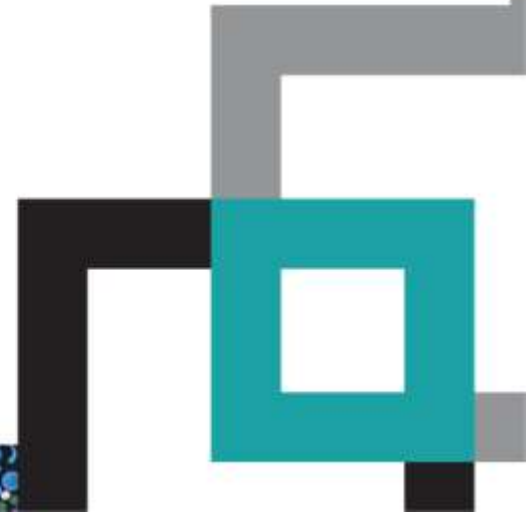


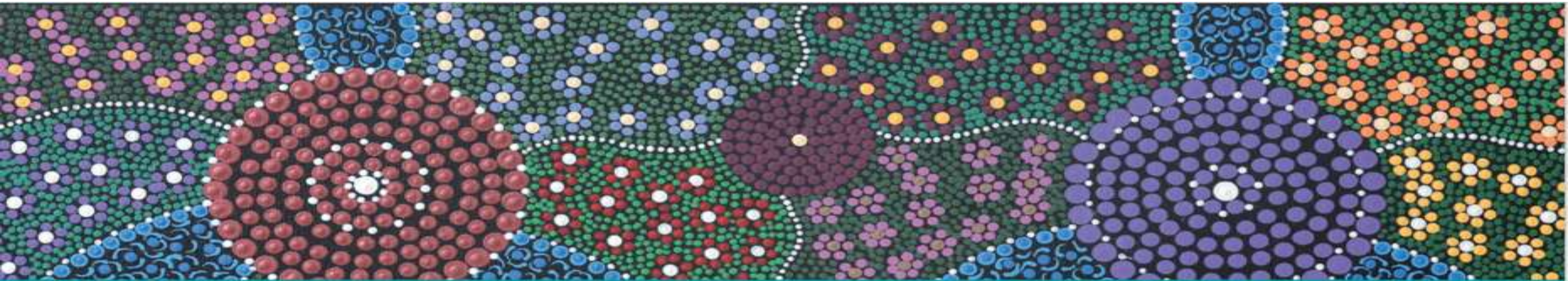


Train IT Medical
Competence with Confidence

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**

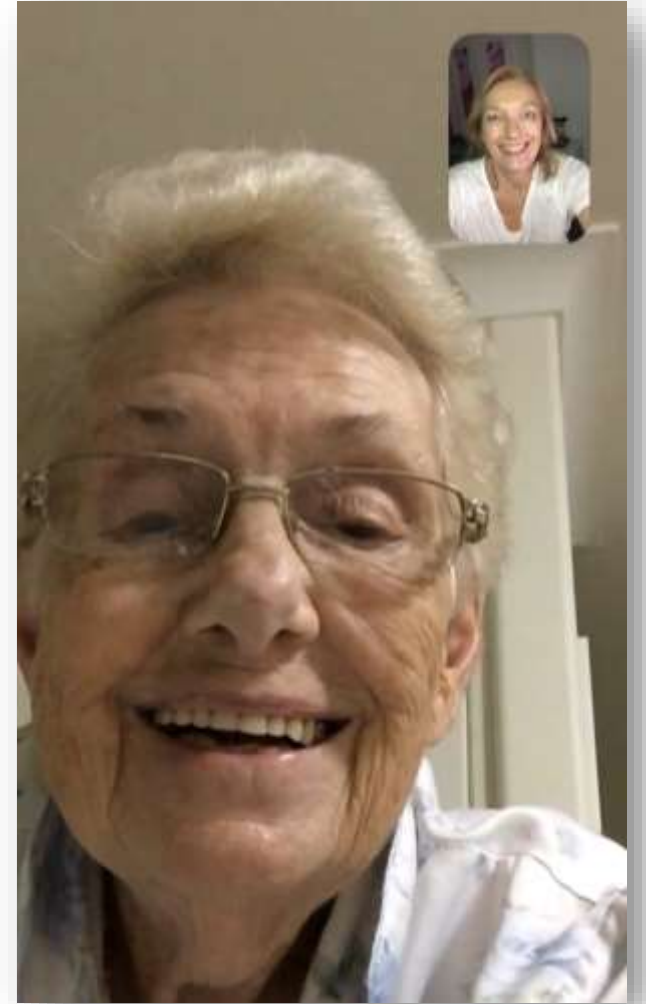
RACGP <https://www1.racgp.org.au/newsgp/clinical/global-testing-rates-for-world-s-greatest-killer-f>

Learning Objective 1

Identify technology improvements for improved patient communication.

Appointment type:

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





Telehealth

Many of our services are available via telephone or video.
If you already have an appointment you can enter our virtual waiting room.

[Enter Our Virtual Waiting Room](#)

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!



healthdirect
Australia



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

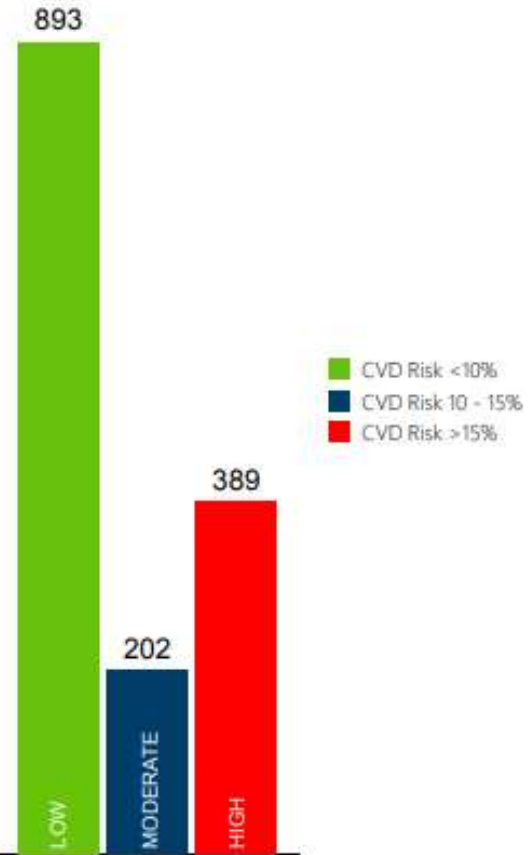
Incomplete data ***

All patients at risk of CVD



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

Practice Risk profile ****



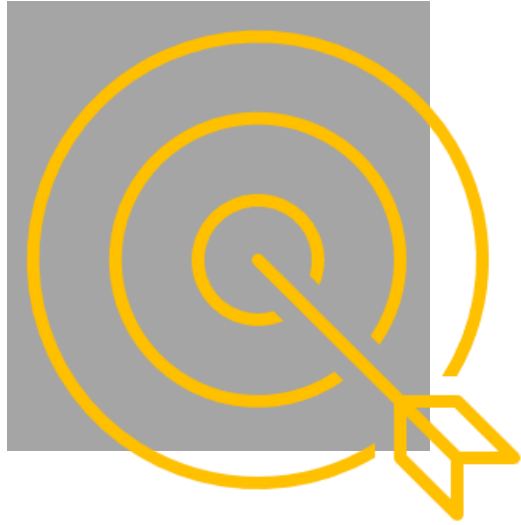
* Active patients, as defined by the RACGP, are patients seen 3 or more times within the past two years

** Based on the Absolute Cardio-vascular Risk Assessment & Management Guidelines.

*** 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



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.

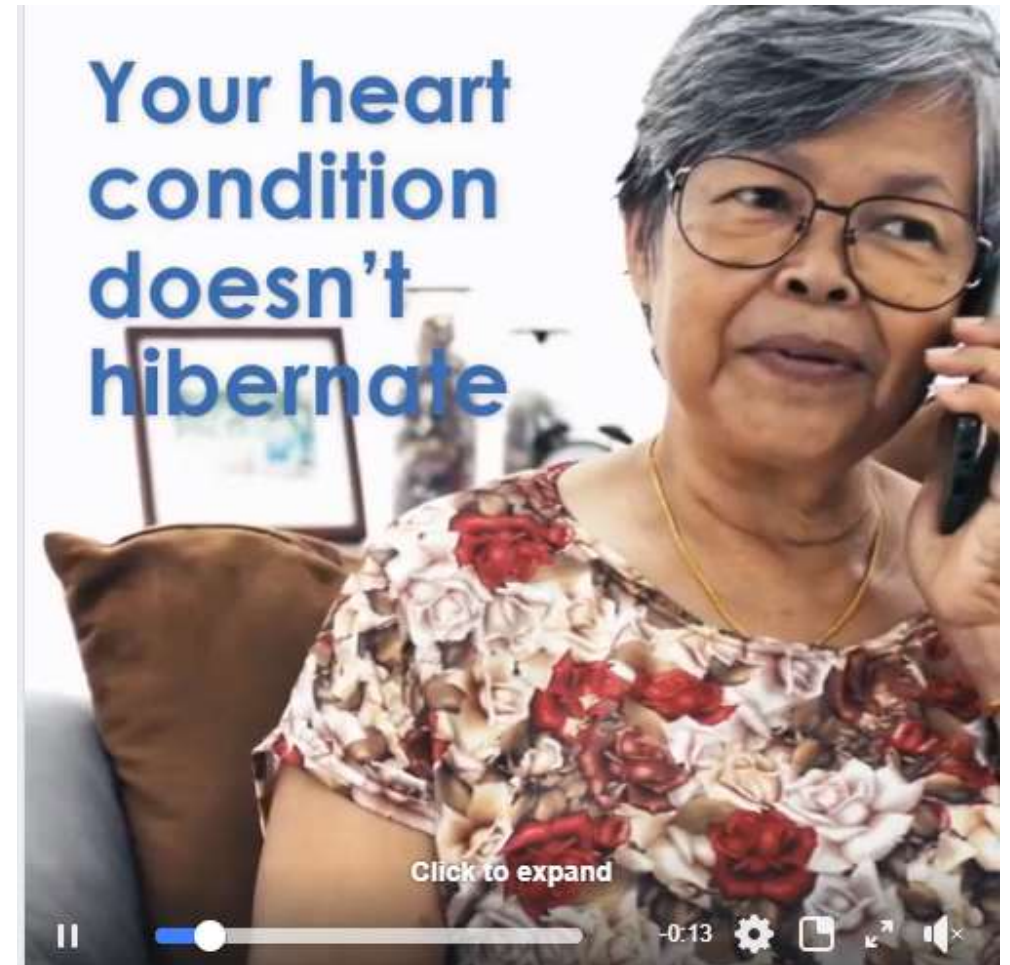


Identify patients overdue for regular tests, scripts etc.

Recall for a telehealth appointment.

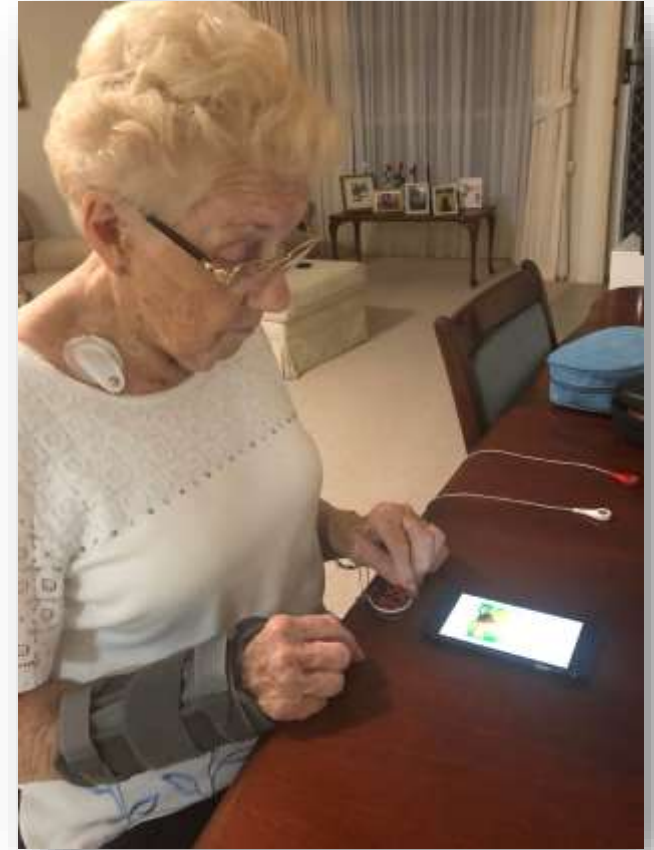
3 Top Tips for improving patient engagement

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.



Learning Objective 3

Implement continual quality improvements for telehealth consultations & sustainable business.



File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Messenger Window Help

Go to NDReference

Ms Maureen ANDREWS (93yrs) DOB: 23/06/1923 Gender: Female Occupation: In 29s

314 Hope Street, Bundaberg Qld 4670 Ph: 0421 0421 042 (mobile) Record No: ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: SULFONAMIDES Pension No: 561-380-922-HL Ethnicity: Smoking Hx: 20 Daily IHI No: Warnings: ON WARFARIN MyHealthRecord: Recalls

Summary Current Rx Progress Past history Results Letters Documents Old scripts Imm Cervical Screening Obstetric Correspondence MDEExchange

Consultation date: 10/07/2022 Previous visits: ALL

Visit type: Telehealth

July 10 2022 17:05:14
Dr A Practitioner
Visit type: Telehealth

Date	Recorded by:	Visit type	Reason for contact	Start	Duration
03/02/1999	Dr A Practitioner		Schizophrenia -borderline	13:11:09	23m 50s
25/02/1999	Dr A Practitioner		Urinary tract infection	21:03:29	36m 49s
28/02/1999	Dr A Practitioner		Eczema - atopic	13:45:33	23m 46s
12/05/1999	Dr A Practitioner		Diarrhoea	13:39:07	29m 52s
14/05/1999	Dr A Practitioner		Tertiary syphilis	12:24:04	40m 52s
20/07/1999	Dr A Practitioner		Trachetis	19:47:21	25m 31s
22/07/1999	Dr A Practitioner		Reflux oesophagitis	21:52:09	34m 38s
10/08/1999	Dr A Practitioner		Anaemia - iron deficiency	19:39:04	49m 24s
01/02/2000	Dr A Practitioner		Bronchitis - Acute	10:29:25	27m 16s
03/02/2000	Dr A Practitioner			10:04:25	30m 54s
04/05/2006	Dr A Practitioner		Check up, Immunisation, Prescription	15:53:43	28m 33s
06/04/2007	Dr A Practitioner		Check up, Immunisation, Prescription	15:57:24	30m 32s
18/04/2008	Dr A Practitioner		Check up, Immunisation, Prescription	15:59:03	30m 55s
06/03/2009	Dr A Practitioner		Check up, Immunisation, Prescription	16:01:33	20m 25s
04/06/2009	Dr A Practitioner		URTI, URTI	16:17:46	21m 30s
04/05/2010	Dr A Practitioner		Check up, Immunisation, Prescription	16:04:23	32m 57s
17/02/2011	Dr A Practitioner		Check up, Immunisation, Prescription	16:07:40	36m 22s
20/04/2012	Dr A Practitioner		Check up, Immunisation, Prescription	16:10:04	29m 25s
25/02/2013	Dr A Practitioner		Immunisation, Prescription	16:12:04	26m 31s
13/08/2021	Dr A Practitioner	Surgery C...		12:02:06	20m 16s
07/04/2022	Dr A Practitioner	Surgery C...		14:23:38	8m 48m 38s
10/07/2022	Dr A Practitioner	Surgery C...		17:05:15	

Thursday April 7 2022 14:23:38
Dr A Practitioner
Visit type: Surgery Consultation

Medicare item: 23
Billing type: None

History Examination Reason Review
Management Comment Procedure Medicare

Append Diagram Search Clear Search Refresh

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 CONSULTATION¹

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.

¹A 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 225 226

Australian College of
Rural & Remote Medicine
WORK LIVESIDE BY YOUR PRACTICE



ACRRM



References & Resources

AMA NSW 'Crisis Communication' - <https://www.amansw.com.au/crisis-communications/>

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

We're here to help you!



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