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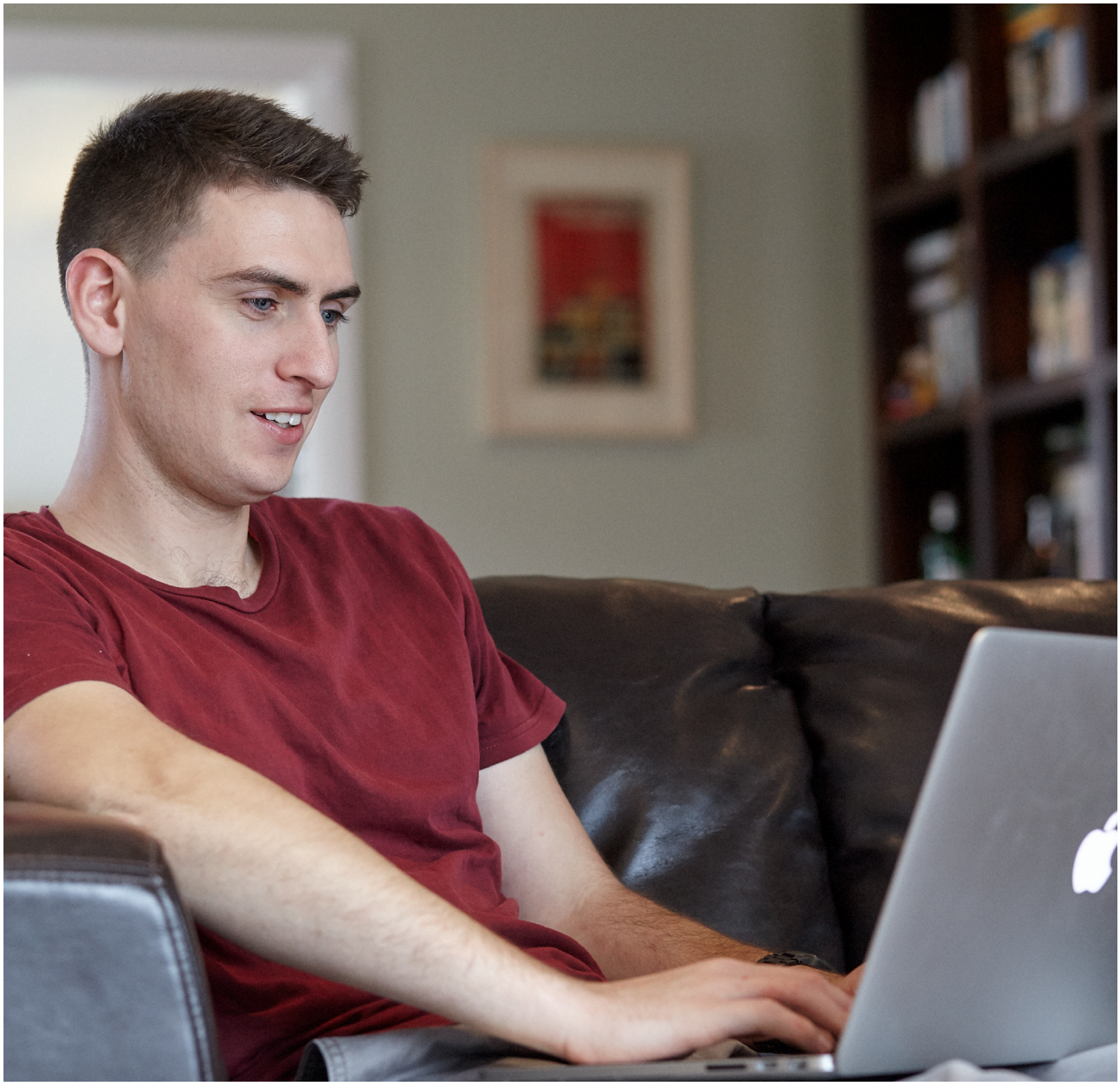
ACC Telehealth Guide



Contents

Who is this guide for?

This document is for health practitioners who provide health services to ACC claimants either under contract or regulations. It sets out ACC's expectations for the safe and ethical clinical use of telehealth as a mode of service delivery, and is designed to guide staff, clinicians and others in providing assessment, treatment and other clinical services via communication technologies.

This document is intended as a helpful guide and should be used in conjunction with ACC's operational guidelines, contracts and specific requirements for the service offered. It should be used in conjunction with the guidelines produced by your regulatory and/or professional body, and is not a replacement for the documents produced by these organisations.

Note – not all ACC services are telehealth enabled. You can find a full list of telehealth enabled services here: ***Providing services via Telehealth (acc.co.nz)***

Terms used in this document

Telehealth: For the purposes of this document, this term refers to the real-time (synchronous) delivery of health care services through the medium of communication technologies where client and provider are in separate locations. Telehealth refers specifically to health care interactions that replace in-person consultations, and excludes brief communications (eg brief check-in either via video, phone or text messaging; or information sharing), communications not for the purpose of delivering health care services (eg liaison, social networking), asynchronous interactions (eg email and sometimes also text messages), or for administrative purposes (eg making an appointment).

Telehealth consultation: This includes real-time, synchronous health care consultations done via videolink, audiolink, or text messaging (live chat) services facilities on a tablet, computer, phone or live camera feed that take place via telephone or digital technology platforms (eg Zoom, MS Teams, Skype and Doxy.me, Google Hangouts, FaceTime, Google Duo, Facebook Messenger, WhatsApp video, WeChat).

In-person: A health practitioner and client are physically present in the same location.

Kanohi ki te kanohi: This Māori term roughly translates to 'face-to-face' but has a deeper meaning that indicates connections which allow participants to not only see the other person, but also to "hear, feel, and smell the relationship"[1]. It means to be physically present, to interact, engage and communicate to preserve the bonds of whanaungatanga. It is a foundational principle for many tikanga Māori.[2]

Face-to-face: This term may refer to in-person interactions as well as videoconference interactions where both parties are able to see the other person on a screen. As such, this term can be confusing, and therefore the terms "in-person" and "telehealth" are preferred as a more specific indication of the mode of communication.

This document does not include guidance on remote patient monitoring using electronic monitoring tools.

1. Ngata, W. (2017). Kanohi ki te kanohi: Face-to-face in digital space. In H. Whaanga, T. Keegan & M. Apperley (Eds.), He Whare Hangarau Māori: Language, culture & technology (pp. 178-183). ***https://www.waikato.ac.nz/__data/assets/pdf_file/0009/394920/chapter23.pdf***
2. O'Carroll, A.D. (2013). Kanohi ki te kanohi – a thing of the past? An examination of Māori use of social networking sites and the implications for Māori culture and society. PhD thesis, Massey University. ***https://mro.massey.ac.nz/xmlui/bitstream/handle/10179/5323/02_whole.pdf?sequence=2&isAllowed=y***

Introduction

Telehealth has become increasingly widespread as a form of health care provision. The chief advantage of telehealth is its contribution to facilitating access to safe and appropriate health care where this might otherwise be difficult. However, it is still a new way of working for many and has a particular treatment format that comes with its own requirements, risks, and limitations that providers must be aware of and act to mitigate.

The purpose of this document is to provide health practitioners with guidelines and practical advice on if, when and how to conduct telehealth in a safe, effective, and ethical way. This document addresses the following areas:

- clinical safety and quality, including assessment and mitigation of telehealth-specific risks
- technology requirements, data storage and privacy
- additional considerations such as legal authority or jurisdiction and work certification.

Clinical safety and quality

Telehealth should be chosen deliberately to achieve the objective of providing accessible, flexible, and efficient health care services to clients who experience barriers to accessing appropriate in-person care. It should not be a default option or chosen because of clinician preference.

Telehealth should be considered as a replacement for in-person care where this would result in:

- timely access to health care (eg to overcome local workforce shortages)
- access to an appropriate provider when this would otherwise not be possible (eg remote or rural location)
- continuity of care and/or shared care
- removal of barriers to accessing health care due to other constraints (eg risk of infection, medical or physical conditions that make it difficult to travel, transport difficulties, time constraints, caregiver responsibilities).

Any telehealth service should meet the equivalent standard of care as would be provided in an in-person consultation. The information available during a telehealth consultation is unavoidably of a lesser quality to what is possible during an in-person meeting, and therefore you may need to make modifications or take additional steps to ensure adherence to these principles. Privacy and confidentiality requirements are also amplified using telehealth and require additional attention to meet the same standard of care as an in-person consultation. This includes recording informed consent, as well as contacts such as phone calls and text messages.

Where the quality of the service is negatively affected by the limits of technology, you should discuss this with the client; record this in your clinical notes; and try to compensate for the loss of service quality (eg by arranging a follow-up consultation, involving a third-party health practitioner in the client's locality, or other action).

In cases where local health providers are involved with a client's care, telehealth clinicians should support the ongoing involvement of local providers with the client.

Informed consent

Client consent for the use of telehealth should include a pre-engagement phone or video call which covers:

- plain language information about what telehealth is, how it works, expectations, limitations, length of consult, privacy requirements, recordings
- information about other options for receiving health services, including the client's right to change their mind about receiving a telehealth service
- technological requirements such as basic literacy with technology, stable internet, access to device with a camera, any other equipment (eg headphones), privacy and confidentiality issues
- costs to client (eg data)
- the client's own assessment of their ability to manage the process and any supports they may require
- broad discussion of risk factors and a mitigation plan

Consent is ongoing, meaning that you should check in regularly with your clients to ensure that this mode of service delivery remains appropriate and desirable. Conversations about the risks and benefits of telehealth should continue past the pre-engagement stage, and should include such checks as safety plans, plans for addressing miscommunication and misunderstandings, discussion around limits of provider availability and what constitutes formal (and/or billable) contacts, and re-evaluation of agreements as circumstances change.

Remember to record both a summary of the discussion and the outcome regarding consent if you obtain verbal consent only. Remember to record specific aspects of consent, such as for the involvement of facilitators or other health practitioners.

What is "clinically appropriate" telehealth care?

The usual standards of care apply to service delivery via telehealth, although additional steps may be needed to apply these standards during a telehealth consultation. These standards apply to:

- client selection
- identification
- cultural competence
- informed consent
- assessment
- diagnosis
- maintaining the client's privacy and confidentiality
- updating the client's clinical records
- liaison and communication with other providers
- follow-up.

Clinicians must apply their professional judgement when assessing whether telehealth is an appropriate form of treatment delivery. Risks and benefits should be carefully weighed in each instance, and informed consent should

be provided prior to a first meeting, and this should be ongoing throughout treatment as circumstances may change. In some instances, in-person care may remain the preferred modality for all or part of service delivery.

Factors to consider

Client safety

This cannot be compromised by the decision to use or continue using telehealth. Clients at high risk of harm to self or others, who experience difficulties such as emotional dysregulation or dissociation, or who are mentally severely unwell, may not be suitable for telehealth, or may require a provider present in the same location during consultations.

Engagement and communication

Telehealth consultations may impact the therapeutic relationship or provider-patient alliance in different ways for different people. Physical changes, paralinguistic and nonverbal cues, emotions and emotional response are harder to detect and assess on a screen. Much of what is conveyed in any message may therefore be lost, increasing the risk of miscommunication and misunderstanding. Lags in connectivity may lead to interruptions or talking over each other. This may compromise engagement and risk a rupture in the therapeutic alliance, or compromise the provider's confidence about their diagnosis or risk assessment. You may need to take extra steps to mitigate these risks, such as asking clients additional questions to compensate for the loss of in-person contact, and checking your impressions or understanding more frequently to gather sufficient clinical information.

The client's cultural, spiritual and psychosocial needs and preferences

For clients from specific ethnic or cultural backgrounds, it may be important where possible to meet in person prior to continuing the relationship using telehealth (eg for some Māori, in-person or kanohi ti ke kanohi meetings are strongly preferred to support whakawhanaungatanga, to establish physical and spiritual connections, and to lend mana to one's kōrero[3]). It is important not to make assumptions, but to check with clients (and sometimes their supporters and/or other health providers). For some population groups (eg younger people or rangatahi), telehealth platforms may be comfortable, while for others (eg older people) this form of service delivery may be awkward or unfamiliar.

Technology

Provider and client must have access to suitable equipment (hardware and software), as well as adequate and stable Internet access. The devices used must be secure, and only allow the intended recipients to receive and record. The quality of the image being transmitted needs to be considered, with some functions (eg sharing high-tech imaging visuals) requiring a high standard of technological capability.

Privacy and confidentiality

Both clients and providers must be able to access a private space where they can safely share confidential information.

3. O'Carroll, A.D. (2013). Kanohi ki te kanohi – a thing of the past? An examination of Māori use of social networking sites and the implications for Māori culture and society. PhD thesis, Massey University. ***https://mro.massey.ac.nz/xmlui/bitstream/handle/10179/5323/02_whole.pdf?sequence=2&isAllowed=y***

Client capacity, including age, stage and developmental needs

The client must be able to operate the technology themselves (or have a facilitator present), and must have sufficient cognitive, mental and physical capacity to participate. Telehealth may be less suitable for the assessment or treatment of younger children, especially where assessments may require observing behavioural interactions, separation from caregivers, or play; or where children do not have sufficient expressive language ability to engage verbally with the provider.

Financial costs to client

Ensure that the client is able to afford the cost of data or phone plans for the required duration of the telehealth service.

Distance between provider and client location

Telehealth is seldom the only medium of service delivery between a client and provider. The implications of arranging in-person meetings should therefore be considered (including ease of travel, time, distance, available transport, cost), and providers should therefore be as closely co-located with the client as possible.

Client expectations and boundary issues

Telehealth can make a provider appear more accessible to clients, and may stretch the boundaries around usual contact hours or ways of communicating. Forms of contact such as phone calls, emails and texts may appear casual to the extent that they are not recognised as formal contacts that need to be recorded as such as well as protected from a privacy perspective. Professional boundaries may also be eroded when sessions take place in less formal settings, where the participants are more casually dressed, or engaging in behaviour that they would not normally do in that circumstance (driving, lounging on the bed, drinking alcohol).

Assessment requirements

Consideration should be given to whether a physical examination or in-person consultation would add critical information, or whether this may be necessary to obtain reliable and accurate information, especially in the case of a diagnostic assessment. If so, options for enabling this should be explored, including referring the client to another provider for all or parts of the assessment. As always, informed consent should be obtained from the client, and there should be clear and thorough professional liaison between providers.

Professional and regulatory guidelines

Providers should adhere to both their professional body guidelines for the use of telehealth as well as ACC's contractual obligations. Should you have any concerns about your own or another provider's use of telehealth, you should raise this with relevant parties, such as your clinical lead, supplier, supervisor, or your ACC Engagement and Performance Manager.

Risk assessment and mitigation

Using telehealth may compromise a provider's ability to recognise and respond promptly to any emerging safety issues, including a client's risk of harm towards themselves or others. Where providers are in a different geographical region to the client, they may not be aware of local services and resources available to the client in an emergency, may be unable to arrange for a crisis intervention or conduct a physical examination, or maintain or re-establish a relationship through in-person meetings should circumstance require this.

Some risks associated with the use of telehealth can be mitigated with a good informed consent process. Where the risks of using telehealth cannot be mitigated, this should not be attempted, and an in-person consultation should be arranged instead. Examples where in-person consultations would be preferred include psychological trauma processing or exposure work, standardised pen-and-paper psychometric testing, examinations that include a physical assessment, or where a facilitator is required but unavailable.

Risks to be considered, and potential steps to mitigate risk, include the following:

Clinical risks

- This may include significant emotional dysregulation, psychosis or other distortions of reality, dissociation or other loss of ability to engage meaningfully; current significant risk of harm to self; likely to experience disruptive symptoms such as panic attacks or dissociation in response to triggers; physical or sensory illness or impairment that affects the ability to communicate or retain information.
- At the beginning of the telehealth process, discuss and agree on a safety plan to ensure you both know what is likely to happen in the event of a crisis. Review this plan as circumstances change.
- Discuss the limitations of telehealth and agree on strategies for managing misunderstandings or miscommunication.
- Clarify expectations of provider availability and likely response time to messages.
- Consider arranging for a support person, health practitioner, or other facilitator to be present with the client in the room and involved in the session.
- Alternatively, ensure a support person is available in the client's physical location or very nearby, that you have their contact details, and the client's permission to contact them if needed.
- Ensure you have the address of the client's current physical location if you need to involve crisis or emergency services.
- Dependence and avoidance: Telehealth may be useful for supporting clients in circumstances where in-person meetings are not possible or is undesirable. However, it may sometimes also serve to facilitate avoidance or to foster dependence on the provider. Where continuing treatment using telehealth may inadvertently strengthen the client's dependence on the provider, or reinforce their avoidant coping styles, telehealth may no longer be an appropriate tool, and the provider should explore options for changing the model of service provision or transferring the client to another provider for in-person services.

Boundary issues

- Be clear and consistent with expectations about what constitutes a session or 'billable' time, as well as how and when you will respond to messages.
- Set and maintain professional boundaries in terms of contact time, availability, method and nature of contact.
- Maintain professionalism in your demeanour, clothing and environment as far as possible (recognising that the best intentions may fail, such as when the cat blocks the screen or the dogs are barking at the postman, in which case flexibility and humour may be all you can do).
- As appropriate, encourage your clients to recognise the session as a distinct and separate occasion in terms of dress, conduct, and protection of the time and space required for the consultation.

Unstable living circumstances

- Some clients in unsafe homes may be subject to monitoring or surveillance by others, or may not be allowed to speak in private. Some clients without a fixed home may not be able to access an Internet connection or quiet space at the required time.
- Discuss options for your client to reliably access a stable, secure Internet connection, and a private, safe place to speak openly.
- Your client may require assistance to arrange this, such as liaison with local social, health or welfare providers for the use of a room. It may also be necessary to consider more unusual options, such as access to a private room in a public library. Your risk management and consent plans would need to make provision for this.
- If safe and reliable access cannot be guaranteed, telehealth may not be a suitable mode of service delivery.

Technology failures

- Make sure you have a clear, agreed arrangement for alternative forms of contact should technology fail.
- Your backup plan for technology failure should suit the form of consultation – for a standard or non-urgent meeting, rescheduling the appointment or completing it by phone may suffice. For urgent appointments or where a visual connection is required, the plan may include a second source of connectivity, changing the location to one with a more reliable connection, or liaison through an onsite facilitator.
- Ensure you and your client have more than one set of contact details and more than one way to contact each other.
- Your plan should include options for continuity of care should technology failure mean that telehealth is no longer a viable option.

Change in circumstances

- This may include change in risk or health status, loss of access to facilities, or permanent equipment or technology failure. As part of the informed consent process, discuss options for ensuring continuity of care should changes in circumstance mean telehealth is no longer a viable form of treatment delivery.

Threats to privacy/confidentiality

- This may take the form of misidentification, interruptions, lack of privacy, as well as failure to store or send information safely.
- Even when you have visual contact with a client, the technology provides a restricted view of the environment. It can be difficult to know who is nearby, whether there are any changes to this, and how the proximity of others may be impacting on the client's behaviour and interactions with you.
- Ensure you can correctly identify your client when meeting for the first time. This may include asking for the client's name, date of birth, or other identifiers (eg claim number, NHI number, address).
- Ensure you and your client both have a safe, private space in which to conduct a conversation. If you have concerns about your client's interactions being monitored, consider alternative ways of communicating with the client about this. Also think very carefully about how to manage situations where your client may wish to consult you in a public place (eg a library, park or coffee shop) or an unusual location (eg their car).
- Ensuring the same standard of care as in-person consultations means consultations should preferably not occur in places where you would not ordinarily see a client in person (eg a shopping mall) or where you or your client are unable to attend to the session (eg driving, busy with household chores).
- Be clear on what to do in the case of disturbances (eg people entering the room, pets or children demanding attention, doorbell ringing, pot boiling on stove).

Technology requirements, data storage and privacy

This includes privacy of personal information, of personal communications and of the consulting space. Breaches of confidentiality can occur through authorised access by someone other than the client (eg computer repair technician, family member on a shared computer, Internet Service Provider administrator) or unauthorised access (device hacked or stolen).

Please note: ACC does not provide funding for equipment or Internet access/data.

Technology requirements and data storage

- Your chosen electronic platform should be reliable and work well on the locally available network and bandwidth.
- The equipment used by both yourself and your client should be compatible (eg FaceTime only works on Apple devices).
- The equipment and connection should be of sufficient quality for clear communication and accurate information sharing (including of imaging or other visual information).
- Electronic hardware and software should have adequate technical security features.
- Agree in advance if the consultation is to be recorded, where the recording will be stored, and who will have access to the recording. Remember video recordings are also clinical data and must be stored as such (eg for seven years). This may have implications for your data system's storage capacity as they may be very large files.

- Recordings and clinical notes or reports must be stored and transmitted securely, preferably using more than one form of data protection (eg password-protected files and devices, digital encryption, secure cloud-based storage facility).
- You should have reliable and adequate data storage and backup facilities (eg secure cloud-based storage or backup facility on a different device).

Privacy of the consultation

- Set clear expectations early on around minimising disturbances, interruptions and the presence of others. Agree on how to minimise and manage interruptions.
- It may not always be obvious that privacy has been compromised. Take steps to manage this. For example, at the start of the consultation, you may consider asking the client who else is in the room to ensure information is shared only with appropriate recipients and to ensure that you know who may be listening in on the consultation.

Other considerations

Legal authority

The legislation governing ACC makes provision only for services where both provider and client are based in New Zealand. If exceptional circumstances make it necessary for a consultation between a client and provider to take place where one party is based overseas, please contact ACC to discuss this.

Different countries and professional regulatory bodies have their own regulations governing telehealth services delivered across international borders. If you provide any telehealth services across international boundaries, you should check it is permissible with your profession's regulatory body in both countries. You should also check with your professional indemnity insurer to ascertain whether cover extends to telehealth provided to clients outside of your own country (or services provided to a New Zealand-based client when you are in another country).

Guidelines for prescribers

For guidance on prescribing via telehealth, please follow the advice provided in the Medical Council of New Zealand Statement on Telehealth ***Statement-on-telehealth.pdf (mcnz.org.nz)***, or the Nurse Executives of New Zealand Position Statement on Telehealth.

Work certification

ACC allows for ACC45 and ACC18 forms to be completed via telehealth, with the requirement that you follow the guidance of your professional and regulatory bodies in determining the clinical appropriateness of completing work certificates via telehealth. Certificates are legal documents. Any statement you certify should

be completed promptly, honestly, accurately, objectively and based on clear and relevant evidence.[4] Use your clinical judgement in deciding if certificates may be completed without a physical examination. For example, if the client's condition or circumstances have changed, or conversely, if recovery progress was expected but has not occurred, it may not be clinically appropriate to issue a certificate via telehealth. Instead, further investigation may be warranted, including an in-person consultation. If repeated certificates are being sought for a condition that would not be expected to cause ongoing incapacity for work, you may need to investigate the client's circumstances more thoroughly, which may entail an in-person assessment either by yourself or a proxy (if appropriate).

If you lodge claims electronically and your patient is unable to work for more than 14 days following the initial consultation, whether this be fully unfit, fit for some duties or tasks (fit for selected work), or a combination of these, an ACC18 Medical Certificate can be submitted to reflect this.

For further information about issuing medical certificates, visit ***Issuing medical certificates and return to work (acc.co.nz)***

Further information

This website provides a wealth of information on many aspects of telehealth for both consumers and health providers: ***NZ Telehealth Resource Centre - Telehealth***

This guidance document for allied health professionals also provides useful links to other relevant documentation: ***Allied Health Best Practice Guide for Telehealth (PDF 666KB)***

Here you will find the ACC guidelines on telehealth criteria during the COVID-19 pandemic: ***Criteria to meet when providing Telehealth***

Bibliography

The following documents have been consulted in the preparation of this document:

Agency for Clinical Innovation, NSW Government (Aug 2019) – Telehealth in Practice

Allied Health Professions Australia (May 2020) – Telehealth Guide for Allied Health Professionals

Capital and Coast District Health Board (2020) – The Use of Telehealth within ORA Services (Older Adults, Rehabilitation and Allied Health): A guide for Patients, Clinicians and Managers

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (APA, ASPPB, APAIT) (December 2013) – Guidelines for the Practice of Telepsychology

Medical Council of New Zealand (Oct 2020) – Statement on Telehealth

National Council for Behavioral Health (Updated Mar 23, 2020) – Best Practices for Telehealth During Covid-19 Public Health Emergency

4. ***Statement-on-medical-certification.pdf (mcnz.org.nz)***

New Zealand Psychologists Board (Dec 2012) – The Practice of Telepsychology

Nurse Executives of New Zealand Inc. (Mar, 2015) – Position Statement Telehealth

NZ Telehealth Forum and Resource Centre (18 Aug, 2017) – Guideline for Establishing & Maintaining Sustainable Telemedicine Services in New Zealand

NZ Telehealth Forum and Resource (21 Aug, 2017) – Risk Management for Skype Use for Clinical Video Consultations

Physiotherapy Board NZ (May, 2018) – Telehealth standard

Province of British Columbia Health Authorities (v9 updated Sept 2014) – Telehealth Clinical Guidelines

Services for Australian Rural and Remote Allied Health (SARRAH) (Jul 2012) – Position Paper Telehealth and Allied Health

South Island Alliance – Telehealth Strategy for South Island DHBs (V7.4 Aug 2019)

The Royal Australasian College of Physicians (n.d.) – Telehealth Guidelines and Practical Tips

The Royal Australian and New Zealand College of Psychiatrists (2013) – Professional Practice Standards and Guides for Telepsychiatry

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