Allied Health Professions Australia

Telehealth Guide
for allied health professionals

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Contents

1. Introduction

The move to telehealth in clinical practice

Telehealth provides significant opportunities for consumers and for allied health professionals. It can significantly improve access for consumers who may otherwise have difficulties seeing their healthcare provider by:

» reducing the waiting time to see a health professional
» avoiding the need to travel to see a health professional
» maintaining continuity of care when consumers are unable to visit their healthcare service in person.

However, for many consumers and also for many allied health professionals, telehealth is a new way of working. While the delivery of safe and effective clinical care is the focus of any consultation, there are particular aspects of telehealth that must be considered to protect patients and ensure care is still delivered in a safe and effective manner.

Providers will need to make decisions about the technical aspects of telehealth. However, these decisions need to be considered in the context of consumers' individual clinical and personal needs, and with the aim of delivering telehealth consultations to the same standard as face-to-face consultations.

The expansion of funded support for telehealth to include allied health services during the COVID–19 health crisis resulted in a rapid transition to this mode of delivery for many providers. The purpose of these guidelines is to provide allied health professionals with practical advice on how to conduct telehealth consultations, and develop a better understanding of telehealth to:

» improve their confidence and ability to provide quality healthcare via digital technology
» implement the clinical, administrative and technical elements required for this mode of healthcare delivery
» ensure the safety and quality of their practice.

Defining telehealth

Telehealth can have a range of definitions but it broadly refers to the use of technology to communicate with, and deliver health services to, consumers without the need for face-to-face contact with a health professional.

This document focuses on a more limited definition of telehealth, based on current Medicare funding arrangements, where video consultation is the preferred substitute for face-to-face consultations. In a video consultation, the consumer and health professional are connecting from two different locations via real-time audio-visual communication.

2. Safety and Quality

Allied health professionals must at all times ensure the safety of clients and the people who care for them by focusing on providing high-quality, high-value care. Attention needs to be paid to the particular risks that accompany the use of digital health technologies. The next sections deal with different aspects of safety that practitioners should consider.

Maintaining professional standards

Telehealth consultations should always be conducted in accordance with best practice clinical standards and models of care that apply to face-to-face consultations. Allied health providers must adhere to the same ethical standards and codes of conduct that apply to them as health professionals, regardless of whether they are using digital technologies to deliver care. These will vary from profession to profession and may vary further with individual funding schemes. For example, if you are providing services funded by the National Disability Insurance Scheme (NDIS), you will need to adhere to the NDIS Code of Conduct and business rules.

The Australian Health Practitioner Regulation Authority (AHPRA) telehealth guidelines state that the expectations for practitioners using telehealth to conduct consultations or provide patient services are the same as those for practitioners delivering services face-to-face. For AHPRA-registered health professionals providing telehealth services, the National Boards still expect that:

» You will practise in accordance with your National Board's regulatory standards, codes and guidelines, specifically that you will:
  › act in accordance with the standards set out in your profession's code of conduct or equivalent including expectations about confidentiality and privacy, informed consent, good care, communication, health records and culturally safe practice.
  › have appropriate professional indemnity insurance (PII) arrangements in place for all aspects of your practice, including telehealth consultations. Your PII provider can advise you about your PII coverage.

» You are aware of and comply with:
  › state and territory legislative requirements including (but not limited to) authorities that regulate heath records
  › privacy legislation and/or any other relevant privacy requirements
  › the use of government health and prescription monitoring services when appropriate, such as Prescription Shopping Programme, SafeScript, My Health Record, Healthenet
  › any other relevant legislation and/or regulatory requirements.

Clinical governance

Clinical governance encompasses activities that help maintain and improve the quality and standards of patient care. This includes structures, systems and processes to:

» safeguard standards of care
» manage and minimise risks
» drive continuous evaluation and quality improvement processes
» create accountability for quality of care

The provision of telehealth and video consultations should be addressed along with other services in a practice's clinical governance framework to ensure that:

» legislative requirements are complied with
» organisational and risk management systems and processes are in place
» planning and resource allocation supports service delivery goals
» performance is measured, reported, reviewed and acted on
» roles and responsibilities are clearly defined.

In this context, allied health practices should consider defining who is responsible for clinical, technology and business aspects of telehealth practice. Policies and procedures should also be developed for video consultations covering (but not limited to):

» identifying and addressing clinical risks
» training and professional development
» maintaining patient privacy and confidentiality
» coordinating bookings and practitioner availability
» documentation e.g. consent, clinical records
» maintaining video conferencing/communications equipment
» contingency plans
» patient communications prior to consultations
» gathering patient feedback and developing quality improvement initiatives
» investing clinical incidents relating to video consultations.

Privacy and security

Privacy legislation is designed to protect consumers from having their health information exposed either deliberately or inadvertently. You should already have clear policies, procedures and risk management protocols in place to ensure the security of patient information.

Digital health technologies introduce a range of additional requirements and complexities that providers need to consider. Digital systems can increase opportunities for others to intercept information. Reasonable steps must be taken to ensure security measures are in place for protecting and controlling access to client data from misuse, interference and loss, as well as unauthorised access, modification or disclosure. This includes how your clients' personal information (including any video/audio recordings or still images) is collected, stored, used, securely backed up and disposed of.

Allied health professionals using telehealth technology must comply with the Australian Privacy Principles, federal privacy legislation (the Privacy Act 1988) and jurisdictional privacy regulations that govern electronic storage and transmission of client information. You must also have processes in place to notify the Office of the Information Commissioner in the case of a notifiable data breach. The Office of the Information Commissioner Guide to Securing Personal Information provides clear details on how you can ensure sufficient security measures are in place for your telehealth practice.

To ensure the security of a telehealth-based service you must have safeguards to protect[1]:

» security of data transmission – a secure internet service for telehealth sessions or to transmit information, through end-to-end encryption or use of a Virtual Private Network (VPN)
» security of access – user authentication (password or other form of ID) for local area networks and video conferencing platforms
» security of data storage – appropriate storage of all reports provided for, or generated from, the telehealth consultation.

The Department of Health has prepared a [Privacy Checklist for Telehealth Services](#) to help you comply with your privacy obligations when delivering telehealth services. It provides general privacy guidance only and should not be relied upon as a substitute for your own legal or other advice. No specific equipment is required to provide Medicare-compliant telehealth services[2]. Practitioners must ensure that their chosen equipment and system meets their clinical requirements, meets their requirements of the MBS item descriptor, and satisfies privacy laws. For more information, refer to the Department of Health [Guidance on Privacy and Security](#).

The use of secure messaging and My Health Record can help overcome issues around sharing of, and safe access to, patient health information.

Informed consent

All health professionals must obtain consent prior to a telehealth consultation. In cases where the patient does not have the capacity to give consent, consent should be obtained in the same way as in a face-to-face consultation. It may be necessary to arrange for consent to be given by a family member or friend who has the appropriate legal authority (e.g. enduring guardianship).

The patient must consent to telehealth as the mode of service delivery. There are three aspects of informed consent:

» the patient must be informed. Telehealth is still new to most patients. The information provided should cover the possible risks and benefits of telehealth, how it will be used in their individual circumstances, safeguards in place (particularly regarding privacy and confidentiality), and possible alternatives.

» the patient needs to understand the information. This means the information must be presented in a way that the patient can understand it. Where written information is provided, the patient should have time to read it or speak to an appropriate person.

» the patient's choice to accept the telehealth option.

Patient consent for a video consultation can be given verbally but this must be documented in the patient's health record.

Sometimes there may be clinical value in making a video recording of a consultation e.g. to record changes in gait, speech, range of movement. If any part of a video consultation is recorded (including video, still images or audio) then the patient's written consent must be obtained[3]. Verbal consent may be given and recorded during the consultation, but this must be confirmed in writing. Written consent must also be explicitly given each time a recording is to be made. The patient must be informed how the recording will be used and how it will be stored. This written consent must be stored with the patient's health record.

Privacy and confidentiality policies and procedures should include the storage of any video/audio recordings or still images.

Refer to Appendix A for a sample video consultation consent form[4], including consent to record a consultation (or part thereof).

Indemnity insurance

All allied health practitioners are encouraged to have their own professional indemnity insurance. Individual insurers have their own terms and conditions. Any practitioner planning to deliver telehealth services should check with their insurer before commencing to ensure they are covered and seek advice about any requirements.

3. Getting started

Assessing limitations of telehealth

A video consultation is not exactly the same as a face-to-face service and there are some inherent limitations. Allied health professionals need to be confident that they can conduct a valid and reliable assessment via video consultation. Consider that there may be barriers to patient participation in a video consultation or limitations to the physical assessment that can be conducted via video.

Understanding people's barriers to engaging in video consultation can help determine which patients may achieve the greatest benefits from this medium and which patients may need additional support.

People with disabilities may have particular difficulties participating in a video consultation due to the 'remote' nature of the consultation or the requirements of the technology used e.g. people with[5]:

» impaired neuromotor skills
» impaired sensory function such as reduced vision and hearing
» impaired cognitive function
» impaired speech and communication capacity
» cultural and linguistic needs such as interpreter or signing support.

This does not mean that these people should be excluded from telehealth options. But extra steps and precautions must be taken to ensure a successful outcome. Assistive technology may be effective in such cases. For participants receiving National Disability Insurance Scheme (NDIS) funding, financial assistance may be available to help the participant access such technology.

When conducting a physical examination via video, providers may need to ask extra questions to compensate for the loss of face-to-face contact[6]. For example, physical changes may be less apparent during video consultations or it may be more difficult to assess changes in mobility. Allied health providers should consider aspects of history-taking, provider-directed physical examination and patient self-examination[7], and check with their professional association for specific guidance.

Assessing risks of telehealth

Risks of telehealth relating to privacy and security as well as technical failure are covered elsewhere in this document. Practitioners must also determine any clinical risks relating to the use of telehealth, consider how they might overcome those, and have contingency plans for any adverse events.

As part of the patient screening process, providers should consider the likelihood of an adverse event or deterioration in a patient's condition and whether telehealth is an appropriate form of care. If it becomes evident during a video consultation that in-person care is required, it is important to communicate this to the patient and arrange for a face-to-face consultation.

Practitioners should also consider any risks that might arise from the client's participation during the consultation. Musculoskeletal or exercise-based activities may require a larger space at the client's end or place the client at risk of falls. A person seeking mental health services may become emotionally distressed. Video consultation may still be used in these circumstances, but the client should be informed and given the option of having someone present for support or seeking a face-to-face consultation instead.

Selecting patients for telehealth

A high-quality video consultation is one in which assessment, clarification of diagnosis, and recommendations for treatment and review are carried out and communicated in line with best-practice care.

Although there are benefits of telehealth, video consultations are not appropriate for everyone. They are also not intended to be a replacement for face-to-face consultations, rather as an adjunct to these to help maintain continuity of care where appropriate.

Allied health practitioners need to consider whether a valid and reliable assessment of a patient's condition can be made via video conferencing, and whether a patient's care can be meaningfully supported using this medium. The decision to use telehealth should be made on a case-by-case basis considering factors such as clinical appropriateness, quality and safety and practicalities of this mode of delivery[8]:

» Clinical – the level of urgency of care being provided, the opportunity for continuity of care, the most appropriate model of care that patient.

» Quality – the quality of care that can be delivered via the medium suits the clinical condition, the quality of technology available at the patient's end.

» Safety – the patent's capacity to participate in the consultation, the patient's (or carer's) ability to provide informed consent, the level of risk posed by using telehealth to the patient's safety or healthcare, the provider's ability to provide a secure telehealth system.

» Practical – the patient's ability to use digital technologies, the availability of appropriate technology and support at the patient's end.

To adequately assess the above factors, the provider should have an ongoing relationship with the patient (and ideally with other members of their healthcare team), conduct a risk analysis for each patient, and seek additional information from other members of the healthcare team if necessary.

As part of a pre-screening process, allied health practitioners may benefit from reviewing any relevant health information contained in the patient's My Health Record. The person's record may include such information as a GP health history, current medications, pathology and diagnostic imaging reports, discharge summaries, and reports from other health professionals.

Informing patients about telehealth

Once video consultation is deemed an appropriate option for a patient, the patient's informed consent to proceed. This involves both informing the patient about telehealth and understanding their preferences.

Make sure clients fully understand what telehealth entails, how it will be used in their individual circumstances and how you are going to safeguard their privacy and confidentiality Determine what will best suit the needs and preferences of your clients

Patients should be provided with the following information in order to make an informed choice:

» the purpose of the video consultation i.e. likely benefits
» any possible risks associated with receiving care via video technology
» what a video consultation involves e.g. how long it takes
» that they can have a family member/carer/other support person with them during the consultation
» how you will protect their privacy and confidentiality
» their right to cease telehealth services at any time
» any out-of-pocket costs for the consultation

» other available care options

» information on how privacy and confidentiality are managed

Written information should be provided clearly explaining the above with enough time for the patient to make a decision. plain language information about telehealth, plus the other relevant options for providing care.

Participation by third parties

Participation by carers and family members in consultations can be beneficial to patients and provide additional support for the provider. Other health professionals may also be involved in a telehealth service. For example, a nurse in an aged care facility may participate in a telehealth consultation, providing direct support for the patient and an opportunity communication with other members of the patient's healthcare team.

It is important to obtain a patient's consent to have any extra participants in a consultation. This applies to any additional healthcare professionals (GP, nurse or other allied health professional) that may join the consultation, or a patient support person that joins from a different location to the patient.

4. Technical considerations

The technology used for video consultations needs to be safe, provide an effective video conferencing platform, and fit for the clinical purpose of the consultation. Equipment and networks need to be secure to ensure patient privacy and confidentiality. Equipment should also be:

» reliable and work well over available networks and bandwidth
» user-friendly and compatible with equipment used by both the allied health provider and the patient
» of a quality that enables good communication between participants and appropriate clinical assessment.

Choosing a platform

When choosing video conferencing software for telehealth, consider:

» the functionality of the system – will it enable you to achieve what you need clinically?
» the security of the system – can the technology ensure privacy and confidentiality?
» accessibility of the system – is it user-friendly and can it be easily accessed by your clients?

There are many simple, freely available video apps that operate on smart phones. For example, Skype, WhatsApp, Facebook Messenger, FaceTime are popular and easy for video calls on an ad-hoc basis. However, these platforms may not offer the required functionality or security. Video conferencing platforms such as Zoom and Skype for Business allow multiple attendees and sharing of screens but may not be accessible for all clients.

More comprehensive platforms are available specifically designed for health providers to conduct telehealth video consultations e.g. Coviu, Cliniko.

Practitioners should check that the platform they choose for video consultations satisfies Australian privacy and check with their professional association for additional guidance. Security of particular aspects such as file storage, chat functions, and location of servers should also be considered.

Appendix B provides an overview of the security features for some popular platforms used in Australia for video consultations[9].

Choosing technical equipment

In addition to an internet-enabled device and video conferencing platform, telehealth video consultations require good-quality audio and video to maximise communication during the consultation.

Some allied health professions will have a greater emphasis on visual information obtained during consultations, but for all professions the quality of care that can be delivered via telehealth depends on the quality of technical equipment, systems and connectivity. Smart devices with video apps are convenient for consumers but dedicated videoconferencing equipment is recommended for providers. This includes:

» a webcam for image acquisition and a monitor for display
» a microphone and speakers.

Web cameras built into laptops and screens are generally low quality and performance can depend on lighting conditions. An external webcam will provide higher resolution images that are more appropriate for the purposes of telehealth.

When choosing a webcam, consider the field of view required and need to zoom in and out. If you are going to be demonstrating an activity you may be further away from the camera at different times during the consultation. You may even want to have multiple cameras to show different angles.

When setting up a webcam, keep the camera close to eye level to help create the perception of eye contact during conversation.

Even in a video consultation, audio quality is still important. So you should determine whether the microphone and speaker quality in your computer or device has sufficient audio quality, or you need to purchase additional equipment.

A headset will generally produce the best quality audio as the distance between the microphone and speaker's mouth remains constant regardless of their position. This may be important if you are demonstrating something away from your computer during a consultation (a wireless headset may be the best option in this case. Headsets also help reduce feedback and echo.

You should know how to test the communications software and hardware you use for telehealth video consultations. This includes any external audio/visual devices or other equipment connected to the video conferencing platform. You should also know how to adjust any equipment as needed during a consultation.

Environment

After considering all technical software and hardware requirements for video consultations, it would be easy to overlook the consultation setting. An appropriate, fit-for-purpose space for conducting video consultations has:

» a quiet room where the consultation will not be interrupted by background/external noises and the conversation/interactions during the telehealth consultation will not affect others (a carpeted room will have better acoustics)

» a private space to protect the privacy and dignity of patients and ensure that any sensitive health or medical information discussed remains private

» a plain background with no visual distractions

» good lighting i.e. natural lighting if possible and no bright lights behind the provider

» ready access to clinical equipment that may be needed during a video consultation

» adequate space to conduct a visual physical assessment e.g. gait, mobility, home environment

» no visible confidential information or medical images in the background of the video consultation.

Patients should also be encouraged to use a private room where they will not be disturbed, with adequate lighting and no background noise.

Managing technical issues

Technical failures can sometimes occur when using video conferencing platforms. You need to have a contingency plan in case this happens during a telehealth video consultation. This should be covered briefly with patients at the beginning of a video consultation.

The contingency plan could be as basic as completing an interrupted consultation by phone. It is important to confirm patients' contact details and ensure they have their phone with them to enable this.

If there are problems with the quality of a video consultation, there are some other options you can try:

» if video quality is poor, you can turn the video off and proceed with audio only
» if audio is poor, you can mute the audio and proceed with video, and use a phone for audio communication
» you can reschedule the appointment if clinically necessary and/or appropriate.

The procedure for how to manage a technical failure during a video consultation should be documented and included in your practice manual and staff telehealth training:

» all staff should be made aware of the procedure and where it is kept
» troubleshooting guides for common technical problems should be provided where the video conferencing equipment will be used.

There should also be a person who can provide technical support within the practice, or access to technical support for video conferencing equipment and connectivity.

5. Preparing for the consultation

Preparing the consumer

You should provide information about a video consultation to your patient ahead of the consultation itself. This will give them time to understand the benefits and risks of telehealth, how the consultation will work, how to prepare to get the most out of the consultation, and to make informed choices. Such information could include:

» appointment details and any related requirements e.g. asking the patient to 'arrive' a few minutes early for the consultation

» instructions for the video consultation such as:
  › what equipment and/or platform is required to participate
  › how to set up their own environment for the consultation
  › how to test the system before the consultation
  › the option (or necessity) for the patient to be accompanied by a family member, carer or guardian
  › what identifying information they will be asked to provide at the beginning of the consultation e.g. their name, address and date of birth
  › a reminder to write a list of any questions they may like to ask during the consultation

» instructions on how to proceed in the case of a technical failure e.g. have a phone to use as backup, who will call whom

» a request to confirm telephone contact details prior to the consultation and to have a phone close by during the consultation in case of video technical failure

» a consent form for the video consultation (possibly including consent to record the consultation if necessary)

» internet data usage for video conferencing e.g. little/no data may be used while in a virtual waiting room, low-speed internet may affect image quality during the consultation

» details of any costs associated with the consultation and how billing will be processed.

You may find it useful to create a brochure or online information sheet that covers the above information and provides forms for any information to be collected. This should include a statement that it is generic information for conducting a telehealth consultation and does not provide individualised or clinical advice.

Preparing the clinician

Before conducting a video consultation, allied health professionals should consider both the clinical and technical perspectives of the consultation.

Although the aim is to reproduce a face-to-face consultation as closely as possible, there are some limitations to video consultations. Providers should consider:

» what they are hoping to determine or deliver for the patient and how this can be achieved given the video medium, the patient's 'remote' location and their non-clinical environment

» risks of any activities that may be used as part of clinical assessment/instruction e.g. falls.

Before commencing a video consultation, providers should also:

» review protocols for video consultations and contingency procedures for how to proceed in case of video technical failure

» ensure that the webcam or device being used videoconferencing is fixed or on a stand to eliminate camera movement

» have a phone ready for backup and the patient's phone number for alternate communication in case of video failure

» test audio and video on the video conference platform are working before connecting with the patient

» ensure any clinical that may be required is readily available.

6. During the consultation

Introductions and identity confirmation

In a face-to-face consultation, health professionals will usually introduce themselves and carry out basic identity checks on each patient. It is useful to have similar processes at the beginning of a telehealth video consultation.

» Introduce yourself, including your name, position and reason for the call. Confirming your own identity is particularly important for patients who may have impaired vision (including not wearing their glasses).

» Have the patient confirm their name.

» Ask if the patient can hear and see you properly.

» Ask if there is anyone else in the room with the patient. If so, they should be introduced and moved so they are in view of the camera.

» Confirm the patient's phone number and let them know how you will proceed/contact them if there are technical difficulties during the consultation.

Privacy and security

Once the introductions are over, it is important to address security issues. You should confirm with the patient that:

» the session is private and the technology being used is secure
» session recording is disabled
» the session will not be recorded with the client's written informed consent
» they are happy to proceed.

Technical optimisation

Testing and adjusting webcams and microphones at the beginning of a video consultation will help ensure good interaction. Other tips for video conferencing may help maximise the quality and clinical value of the telehealth video consultation.

Tips for the patient include:

» switching mobile phones off or to silent mode
» minimising background noise
» using a mobile phone headset if required
» speaking clearly, without raising their voice and one at a time (if more than one person is participating)
» sitting so that all participants can be seen
» adjusting the camera or lighting conditions so that you can see their face clearly

Tips for providers include:

» placing any external microphones close to you but away from other sources of noise that could be amplified by the microphone e.g. paper rustling or air conditioners

» minimise background noise e.g. typing on computer keyboard (mute audio when typing or consider using a headset if this will be a consistent part of your video consultations)

» adjusting the camera angle to allow 'eye contact' with the patient where possible

» adjusting your position so that the webcam view of you is filled with your head and shoulders.

Ending the consultation

It may be useful to finish the consultation by:

» summarising what was discussed

» agreeing on the next steps for the patient's management

» asking the patient for any feedback on the telehealth session

» confirming the date/time of their next appointment or recommending a timeframe for their next appointment, and whether that will be a face-to-face or video consultation.

As a precaution, cameras and microphones should be turned off when not in use.

Ending the consultation

7. After the consultation

Documentation

As with face-to-face consultations, it is important to document video consultations with patients. This should include standard clinical notes such as reason for referral/presentation, assessments, outcomes, plans and follow-up care, as well as:

» a record that the consultation was conducted via video
» all participants in the video consultation
» confirmation of patient consent, how consent was given (verbal/written)
» where written consent to record the consultation, and any recordings made, are stored
» the rationale for video consultation rather than face-to-face consultation and any clinical limitations that this presented
» any technical malfunctions that may have compromised the video consultation.

Notes should be written up as soon as possible after the consultation to provide a complete and accurate record.

Understanding the client experience

After a patient's first video consultation, it is important to find out how they found the experience. It is also a good idea to have regular patient evaluation if video conferencing is going to be an ongoing part of your practice.

You may want to ask questions about:

» the information and instructions provided prior to the video consultation
» the quality of video and audio during the consultation and any technical difficulties
» the quality of care and information provided via the video format
» their willingness to have a telehealth video consultation in the future
» what could be done to improve the service.

Patient evaluations can be obtained by a follow-up phone call after a video consultation or by sending them an online survey. Where possible, evaluations should be conducted by someone who was not present during the consultation being evaluated.

Quality assurance

Patient feedback can help improve the quality and safety of your practice's video consulting service and is an important part of quality assurance and continuous improvement processes.

Recording and monitoring patient evaluations will provide information service improvement and risk management strategies in areas such as:

» your patient communication processes
» your data management and storage processes
» your video consultation technique
» the video conferencing platform you use.

8. Practice processes

Billing and claiming

Australian governments and agencies responded rapidly to COVID–19, funding services delivered via telehealth through Medicare, the Department of Veterans' Affairs[10], the National Disability Insurance Scheme[11] and a number of several state- and territory-based accident[12] and workers[13,14,15,16,17] compensation schemes. Some private health insurers are also providing rebates for telehealth services to people with allied health funding in their general treatment policies.

Video consultation is the telehealth approach preferred by Medicare for subsidised services[18]. However, in response to the COVID–19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

The funding landscape relating to telehealth continues to evolve and we recommend checking regularly with your individual professional association to confirm which telehealth services are eligible for rebates. Billing and claiming processes for telehealth services are also subject to change and we recommend regularly checking these processes with individual funders.

Your practice's billing arrangements for telehealth services need to be clearly communicated to current and prospective patients.

Scheduling services and workflows

A dedicated room for video consultations will ensure that the equipment is accessible and properly set up when needed. It will minimise interruptions and delays associated with setting up the system every time a video consultation is scheduled.

A system should be used for coordinating and booking the practitioners, equipment and space needed to deliver telehealth video consultations[19]. There are online platforms that support this process[20]. People making bookings will also need to be aware of the equipment required so that the right equipment is booked for the right consultation.

Practitioner support

As an additional technique for providing healthcare services, training on telehealth practice and processes will be important to ensure that your practice can provide safe and effective telehealth consultations.

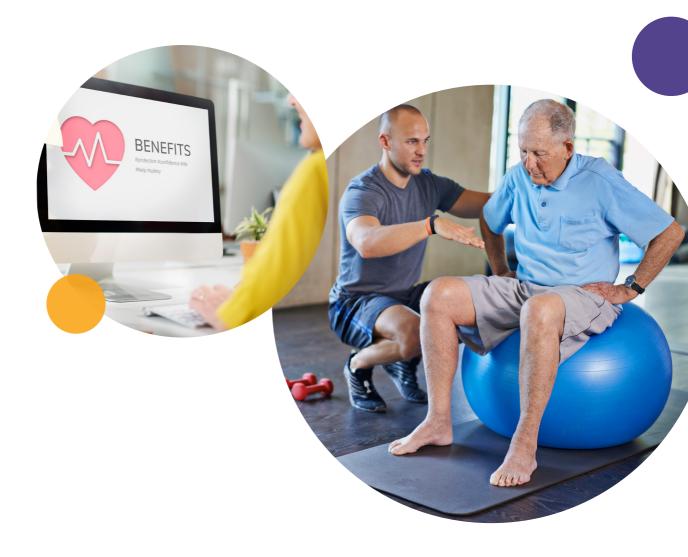Training may include practical sessions that give practitioners an opportunity to:

» have hands-on experience with communications equipment
» use role-play to simulate and practise video consultations
» share telehealth experiences and tips.

Further topics to consider in training for telehealth may include:

» video consultation etiquette
» documenting telehealth video consultations

» professional indemnity issues for video consultations

» informed patient consent for video consultations

» informed patient decisions about their care in the context of video consultations

» cultural awareness e.g. sensitivities about recordings of personal images

» privacy and security of patient health information

» evaluation processes

For the best outcomes and staff engagement, training should allow feedback on telehealth processes and also on the training processes.

Appendix A: Video Consultation Informed Consent Form

The benefits of having a video consultation can be:

» Reducing the waiting time to see my healthcare professional
» Avoiding the need for me to travel to see my healthcare professional
» Maintaining management of my health when I can't visit my healthcare professional in person.

The risks of having a video consultation can be:

» A video consultation will not be exactly the same and may not be as complete as a face-to-face service.

» There could be some technical problems that affect the consultation.

» My healthcare service uses systems that meet recommended standards to protect the privacy and security of the video consultation. However, it cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist.

I can make choices about the healthcare I receive via video consultation.

» If the video visit does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow-up consultation, either face to face or via video.

» I can change my mind and stop using video consultations at any time, including in the middle of a consultation. This will not affect my right to ask for and receive healthcare.

I agree to have video consultations with: ....

Name of Patient: ....

Signature of Patient: .... *Date:* ....

Additional Consent for Recording Video or Images

I agree to have this video consultation recorded, or to have photographs taken. This material will be sent and stored securely and only used to benefit my health care.

I have the right to see the video or images, and to receive a copy for a reasonable fee. I understand that the service cannot guarantee total protection against hacking or tapping into the recording by outsiders.

Signature of Patient: ....

Appendix B: Video Conferencing Platforms

Overview of security features for popular video conferencing platforms used for telehealth video consultations in Australia.

Platform	End-to-end Encryption	Server Location	Cloud service provider	Authentication and authorisation
Coviu	Yes	Australian only	Amazon Web Services (Certified)	Provider: username/password Client: selfie/name
Zoom Pro	No	Global	Not specified	Provider: username/password Client: meeting ID, optional password
Skype	Temporary	Global	Microsoft (Certified)	Username/password, guest access available
Skype for Business	Not specified	Global	Microsoft (Certified)	
WhatsApp	Yes	Global	Facebook (Not certified)	Accounts connected to phone numbers
FaceTime and IMessage	Yes	Global	Amazon Web Services (Certified) / Microsoft Azure (Certified)	Accounts connected to email addresses or phone numbers
GoToMeeting	Yes	Global	Not specified	Provider: username/password Client: require meeting ID
Microsoft Teams	No	Australian only	Microsoft (Certified)	Require username/password, guest access possible but disabled by default
Facebook Messenger	Temporary	Global	Facebook (Not classified)	Requires Facebook account
HealthDirect video Call	Yes	Australian only	Amazon Web Services (Certified)	Provider: username/password Client: name and phone number
Power Diary	Yes	Australian only	Amazon Web Services (Certified)	Provider: username/password Client: access code 2-factor authentication available. Client: via encrypted link
NeoRehab	Yes	Australian only	Not specified	Provider: username/password Client: access code
Pexip	No	Not specified	Not specified	Provider: username/password Client: no authorisation
Telstra Health	Yes	Australian only	Microsoft Azure (Certified) and Telstra	Not specified
LifeSize	Yes	Global	Amazon Web Services (Certified)	Provider: username/password or single sign on
Doxy.me	Yes	Global	Amazon Web Services (Certified)	Provider: username/password Client: enters name to enter waiting room
Cliniko	Yes	Australian only	Amazon Web Services (Certified)	Provider: username/password (2-factor authentication available) Client: guest access

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