

Using Telehealth during the pandemic

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Many allied health practitioners across the country are already using telehealth to provide care for their patients during the COVID-19 pandemic. However, there are some additional risks and limitations associated with delivering health services via telehealth which practitioners need to be mindful of.

Using telehealth to deliver allied health services to patients during the pandemic? AHPRA releases new guidance for all health practitioners.

As part of the national health response to the COVID-19 pandemic, many registered health practitioners are electing to use 'telehealth' to deliver health services to their patients. The Australian Government has demonstrated support for this initiative by rolling out new temporary Medicare Benefit Scheme (MBS) 'telehealth' item numbers, several of which apply to the provision of allied health services (including those which form part of chronic disease management¹).

In an effort to support practitioners who wish to use telehealth to service their patients going forward, AHPRA has recently released new guidance (www.ahpra.gov.au/News/COVID-19/Workforce-resources/Telehealth-guidance-for-practitioners.aspx) which sets the expectations for all health practitioners delivering health services using videoconferencing or telephone solutions². The key message is that a service may only be provided by telehealth where it is safe and clinically appropriate to do so³.

Critically, the limitations around the use of a telehealth consultation to provide a particular health service need to be at the forefront of practitioners' minds and on a case by case basis. For example, practitioners ought to consider whether this a consultation which, if conducted face-to-face, would add no further value than if conducted over the telephone? Or, is this a consultation which requires a physical examination in order to properly diagnose the presenting complaint? If it is the latter, in our view it will not be sufficient to simply tell the patient about the limitations of a telehealth consultation and rely on this disclosure defensively without conducting the necessary examination. If required, further arrangements ought to be made to provide full and appropriate clinical care. This may mean arranging for an in-person consultation/examination for the patient with a colleague if you are unable to conduct it yourself.

So how do you perform a consultation via 'telehealth'? While neither AHPRA nor the Department of Health has been prescriptive about the type of software or technology practitioners need to use to deliver telehealth services, the Department has made clear that videoconferencing services are the preferable substitute for a face-to-face consultation. AHPRA has said that either videoconferencing or telephone is suitable. However, both organisations have warned practitioners to ensure that their chosen software meets both their clinical requirements and satisfies privacy

laws⁴. The MBS Online website refers providers to the Australian Cyber Security Centre website (www.cyber.gov.au/publications/web-conferencing-security) for information on how to select a web conferencing solution.

Although the Australian Government has provided several new MBS telehealth item numbers for the provision of some allied health services, the items are very specific, and should be reviewed carefully as rebates may not be claimable if the service does not have an equivalent telehealth item number. In addition, practitioners need to be mindful that the MBS items specify whether they are to be used for videoconferencing or telephone-only services – we recommend reviewing the schedule to ensure the correct number is used for billing purposes.

While it is a legislative requirement that some medical practitioners must bulk bill the new telehealth services for certain patients (including those who are more vulnerable to COVID-19), these requirements do not apply to allied health practitioners as of 20 April 2020. Allied health practitioners may employ their usual billing practices for delivering services via telehealth.

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That being said, it is expected that practitioners will obtain informed financial consent from patients prior to providing any telehealth service, including providing details about the practitioner's fees and any out-of-pocket costs.

Patient privacy is another key issue that allied health practitioners need to consider when using telehealth to conduct consultations. AHPRA guides practitioners to confirm the identity of the patient at each consultation, which may be more challenging if telephone is used (as opposed to videoconferencing), or if the patient is a new patient for the practitioner. Also consider the location and surrounds in which the telehealth consultation is

conducted – if it is not at the practitioner's usual practice site (for example, because the practitioner is conducting consultations from home), consider what measures need to be implemented to protect patient privacy during the consultation.

Finally, all registered health practitioners who intend to use telehealth to conduct patient consultations ought to ensure that they have appropriate professional indemnity insurance arrangements in place for all aspects of their practice, including telehealth consultations. We encourage practitioners to contact their professional indemnity insurer about their intentions to use telehealth, and confirm that the appropriate coverage is in order.

This article was written by Principal Kellie Dell'Oro and Associate Anna Martin from Meridian Lawyers. Please contact Kellie (kdelloro@meridianlawyers.com.au) if you have any questions or if we can be of assistance to you.



References

1. MBS Online Medicare Benefits Schedules – COVID-19 Temporary MBS Telehealth Services (www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB)
2. AHPRA FAQ "Telehealth Guidance for Practitioners" dated 16 April 2020
3. www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB as at 23 April 2020
4. Ibid

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