

GUIDE

Transition Care and Urology Networks

Young people with urinary incontinence

Telehealth guide



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INNOVATION**

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The PISCES working group would like to thank the ACI Pain Management Network for the extensive work undertaken to develop this guide. This document is based on pain management work but has been adapted for young people with urinary incontinence.

The Chronic pain telehealth toolkit is available on: aci.health.nsw.gov.au/resources/pain-management/chronic_pain/chronic-pain-telehealth-toolkit

Working with Aboriginal people

The ACI is committed to improving the health of all patients across NSW, particularly those who have significantly higher rates of health problems and less access to appropriate health services. Children and young people with chronic illnesses and disabilities often fit into this category, as do young Aboriginal people.

Although data are limited, it appears that Aboriginal children and young people are as likely to experience urinary incontinence problems as the general population. However, there may be cultural sensitivities that make the problem of urinary incontinence less likely to be recognised and discussed openly.

An Aboriginal Health Impact Statement was undertaken prior to commencement of this project and consultation has occurred with senior Aboriginal health workers, focus groups and representative organisations. We would like to thank the key stakeholders whose contributions have informed the recommendations arising from this project. These stakeholders, including those who work closely with young Aboriginal people, will continue to be involved in the implementation of the recommendations.

It is important that the appropriate steps are taken to ensure that services are delivered in culturally safe and competent ways across the project lifespan. To achieve optimal health outcomes for Aboriginal children and young people with urinary incontinence, we will need to undertake a cultural audit to identify and address the barriers to access to care and ongoing management. The audit, along with the development of culturally competent and safe services, is described in detail in *Chronic Care for Aboriginal People Model of Care*.

Glossary

Key terminology and acronyms used in this document:

ABF	activity based funding
Clinician end support	When an expert team uses telehealth to facilitate case discussions (without the patient being present).
CUIS	the Childhood Urinary Incontinence Service at the Children's Hospital at Westmead
LHD	local health district
GP	general practitioner
OOS	occasion of service
Patient end support	When an expert team uses telehealth to support teams or patients on site (for instance, in a regional area).
SCHN	Sydney Children's Hospital Network
Telehealth	the delivery of healthcare from a distance using information communications technology
VC	videoconferencing

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Introduction

Urinary incontinence is a common problem that affects up to 10% of children and young people under the age of 18 years, impacting on health, quality of life and health costs.¹⁻⁶ Untreated, it can progress to adulthood. The problem has emerged as an increasingly significant one for young adults, but one that is rarely acknowledged. Incontinence is a hidden problem in adulthood, but particularly for young people whose main focus is on establishing independence, finding employment and fitting in with their peers.

Urinary incontinence is a symptom. It can be caused by a complex group of underlying disorders which are primarily related to dysfunction of the urinary bladder, the bowel and the sleep/arousal mechanism (or a combination of these mechanisms). Other less common mechanisms include pelvic floor abnormalities and purely psychological disorders. Hence, it is recommended that initial treatment in primary care be focussed on the identification and treatment of problems in bladder and bowel function.

A significant proportion will respond favourably to an approach focussed on correcting the bladder and bowel dysfunction. For those who are refractory to these simple measures, a multidisciplinary approach by experienced and trained clinicians may further improve outcomes.

The Agency for Clinical Innovation (ACI), in partnership with the Sydney Children's Hospitals Network (SCHN) and the Continence Foundation of Australia (CFA), took part in a project to improve the management and health outcomes of young people with urinary incontinence in NSW. The project is known as PISCES (paediatric information, schema, continence, education, support).

This guide has been developed as one component of the PISCES project.

Objectives

The purpose of this document is to facilitate training/support for health professionals working outside the metropolitan area who are involved in (or interested in being involved in) the management of children and young people with incontinence using telehealth services. This will lead to telehealth trials at appropriate sites.

This document aims to provide guidance to address the following issues:

- clinical and implementation considerations
- financial considerations
- technical considerations involved in planning and implementation telehealth interventions
- steps to set up and deliver a telehealth consultation.

Clinical and implementation considerations

The following key areas of service planning will be discussed within clinical considerations for telehealth:

- a. types of telehealth intervention
- b. suitability
- c. roles and responsibilities
- d. privacy and confidentiality
- e. documentation
- f. evaluation.

Types of telehealth intervention

For this project, there are clearly defined options to support the care and management of patients and their carers:

- **Clinician end support**
An expert team uses telehealth to facilitate case discussions with the clinical team that is supporting the patient and their carer. (It may not be appropriate for the patient to be present for the clinical discussions. Depending on the nature of the discussion, the carer may be included.)
- **Patient end support**
An expert team uses telehealth to support the identified clinical team and patient/carer at the patient end.

When documenting an occasion of service, the modality of telehealth can be reported as video conferencing or the use of a telephone from a clinician end or the patient end.

Table 1: Purposes of telehealth consultation

Telehealth type	Intervention purpose
Clinician end support	<ul style="list-style-type: none">• to communicate with the case manager, general practitioner (GP) and/or local health team• to improve knowledge of local services and develop a continence management plan• to provide the opportunity for ongoing education to clinicians• to create a virtual peer support environment by linking PISCES program participants
Patient end support	<ul style="list-style-type: none">• to engage with the client, the local primary care services and the case manager• to support local staff in modifying or developing a continence management plan

Suitability for telehealth

Clients are considered suitable for a telehealth intervention in the following circumstances:

- The child or young adult is aged between five (considered toilet conscious) and 25 (early adulthood).
- The patient has intermittent incontinence (e.g. bedwetting (enuresis) or daytime urinary incontinence), not continuous incontinence. Young people with related conditions, such as recurrent urinary tract infections, dysfunctional voiding, constipation and faecal incontinence, will be included if the condition impacts on bladder function.
- Appropriate health professionals such as GPs, specialists, subspecialists, continence nurses, continence physiotherapists and psychologists are willing to be involved in the care and management of the child or young person.
- The young person is receiving care at a metropolitan, rural or remote healthcare site in the community or hospital with access to the required technology to support the delivery of the service.

The use of telehealth to support clinical service delivery requires consideration of a number of factors to ensure that the service provided is high quality and effective. Special considerations are required to support the comfort of the patient and their carer at all times.

Roles and responsibilities

Each participant in the telehealth clinic has a different role to play. The roles and responsibilities of each member of the primary care and tertiary care service are presented below. It is assumed that the clinician support location includes the specialist physician, specialist continence nurse, physiotherapist and psychologist. The patient support location includes the client and/or carer or support person; GP; case manager; and/or local allied health members.

Table 2: Roles and responsibilities

Role	Type of telehealth	
	Clinician end support	Patient end support
Patient (client)	<ul style="list-style-type: none"> Engage with local team member to complete care plan Attend pre-clinic telehealth assessment with GP or case manager 	<ul style="list-style-type: none"> Better monitoring of their clinical condition through engagement with telehealth services.
Parent/carer	<ul style="list-style-type: none"> Access support from health professionals, including practical information and referrals to assist with caring for someone with incontinence 	
GP	<ul style="list-style-type: none"> Provide a referral to local clinic (NB: GP referral is essential if client is Medicare funded) Provide the results of investigations at least two days prior to telehealth consultation 	
Specialist	<ul style="list-style-type: none"> Liaise with all parties and arrange approval for services engage with client and specialist team via teleconference Liaise with client and GP 	<ul style="list-style-type: none"> Fully assess a patient and recommend appropriate continence management strategies. Specifically document and delegate responsibility for follow up
Case manager	<ul style="list-style-type: none"> Liaise with all parties and arrange approval for services 	<ul style="list-style-type: none"> Engage with client and specialist team via teleconference
Continence nurse	<ul style="list-style-type: none"> Liaise with client, case manager, clinicians regarding application for funding for continence products, clinical presentation, strategies attempted, follow up and support of client and local staff regarding implementation of recommended strategies 	<ul style="list-style-type: none"> Assess, discuss, demonstrate and educate in urotherapy and other appropriate interventions
Physiotherapist	<ul style="list-style-type: none"> Liaise with clinicians regarding clinical presentation, attempted strategies Follow up and support client and local staff regarding implementation of recommended strategies 	<ul style="list-style-type: none"> Assess, discuss and demonstrate and educate in physiotherapy and other appropriate interventions
Psychologist	<ul style="list-style-type: none"> Liaise with client, case manager/GP regarding clinical presentation, attempted strategies Follow up and support client and local staff regarding implementation of recommended strategies 	<ul style="list-style-type: none"> Assess, discuss, demonstrate and educate in psychology assessment and interventions

† Patient end support is when an expert team uses telehealth to support teams or patients on site (for instance, in a regional area). Clinician end support is when an expert team uses telehealth to facilitate case discussions (without the patient being present).

Privacy and confidentiality

Each site participating in the telehealth consultation must have a system of ensuring confidentiality during the telehealth intervention. This is best achieved by using an approved platform for the consultations, in a dedicated space and at a specified time for scheduling regular telehealth interventions.

As with face-to-face consultations, the healthcare provider should pay attention to the room and layout at both the clinician and patient locations to ensure that all participants can clearly see each other and that each member of the team is identified with their name and position at the beginning of the consultation. Telehealth consultations should occur in private consulting rooms (i.e. not shared offices). A sign should be placed on the clinic door to notify others that a telehealth consultation is underway.

Documentation

It is essential that documentation is completed at the time of the consultation by clinicians at both ends in accordance with medico-legal requirements. It is essential to document the following in the patient record:

- time and date of consultation
- the modality of the consultation (videoconference or telephone)
- who is present for the consultation (name and position)
- assessment and clinical findings
- outcomes, recommended actions and responsibility for action.

Evaluation

With all services, it is important to develop a service evaluation process to monitor and evaluate the clinician and patient feedback on the clinical outcomes of the service, and to identify if the mode of delivery is supporting the desired quality clinical service.

Patient reviews, case studies and feedback surveys are some examples of tools that can be used to determine if the service is meeting the clinical outcomes. They can also be useful in promoting the effectiveness of the service.

Evaluation and monitoring should occur as a part of the normal requirements of service delivery and support the quality improvement process for all services. A clinic logbook should be completed at the end of each activity to evaluate the service – see Appendix 3. Appendix 3 also includes some suggested evaluation questions that may be useful.

With the use of technology to support access to any new service, it is beneficial to record all consultations for an agreed period of time, depending on the volume of usage, to determine if there are any technical issues that need to be resolved. A telehealth service log can assist in ensuring that any technical issues for this service are identified – see Appendix 4. The telehealth service log can be used to:

- provide a standardised solution to the issue
- support other services with similar experiences
- re-establish the service at a later date, if difficulties are experienced.

The log can be customised to collect additional information, such as capturing kilometres saved by the patient or clinician.

Support to rectify the identified technical issues will depend on the platform being used to support the video consultation:

- For Healthdirect Video Call, email the telehealth log book to aci-telehealth@health.nsw.gov.au, or contact the Digital Health Project Officer on 0409 382 268.
- For Pexip or Skype for Business, call 1300 679 727 or email videoconf@health.nsw.gov.au for support.

Financial considerations

It is important to identify costs involved in establishing and maintaining the telehealth service. Ensure that all costs at the patient end are considered. Costs will vary depending on the location of where the patient is connecting from and the device that is used, e.g. mobile device data plans, access to wi-fi.

Costs that need to be considered include:

- hardware, e.g. webcam, headsets, speakers
- software, e.g. licences for the identified platform
- line charges
- maintenance
- administration and clinical staff.

Clinicians need to determine the functionality requirements to support the telehealth consultation. A number of platforms are available to support the delivery of services using technology. Healthdirect Video Call platform, a secure cloud based environment to support telehealth consultations, has been chosen to support this service and funded by NSW Health. It is available to all NSW Health Local Health Districts (LHDs) and Specialist Networks with no licencing costs.

Funding

A range of Medicare rebates are available to provide financial reimbursement for telehealth interventions. Medicare rebates are available to support services at the specialist end and the patient end. From the patient end funding is available for services provided by:

- medical practitioners
- nurse practitioners
- midwives
- practice nurses and Aboriginal health workers providing services on behalf of a medical practitioner.

The criteria to claim and the MBS items are specific and regularly updated on the MBS website, www.mbsonline.gov.au/telehealth

As the criteria and reimbursement items for telehealth may change, it is important to check the Medicare website for detailed, up-to-date information.

Table 3. MBS videoconferencing items for urology (as at May 2017*)

Specialist end telehealth MBS item	Specialist end associated MBS item	Specialist end service description	Total
112 \$64.15	110 \$128.30	Initial Telehealth Assessment with Consultant Physician (Simple)	\$192.45
112 \$32.10	116 \$64.20	Follow Up Telehealth Review with Consultant Physician (Simple)	\$96.30
112 \$18.30	119 \$36.55	Minor Follow Up Telehealth with Consultant Physician after Single Course of Treatment	\$54.85
112 \$112.20	132 \$224.35	Initial Telehealth Assessment with Consultant Physician (Complex >45 minutes)	\$336.35
112 \$56.15	133 \$112.30	Follow Up (first 2) Telehealth Review with Consultant Physician (Complex >20 minutes)	\$168.45

Patient end telehealth MBS item	Patient end (GP) service description	Total
2100	Medical practitioner > 5 minutes	\$22.90
2126	Medical practitioner > 20 minutes	\$49.95
2143	Medical practitioner (AMS) > 40 minutes	\$96.86
2195	Medical practitioner > 40 minutes	\$142.50
10983	Practice nurse or Aboriginal health worker	\$32.40
82220	Nurse practitioner	\$24.10
82221	Nurse practitioner	\$45.65
82222	Nurse practitioner	\$67.15

MBS billing procedure

As clinicians can claim relevant Medicare items for the consultation, there are some procedural differences to meet the criteria that need to be considered.

For the clinician with the patient

- The clinician can be defined as either the medical practitioner, nurse practitioner or practice nurse.
- The clinician will bill the patient in the same way as a face-to-face consultation. There are unique item numbers for patient end telehealth clinicians (see Table 3).

The distant specialist

There are multiple ways the distant specialist can bill the patient. For example, the specialist may send the patient an invoice by post to cover the full cost of the consultation. In this case, the patient pays and is required to claim directly with Medicare. If there is a gap (out of pocket expense) for the cost of the service not covered by the Medicare rebate, the specialist can claim the rebate and invoice to the patient for the gap. In this case, the specialist will need to obtain an agreement with the patient to agree to assign the benefit.

If the specialist wishes to bulk bill the patient, there are three ways in which this can be done:

1. The clinician with the patient fills out the assignment of benefit form on the distant specialist's behalf, obtains the patient signature, and the referring practice sends it to Medicare.
2. The specialist sends the assignment of benefit form to the patient, who signs it and forwards it to Medicare.
3. The specialist obtains an email agreement where the patient is sent an email with details of the service and the patient replies agreeing to assign the benefit.

Email agreement

For a patient to assign their right to a Medicare benefit by email, the following steps must be completed.

1. The patient should be informed that the consultation will be bulk billed to Medicare. The patient will need to:
 - agree to the service being bulk billed
 - check the details in the email sent to their nominated email address
 - reply to the email, which will be considered agreement to assign the benefit (equivalent to a signature).
2. Before lodging the claim, an email should be sent to the patient that includes specific details. For privacy reasons, the Medicare card number and provider number must not be included in the email.

3. Once the specialist end service has received a reply email from the patient with the correct information, the service will:
 - complete a bulk bill (assignment of benefit) noting 'email agreement' in the signature block
 - submit the claim to the Department of Human Services in accordance with the MBS
 - send a completed copy of the bulk bill (assignment of benefit) form to the patient
 - file a hard copy printout or soft (electronic) copy of the email with the patient's consent and email signature for audit purposes for at least two years.

See the Appendices for email agreement templates.

Note

When the service notes 'email agreement' on the manual bulk bill (assignment of benefit) form, the service is acknowledging that the above steps have been followed.

Activity based funding (ABF)

Telehealth is an emerging modality used by clinicians to deliver healthcare and patient education. The use of telehealth has significantly improved patient outcomes, access and equity (in particular by contributing to improved health literacy, patient wellbeing, health perceptions, safety and clinical management and monitoring of their clinical condition). NSW Health is committed to ensuring that the model is appropriately supported.

In the non-admitted setting (i.e. hospital outpatient, community based and home settings), accurate reporting, as a critical first step, leads to the accurate calculation of telehealth activities to enable activity based funding (ABF) for the care that is provided.

The current *NSW Non-Admitted Patient Data Collection: Classification and Code Standards from 1 July 2017 IB2017-025* acknowledge that a non-admitted patient service may be provided in-person, via direct face-to-face interaction, or via other service delivery modes, such as via the telephone or video conference.

In the case where the service is delivered via telephone or videoconference, an occasion of service (OOS) should be reported at all locations where the clinical input requires a documented entry in the patient's health record. As long as the activity is correctly reported, appropriate funding will flow to the LHD or Specialty Health Network (SHN).

Technical considerations

The platform chosen must be approved for use in NSW Health facilities and clinically appropriate (fit for purpose) to effectively transfer audio and visual data in real time between the clinician support end and the patient support end during the telehealth consultation.

Platform requirements for telehealth consultations should be user friendly, robust, private, secure and reliable. It is important to also consult the local telehealth manager on software choices and education and training, as the needs of each site may differ.

Several issues should be considered:

- software and hardware capability and suitability for use for the clinical need and the environment at both ends of the consultation
- the use of a desktop computer in comparison to a mobile devices such as laptops or tablets
- development of and access to technology user guide/resources, so staff can become familiar with the chosen equipment and receive training and information about troubleshooting techniques prior to the commencement of the service
- planning to develop a strategy for addressing technical complications that arise, with the ability to define and record problems. The minimum standard is to identify network problems versus equipment malfunction, however a more robust technical support strategy is recommended. This would be provided by the information technology (IT) support service at the specialist hospital site in conjunction with the IT support from the receiving site.

Table 4. Troubleshooting guide examples (what to do if the technology does not work)

Technology	Plan B	Plan C	Plan D	Plan E
Videoconferencing (VC) equipment				
Poor/no sound	Recheck the computer settings for the hardware. Refresh the connection.	Try a different modality (e.g. if using standard VC equipment, try a different room or use preferred VC system on a computer).	Mute the audio and use telephone speaker function.	Cancel and reschedule.
No image	Recheck the computer settings for the hardware. Refresh the connection.	Try a different modality (e.g. if using standard VC equipment, try a different room or use preferred VC system on a computer).	Determine if the image is necessary for consultation. If image is not required, proceed with a telephone consultation.	Cancel and reschedule.
No network connectivity	Use a laptop with an internet dongle (USB-sized device that provides mobile broadband access) or a mobile device. Note: Consider the cost to the patient end.	Cancel and reschedule.		

It is important to ascertain bandwidth at both sites to ensure adequate speed of data acquisition and transmission. This needs to be addressed at a local level. A speed test should be conducted during the planning phase (use www.speedtest.net), and the link and connection should be tested prior to telehealth consultations. All platforms have test functionality that should be conducted prior to offering a patient access to the service by videoconference.

For extensive detail on technical requirements, refer to the technical specifications outlined in the MBS and Royal Australian College of General Practitioners (RACGP) documents:

- Guidance on security, privacy and technical specifications for clinicians – developed by the Department of Health and Ageing and available at: [www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/63CDBE743351A0CCCA257CD20004A3AC/\\$File/Telehealth%20Guidance%20on%20Technical%20and%20Security.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/63CDBE743351A0CCCA257CD20004A3AC/$File/Telehealth%20Guidance%20on%20Technical%20and%20Security.pdf)
- Implementation guidelines for video consultations in general practice: A telehealth initiative – developed by the RACGP and available at: www.racgp.org.au/download/Documents/Guidelines/Implementation-guidelines/implementation_guidelines.pdf

Table 5: Technical requirements for telehealth

Clinician support end	Patient support end
Internet connection Round-trip latency <300 ms Packet loss <0.1% Upload and download speed over 2Mbps Minimum data speed 256Kbps upload and download	Internet connection Round-trip latency <300 ms Packet loss <0.1% Upload and download speed over 2Mbps Minimum data speed 256Kbps upload and download
Computer Static – PC Mobile – tablet or laptop	Computer Static – PC Mobile – tablet or laptop
Webcam Image sensor: Complementary metal oxide semiconductor (CMOS) or CCD type Minimum resolution: Video graphics array (VGA) 640x480 Frame rate: 30 frames per second (FPS) (at VGA resolution)	Webcam Image sensor: Complementary metal oxide semiconductor (CMOS) or CCD type Minimum resolution: Video graphics array (VGA) 640x480 Frame rate: 25 FPS
Microphone and speakers Audio should be encoded at 16kbit/s at minimum	Microphone and speakers Audio should be encoded at 16kbit/s at minimum

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Appendix 1

MBS email template – Consultant physician initial assessment

Dear [patient],

Details of telehealth consultation to be claimed with Medicare

Item number: 116 Benefit amount: \$64.20

Item number: 112 Benefit amount: \$32.10

Date and time of consultation: XX/XX/XXXX XX:XXam

Patient name:

Provider name:

Agreement

If you (the patient) agree to the assignment of the Medicare benefit directly to the specialist (bulk bill), reply to this email including:

- the word 'YES' in the body of the reply email
- your (the patient's) name.

Regards

Dr

Privacy note

Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare and Child Support purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services; or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.

Appendix 2

MBS email template – Review assessment consultant physician

Dear [patient],

Details of telehealth consultation to be claimed with Medicare:

Item number: 116 Benefit amount: \$64.20

Item number: 112 Benefit amount: \$32.10

Date and time of consultation: XX/XX/XXXX XX:XXam

Patient name:

Provider name:

Agreement

If you (the patient) agree to the assignment of the Medicare benefit directly to the specialist (bulk bill), reply to this email including:

- the word 'YES' in the body of the reply email
- your (the patient's) name.

Regards,

Dr

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Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare and Child Support purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services; or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law.

Telehealth service evaluation – Clinic logbook (continued)

Describe any technical issues	Was session completed / discontinued? Why?	Correspondence out (Yes/No)	Patient survey collected (Yes/No)	Clinician survey collected (Yes/No)	Modality assessment (better than/equal to/inferior to face to face)? Why?

† 1. Aboriginal but not Torres Strait Islander origin; 2. Torres Strait Islander but not Aboriginal origin; 3. Both Aboriginal & Torres Strait islander origin; 4. Neither Aboriginal nor Torres Strait Islander origin; 5. Declined to respond; 6. Unknown

Questions – completed at three and six months post commencement of the pilot

1. Where have the patient referrals come from or requests for education and upskilling?
2. What patients are most suitable for telehealth consultation? (e.g. consider distance, complexity, disability)
3. What patients are least suitable and why?
4. What format works best for telehealth consultations?
5. What benefits have telehealth brought to your clinical practice? (e.g. reduced DNA, improved access)
6. Describe three case studies.

Appendix 4

Telehealth service evaluation – Service log

Name of service: _____ Date/s: _____

Contact person for the service: _____ Email: _____

Date	Start time	End time	Call endpoint e.g. location: patients home, GP, hospital	Technical issues identified (Yes/No)	Details of technical issues (Please provide as much detail as possible, e.g. microphone not working, video disabled, call dropped out, number of participants, wouldn't connect)	Were you able to complete the consult? (Yes/No)	Mitigating actions e.g. refreshed, tried different device, continued by telephone