

## **Bremer Medical Centre Telehealth Policy and Procedure**

### **Policy**

Our practice offers telehealth telephone and Video consultations to patient where clinically appropriate.

### **What is Telehealth?**

Telehealth services use information and communication technologies to deliver healthcare services and transmit health information. This can include via telephone consultation, email or videoconferencing. Telehealth is becoming more popular as a mode of healthcare delivery due to the benefits it provides to both patients and practitioners, particularly those in rural and remote areas. It has the potential to provide patients with more convenient and efficient access to healthcare.

### **Who can use Telehealth?**

All registered health practitioners can use telehealth as long as telehealth is safe and clinically appropriate for the health service being provided and suitable for the patient or client.

### **Who is eligible?**

The MBS video and phone items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive majority of these services if they have an established clinical relationship with a medical practitioner, or a medical practice. This is represented by MyMedicare or the established clinical relationship requirement below:

#### [MyMedicare](#)

For Level C and D phone services, a patient is eligible if they are registered in My Medicare, and the service is provided by their registered practice. These requirements support longitudinal and person-centred primary health care that is associated with better health outcomes.

MyMedicare is a new voluntary patient registration model that aims to formalise the relationship between patients and their preferred primary care teams. MyMedicare registration will establish the eligibility requirements for the relevant new telehealth phone services, instead of the current established clinical relationship requirements and exemptions for the majority of National telehealth video and phone items. For more information on MyMedicare please see the MyMedicare website.

Established clinical relationship requirement:

An established clinical relationship means the medical practitioner performing the service:

- has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance; or
- the medical practitioner is located at a medical practice where the patient has had at least one face-to-face service arranged by that practice in the 12 months preceding the telehealth attendance (including services performed by another medical practitioner located at the practice, or a service performed by another health professional located at the practice, such as a practice nurse or Aboriginal and Torres Strait Islander health worker); or
- is a participant in the Approved Medical Deputising Service program, and the Approved Medical Deputising Service provider employing the medical practitioner has a formal agreement with a general practice that has provided at least one face-to-face service to the patient in the 12 months preceding the telehealth attendance.

The established clinical relationship requirement is a rolling requirement. For each telehealth

consultation, the patient must meet one of the eligibility requirements outlined above, unless

one of the following exemptions applies.

The established clinical relationship requirement does not apply to:

- children under the age of 12 months; or
- people who are homeless; or
- patients receiving an urgent after-hours (unsociable hours) service; or
- patients of medical practitioners at an Aboriginal Medical Service or an Aboriginal Community Controlled Health Service; or
- people living in an area declared as a natural disaster area due by a State or Territory Government; or
- people isolating because of a COVID-related State or Territory public health order, or in COVID-19 quarantine because of a State or Territory public health order; or
- people affected by natural disaster, defined as living in a local government area declared a natural disaster by a State or Territory government.

Temporary exemptions from the established clinical relationship requirements have also been provided:

For patients accessing services for:

- blood borne viruses, sexual or reproductive health consultations; and
- pregnancy counselling services; and
- mental health services; and
- nicotine and smoking cessation counselling.

- from 14 October 2022 until 31 December 2023, patients that have tested COVID-19 positive within the last 7 days, verified by either a laboratory test or COVID-19 rapid antigen self-test (RAT) which has been approved for supply in Australia by the Therapeutic Goods Administration; and
- from 1 January 2023 until 31 December 2023, a person who suspects they have COVID19 and who meets the PBS criteria for COVID-19 antiviral therapy and requires a medical practitioner referral for a PCR test to verify diagnosis.

A patient's participation in a previous video or phone consultation does not constitute a face to face service for the purposes of ongoing video and phone eligibility. New patients of a practice and regular patients who have not attended the practice face-to-face in the preceding 12 months, must have a face-to-face attendance if they do not satisfy any of the above exemptions. Subsequent services may be provided by video or phone, if safe and clinically appropriate to do so. Practitioners should confirm that patients have either received an eligible face-to-face attendance, meet one or more of the relevant exemption criteria, or are registered in MyMedicare (when applicable) prior to providing a video or phone attendance. Failure to meet the established clinical relationship or the MyMedicare requirement may result in incorrect claiming.

### **Procedure**

The GP must first ascertain that it is clinically appropriate to offer a telehealth appointment to a patient.

To determine the clinical appropriateness of a telehealth consultation, consider:

- the clinical imperatives, including contraindications and patient preference
- where a clinician other than the GP is required to support the patient, and whether the clinician has the requisite knowledge, skills and experience to act on the GP's behalf.
- whether a physical examination by a distant specialist is critical for diagnosis or treatment (if so, a physical consultation would generally be required).

### **Patient Consent**

Once clinical appropriateness is confirmed and the patient and GP have decided to proceed, seek prior consent from the patient and document this in the patient's health record held by the practice.

Seek consent from patients prior to a consultation if a third party will be present during the consultation at either the specialist or patient end of a consultation. Document such consent in the patient's health record held by the practice.

### **Appointment Booking**

Telehealth appointments are booked by reception staff or online via HotDoc. Patients are provided an appointment time per the Best Practice Appointment system. Patients are notified of the appointment time and requested to be available up to 15 minutes after the nominated appointment in the event the GP

may be running late. Patients are sent an SMS reminder via Hotdoc for the appointment.

### **Medicare Billing Items**

Based on the changing criteria it is ideal to see the changes for telehealth on [MBS online website](#). Out of pocket fee applies if you are not eligible to be bulk billed as per the practice policies.

