

TELEHEALTH AND COVID-19



A dermatologist's quick guide to getting started

This guidance is current as of 15 April 2020 and is subject to change. Fellows are advised to always refer to government recommendations. Visit <https://www.dermcoll.edu.au/covid19updates/telehealth/> for the latest version of this document.

We understand the COVID-19 pandemic is compelling many clinicians to consider telehealth for the first time and while we have attempted to discuss the most important aspects below, this is by no means exhaustive.

There is not one model that will suit every dermatologist and we encourage you to seek advice and support from experienced telehealth providers to get set up. Your Faculty or College can direct you to an appropriate contact. They can also help you network with colleagues who could assist with telehealth requests.

Choosing to offer video consultation or telephone services

The decision about whether the practice or clinic will offer telephone or video consultation services should be made by the dermatologist and the practice or clinic team. When making the decision to offer telephone or video consultations, careful consideration should be given to:

- Deciding/agreeing on what appointments will be conducted via telephone or video consultation
- Clinical effectiveness/appropriateness
- Clinical needs of patients
- Patient safety
- Reliable and secure equipment, fit for clinical purposes
- Secure management of patient health information
- Patient experiences

Key considerations

Workflow

- Determine workflows and system changes for their practice or clinic – from appointments through to billing and follow up.

Technology, platforms and privacy

- Determine what technology platforms will be used (ensuring privacy and confidentiality of patient information and no information is retained by the technology provider).
- While Skype is free and widely used, the standard version is not as secure as some other options. Platforms such as CoviU and 'healthdirect Video Call' are popular and are compared in the [UQ Centre for Online Health – Telehealth Software](#) one page guide.

- The resolution over video consultation is often not enough for discerning morphology of challenging eruptions, or malignant skin lesions and you may consider having a secure email address where patients can send clinical photos prior to a phone or video consultation.
 - ! The patient should be informed that even if the practice email is secure, the patient's email may not be, and that their privacy accordingly cannot be guaranteed via email. If a secure option for transfer of clinical images is reasonably available, this should be offered to the patient.
 - ! It is important that email addresses are monitored regularly in case material requiring urgent attention is received. You need to consider how the inbox will be monitored in the event you become unwell or are on leave.
- Ensure staff can access the booking, clinical software and billing systems when working remotely.
- Set up and test any technology that will be used.
- Generally, it is recommended that phone and video consultations are **not** recorded. Where there is a need to record this must only be done with patient consent.

Training

- Consider any training requirements for dermatologists and practice or clinic staff

Patient selection

- Telehealth will not be appropriate for the management of all dermatological conditions but can function as a useful tool to triage how urgently a person needs to be seen. You will need to make an assessment of whether an individual patient is suitable for a telehealth consultation based on their condition, the nature of the appointment, their personal circumstances and risk factors associated with COVID-19.

Communications and patient information

- Update practice or clinic website and/or on-hold messages to advise that telephone and/or video consultations are available
- Provide patients with information on what to expect during their telephone or video consultation. This includes the option of having a family member, support person or interpreter on the call.
- Ensure patients are informed about the option to continue attending the practice or clinic for consultation if this is clinically appropriate and safe for the patient, practice staff and the community.

Consent

- Have clear information and processes for obtaining patients' informed consent to a telephone or video consultation. Informed consent may be written or verbal and can be documented in the patient's clinical notes. Consent information should include what the telehealth consultation involves, its limitations and informed financial consent.
- It is important that you confirm the identity of the patient at each consultation, that all other persons attending are identified and the patient has consented to them being present.
- Encourage patients to ask questions or raise any concerns they may have about the consultation at any time before or during the consultation.

Clinical images

- Where photographs will be required, provide guidance for referrers and patients on how to take high quality images and on how and where to send these.
- Ensure that images as with other medical records are archived securely to protect them from theft, damage and alteration.

Keeping appointments, record keeping and billing

- As far as possible use your existing systems, with minor changes to identify remote consultations.
- Keep an accurate contemporaneous record of your consultation in your medical software.
- Consider how billing and payments will occur. Consider what your fees will be for non-bulk-billed consultations.

Electronic prescribing

- For now, you can still create a legal, paper prescription during a telehealth consultation and send a digital copy of this via fax, email or text directly to the patient's pharmacy. You will be required to retain the paper prescription for a period of 2 years for audit and compliance purposes. Medicines in Schedule 8 and Appendix D of the Poisons Standard are not part of this interim arrangement and are to be supplied under the current prescribing arrangements.
- Please note, these are interim arrangements and are subject to change. Read the electronic prescribing guide on the [Department of Health](#) website for the specific and up-to-date requirements for electronic prescribing and arrangements for existing prescriptions and repeats.

Risk management

- Make sure you assess the likelihood and magnitude of foreseeable clinical, management or technical problems and that you have options in place, such as changing the appointment to phone, rescheduling, or using an interim paper process.
- Check that your indemnity insurance covers telehealth.
- Consult with and provide appropriate training for your staff.
- Check your privacy policy and update as needed.
- Contact experienced teledermatology providers.

Evaluation

- Develop patient and other stakeholder feedback and quality improvement initiatives. Collecting patient feedback will be extremely valuable to improving your service and to collecting data to support the future use of telehealth in dermatology.

Acknowledgement

The guide draws on information in the Royal Australian College of General Practitioners' *Guide to providing telephone and video consultations in general practice* and the Australian College of Rural and Remote Medicines' *Quick guide to getting started with telehealth in primary care*.

This factsheet was developed with expert input from Associate Professor Liam Caffery, Centre for Online Health, The University of Queensland.