



DOCTORS

TELEHEALTH GUIDANCE AND FAQs

VIDEO-CONSULTATION A QUICK GUIDE

“Telehealth is defined as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies”

VIDEO CONSULTATIONS MAY BE APPROPRIATE FOR:

- ✓ Routine chronic disease check-ups, especially if the patient is stable.
- ✓ Administrative reasons e.g. issuing sick notes, repeat medication.
- ✓ Counselling and similar services.
- ✓ Any condition in which the trade-off between attending in person and staying at home favours the latter (e.g. in some frail older patients with multi-morbidity or in terminally ill patients not requiring in-person care).
- ✓ When there are no red flags.
- ✓ Patients who have equipment at home which may help with examination if it is needed. E.g. sphygmomanometer, thermometer, glucometer, peak flow meter.

VIDEO SHOULD GENERALLY NOT BE USED WHEN:

- ✓ Assessing patients with potentially serious, high-risk conditions likely to need a physical examination (including high-risk groups for poor outcomes or who are unwell).
- ✓ The patient requires a new prescription of a controlled medication.
- ✓ The patient requires a refill of a medication when the dose is not established and may need adjusting as per specialist advice.
- ✓ The patient shows clinical signs of deterioration.
- ✓ A clinical examination (e.g. Gynaecological) cannot be deferred.
- ✓ Co-morbidities affect the patient's ability to use the technology (e.g. confusion), or serious emergencies.
- ✓ Anxieties exist about the technology (unless relatives are on hand to help).
- ✓ Some hard-of-hearing patients may find video difficult.

VIDEO CONSULTATION TIPS:

- ✓ Ask open questions - 'Golden Minute'. Let the patient tell you what is going on before interrupting.
- ✓ Ask about signs of deterioration and the timeline of the illness. Can they do their activities of daily living? If not, how quickly has their condition deteriorated?
- ✓ Take concerns of the family seriously and with the patient's consent speak to family members if they wish to give you further information.
- ✓ Safety netting. It is really important to give clear safety netting advice on what to do if the condition worsens including contact numbers to call, urgent care services etc.

1 BEFORE THE CONSULTATION

- Confirm that (as far as you can assess in advance) a video consultation is clinically appropriate for this patient at this time.
- Use a private, well-lit room and ask the patient to do the same.
- Take the patient's phone number in case the video link fails.
- Ensure you gave access to the patient's clinical record (ideally, have it available on a second screen).
- On the day, check that the technology is working.

2 STARTING THE CONSULTATION

- Initiate the consultation by calling or inviting the patient.
- Say something e.g. "can you hear me?" to prompt patient to optimise the technical set up.
- Take and record verbal consent for a video consultation.
- Introduce everyone in the room (even those off camera) and ask the patient to do the same or confirm that they are alone.
- Reassure the patient that the consultation is likely to be very similar to a standard one and that the call is confidential / secure.

3 HAVING A VIDEO CONSULTATION

- Video communication works the same as face to face, but it may feel less fluent and there may be glitches (e.g. blurry picture).
- You don't need to look at the camera to demonstrate that you are engaged. Looking at the screen is fine.
- Inform the patient when you are otherwise occupied (e.g. taking notes or reading something on another screen).
- Make written records as you would in a standard consultation.
- Be aware that video communication may be a bit harder for the patient.

4 CLOSING THE CONSULTATION

- Be particularly careful to summarise key points, since it's possible something could have been missed due to technical interference.
- Ask the patient if they need anything clarified.
- Confirm (and record) if the patient is happy to use video again.
- To end, tell the patient you're going to close the call now and say goodbye (before actually closing the connection).

FREQUENTLY ASKED QUESTIONS

1) What is telehealth?

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2) What kind of technology system or hardware do I need?

At times some browsers and devices may work better depending on the solution being used. A detailed system checklist is provided.

3) When is teleconsultation appropriate?

Please refer to the guidelines above – generally for routine check-ups and administrative reasons.

4) How do you prepare and facilitate a consultation?

Please refer to the detailed guidelines above for simple and practical tips to ensure your virtual consultation runs smoothly.

5) Importance of the virtual handshake

Be aware that greetings over telehealth platforms, either phone or video call, can be different to seeing someone in person in a consultation room. Remember to always clearly introduce yourself, outline your role and explain the nature of the consultation. Building virtual rapport with the patient remains a key ingredient to any successful virtual consult.

6) What are the risks of a virtual consult?

• Delay in patient diagnosis

Don't substitute an in-person consult for a face to face encounter when a patient requires examination, a medical procedure or vital sign assessment. Current international evidence suggests that delayed diagnosis is one of the primary risk areas of virtual consults.

• Poor record keeping

Inadequate record keeping, as with in person consults, can result in poor recollection of the disease or symptom progression of patients which creates risk in the continuity of patient care.

• Inadequate history taking

Although video consultation provides a view of the patient, in the absence of the conventional patient examination, vigilant history taking and analysis of the presenting complaint becomes imperative if accurate assessment is to be made.

Should there be any uncertainty it is safest to either escalate to either in-person consultation or calling of emergency services (if required).

• Miscommunication

Ensure that the patient has the opportunity to clarify their history, diagnosis and its implication, the intended plan and understands what the steps are going forward.

- **Informed consent and managing the patient expectation**

Ensure that the patient has consented to the virtual consultation and is aware of the consultation.

- **Don't force patients to consult virtually if they are unwilling**

Giving patients an option of a virtual consultation is very important however, should the patient elect to be seen in person, where possible this should be arranged.

- **Pick up on the red flags and escalate treatment sooner than later**

If patient requires repeated consultations for the same presenting complaint, have persistent or unresolved symptoms or remain discontent at completion of the consult, look for symptoms that may reflect a more severe underlying pathology or escalate treatment early.

7) How should the patient prepare?

Please refer your patients to the information and FAQs document which provides detailed guidance for them in ensuring they are prepared for the consultation. This includes checking they have the appropriate technical system required and they are prepared with the relevant health information for the consultation.

8) My patients all refuse and are scared of virtual consults - what should I tell them?

Provide them with the information and FAQs document which explains how the consultation will take place. Reassure them that all their

information will remain secure and that confidentiality measures are in place.

9) Can I get reimbursed for this consult?

Recent HPCSA legislation permits billing patients for virtual consultations. It is advised that the doctor keeps up to date with current HPCSA legislation in this regard.

10) What does national legislation say around telemedicine?

Telemedicine should be utilised within the HPCSA ethical guidelines to ensure that healthcare practitioners facilitate, improve and enhance clinical, educational and scientific healthcare and research, particularly to patients from under serviced areas. The full guidelines are available on the HPCSA website.