

ACRRM Telehealth Advisory Committee Standards Framework



ATHAC¹ Telehealth Standards Framework

Purpose

The purpose of the ATHAC Telehealth Standards Framework is to provide health and medical colleges, clinicians and health care organisations with a common approach to the development of craft specific guidelines to assist members in the establishment of quality telehealth services.

Background

Standards for telehealth proliferate. Telehealth is a means of delivering healthcare across many different clinical settings. One set of standards or guidelines cannot cover all of these in detail, therefore ACRRM has chosen to establish a framework which relevant craft groups or clinical disciplines in Australia can use to develop profession and health-organisation specific telehealth guidelines. This approach was endorsed by the ACRRM Telehealth Advisory Committee (ATHAC) which includes representatives from medical specialist and nursing colleges and organisations, peak Aboriginal health organisations, consumer organisations, the National Rural Health Alliance, the Rural Doctors Association of Australia, Standards Australia, the Australasian Telehealth Society and the Royal Flying Doctor Service.

The ATHAC Telehealth Standards Framework provides the architecture for telehealth guideline development. ACRRM has applied this framework to develop guidelines for general practice (with an emphasis on rural and remote context), and partnered with the National Aboriginal Community Controlled Health Organisation, the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians to apply this Standards Framework in the development of their specific telehealth guidelines and education.

The ATHAC Telehealth Standards Framework forms the basis for the organisation of content and resources for the online telehealth modules developed by ACRRM for telehealth clinicians including: GPs, staff working in Aboriginal community controlled health services, rural generalists, surgeons and physicians. These modules are hosted on ACRRM's online tele-education platform 'Rural and Remote Medical Education Online'.

This work has been funded by the Australian Government Department of Health and Ageing.

Methodology

ACRRM undertook a scan of Australian guidelines and standards, which were also considered in the design of the Framework.

The ATHAC Telehealth Standards Framework is referenced to:

- The ISO/TS 13131:2014 – Health informatics -- Telehealth services -- Quality planning guidelines, that provides advice and recommendations on how to develop quality objectives and guidelines for telehealth services that use information and communications technologies (ICTs) to deliver healthcare over both long and short distances by using a risk management process that can be used to generate guidelines adapted to organizational needs.
- The AHPRA Guidelines for Technology-based Patient Consultations (2012)
- ACRRM Core Principles for Telehealth (2011)
- DoHA Guidance on Technical Issues (2012)

The Framework has been synthesised from a variety of sources including:

- ISO/TS 13131:2014 – Health informatics -- Telehealth services -- Quality planning guidelines
- AHPRA Guidelines for Technology-based Patient Consultations (2012)
- ACRRM Core Principles for Telehealth (2011)
- DoHA Guidance on Technical Issues (2012)
- Maeder A. Telehealth Standards Directions Supporting Better Patient Care (2008) Health Informatics Society of Australia Ltd
- ACRRM International Review of Telehealth Standards (2010)
- Australian Medical Associations (AMA) Guidelines (2006)
- American Telemedicine Association (ATA) Core Standards for Telemedicine Operations (2007)
- RACGP Standards for general practices offering video consultations (2011)
- Defence Update MDA National Risk Management for Telemedicine Providers (Autumn 2006)
- Wade VA, Eliot JA, Hiller JE. A qualitative study of ethical, medico-legal and clinical governance matters in Australian telehealth services *Journal of Telemedicine and Telecare* (2012) 1-6
- ACRRM eHealth staff and consultants
- ATHAC Chair Dr Jeff Ayton
- ATHAC Members
- ACRRM Telehealth clinical review panel

Quality aspects

This framework addresses the following quality characteristics aspects as identified in the ISO draft technical specifications Health Informatics – Quality criteria for services and systems for telehealth (ISO DTS 13131) (2012).

- accessibility
- accountability
- appropriateness
- competency
- confidentiality
- continuity
- dependability
- effectiveness
- efficiency
- inclusivity
- safety
- transparency
- usability

ACRRM applied the systematic approach to customisation described in the ISO document to develop the ATHAC Telehealth Standards Framework and apply this framework to develop the ACRRM Telehealth Guidelines for general practice, with an emphasis on rural and remote generalist practice.

Scope of this document

These guidelines apply to:

- conducting synchronous (real time) video consultations between a patient, a health care provider from the referring organisation, and a specialist medical practitioner to whom the patient has been referred
- general practices, Aboriginal medical services, primary care providers, specialist medical practitioners.

These guidelines do not:

- apply to direct specialist to patient video consultations, with no involvement of the referring clinician or their practice staff
- contain clinical advice on the effectiveness of telehealth for different medical conditions.

ACRRM Telehealth Advisory Committee

- Australasian College of Dermatology
- Australasian Telehealth Society
- Australia and New Zealand College of Anaesthetists
- Australian Association of Practice Managers
- Australian College of Midwives
- Australian College of Nurse Practitioners
- Australian College of Rural and Remote Medicine
- Australian Medicare Local Alliance
- Australian Nursing Federation
- Australian Practice Nurses Association
- CRANA Plus
- Department of Health & Ageing
- Department of Human Services
- Health Consumers for Rural and Remote Australia
- National Aboriginal Community Controlled Health Organisation
- National Rural Health Alliance
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Psychiatrists
- Royal Flying Doctor Service
- Rural Doctors Association of Australia
- Rural Health Workforce Australia
- Standards Australia

ATHAC Telehealth Standards Framework

1.	CLINICAL ASPECTS OF TELEHEALTH	ISO/TS 13131:2014 number	AHPRA guideline number
1.1	Informing the patient about telehealth		
1.1.1	The patient has easy access to plain language information about telehealth, plus the other relevant options for providing care.	11.4	5
1.1.2	The patient is informed about the role of each person who is involved in delivering their care by telehealth.	11.8	3
1.1.3	The patient is informed that standards-based systems are used to protect their privacy and data security, but total protection cannot be guaranteed. If non standards-based systems are used, then the patient is informed about any additional risks to quality, reliability or security.		5
1.1.4	The patient is informed if there will be out-of-pocket charges for telehealth consultations, compared to other available options.	11.5	
1.1.5	The patient should know how and where to make a complaint about the telehealth service.	11.8	
1.2	Seeking patient consent		
1.2.1	The patient gives informed consent to the use of telehealth. This may be verbally or in writing. If the telehealth consultation is going to be recorded, or if the type of care is substantively different to usual care, then consent should be taken in writing. The consultation not be recorded, except for education/assessment purposes, and ONLY when written permission is obtained.	11.3	1
1.3	Selecting appropriate patients for telehealth		
1.3.1	The health care organisation has a set of criteria about which patients are suitable for telehealth.	11.6	2
1.3.2	The patient and/or their informal care provider need to be able and willing to participate in care by telehealth.	11.7	
1.3.3	The decision to use telehealth takes into account: <ul style="list-style-type: none"> 1.3.3.1 clinical factors such as continuity of care, shared care, and the best model of care for the individual patient 1.3.3.2 practical factors such as the availability of specialists, local clinical staff and technology 1.3.3.3 patient factors such as the ability of the patient to travel, plus their family, work and cultural situation. 	8.2, 8.3 and 11.6	
1.4	Using telehealth in delivering care		
	<i>Conducting the consultation</i>		
1.4.1	The role of telehealth in the overall management of the patient is determined. For example, is telehealth for a one-off assessment or for regular follow up?	10.3	
1.4.2	If there are any limitations from using telehealth, these are noted and reduced as far as possible.	10.6	

1.	CLINICAL ASPECTS OF TELEHEALTH	ISO/TS 13131:2014 number	AHPRA guideline number
1.4.3	The referring health care provider confirms the identity of the patient to the distant specialist or health service, and confirms the identity and credentials of the distant specialist to the patient.	14.3	4
1.4.4	The reasonable length of time needed to deliver care by telehealth is determined, and the patient informed about this.	8.4	
1.4.5	A health care provider from the referring health care organisation is present with the patient for some or all of the video consultation with the specialist.		
1.4.6	Telehealth should be delivered using evidence-based guidelines where possible. Where these do not apply, a framework of best fit for clinical purpose should be used.	10.3	
1.4.7	The patient's privacy is protected by considering what risks there are to privacy when using telehealth, and developing procedures to manage privacy.	12.2 and 12.3	1
1.4.8	<p><i>Relationships with other providers</i></p> <p>Protocols exist about the way health care providers collaborate with each other when using telehealth. These protocols include:</p> <p>1.4.8.1 a method for choosing the best referral pathway. Telehealth has greatly expanded referral options, so the referring provider needs to consider issues such as how to avoid fragmentation of care, and the availability of the specialist for an in-person consultation if required</p> <p>1.4.8.2 a telehealth referral database</p> <p>1.4.8.3 a description of how the care is delivered, including any changes to the usual roles of health care providers</p> <p>1.4.8.4 a description of who delivers which aspect of care, including who takes responsibility for ordering tests, writing scripts, and follow up</p> <p>1.4.8.5 a protocol for how the consultation should be noted. If two health care providers are consulting with the patient at the same time, they should each keep their own notes on their own record systems.</p>	8.2, 10.2, 10.7 and 11.8	9, 10, 11
1.5	Skills of practitioners		
1.5.1	There are criteria for the skills the health care provider should have to use telehealth.	9.2	
1.6	Evaluating the use of telehealth		
1.6.1	<p><i>Individual</i></p> <p>After their first use of telehealth, the patient should be asked for an evaluation of the experience. If the patient is making long term use of telehealth, this evaluation should be repeated at regular intervals or if warranted by a change in the patient's condition.</p>	11.4	
1.6.2	<p><i>Organisational</i></p> <p>At suitable intervals of time, the health care organisation evaluates the usefulness of telehealth across the organisation as a whole, and makes decisions about the continuing range and volume of telehealth used by the organisation.</p>	6.7, 6.8 and 11.7	

2	TECHNICAL ASPECTS OF TELEHEALTH	ISO/TS 13131:2014 number	AHPRA guideline number
2.1	Adequate performance		
2.1.1	<p>The information and communications technology used for telehealth is fit for the clinical purpose.</p> <p>Specifically:</p> <p>2.1.1.1 the equipment works reliably and well over the locally available network and bandwidth</p> <p>2.1.1.2 the equipment is compatible with the equipment used at the other telehealth sites</p> <p>2.1.1.3 all the health care organisations participating in the teleconsultation, plus the network or other means of connection, meet the standards required for security of storage and transmission of health information</p> <p>2.1.1.4 peripheral devices are used in a fit-for-purpose manner jointly determined by the patient-end clinician and the distant specialist.</p>	13.4 and 14.4	
2.2	Commissioning of equipment		
2.2.1	The equipment is installed according to the producer's guidelines, where possible in collaboration with the other organisations/clinicians using the telehealth system.	13.5	
2.2.2	The equipment and connectivity are tested jointly by the participating health care organisations to ensure that they do what the producer claims that they will.	13.5	
2.3	Risk management		
2.3.1	A risk analysis is performed to determine the likelihood and magnitude of foreseeable problems.	6.5 and 13.2	
2.3.2	There are procedures for detecting, diagnosing and fixing equipment problems.	13.2	
2.3.3	Technical support services are available during the times the equipment will be operating.	13.3	
2.3.4	There is a back-up plan to cope with equipment or connectivity failure, which is proportionate to the consequences of failure. For non-urgent consultations, rescheduling or completing by telephone may be sufficient. If urgent work is likely to be undertaken by telehealth, consider installing an uninterruptible power supply and a second source of connectivity.	10.4 and 13.3	

3	CONTEXTUAL ASPECTS OF TELEHEALTH	ISO/TS 13131:2014 number	AHPRA guideline number
3.1	Management of physical environment		
3.1.1	<p>The room set-up used for telehealth has:</p> <p>3.1.1.1 adequate physical space to conduct consultations (e.g. assess gait, include family or carers)</p> <p>3.1.1.2 ensures privacy and comfort (physical and emotional) of the patient</p> <p>3.1.1.3 allows the equipment to be used effectively (e.g. good lighting, little or no background noise, distance for best use of camera).</p>	12.2 and 12.3	
3.2	Management of business environment		
3.2.1	<p>The health care organisation has implemented telehealth in a planned manner, including:</p> <p>3.2.1.1 developing or utilising a business case i.e. considering the costs, benefits and sustainability of telehealth</p> <p>3.2.1.2 consulting with the staff about the workflow and other changes telehealth will introduce</p> <p>3.2.1.3 making a formal decision to implement telehealth, and then supporting the changes needed for implementation</p> <p>3.2.1.4 assessing the need for staff training or professional development in telehealth, and enabling this to occur</p> <p>3.2.1.5 including telehealth in its continuous quality improvement program</p> <p>3.2.1.6 ensuring that the telehealth service is covered by insurance and professional indemnity.</p>	6.2 to 6.8, 7.2, 9.2 and 9.3	
3.3	Management of logistical environment		
3.3.1	The health care organisation has a system for coordinating and booking the people, equipment and space needed for telehealth.	14.6	
3.3.2	The telehealth equipment is accessible when needed, to ensure continuity of care.	8.3, 10.4, 13.2 and 13.3	



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