

Things to Think About Before You...

Participate in a Video Consultation

The interests of patients and clinicians are supported by proactive management of the risks associated with video consultations.



Video consultations have an important role in providing accessible, high quality and timely health services. Professional requirements that govern traditional face-to-face consultations apply equally to video consultations. Video consultations present unique challenges, especially when more than one clinician is involved.

MDA National encourages you to think about the following, with respect to your patients' and practice's needs, before participating in any video consultation (conducted solely in Australia).

- Always consider whether video delivery is appropriate.
- Reliable, high quality equipment and technical support is essential.
- Patient safety, confidentiality, privacy and data security must be at the forefront of considerations.
- Roles and responsibilities of each participant should be defined prior to the consultation and at the end.
- Patient consent must always be obtained.
 - People require sufficient information to make an informed decision about video consultation participation; see the Royal Australian College of General Practitioners (RACGP) standards for details.¹ Importantly, the purpose, benefits and limitations need to be understood.^{1,2} Alternative options and what happens with the video consultation information should be explained.
- Documentation is critical.
- Detailed practice protocols are required.
 - Coordinated service administration underlies effective video consulting services.^{1,3} Have a staff member who manages video consultations.¹ Protocols should cover the matters described by the RACGP standards.¹
- Relevant standards must be fulfilled and guidelines followed.
 - Become familiar with the resources in the 'More information' panel (see over) and remain alert to future guidelines on this emerging area.
- Appropriate medical indemnity insurance is essential.
- All participants require training.
- Familiarity with relevant specialist and patient-end Medicare Benefits Schedule item descriptors, including location in a Telehealth Eligible Service Area, is necessary.

Appropriateness of video consultations

Ensure health service quality is not compromised.

Many factors need to be carefully considered before using video, including clinical effectiveness given the condition (whether a direct physical examination is required), patient needs and abilities, and the type and amount of information to be sent.^{1,4,5}

Equipment

The audio and visual information provided must fulfil clinical needs.¹ It is 'medical' equipment not 'office' equipment and needs to fit with clinical risk management systems.¹ Video connections need to be secured and encryption used.^{1,4} For minimum requirements, see the RACGP's implementation guidelines.⁶ Information on technical standards is also available from the Department of Health and Ageing.^{7,8}

Ensure the interoperability of each link end before the consultation occurs.¹ Equipment breakdown contingency arrangements should be in place.^{1,9}

Rooms must accommodate the increased volume associated with video consultations compared with face-to-face. Good lighting is also necessary. Maintain access to medical equipment that is usually available in a face-to-face consultation.¹

Patient safety and privacy

Comply with federal and state privacy legislation to maintain patients' rights. Video consultations have particular risks of confidentiality violations and loss of electronic information.⁴

Video consultations should not be recorded except for in exceptional circumstances; patient consent for such recording needs to be explicit and documented.^{1,9} Consider patients' cultural needs regarding recording and displaying personal images.¹

As always, identify and manage patient expectations.

Defined roles and responsibilities

All clinicians participating in a video consultation have a duty of care. When there is more than one clinician, there is risk of confusion about who is responsible for follow-up actions. Ongoing responsibilities must be explicitly stated at the end of a video consultation¹, including diagnosis and proposed management which may involve diagnostic evaluations, procedures and/or medications.

At the start of a video consultation, each participant¹ and their role should be introduced.

Documentation

Any clinician participating in a video consultation should write their own medical records.¹

Document the participants in the video consultation and their role, the reasoning behind using the video link, and any technical problems that may have inhibited the consultation.^{1,9} A clinician in a support role should document any clinical support provided at the patient-end, including any follow-up responsibilities.

Medical indemnity insurance

Ensure that all clinical staff participating in a video consultation have suitable indemnity cover. Insurance providers should be contacted to ensure that appropriate risk categories are in place, gross annual billings reflect all work undertaken, and specific advice is received.

More information

Visit www.racgp.org.au, particularly read *Standards for General Practices Offering Video Consultations* and search for other telehealth resources.

Read the Medical Board of Australia's *Guidelines: Technology-based patient consultations* available at

Visit www.medicalboard.gov.au.

Visit www.mbsonline.gov.au/telehealth.

- Contact individual professional colleges.
- Contact MDA National.

References

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