GUIDELINES FOR TELEHEALTH ON-LINE VIDEO CONSULTATION FUNDED THROUGH MEDICARE

FOR REGISTERED NURSES, ENROLLED NURSES, NURSE PRACTITIONERS, REGISTERED MIDWIVES AND ELIGIBLE MIDWIVES

Acknowledgements

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Contents

The Nursing and Midwifery Telehealth Consortia has developed an On-line Learning Program (OLP) for nurses and midwives to encourage the uptake of Telehealth in MBS-eligible areas. The nine module program provides information on how to prepare for and conduct a Telehealth on-line video consultation. The program includes a series of case studies and animations to contextualise the learning experience. There are many resources in the OLP that can be printed and adapted for use in a variety of practice settings.

Throughout these guidelines, links to relevant OLP modules will be indicated by the image shown below:

The OLP can be found through the following websites:

Australian Nursing Federation	www.anf.org.au
CRANA*plus*	www.cranaplus.org.au
ACNP	www.acnp.org.au
APNA	www.apna.asn.au
ACM	www.midwives.org.au

Introduction

In July 2011, the Commonwealth Government introduced Medicare funded health services via communication technologies to support access for clients in remote, rural and outer metropolitan areas to medical specialists services (Commonwealth of Australia, 2012). Nurses in general practice, midwives, nurse practitioners, eligible midwives and nurses in Section 19(2)[1] exempt settings, co-located with a person receiving a Medical specialist service via Telehealth on-line video consultation, will provide a percentage of these rebatable Telehealth services. These consultations may occur in the person's home, a general practice, residential aged care facility, Aboriginal Medical Service or, in the case of nurse practitioners, eligible midwives or remote area nurses, in their practice facility, consulting rooms or other settings. The funding was made available to support people to participate in on-line video conferencing in order to consult with a medical specialist as required, and to reinforce information provided during consultation.

The specific requirements for the Telehealth Medicare Benefits Schedule (MBS) items are that the person receiving care must:

- not be admitted to hospital at the time,

- be eligible for Medicare rebates, and

- be located in an eligible geographical area or eligible Residential Aged Care Facility (RACF) or eligible Aboriginal Medical Service.

November 2012 saw the introduction of an additional prerequisite for the person receiving care and the medical specialist, that they be at least 15 kilometres apart.

In order to support the introduction of this national Telehealth Initiative, the Australian Government Department of Health and Ageing provided funding via the Telehealth Support Component 2011-2013 to:

- Develop and disseminate professional standards and clinical guidelines to guide health practitioners in the provision of health services via on-line video conference consultations,

- Provide a range of training and supports to existing health practitioners, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology,

- Provide support through the engagement of Telehealth Support Officers to assist in the uptake by health practitioners to the Initiative, and

- Develop communications and awareness raising activities.

The Telehealth Nursing and Midwifery Consortia was funded under the Telehealth Support Component 2011-2013 to provide Telehealth education and support specifically for nurses and midwives.

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[1] Section 19(2) stipulates: Unless the Minister otherwise directs, a medicare benefit is not payable in respect of a professional service that has been rendered by, or on behalf of, or under an arrangement with:
(a) the Commonwealth;
(b) a State;
(c) a local governing body; or
(d) an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory
However, certain services such as Aboriginal Medical Services and small rural hospitals can apply for an exemption.

The Telehealth Consortia comprises: the Australian Nursing Federation (ANF), Australian Practice Nurses Association (APNA), Australian College of Nurse Practitioners (ACNP), Australian College of Midwives (ACM) and CRANA*plus*.

The four objectives of the Telehealth Nursing and Midwifery Consortia project were to:

1. Develop and disseminate professional standards and guidelines to guide nurses, midwives, nurse practitioners and eligible midwives in the provision of health services via Telehealth technology,

2. Provide a range of training and supports to existing nurses and midwives, as well as those entering the workforce, to enable them to competently deliver health services via Telehealth technology,

3. Provide support through the engagement of Telehealth Support Officers to assist in the uptake by the nursing and midwifery workforce to the initiative, and

4. Develop communications and awareness raising activities.

As a member of the Consortia, the Australian Nursing Federation was tasked with undertaking the first project objective.

The *Telehealth Standards: Registered Nurses* and *Telehealth Standards: Registered Midwives* have been developed as separate documents and are underpinned by two national documents – the Australian Nursing and Midwifery Council (ANMC) *National Competency Standards for the Registered Nurse*, and the *ANMC National Competency Standards for the Registered Midwife* (ANMC 2006a and b) adopted by the Nursing and Midwifery Board of Australia in July 2010.

This Guideline document has been developed, and is intended to be read, alongside the *Telehealth Standards: Registered Nurses* and the *Telehealth Standards: Registered Midwives,* to specifically assist both registered and enrolled nurses, Nurse Practitioners, registered midwives and Eligible Midwives to safely and effectively undertake Telehealth on-line video consultation.

Background

The use of telephone consultation and triage has been driven by the need to provide cost effective, efficient, timely healthcare information to people in metropolitan, rural and remote areas (Van den Broek 2003, Peck 2005, Ernesäter et al. 2009). While this form of consultation has been available for the past thirty-five years in countries such as the USA and Canada, the terminology used to describe this practice varies considerably (Schlachta-Fairchild et al. 2010). Australia has had a long history of providing health care through radio or telephone throughout remote and rural Australia, however it has been a relative latecomer in the use of video and wireless information technology. These new technologies have provided different platforms in which to provide healthcare (Grady and Schlachta-Fairchild 2007, Baker and Bufka 2011). Advances such as these, have led to health professionals communicating using video consultation with people located in their own home, increasing accessibility and equity of services provided (Clark et al. 2006).

The types of Telehealth are varied and contribute to the ability of nurses and midwives to discuss and receive data about persons in their care (Schlachta-Fairchild et al. 2008). Importantly, the technology is a means to care, not a replacement for care or the information provided by nurses and midwives.

For more comprehensive information on the evolution of Telehealth in Australia and the evidence base for best practice, please refer to the background material in the *Telehealth Standards: Registered Nurses* or the *Telehealth Standards: Registered Midwives*.

In Australia, Telehealth Nursing and Midwifery is defined as:

> *Telehealth Nursing and Midwifery is the practice of nursing and midwifery from a distance, using information and telecommunication technology. The information and telecommunication technology employed may include, but is not limited to: telephone, computer, video transmission, direct connection to instrumentation and image transmission* (TeleSAG December 2012).

There are two models of Telehealth on-line video consultation used in the MBS funded Telehealth Initiative as at April 2013: supported and unsupported.

Supported means there is someone with the person receiving care at the time of consultation – this could be the registered nurse, enrolled nurse[2], nurse practitioner (NP), midwife, Eligible Midwife, General Practitioner (GP) or Aboriginal Health Worker.

Unsupported – the person receiving care may be at home or in a health or aged care facility, however, they do not have a healthcare professional in attendance. This is still Medicare rebatable for the medical specialist, but not at the end of the consultation where the person receiving care is located.

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[2] The registered nurse is responsible for the clinical supervision of, and delegation to, the enrolled nurse. As is the case for all clinical care, the registered nurse is responsible for determining the appropriateness of delegation to the enrolled nurse, in the context of Telehealth.

Overview

The Guidelines aim to provide advice to nurses and midwives on safe and effective Telehealth on-line video consultation, and uses a framework of:

- Right Person;
- Right Safety and Quality;
- Right Skills; and
- Right Equipment.

It is intended that nurses and midwives reading these guidelines will be provided with a comprehensive overview of what is required to undertake Telehealth on-line video consultation. However, it should not be the only source of information used as there are many valuable resources. Those pertaining to the equipment and technology requirements have been developed by other organisations funded under the Telehealth Support Component 2011-2013. It is recommended these other resources are read in conjunction with these Guidelines (Refer Reference List P17-19).

Right Person

Establishing whether it is appropriate to provide care via a Telehealth on-line video consultation is a pivotal role of the nurse or midwife. There are several factors to consider in relation to determining the suitability and eligibility of a person to participate in a Telehealth on-line video consultation.

Module 3

SUITABILITY

Nurses and midwives must determine, to the best of their ability and in accordance with their scope of practice, the appropriateness for each person receiving care, and their level of comfort with, Telehealth on-line video consultation, prior to the first encounter.

Clinical considerations

Presenting condition

There are certain health conditions/situations that may be suited to Telehealth on-line video consultation, for example:

- Persons who are immunocompromised or a new born baby, may be best to avoid communal waiting rooms
- Persons suffering a debilitating illness where travel can be a physical stress on health and wellbeing, for example; chronic fatigue
- Persons receiving palliative or end of life care – who may wish to remain with their family and minimise disruption to their life
- Persons who are motivated to manage self-care when diagnosed with a chronic illness
- Persons with mental health issues requiring monitoring / care management to enable and promote their independent living in the community.

Physical assessment

Physical assessment needs to be considered in evaluating the appropriateness and practicality of using Telehealth on-line video consultation. It is important to define the assessment criteria which would exclude a person from participating in Telehealth on-line video consultation.

Issues to consider prior to accepting the person's suitability to participate in Telehealth on-line video consultation (but which do not necessarily exclude the person from participating) include:

- A diagnosis such as cognitive impairment or brain injury

- Evidence of marked sight or hearing impairment

- Diminished functional dexterity

- Ability of the person (or informal carer) to follow instructions in English

- Ability of the person to provide informed consent

- Ability of the person (or informal carer) to use technology required, without assistance, if it is an unsupported consultation.

Communication assessment

Telehealth on-line video consultation requires an ability to communicate at a distance and through technology. Therefore consideration must be given to any physical, psychosocial, mental, emotional or cultural factors which may impact on the effectiveness of the consultation.

Psychosocial Considerations

Anxiety

Establishing whether the person receiving care may find health care services or medical specialists overwhelming or intimidating is an important consideration in determining suitability. The person may be more comfortable in their own home, local general practice/ health clinic, community centre or aged care facility, with their local healthcare team and/ or family.

Comfort level with technology

Determining how comfortable the person is with using this form of technology is important prior to the consultation. The person's experience and comfort with the use of video and computers will be variable and impact on their likelihood to embrace the concept of using Telehealth. It has been shown that commitment by the health care professional to actively support and encourage the person in the early stages of the introduction of the technology is vital for long term success.

Socioeconomic

Telehealth may be appropriate or beneficial to avoid expenses incurred to attend a face to face appointment, for example loss of wage, child care, fuel, accommodation or family stress. Despite the socioeconomic impact, some persons receiving care may prefer a face-to-face consultation; therefore video consultation would not be appropriate.

ELIGIBILITY

Medicare eligibility criteria

In order for the health care professional/practitioner to attract the Medicare benefits there are two considerations: geographical location and the health professional's eligiblity to provide the service:

Module 2

1. The person receiving care must be in a 'Telehealth eligible region' at the time of the consultation. As of January 2013 all persons outside of a major city at the time of the consultation are eligible, although they must be 15km or more away from the medical specialist at the time of the consultation. It should be noted that the person may be in a Residential Aged Care Facility (RACF) or Aboriginal Medical Service (AMS) regardless of location or distance from the medical specialist.

2. Eligible health professionals for 'person-end services' are Nurse Practitioners, midwives, nurses in general practice (registered and enrolled nurses), Aboriginal Health Workers, nurses in Section 19(2) exempt settings and medical practitioners (a GP or another medical practitioner who can bill a GP item number). At the 'medical specialist end', the medical practitioner must be a specialist, consultant physician or consultant psychiatrist.

Important note: If eligibility criteria for Telehealth on-line video consultations are not met, this does not necessarily mean a consultation cannot take place. It does, however, have implications, as funding would not be available from Medicare. If Telehealth service will assist with access to care, other sources of funding, such as payment for service may be available and can be explored.

Right safety and quality

Providing a safe environment in which to conduct a Telehealth on-line video consultation requires a quality framework that encompasses the elements as outlined below.

Module 6

GOVERNANCE

Organisations providing Telehealth on-line video consultation services should have:

1. A Telehealth on-line video consultation strategic plan

2. Telehealth on-line video consultation policies and procedures based on the Telehealth on-line video consultation strategic plan

3. Established collaborative partnerships based on the scope and application of Telehealth on-line video consultation services

4. A process whereby organisations providing Telehealth on-line video consultation services provide education/orientation in Telehealth on-line video consultation communication skills to health professionals prior to their initial consultation

5. A Business Continuity Plan established by each organisation that includes the management of care for a person in the event of technology disruption

6. Position descriptions that: clearly articulate the roles and responsibilities of personnel engaged in Telehealth on-line video consultation activities; and acknowledge the diverse and central role of the person responsible for coordinating the Telehealth on-line video consultation service

7. Staff performance evaluations that include Telehealth on-line video consultation specific components.

For further information on planning and evaluation templates for Telehealth on-line video consultation, go to: www.racgp.org.au/Telehealth

SAFETY

Prior to commencing Telehealth on-line video consultation for a specific person, the nurse or midwife must be satisfied that the standard of care delivered via this technology is "reasonable". That is, it should be at least equivalent to any other type of care that can be delivered to the person, considering the specific context, location, timing, and relative availability of a face-to-face consultation. If the "reasonable" standard cannot be satisfied via Telehealth on-line video consultation, the nurse or midwife should suggest to the person receiving care and the medical specialist, an alternative type of health care delivery/service, for example face-to-face encounter or emergency room visit.

Module 7

The nurse or midwife must also provide clear and explicit direction to the person involved in the Telehealth on-line video consultation as to who has ongoing responsibility for any required follow-up and ongoing health care.

CULTURAL RESPECT AND CULTURAL SAFETY

It is important when considering the use of Telehealth on-line video consultation that nurses and midwives are aware of and respect the person's cultural heritage, beliefs and preferred methods of care and/or assistance. Nurses and midwives should understand their own culture has an impact on the culture of others. This includes the professional cultures of nursing and midwifery along with the lived culture of each nurse and midwife. To ensure cultural safety, nurses and midwives must understand the inherent power of their role and the potential that power has to impact on people from other cultures. Nurses and midwives should understand that their inherent power could be amplified with use of technologies. The aim is to ensure nothing unsafe - physically, emotionally, culturally, spiritually - will happen to the person because of their culture. The onus to work respectfully and ensure cultural safety is on the nurse and midwife rather than the person receiving care.

Module 7

ACCOUNTABILITY

Nurses and midwives are accountable for their practice regardless of the environment in which this practice takes place (ANMC 2006a and b). However it is imperative that, where employed, nurses and midwives establish with their employer, that the organisation has public liability insurance that covers Telehealth on-line video consultation. On the other hand, professional indemnity is a registration requirement of the NMBA, and is subsequently the responsibility of all nurses and midwives. This insurance should be obtained and maintained by nurses and midwives, ensuring that the policy covers Telehealth on-line video consultation. In the matter of self-employed nurses and midwives, both public liability and professional indemnity insurance is their responsibility.

PRIVACY AND CONFIDENTIALITY

Every nurse or midwife must comply with the ANMC Codes of Professional Conduct and Codes of Ethics (2008) adopted by the Nursing and Midwifery Board of Australia (NMBA), July 2010, containing reference to the Australian Privacy Act 1988 and the Guidelines to the National Privacy Principles 2001, which support the Privacy Act 1988 (Australian Government 1988, Australian Government 2001). The very nature of Telehealth can mean persons receiving care are vulnerable, given the use of the internet, video and telephone communication. Systems must be in place to protect privacy and confidentiality of persons receiving care by using secure electronic and written information (College of Registered Nurses of Nova Scotia, 2008).

Module 4

Nurses and midwives providing Telehealth on-line video consultation need to ensure that standards-based systems are used to protect the privacy and data security of the person.

Standards-based systems are technology systems which prescribe minimum requirements for:

- internet site security;

- maintenance of storing and forwarding records, including photographs and videotapes;

- technical security of the technology being used;

- sound-proofing of rooms/headsets;

- establishment of security and ownership of the person's record;

- securing the person's consent to obtain, use, disclose and transmit information.

Where a standards-based system is not used, such as Skype, people should be informed of any additional risks to quality, reliability and security.

Another consideration for privacy is the environment within which the Telehealth on-line video consultation takes place. Frequently, these consultations can result in raised voices and transmission of sound into surrounding areas. It is essential to be aware of the potential for the consultation to be heard by others, and the need for additional soundproofing.

CONSENT

Consent to care, or to provide information, must be obtained by nurses or midwives, verbally or in writing from a person, or their substitute decision maker, prior to undertaking any facet of Telehealth on-line video consultation (College of Registered Nurses of Nova Scotia 2008, Australian College of Rural and Remote Medicine, 2012). The process of obtaining consent enables the person to be informed of their rights regarding information provided and shared with other health professionals or organisations. If the consent is verbal, the date and time of consent should be noted in health care records.

The following should be discussed or identified with the person prior to a Telehealth on-line video consultation:

1. The name, profession and organisation/location of all health professionals conducting or participating in the Telehealth on-line video consultation

2. The participants in the Telehealth on-line video consultation

3. The process of Telehealth on-line video consultation

4. An overview of how the technologies work, including any specific application (where applicable)

5. The potential risks and benefits

6. The choice to decline participation and alternatives available

7. Contingency plans should technology fail or be insufficient for clinical diagnosis/management (where applicable)

8. Documentation of care or assistance provided

9. Protection measures for security, privacy, and confidentiality of information

10. The health professionals responsible for ongoing care; and

11. The person's right to withdraw consent or participation at any time.

Consent can be verbal or written, however, consent in writing is ideal. It is not recommended that Telehealth on-line video consultations be recorded, for privacy and confidentiality reasons. Where recording is deemed to be appropriate, this must be done with the written consent of the person.
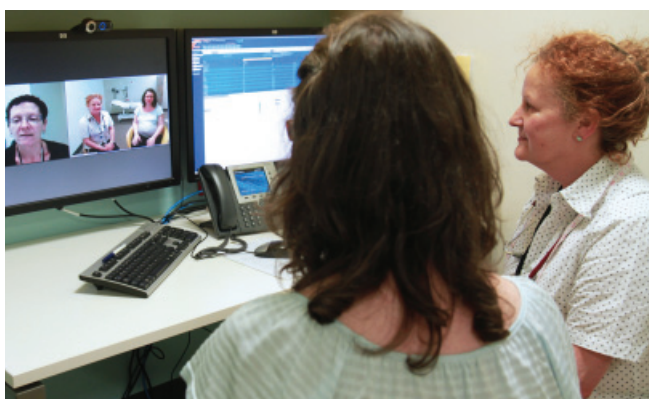
The person receiving care should be informed of, and consent to, any out of pocket charges prior to the consultation.

DOCUMENTATION

All information provided or received during a Telehealth on-line video consultation, and all participants, should be recorded in the person's health record. This information should be documented contemporaneously in either hard copy or electronically, in accordance with the organisation's policies and procedures. Where multiple health care providers are consulting with the person at the same time, they should all record the information obtained during the Telehealth on-line video consultation in their own record system. Any ongoing follow-up should be documented and exchanged as per usual care.

A specific consideration for documentation is the need to be clear about who has responsibility for each particular aspect of the ongoing care of the person. This will assist in providing continuity of care and ensuring appropriate follow-up.

EVALUATION

The clinical effectiveness of Telehealth on-line video consultation should be evaluated, such as: diagnostic accuracy, validation of diagnostics, appropriateness of service delivered, information provided, referrals made, the person's safety, acceptability, the person's and practitioner's experience, satisfaction with the process or service and reviews of any complications, morbidity, and poor outcomes for the person.

Organisations providing Telehealth on-line video consultation should also have in place a systematic method of collecting, evaluating and reporting meaningful health care outcome data which would include indicators of efficiency of service such as cost per case, timeliness, accessibility, elimination of the person's transfer, travel and waiting time.

Right Skills

CLINICAL SKILLS

Nurses or midwives provide a valuable clinical contribution during Telehealth on-line video consultation such as, history taking, physical assessment, input to care planning and education for the person receiving care. Examples of these skills are: identifying the nuances of interaction and behaviour of a person with a mental health condition, observing the subtleties of gait during a neurological assessment, assessing the border definition in a dermatological examination, or describing wound integrity following a caesarian section. Therefore, it is an important requirement for the nurse or midwife to have the necessary clinical competence to lead and/or participate in a Telehealth on-line video consultation.

Assessment

Nurses and midwives are required to assess the person for suitability for Telehealth on-line video consultation, assist in the assessment requests of the remotely located health professional and continue to assess the person for comfort level during the consultation.

Undertaking physical assessment for the remotely located health professional may require the nurse or midwife to have specific clinical skill and/or ability to use the technology. Nurses and midwives must ensure they are competent to facilitate or undertake the specific clinical assessment required and that the provision of this care is within their own scope of practice.

Care planning

Nurses and midwives should identify the need for, and appropriateness of, Telehealth on-line video consultation in planning care. They need to ensure that the care plan both informs and is informed by the Telehealth on-line video consultation and all agreed actions arising from that consultation are documented. If there are special considerations which will enable the participation of the person in Telehealth on-line video consultation, these should be part of the care plan and consent for involvement documented.

As with all nursing or midwifery care, it is important to include the person and other health professionals in setting care priorities and goals.

Care Coordination

Given the potential for confusion with the involvement of remotely located health care professionals, and possibly remotely located family members, care coordination is essential. Nurses and midwives should provide continuity of care by establishing and/or supporting arrangements for collaboration and communication between all health care professionals involved in the person's care (those participating in the consultation and those not).

At the end of the consultation, nurses and midwives should convey the agreed plan to the person receiving care, carers and other relevant health care professionals.

KNOWLEDGE

Nurses or midwives involved in Telehealth on-line video consultation must ensure they have the necessary knowledge, skills and competence within their own scope of practice to assist the person, including an understanding of Commonwealth funding requirements and any limitations of the technology they are using. There are many resources, as indicated below, to assist nurses or midwives to obtain this knowledge.

MBS Online: http://www.mbsonline.gov.au/Telehealth

MBS Video Consultation Items: http://www.mbsonline.gov.au/internet/ mbsonline/publishing.nsf/Content/connectinghealthservices-itemlist

Medicare Rebates for Medical specialist Video Consultations: http:// www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/ connectinghealthservices-Program%20Overview

'Telehealth for health professionals' Medicare Australia: http://www.medicareaustralia.gov.au/provider/incentives/Telehealth/ information-for-health-professionals.jsp

Health care professionals are automatically considered eligible when the first Medicare Benefits Schedule (MBS) Telehealth item number is claimed successfully. Residential Aged Care Facilities, however, must be registered as a Telehealth service provider. Further information regarding eligibility is available on the Medicare website.

In addition, there is a two-part on-board incentive to the organisation, paid after the 1st and 10th on-line video consultation. Thereafter, each quarter there is a Telehealth Service Incentive Payment (SIP) which is based on the number of Telehealth on-line video consultations completed. The details of these payments are also on the Medicare website.

Additional Telehealth rebates for infrastructure will cease from 1 July 2014 (DoHA 2012).

As always, nurses and midwives must undertake education and training as part of their professional development when assuming new skills, clinical roles or using new equipment. Notwithstanding this, given Telehealth on-line video consultation is a relatively recent initiative in care provision, specific attention should be paid to:

- Identifying learning needs
- Undertaking professional development
- Participating in team meetings to review process and case discussions
- Participating in research and quality assurance activities

ATTRIBUTES

Nurses and midwives providing Telehealth on-line video consultation should be familiar with appropriate video behaviours, as well as the technology, and be able to coordinate use of the equipment and the care required.

COMMUNICATION

Active and reflective listening skills are considered pivotal to the use of Telehealth on-line video consultation. This is to ensure all relevant information is obtained from the person or family and carers, and interpreted, to assist the person to articulate their needs/ issues to the medical specialist (Lorentz 2008).

Module 2

Given that some of those involved in the Telehealth on-line video consultation will be remotely located, it is important to introduce all participants at commencement of the consultation, and ensure that at all times, everyone is visible.

Interpreter involvement

Consultation by on-line video may mean a person receiving care has their local interpreter with them assisting the nurse or midwife to communicate with the medical specialist. This enhances communication between the person receiving care and the medical specialist as some communication could be lost if they are having difficulty understanding one another.

If an interpreter is only available at the medical specialist end, the nurse or midwife must be aware of any other factors that may compromise this form of consultation, and assist the person to provide relevant information. A consultation with the medical specialist may be overwhelming, alienating or intimidating for the person, their families and their significant others. The role of the nurse or midwife may be invaluable in paraphrasing, confirming the person's understanding and building rapport.

ADVOCACY

Nurses and midwives play an important role in clarifying and interpreting the advice provided by the remotely located health care professional, to ensure confidence and understanding of discussion and treatment. As the nurse or midwife is located in the physical presence of the person receiving care, they are able to pick up visual cues which may not be available for the remotely located health care professional. In addition, the nurse or midwife may be more familiar with the person's history or social circumstances. This may assist the person to raise all relevant issues during the consultation.

It is critical that nurses and midwives are conscious of their responsibility to actively advocate for the person when Telehealth on-line video consultation is deemed not suitable or where the person is uncomfortable using this care modality. It is also the role of the nurse or midwife to consider where Telehealth on-line video consultation may benefit the person receiving care and offer this option where possible.

The usual complaints management process should be followed if there are any concerns raised about the Telehealth on-line video consultation.
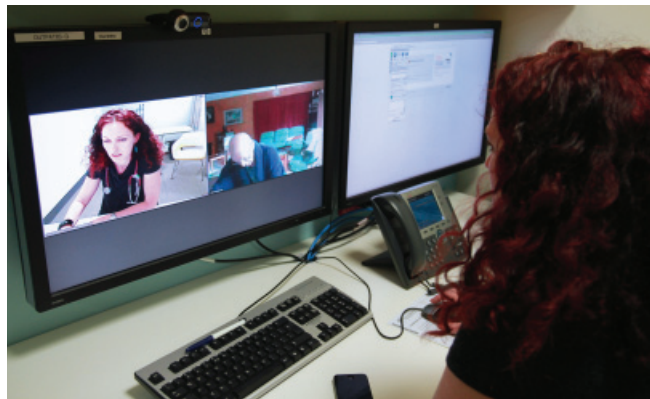
Right Equipment

There is a range of considerations for nurses and midwives when determining the appropriate Telehealth on-line video conferencing set up. The technology used will vary depending on: the location, size of organisation, frequency of Telehealth on-line video consultation and the need for the consultation. While these

Module 4

decisions are often made by the organisation, nurses and midwives play a critical role in ensuring the equipment is fit for purpose.

A brief overview of equipment requirements is provided in this document, however, the following are a range of excellent resources which explain technology considerations:

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/ connectinghealthservices-techandclinical

http://www.ehealth.acrrm.org.au/teaser/technology-directory

http://www.racgp.org.au/your-practice/e-health/Telehealth/technology/

SECURITY REQUIREMENTS

Nurses, midwives and organisations providing such equipment/service are required to understand the importance of using a secure system so that they are able to reassure the person receiving care that security measures are in place.

Computer and information security refers to:

- Availability of information
- Integrity of information
- Confidentiality of information

Special considerations include:

- Storage of any images or recordings
- Confirmation of the identity of the health professionals involved
- Secure transmission of assessment data to the remotely located health care professionals

For more detailed information on privacy and security requirements visit the following website:

http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/ connectinghealthservices-secpriv

INTERNET CONNECTIVITY

To use Telehealth on-line video consultation, there is a requirement for a good quality internet connection in order to ensure effective communication and avoid unnecessary disruptions. An internet connection with sufficient bandwidth is required at both ends of the consultation or problems may occur which will impact on the consultation, such as audio drop outs, freeze frames, lip synch problems, pixelation and more.

It should be noted that where the Telehealth on-line video consultation is disrupted, it is acceptable to continue the consultation using the telephone. All participants, particularly those using home-based technology on a regular basis in an unsupported manner, need to know at the commencement of their consultation, the back-up process for disruption of the connection and the actions they need to take, if any.

Further information on internet connectivity, and how to assess its efficacy, is available in the Consortia's OLP and on the following websites:

> **http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/ connectinghealthservices-guidance**

> **www.speedtest.net**

> **http://www.racgp.org.au/your-practice/e-health/Telehealth/technology/ connectivity/**

SOFTWARE

There is a range of software options for use in Telehealth on-line video consultation which facilitate the ability of users in different locations to join the consultation. The decision as to which software is used depends on the preference of the organisation or user.

Further information on software options available visit the following websites:

> **http://www.racgp.org.au/your-practice/e-health/Telehealth/technology/ hardwaresoftware/**

> **http://www.ehealth.acrrm.org.au/teaser/technology-directory**

HARDWARE

The choice of hardware will also be dependent on the frequency of use, the size and type of organisation, and funds available. For mobile users, a laptop or mobile tablet computer will be suitable. General practices regularly undertaking video consultations may consider a purpose built videoconferencing system.

Further information on hardware options available visit the following websites:

> **http://www.racgp.org.au/your-practice/e-health/Telehealth/technology/ hardwaresoftware/**

> **http://www.ehealth.acrrm.org.au/teaser/technology-directory**

INTEROPERABILITY

Interoperability is the ability to exchange information between two systems. It is critical that the systems at both ends of the Telehealth on-line video consultation have the ability to communicate with each other. Testing that the systems work together prior to a live consultation involving a person receiving care, is vital to facilitate an efficient and effective consultation.

OTHER EQUIPMENT

Nurses or midwives should also consider what other technological equipment may assist in the effectiveness of the Telehealth on-line video consultation. As there may be diagnostic equipment used and data transmitted via the internet during the consultation, the need for well-maintained equipment is essential.

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Summary of Resources

Department of Health and Ageing

- MBS Online Telehealth information including

  o Changes to Telehealth

  o Program Overview

  o Program Guidelines

  o Telehealth Eligible Areas

  o MBS Video Consultation Items

  o Questions and Answers

  o Technology and Technical Considerations

  o Telehealth Statistics

  o Contacts

  http://www.mbsonline.gov.au/telehealth

Medicare Australia

Telehealth for health care professionals http://www.medicareaustralia.gov.au/provider/incentives/Telehealth/information-for-health-professionals.jsp

Australian Practice Nurses Association

- A range of resources including fact sheets, posters, checklists and evaluation tools

  http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageId=11944

Australian College of Rural and Remote Medicine

- Telehealth Provider Directory - Directory of Telehealth users
- Telehealth Standards Framework and range of support materials
- Telehealth Technology Directory - Set up/equipment guide

  http://www.ehealth.acrrm.org.au/telehealth-standards

Royal Australian College of General Practitioner (RACGP)

- Telehealth overview with links to a range of specific pages addressing a range of topics including Standards for General Practice, templates, fact sheets and advice on technology

  www.racgp.org.au/Telehealth

Australian Medicare Local Alliance

- National Medicare Local Telehealth Support Program

  http://www.amlalliance.com.au/medicare-local-support/telehealth

Nursing and Midwifery Telehealth Consortia

Australian Nursing Federation

CRANA*plus*

Australian Practice Nurses Association

Australian College of Nurse Practitioners

Australian College of Midwives