Using Telehealth for long-term management of high-risk cardiovascular patients: A practical approach

Presented by:
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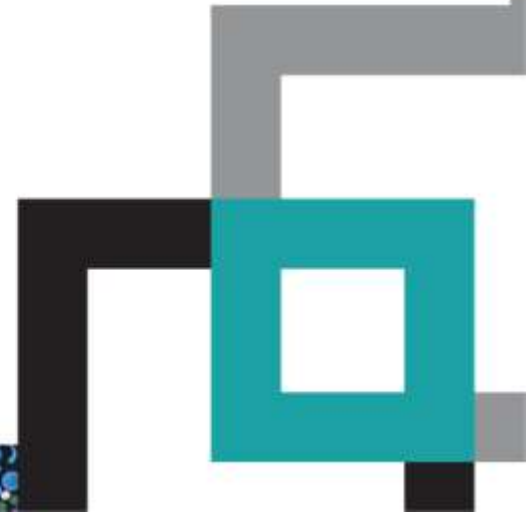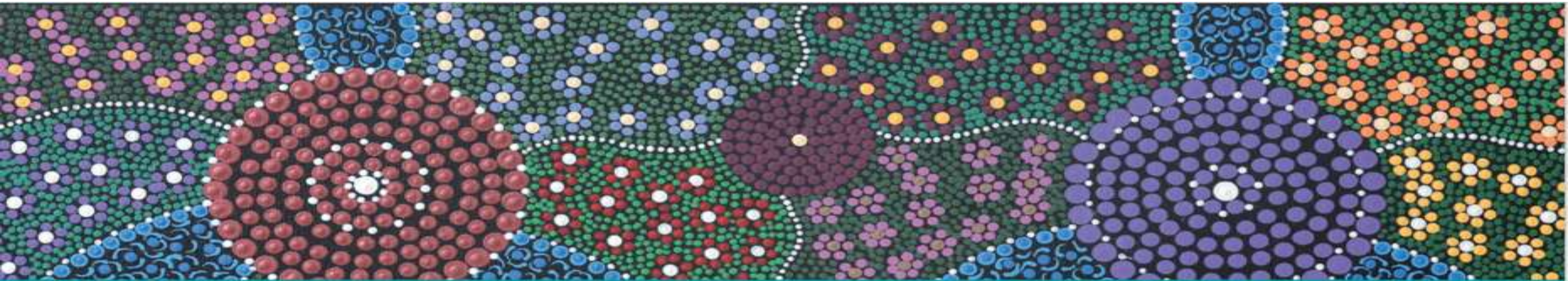
Acknowledgement of Country

Train IT Medical acknowledge the traditional owners and custodians of land and waterways we meet on today.

We wish to pay our respects to Aboriginal and Torres Strait Islander elders past, present and future.

Learning Objectives

1. Identify technology improvements for improved patient communication.
2. Review your systematic care planning approach for telehealth.
3. Implement continual quality improvements for telehealth consultations & sustainable business.

96,000

fewer GP visits

2020 Heart Foundation data

Global testing rates for world's greatest killer fall 64% during the pandemic

Nearly 18 million people died from cardiovascular disease over the past 12 months, around nine times as many as COVID. Due to the testing drop, experts predict that will only get worse.

2 MILLION PEOPLE died from COVID-19

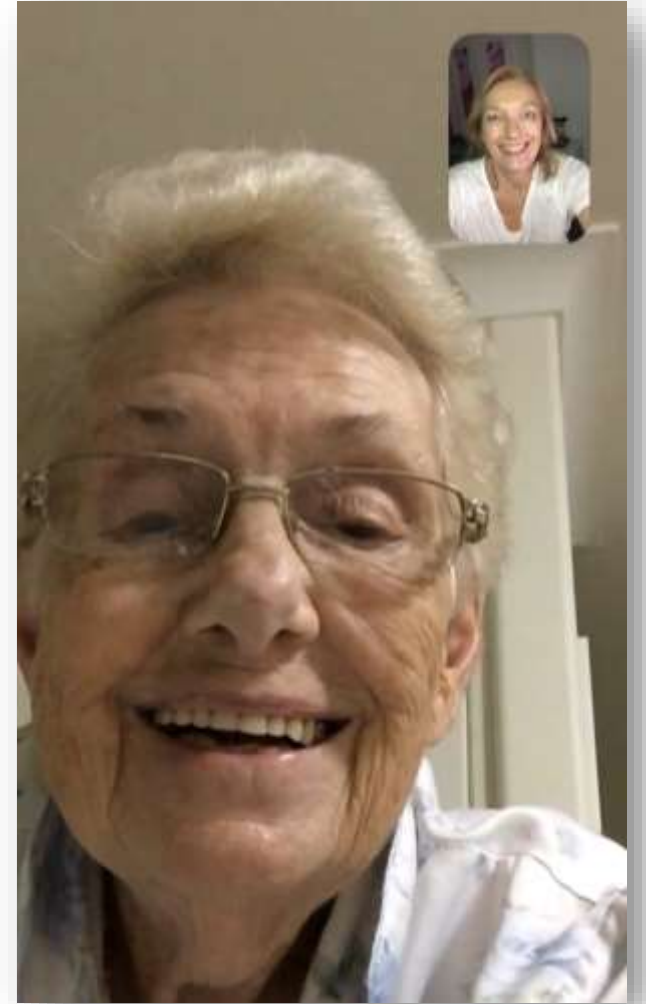**17 MILLION PEOPLE died from cardiac causes**

RACGP https://www1.racgp.org.au/newsgp/clinical/global-testing-rates-for-world-s-greatest-killer-f

Learning Objective 1

Identify technology improvements for improved patient communication.

Appointment type:

- ? Other
- Covid Vax 1
- Covid Vax 2
- Covid Vax 3
- Telehealth Consult

Hills Family General Practice: https://hillsfamilygeneralpractice.com/

Time Management

"With video I have the link set up for a certain time. I am more mindful of time than even in my consulting room.

Dr Gaj Panagoda, Institute for Urban Indigenous Health

1300 Providers!

Equipment

1. Webcam
   Tips: Position at top of screen for eye-contact
   Move patient pic underneath camera

2. Microphone

3. Speakers or headphones

4. Ideally 2 screens (1 for telehealth software, 1 for medical record)

5. Test your internet connection, try to ensure bandwidth is as high as possible.
   Tips: Run a speedtest.
   Install a separate broadband connection for video calls.

Speedtest
App

Learning Objective 2

Review your care planning approach for telehealth

Summary of active patients

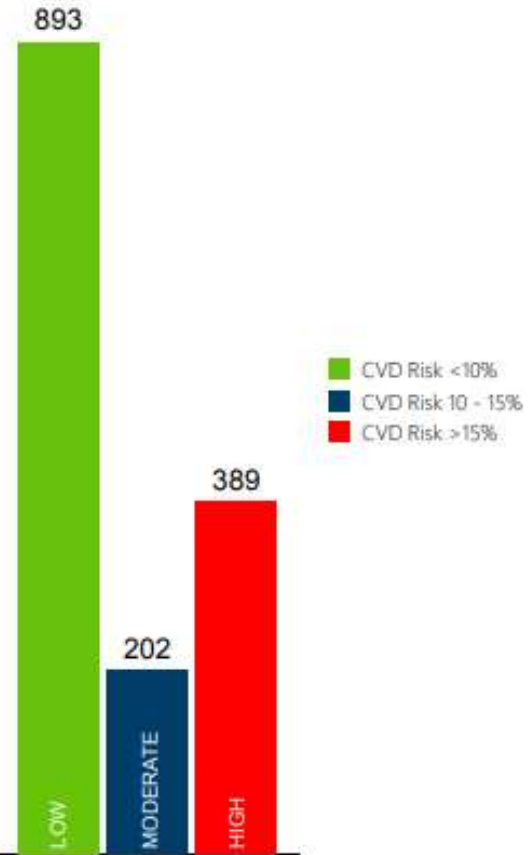|	
3,287	Total active patients *
1484	Patients at risk of CVD **
234	Incomplete data ***

All patients at risk of CVD

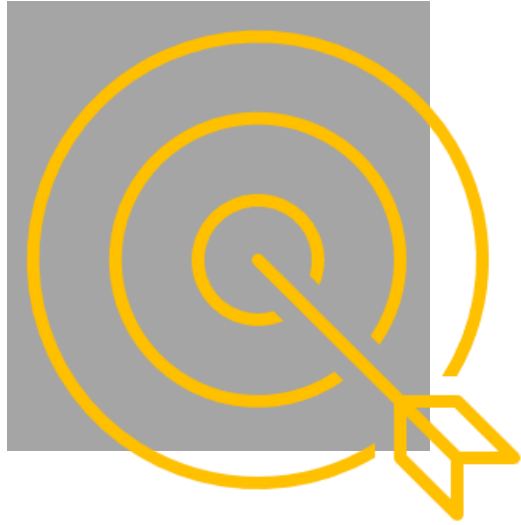■ Patients at risk of CVD: ■ All active patients:

* Active patients, as defined by the RACGP, are patients seen 3 or more times within the past two years
** Based on the Absolute Cardio-vascular Risk Assessment & Management Guidlines.
*** Total number of eligible patients where CVD risk could not be calculated due to incomplete data

Age and ethnicity

	Female	Male	Total patients
Aboriginal patients aged >35 years	24	26	50
Aboriginal patients aged >74 years	2	3	5
All Aboriginal patients			122
Non-indigenous patients aged >45 years	543	533	1076
All Non-indigenous patients			1716
Ethnicity not recorded			1449

Practice Risk profile ****

893 — LOW
202 — MODERATE
389 — HIGH

■ CVD Risk <10%
■ CVD Risk 10 - 15%
■ CVD Risk >15%

Data Collection and analysis is at the heart of Quality Improvement

Identify and prioritise your high-risk patients using data.

Ensure chronic conditions are coded.

Inactivate your non-regular patients.

Identify patients overdue for regular tests, scripts etc.
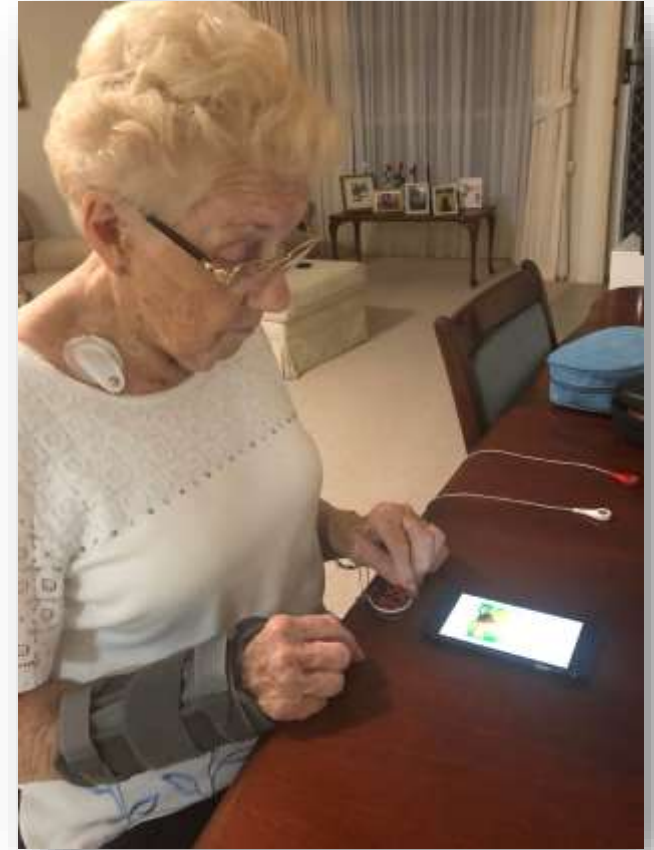
Recall for a telehealth appointment.

3 Top Tips for improving patient engagement

1. Implement a systematic approach to proactive CVD management ie book the GPMP review at the care planning appointment.

2. Proactive communication – Facebook, SMS, letters, phone calls, newsletter, email.

3. Focused heart health promotion including telehealth education.

Your heart condition doesn't hibernate

Click to expand
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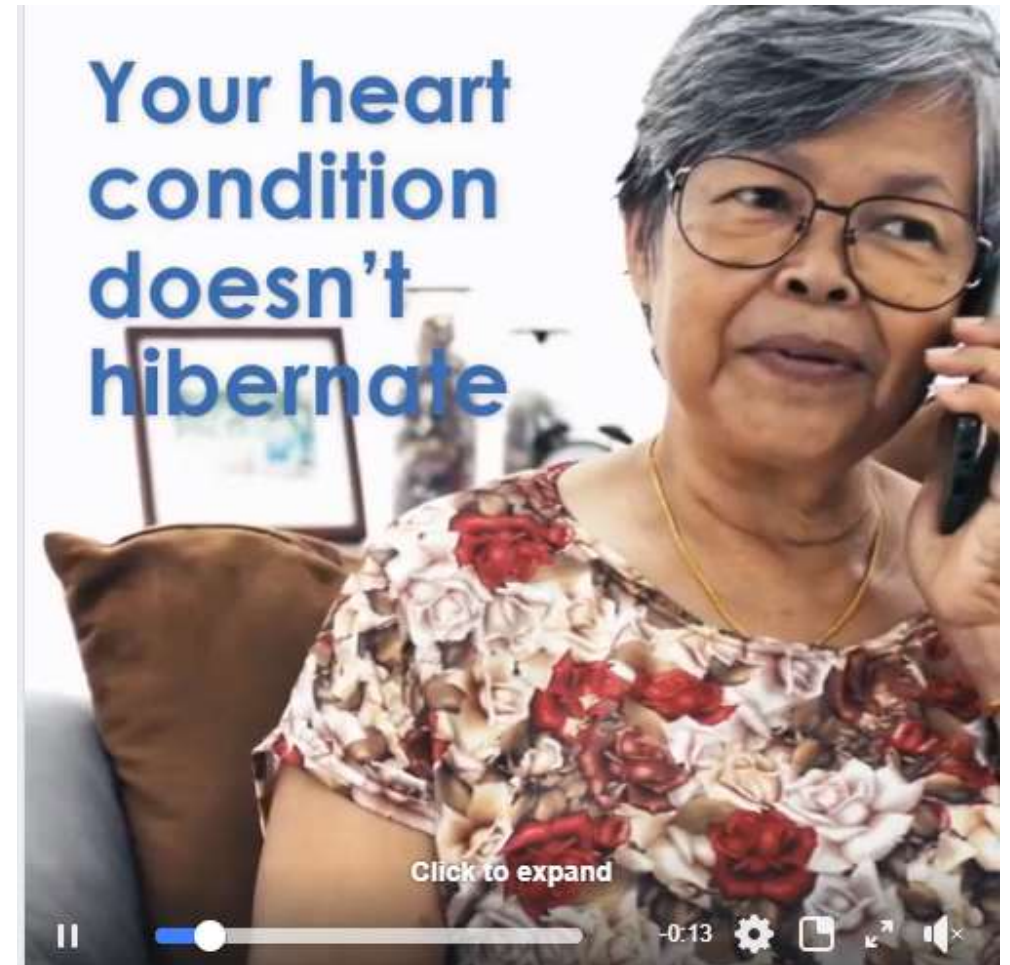
Learning Objective 3

Implement continual quality improvements for telehealth consultations & sustainable business.

Tip:
Use shortcuts in progress notes to document
eg financial consent.

Challenges and ideas to overcome them

1. Access
2. Internet dropouts
3. Digital literacy
4. Health literacy
5. Language skills
6. Physical disabilities
7. Psychological barriers
8. Losing eScript tokens
9. Consent
10. Collecting payment

Improving effectiveness of telehealth consultations

"Even if the patient is not hearing impaired, they will often mishear or get words mixed up."

Slow down

Keep it simple

Get patient to repeat back to check understanding

HOW TO DO A HIGH QUALITY REMOTE CONSULTATION[1]

1. BEFORE THE CONSULTATION

- Confirm that a remote consultation is clinically appropriate for this patient, at this time.
- Plan to use a private, well-lit room and ask the patient to do the same, do not sit in front of a bright window (draw curtains).
- For video decide on the platform to be used e.g. Healthdirect, Skype, Zoom, Facetime, WhatsApp etc.
- Take the patient's phone number and provide the patient with information on video or phone consults.
- Inform the patient of any additional charges for a remote consult.

- Know how you will access the patient's notes before, during and after the consult.
- Have your equipment in place and tested – ideally dual screen and a speed test.
- Have your plan B in place such as rescheduling, using the phone or if the patient is seriously ill.
- On the day check the technology is working.
- Contact (call, SMS) the patient an hour before the consult to confirm it's still appropriate to wait until the appointment time.

2. STARTING THE CONSULTATION

- Initiate the consultation by connecting online or calling the patient.
- Say something e.g. 'can you hear/see me?' use the chat or phone to troubleshoot with the patient and position screens so you can both be seen clearly.
- Revert to your plan B if the technology isn't working.

- Confirm the identity of the patient and anyone else on the call with either you or the patient or that they are alone.
- Take and record verbal consent for the video or phone consult.
- Explain what can or cannot be done on a remote consult.

3. DURING THE CONSULTATION

- Remind the patient what the plan B is should the technology fail and they are not to record the consultation or put health information in the chat.
- Provide instructions on how to capture visual information – come close to the camera or take a photo.

- Let the patient know when you are taking notes or reading something – silence is OK.
- Ensure adequate clinical notes are in the patient medical record.
- Be aware that remote consults are new for patients and communication may be harder for you and them.

4. FINISHING THE CONSULTATION

- Summarise key points and what happens next – who will do what & when.
- Ask the patient if they need anything clarified.
- Confirm and record if the patient is happy to have a remote consult again.

- Tell the patient you are going to close the call.
- Send a patient evaluation form to get their feedback on having a remote consultation.

[1] A remote consultation is one where the Doctor and Patient are not in the same room. This could be by phone or video.
Version 1.0

To find out more, visit us online at acrrm.org.au or call 1800 223 226

Australian College of
Rural & Remote Medicine

[ACRRM](#)

trainitmedical.com.au

References & Resources

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RACGP 'Global Testing Rates for World's Greatest Killer fall 64% during the pandemic - https://www1.racgp.org.au/newsgp/clinical/global-testing-rates-for-world-s-greatest-killer-f

ACRRM
– Telehealth - https://www.acrrm.org.au/resources/college/digital-health
- Providing he

Dept Health – Providing health care remotely during the COVID-19 pandemic https://www.health.gov.au/health-alerts/covid-19/coronavirus-covid-19-advice-for-the-health-and-disability-sector/ongoing-mbs-telehealth-services

How to do a high quality remote consultation by Australian College of Rural and Remote Medicine: https://www.acrrm.org.au/docs/default-source/all-files/how-to-do-a-high-quality-remote-consultation.pdf?sfvrsn=86d02be8_2&fbclid=IwAR2otKUvcJBs8AmrMJbkc_czgrLWO_zxJ8_povJBqqnEjZ6EzMWd34Jnh-4

Australian Government Primary Health Care 10 Year Plan: https://www1.health.gov.au/internet/main/publishing.nsf/Content/primary-health-care-reform

University of Queensland – Attending Your Video Consultation

RACP – The Art of Telehealth - Podcast

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