Telehealth for COVID-19 Emergency.

Dr Rob Hosking, GP and AGPA member

The RACGP has guidelines for Telehealth consulting (but these refer to pre COVD-19 Medicare rebates which were more limited). However, they have very useful principles in how to use Telehealth.
Below are my own musings as requested by the Secretariat of AGPA.

1) **Telephone consultations** can be used. Ensure you document conversations in your clinical information system (CIS-Medical Director, Best Practice, Zedmed, Genie, etc).

2) A variety of **Video consulting systems** can be used. They need to be of adequate privacy and security. Some people use Skype or Facetime but the more 'industrial strength" programs in common use are Attend Anywhere www.attendanywhere.com and Coviu www.coviu.com

3) Asynchronous electronic consulting is also an option but there is no Medicare rebate. However, you might find it useful for routine things like Scripts, Referral Requests and non-urgent discussions in text-form with patients.
   One system that has been around a long time is Ozdocsonline. This is free to sign up to. Patients pay by credit card for use (you set the fees), and a small amount is deducted from each fee by Ozdocsonline. www.ozdocsonline.com.au . You copy and paste the notes into your CIS.

4) Whilst consulting non face to face it is important to realise the **limitations**.
   a. Establishing the identity of the person is very important.
   b. Taking a very detailed history is obviously going to be more important than usual without the usual visual cues.
   c. Asking for some self-examination is useful and think about how you might do this-with particular reference to respiratory findings (breathing rate, temperature, pulse??, BP??, effort of breathing, wheezing, intercostal recession and tracheal tug).

5) More frequent prearranged **reviews** might be necessary so book them in at the end of the consultation. Don't wait for them to call you if they are worse. Review the next day or even later that day.

6) **Referrals**-increase or start using electronic referrals for routine referrals.
   Most of our GP systems use secure messaging systems that can send an encrypted

referral to other specialists and some hospitals. Examples are Argus, Healthlink, Medical Objects and ReferralNet.

Many are becoming interoperable (ie they will work across platforms so you don't have to have the same system as the other practitioner). Some Hospitals use these also.

Your CIS usually has access to the online address book informing you which NonGP specialists utilise these.

Perhaps get your Practice Manager to push these other specialists to start (if they don't already) receiving electronic referrals.

Faxing is also an option, but we could use this emergency to increase the uptake of electronic referrals and thus also electronic letters back from specialists directly into our systems to avoid the work of scanning.

7) **Electronic Transfer of Prescriptions (ETP)**- this has been happening for some years. The bar code on the scripts indicates this is happening.

   Pharmacists can use this bar code to download the script from a server that your system has sent it to.

   Faxing the script to the pharmacy and then the legal paper script can be sent later (most of us have a relationship with a particular pharmacy and so do our patients).

8) **Electronic requesting of pathology**- this is more advanced in some areas than others. Effectively it works similarly to ETP. Have discussions with your pathology providers about turning this on if you don't use it already.

9) **Update your software**- ensure you have the latest version of your CIS and other software to ensure you have access to all of the above functionality and are not as vulnerable to cyberattack.

10) **My Health Record**- this could become more useful to us at this time.

    Consider doing more up to date Shared Health Summary Uploads for your complex patients to keep our colleagues (in hospital or other practices) up to date with our patients' medication and problem lists.

    You may also be able to find information about patient discharge summaries and in some areas, medications on patients who are not your usual patients who are staying with relatives.

11) **Be imaginative**- think about different ways of delivering service to your patients