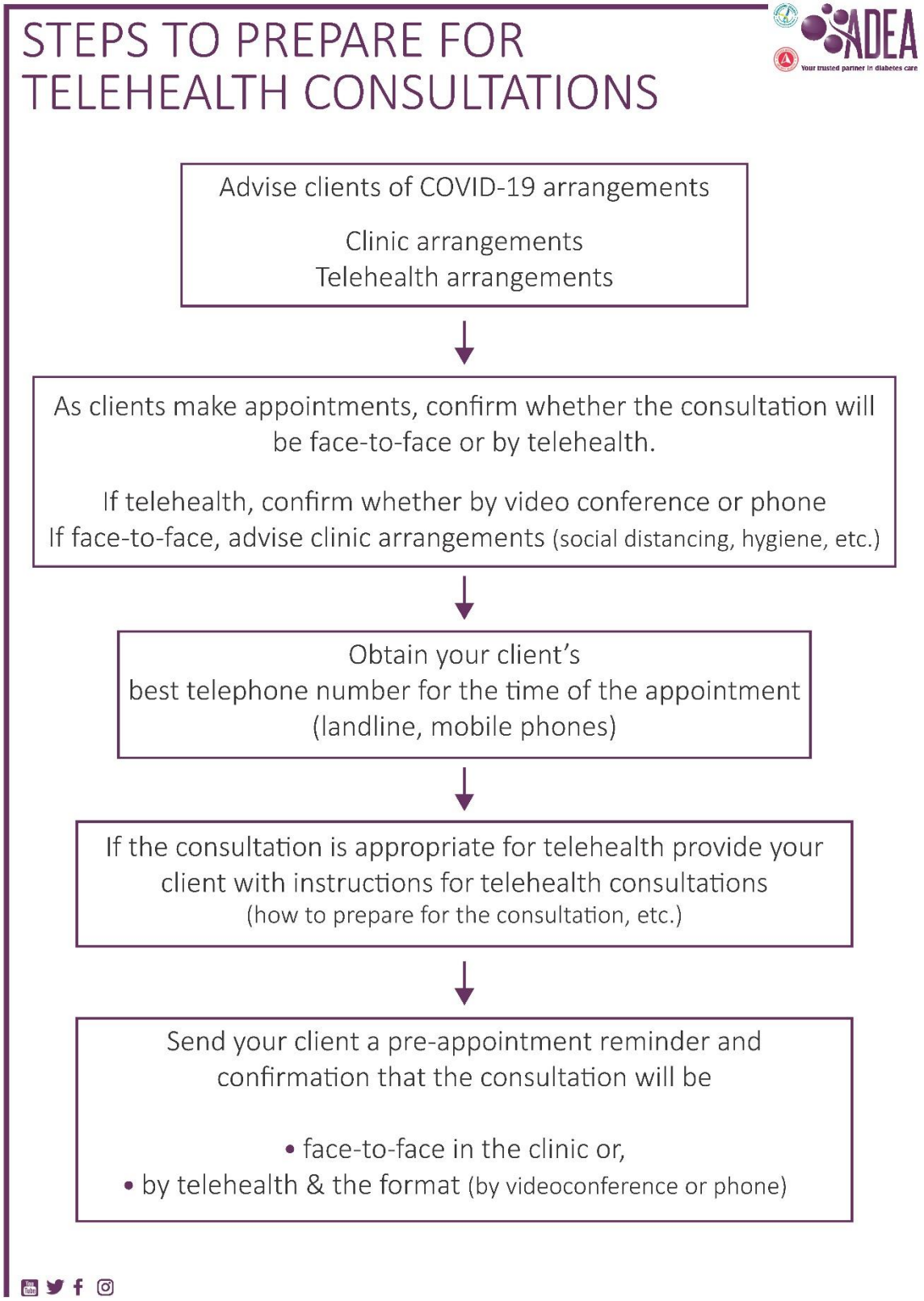
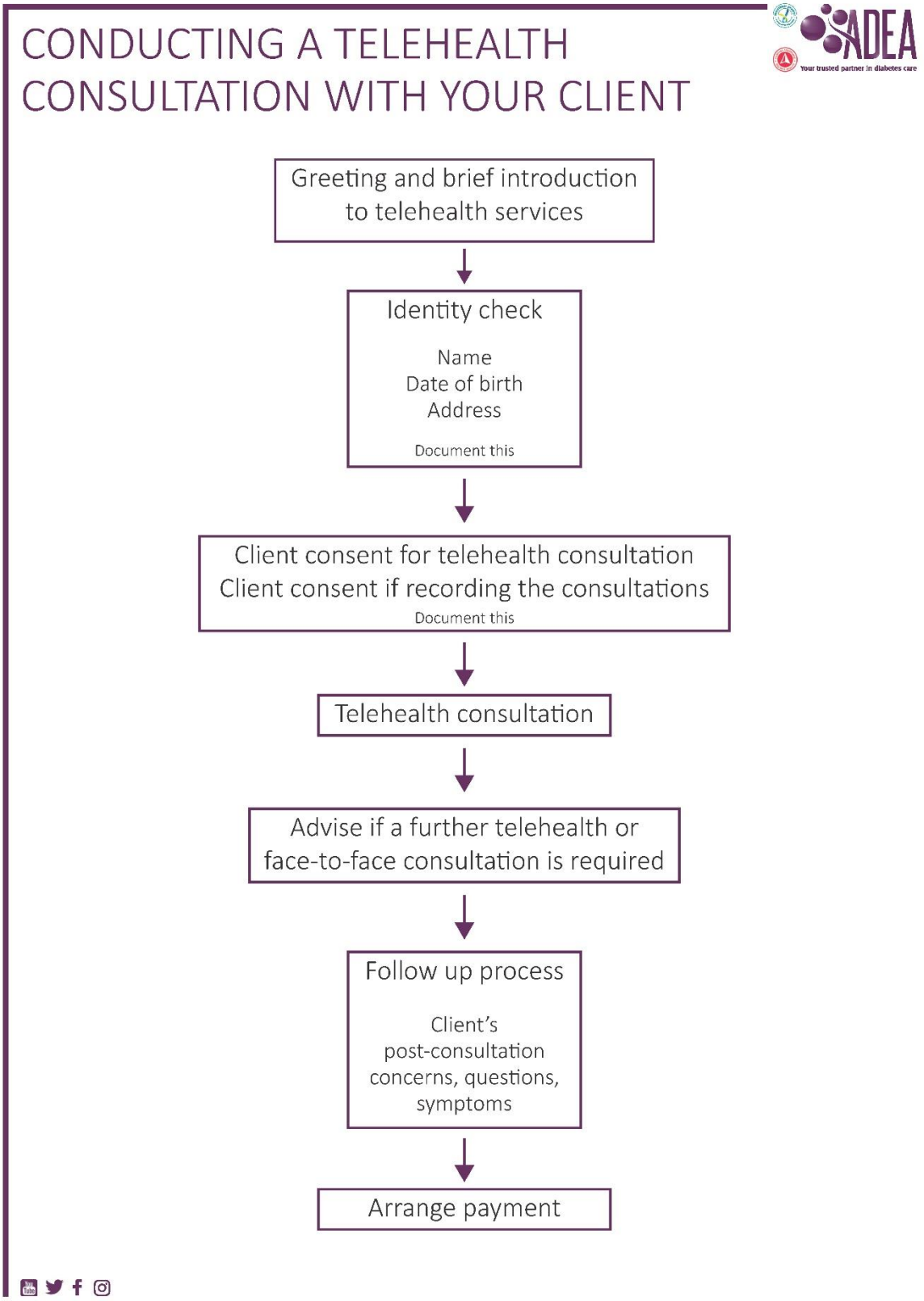
Attachment A



Attachment B



Attachment C

Sample Informed Consent for Telehealth

[Note: This template includes the types of issues which may arise in relation to a telehealth consultation. It may not be appropriate for your clinic's circumstances and should be individualised to your clinic and your use of telehealth]

<Clinic Name)>

ABN:

Client Name	**Date of Birth**
Phone	**Email Address**

What is the purpose of this form?
The purpose of this form is to provide information to you about, and to obtain your consent to participate in, a telehealth consultation with your Credentialled Diabetes Educator.

What is telehealth and what does a telehealth consultation include?
Telehealth is the use of telecommunication to provide diabetes education to clients. This can include telephone calls or videoconferencing to deliver 'live' diabetes education but may also include other forms of telehealth such as email or SMS for related communications.
A telehealth consultation usually involves some or all of the following:

- Your Credentialled Diabetes Educator will discuss your health and your health history with you and, where appropriate, will offer information and advice.
- You may bring a support person with you, as you might in a face-to-face consultation.
- A technical support person might be present for part of the consultation to assist with technical issues.
- You are not permitted to video or audio record the consultation, unless your Credentialled Diabetes Educator gives you permission to do so. Likewise, your Credentialled Diabetes Educator will not video or audio record without your permission.

What are the potential benefits of telehealth?
Telehealth *might:*

- Improve your access to diabetes education
- Reduce your need for travel
- Decrease your exposure to infectious diseases

What are the potential risks of telehealth?
Telehealth *might:*

- Be negatively impacted by technical problems, such as delays due to technology failures
- Not offer the same visual and sound quality as a face-to-face consultation
- Not achieve everything that is required and therefore require another telehealth consultation or a face-to-face consultation
- Include practices and procedures that are not as well understood in a telehealth consultation as they are in a face-to-face consultation
- Increase exposure to privacy and digital security risks. (See next section.)

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Will my privacy be protected?
This practice is subject to the Privacy Act 1988 and must comply with obligations related to the collection, use and disclosure of personal information, including through telehealth. The Credentialled Diabetes Educator must maintain confidentiality and privacy standards during consultations, and in creating, keeping and transmitting records.

While the Credentialled Diabetes Educator is obligated to meet standards to protect your privacy and security; telecommunication, including videoconference, may increase exposure to hacking and other online risks. As with all online activities, there is no guarantee of complete privacy and security protection. You may decrease the risk by using a secure internet connection, meeting with the Credentialled Diabetes Educator from a private location, and only communicating using secure channels.

What does informed consent mean?
There are a few important principles related to informed consent:

- **You must be given relevant information.** Ask your Credentialled Diabetes Educator if you have questions about telehealth and the services offered.
- **You have the right to understand the information.** Ask your Credentialled Diabetes Educator if you do not understand the information you are given.
- **You have the right to choose whether your diabetes education is delivered by telehealth.** If you do not agree to telehealth, you may refuse to participate. You may agree to or refuse specific activities and procedures.
- **You have the right to stop using telehealth at any time.** You can change your mind about telehealth or a specific activity or procedure, even in the middle of a session.
- **You can agree or refuse in writing or verbally.** You may give your consent using the form below. You may also give consent or change your mind by telling your Credentialled Diabetes Educator. Consent and refusal that you give verbally will be documented by your Credentialled Diabetes Educator.
- **You can ask about alternatives to telehealth.** If you change your mind about telehealth services, your Credentialled Diabetes Educator will discuss other options with you. Your Credentialled Diabetes Educator may or may not be able to offer other options.

Written consent form:
Please tick all that apply:

☐ I agree to receive diabetes education via telehealth.

☐ I understand that I may agree or refuse any service or part of a service at any time. I can agree or refuse in writing or verbally.

Signature: _____ Date: _____

Name of person signing: _____

Credentialled Diabetes Educator: _____ Date: _____

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Attachment D

Sample checklist for providing internet-based telehealth services

Obtaining informed consent	Y /N
Provide telehealth technical guidance for the client, and where appropriate, their carer: • Identify what computer/device will be used by the client. Where possible determine if processing speed and memory will support videoconferencing. Identify whether the device requires the client to sit at a desk or if it offers some flexibility and mobility • Internal (embedded) webcams may facilitate face-to-face communication. External webcams or document cameras permit flexibility in observing or the ability to view work performed on a horizontal surface • Assess whether client microphone/speakers permit appropriate observation and communication. Some environments or communication needs may require a headset • Consider how the client will interact during the consultation e.g. will you use a shared screen, whiteboards, drawing tools, shared keyboard/mouse control or other tools during the telehealth consultation • Determine if the client's internet supports a clear connection. This can be assessed from websites such as https://www.speedtest.net. The upload / download speeds required will depend on the platform and materials being used. However, a general minimum standard is 3 Mbps for static materials and 5 Mbps for video	Y /N
Check that all health professionals and clients understand how to participate in telehealth: • If using an external microphone, ensure it is placed on a firm, flat surface as close as possible to participants to enhance audio quality and minimise background noise • Ask participants to speak clearly, at their normal voice volume, and one person at a time • Ask participants to switch mobile phones off or to silent mode if these aren't being used for diabetes management or the telehealth consultation • Minimise background noise • Use the mute button when people at the other end of the video consultation are speaking	Y /N
Check that audio-visuals are optimised: • Ensure good lighting in the room so that faces are clearly visible • Avoid placing bright lights behind the people being viewed • Ensure appropriate background behind the people being viewed to avoid distraction during consultation • Check the camera gaze angle in advance and adjust to allow eye contact between participants	Y /N

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• Check ability to move the camera to focus on certain items (such as CGM, insulin pump site, injection sites) • Check ability to share the screen for sharing clinical treatment guidelines or resources	
Diabetes management information that may assist the telehealth consultation[1]: • If using CGM or flash glucose monitoring, ask the patient to obtain the link and download current data • If using an insulin pump, ask the patient to download the pump data prior to the appointment. This should include total daily dose (TDD) pattern and trends. If data cannot be download from home or are not linked to the clinic, contact the pump company to arrange this as soon as possible (have available the username and password) • If not using a glucose sensor, ask the patient to email a photo of BGL logbook from the last 2 weeks and ideally a blood glucose average (provide email address) • Consider asking the patient to provide a diet history and exercise log and have this completed two weeks prior to the appointment • *If a new client, any other relevant information from the referring GP or endocrinologist. This may include HBA1c, relevant blood results and any change of medication management*	Y/N

Adapted from: Telehealth Video Consultations Guide (RACGP, 2019) and FAQs from SPA members, Telepractice in Speech Pathology (Speech Pathology Australia, 2020)

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[1] Note, this information may vary depending on whether the patient is newly diagnosed, type 1, type 2, GDM and the individual request of the referring health professional.

Attachment E

IT platforms for telehealth

1 General advice

When considering IT platforms for telehealth, you will need to be flexible and consider what is accessible to the patient. The platform could be complicated or as simple as using FaceTime on an iPhone or WhatsApp to speak with clients.

The following guidance is included in the Department of Health fact sheet, refer http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB:

> 'Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.
>
> No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Skype, FaceTime, Duo, GoToMeeting and Microsoft Teams.
>
> Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.'

The Department of Health has noted that online chat box/messaging and email will not be eligible for Medicare charging as there is no visual or audio link. When using these methods to communicate with the patient please be careful to ensure that you are sending messages to the right person, and that you are communicating securely. The Royal Australian College of General Practice has useful guidance on the risks of using email communication with patients and how to mitigate them; please refer to: https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Security/Using-email-in-general-practice-fact-sheet.pdf.

You should check whether the platform you wish to use complies with Australian privacy and security laws. You can do this by asking the vendor or checking the vendor's website.

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2 Advice on platforms

- If you are considering **Google Hangouts**, read carefully their privacy statement to understand and clarify with Google what information they can store (with or without consent) and where it is stored. If this is not clear, there might be a risk of non-compliance with Australian Privacy Law.
- If you are considering **Zoom**, assess its security features carefully. There have been a few data breach incidents on the news recently.
- **Coviu** is a secure platform but some people report that it is expensive and difficult to use.
- **Microsoft Team** is free for now, installed in most new Microsoft machines and easy to use. It can handle incoming calls from landline, mobile and videocalls, and includes a calendar for booking appointments, etc. as well.

3 Advice on telemedicine software

There are many telehealth systems available online and this website reviews several options: https https://www.capterra.com, and provides links to the source sites.

Telstra has a division that looks after telehealth and provides end-to-end solutions: https://www.telstrahealth.com/home/products/national-telehealthconnectionservice.html

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