



Telehealth Practice Guide



for the use by service providers and icare staff working within the Lifetime Care and Workers Care schemes



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1. Background

This practice guide is for use by icare staff and providers working with participants in the Lifetime Care and Support Scheme and workers in the Workers Care Program. It has been developed as a resource to ensure use of Telehealth meets current best practice recommendations and promotes positive outcomes for the participants and workers of these Schemes.

The Lifetime Care and Support Scheme (Lifetime care) funds treatment, rehabilitation and care for people severely injured in motor vehicle accidents in NSW. To be eligible for Lifetime Care participants need to meet legislated criteria relating to the motor vehicle accident and type of injury being:

- Severe traumatic brain injury
- Spinal cord injury
- Amputations (or equivalent injury)
- Burns
- Permanent blindness.

The Workers Care Program (Workers Care) funds support for workers who have sustained a workplace injury and who meet the same injury criteria as Lifetime Care participants. Both Schemes are administered by Insurance & Care NSW (icare).

For the purposes of this document the term 'participant' will be used to describe both participants in Lifetime Care and workers in the Workers Care Program. A service provider is any individual, company or organisation that Lifetime/Workers Care pays to deliver agreed services to participants (for example, case managers, allied health clinicians, doctors). Case Managers assist participants to coordinate their treatment rehabilitation and care.

The majority of participants supported by Lifetime Care and Workers Care have sustained a severe traumatic brain injury (TBI). People with a TBI may experience a range of difficulties impacting their ability to engage with Telehealth as a service delivery model, including cognitive, communication and physical difficulties. They are also more likely to experience mental health difficulties and compromised health literacy because of the TBI.

This practice guide will include guidance for the use of Telehealth in the general population and specific considerations for use of Telehealth for people with TBI.

The term 'Telehealth' is used throughout this guide to describe healthcare services delivered remotely using telecommunication technology. Examples of services provided via Telehealth will be described and can include assessment, intervention, consultation or education. Other terms emerging within the literature and the rehabilitation sector which have been used interchangeably include "telepractice", "telerehab" and "virtual care".

While aspects of this guide may be relevant to the delivery of medical services via Telehealth, the guide targets allied health and case management services. It focuses on Telehealth services delivered synchronously (i.e. in real time) via videoconferencing or telephone.

The following sources of knowledge were investigated in development of this practice guide:

- Review of research literature in relation to the use of Telehealth as a service delivery model for people with TBI. A list of key literature articles can be found in Appendix A.
- Review of Telehealth resources from professional associations and government agencies, both within and outside Australia. A list of key resources can be found in Appendix B.
- Discussions with clinicians working with people with TBI across public and private healthcare/community settings to ascertain current common practice and experience in the delivery of services via Telehealth for participants with TBI.

Key concepts underpinning this guide:

1. There is developing evidence to suggest that Telehealth can be as effective as in-person interactions for some clinical interventions however further research is required into outcomes for services delivered via Telehealth for people with complex needs including TBI.
2. Feedback from clinicians is that Telehealth works well for a number of services including case management, routine reviews and case conferences whereas face to face interactions are preferred in most cases for initial participant meetings, assessments, treatments requiring "hands on" support and for interventions considered to be "high-risk".
3. There are a range of considerations in determining suitability for delivery of Telehealth services. Key to these is the notion of person-centeredness and service delivery methods that best meet the participant's needs.



2. Benefits of Telehealth

There can be benefits for participants and their families as well as for providers in relation to the use of Telehealth services.

Potential benefits for participants and families/carers include:

- Reduced travel time for appointments, resulting in less disruption to everyday routines.
- Improved access to specialist providers, particularly for participants living in rural areas.
- Reduced waiting times for appointments resulting in timely access to appropriate services.
- Improved availability/engagement by families and support workers in treatment sessions when they are conducted in the home environment.
- Increased opportunity for training of family members/support workers potentially leading to better integration of treatment aims.
- Increased flexibility around when and where to receive services, for example, opportunity for consults outside of usual working hours. Telehealth may also provide increased flexibility in relation to frequency/length of treatment sessions, for example offering someone with a TBI, shorter, more frequent sessions to assist in management of fatigue.
- Wellbeing benefits associated with the participant receiving services in their own home or other preferred environment.
- Opportunity for participants to learn and develop technology skills which can then be transferred into other areas of life.

Potential benefits for services and providers include:

- Reduced travel time associated with home-visiting allowing for a greater number of appointments.
- Increased flexibility with caseload and waiting list management.
- Access to participants and their family/carers over a wider geographical area, including regional/remote areas.
- Ease of rescheduling Telehealth appointments when compared to home visits.
- Efficiencies in delivery of services to participants who are maintaining (rather than improving) health and who just require a “check in” with their service provider.
- Potential for reduced cancellations and failure to attend.
- Potential to deliver training to a wider number of families/support workers at the same time.
- Increased opportunities for mentoring, networking, and collaboration.
- Ease of liaison with other providers – for example, it can be easier for providers to attend virtual case conferences, particularly for part time staff.
- Ability for services providers to work remotely.
- Ability to continue offering services during periods of environmental risk (e.g. natural disasters, periods of lock down due to COVID-19).

It is essential to keep the participant at the centre of any decisions regarding use of Telehealth as a service delivery method. Telehealth should only be used where there is an expectation of outcomes commensurate with in-person service delivery or where there are no other options.



3. Considerations for the use of Telehealth with icare participants

The use of Telehealth as a service delivery model should always be determined on a case-by-case basis and needs to be clinically appropriate for the participant's needs and circumstances. The same professional standards of practice and ethical principles from Australian Health Practitioner Regulation Agency ("AHPRA") and/or respective professional associations apply to Telehealth as to face to face service delivery. As with any clinical services, clinicians should only provide services within their level of competence and scope of practice. Services delivered via Telehealth need to comply with relevant Federal and State legislation in the same way as face to face services.

Providers need to ensure they have appropriate professional indemnity arrangements in place for Telehealth (and all clinical services) and should confirm this with their insurer.

Participant considerations for determining if Telehealth is an appropriate service delivery method include:

- Does the participant want to access services via Telehealth?
- Does the participant have access to appropriate equipment and sufficient internet service to effectively engage with Telehealth services?
- Will the participant's hearing, vision, or motor skills impact on their ability to engage with Telehealth? If so, can this be mitigated?
- Does the participant have experience in the use of technology and/or are they willing to learn basic technology skills?
- If the participant requires assistance to interact via technology, will this compromise privacy and therefore their capacity to respond openly and honestly with the health provider?
- Does the participant have an appropriate environment for Telehealth (i.e. a quiet, private room with minimal distractions)?
- Are there any cultural considerations in relation to the use of Telehealth (e.g. does the person require an interpreter and if so, can the interpreter access Telehealth?)

- Will there be an impact on attention or fatigue for the participant?
- Does the participant experience any cognitive, communication or physical difficulties that result in the need for in-person service delivery?
- Are there any behavioural or mental health difficulties that may reduce the success of Telehealth as a service delivery model?
- Does the participant have access to appropriate supports? While it is important to consider cognition in determining suitability for Telehealth, this should not be the sole consideration, as many participants will be able to participate with appropriate supports (for example, a support person, practice in the use of Telehealth prior to the appointment, accessible instructions).
- Is the participant able to follow directions to operate and troubleshoot Telehealth technology?

Service considerations for when Telehealth might not be the right option:

- **Does the type of service necessitate in-person service delivery?** Does the service provider need to see the person's home or prescribe equipment? Service providers told us that functional/ADLs assessments, equipment prescription and continence assessments are often best performed face to face.
- **What type of service is being provided?** Assessment, therapy, monitoring, review, education can all potentially be offered via Telehealth, but service providers have told us that some types of services work better than others. For example, we heard that initial physiotherapy assessments can be difficult via Telehealth as there are aspects of the assessment that require a "hands on" component. We also heard that physiotherapy monitoring and minor upgrades of home programs can more easily be offered via Telehealth. We heard from Speech Pathologists that review of how someone is managing with their eating and drinking is more effective via Telehealth than an initial swallowing assessment. Standardised assessments that are not validated for use via Telehealth should also not be administered via this medium.



- **Has the service provider met the person previously?** Will offering a face to face service result in increased rapport, trust and engagement and better service outcomes? While there are aspects of case management that can certainly be provided via Telehealth, it is icare's expectation that an initial meeting with a case manager would occur face to face wherever possible. We heard from psychologists that psychology interventions can be provided via Telehealth but that they often prefer to meet the participant face to face first due to the nature of this intervention.
- **Are there sensitivities around the type of service being provided** that necessitate face to face service delivery? For example, are there child protection, mental health or environmental complexities that might make Telehealth more difficult?

We heard from service providers that the following services can be effectively delivered via Telehealth:

- Participant, family, and support worker training including training in behaviour supports.
- Joint sessions and mentoring with other service providers.
- Case conferences.
- Case management outside of initial and planning meetings.
- A range of individual and group therapies across allied health disciplines.
- Education sessions.

Lifetime Care/Workers Care considers that the following services are best delivered face to face except in exceptional circumstances:

- Care needs assessments.
- Case management – initial meetings and planning conversations.
- FIM assessments.
- Prescriptions of home modifications or customised equipment

Please discuss with the participant's icare contact if you are a service provider considering delivering a service via videoconferencing that would usually be provided face to face.

Research does not currently tell us whether Telehealth service delivery is as effective as in-person service for people with TBI. In lieu of this, service providers need to determine whether services delivered via Telehealth are meeting participant needs without compromising quality standards by measuring outcomes, including participant satisfaction.



4. Strategies to maximise the effectiveness and experience of Telehealth

Prior to the consultation:

- Ensure you are competent and confident in the use of the required technology to deliver the required service, have access to reliable internet and an appropriate environment to facilitate a Telehealth session
- Determine the participant's access to equipment, internet/WIFI and the required platform
- Determine whether the participant has access to a support person to engage in Telehealth (if needed)
- Conduct appropriate risk assessments and confirm that it is clinically appropriate for the service to be delivered via Telehealth.
- Provide information to the participant about how Telehealth may differ from face to face services and what this will involve. Confirm that the participant consents to receive services via Telehealth.
- Determine the most appropriate Telehealth platform based on the participant's ability and prior experience with different platforms. When deciding on a Telehealth platform, consider privacy, security, and any workplace requirements.
- Consider whether the participant would benefit from training in the use of the Telehealth platform prior to the appointment.
- Keep Telehealth appointment invitations short with clear instructions on how to access the appointment. Instructions should be in a format appropriate for people with cognitive and/or communication difficulties and should also include information about troubleshooting technical difficulties. Use of step-by-step guides, images and video instructions may assist participants with TBI.
- Consider the length of the Telehealth appointment. There are not as many natural breaks in communication over Telehealth resulting in increased fatigue so for people with TBI, shorter, more frequent appointments may work better.
- Ensure that the participant has access to any materials that will be required during the appointment.
- Inform the participant of what will happen when they join the appointment (i.e. will they be in a waiting room?)
- Confirm an alternative contact method (e.g. phone number) to ensure that the participant can be contacted during the consult in the event of technical difficulties or risk issues. Have a plan in place for what to do in the event of technical difficulties.
- Encourage the participant to access a suitable location within their environment to participate in the appointment (e.g. a quiet space with minimal distractions)
- Provide appointment reminders as needed. Some participants may benefit from more than one reminder, particularly if using Telehealth for the first time.





During the consultation:

- Be punctual by joining the consultation a few minutes early.
- Consider the use of a headset to assist with clarity of communication and privacy.
- Keep clothing and background neutral to reduce distractions and dress as if the consultation was a face to face.
- Introduce yourself and ensure everyone else involved in the consultation has been introduced
- Check that the participant can see and hear adequately.
- Find out if anyone else is in the room with the participant and ensure the participant consents to that person being present.
- Confirm the plan for what will happen in the event of technical difficulties.
- Discuss Telehealth etiquette (see Section 5). It may be useful to discuss or re-establish any expectations for interactions in group Telehealth settings.
- Confirm what will happen after the call i.e. will the service provider email a summary, future appointment times etc.



After the consultation:

- Document that the consult was delivered via Telehealth (including the participant's consent to do so), who was present and rationale for selecting Telehealth.
- Consider emailing a summary of the appointment and any key recommendations/follow up actions to the participant and/or support person.
- Follow up with the participant and/or support person to see if they have any concerns about the continued use of Telehealth.
- Review whether next/future services should be delivered via Telehealth.





5. Telehealth Etiquette

Etiquette for individual consultations

Communication via Telehealth may present some differences to face to face interactions and it can be useful to explicitly discuss Telehealth etiquette with participants prior to any consultations.

- Environment - Participants may benefit from a reminder about their environment and that you may be able to see what is happening in the background even when they are not talking. Ensure participants understand that, as with all appointments, being settled in an appropriate, distraction-free environment is crucial (e.g. attending Telehealth while driving, out in the community or at an inappropriate venue is not appropriate)
- Time lags - Participants should be made aware that there may be a time lag whilst using Telehealth and that it can be useful to allow a several second pause between speakers to avoid speaking over each other. Pauses can feel less natural, so it is best to discuss this and let participants know that pauses are OK.
- Camera placement – Consider the placement of your camera, including the lighting (e.g. don't sit with your back to a window as it will be difficult for others to see you), and use the self-view feature when logging on to check your visibility to the other person.
- Non-verbal feedback - Be aware of eye contact. Let the participant know if you need to look off screen for some reason or will be taking notes. Acknowledge the participant by nodding and responding. Know where the camera is located on the device. Eye contact will be maximised when looking directly at the camera.
- Timeliness - As with all appointments, being on time is important, and participants need to understand this also. Service providers and participants should agree how they will let each other know if they are running late, and the limitations regarding delaying or rescheduling appointments.
- Platform functionality: The participant should be informed that they may need to wait in a virtual waiting room before being admitted to the appointment.

- Attire - participants and service providers should dress in a way commensurate with face to face service delivery. For providers it may be useful to wear a neutral top to reduce distractions.
- Acknowledge that some participants may take several sessions to feel comfortable with Telehealth, and encourage them to ask questions or express concerns at any time

It is important for clinicians and participants to always consider their environment when using Telehealth. A quiet, private space free of distractions is ideal. Use of a neutral background reduces distractions and if this can't be achieved consider the use of alternative backgrounds provided by the Telehealth platform (if available). Providers should consider their ability to ensure participant confidentiality if providing Telehealth services from home.

Etiquette for groups

In a group setting, establishing guidelines for communication via Telehealth is particularly important as it can be more difficult to judge turn-taking cues, particularly if there is a time lag.

Consider establishing group guidelines, for example:

- Requesting that everyone mutes their microphone when it is not their turn to speak.
- Establish processes for turn-taking.
- Use of platform-specific tools such as a raised hand emoji to indicate a request to speak; thumbs up to show understanding or agreement, chat boxes to ask questions or offer feedback.
- Using video so that all members can see and respond to visual cues and to build a stronger group culture.
- Ensuring contribution by all people in the group, inviting feedback from quieter participants.
- Building in breaks for longer group sessions – and minimising distractions such as eating or drinking (other than water), responding to others in the household or temporarily leaving the group during the session.



6. Accessing Telehealth

6.1. Equipment

Deciding whether to offer Telehealth to a participant may be influenced by their access to a device/devices that meet their physical, sensory and cognitive needs and/or access to a support person who can assist with equipment selection and set up during a Telehealth consult.

Many people have access to a smart phone, tablet or computer that can be used for Telehealth. It is outside the scope of this guide to recommend specific devices, however there are some generic considerations when determining what equipment will enhance the efficacy of Telehealth service provision. Some considerations include:

- Will the session require video of movement or environment? (Consider smaller, hand-help device or good quality camera).
- Will the session require the participant to have 2 free hands for activity, self-expression or to reduce fatigue? (consider PC, laptop, or a stand for tablet/phone).
- Will the provider be demonstrating movement or actions, or sharing information on the screen, which the participant will need to be able to see well? (consider device with larger screen at participant's end).
- Does the session rely on quality of sound? (consider quality of in-built sound of device, or use of external microphones, cameras, headsets).
- How many people will be involved at the participants end, and does this influence potential use of headsets, microphone, or quality of cameras?

6.2. Platforms/Software

Some workplaces have a platform that all staff must use, however many providers have more flexibility and use platforms such as FaceTime, Zoom, Skype, CoviU and Microsoft Teams. Platforms available, and the level of protection offered, is constantly changing, and it is up to providers offering Telehealth to keep up to date with what is available and ensure they are offering participants a suitable and safe Telehealth experience.

Considerations for choice of platform should include, but is not limited to:

- privacy/security
- ease of access for participants
- number of people permitted on a call,
- number of faces/tiles visible on a screen
- quality and reliability of audio and video
- subscription costs
- features and tools to provide an interactive, but uncomplicated experience
- ability to record sessions, share screens, use assessment templates etc
- availability of appropriate instruction sheets that can be provided to participants.

It is important to consider a participant's experience and level of comfort with particular Telehealth platforms. Having to learn different platforms across different providers may be challenging for someone with a TBI or someone who is less computer literate, so consider talking with the rehabilitation team to try and achieve a level of consistency in platform/s being used.

6.3. Security and Privacy Considerations

It is the provider's responsibility to ensure the platform they are using to deliver Telehealth has the appropriate and required level of security. Providers need to be aware of and comply with state and territory legislative requirements that regulate privacy, particularly relating to health records. Providers also need to consider safeguards for data storage, data transmission and access. The Australian Digital Health Agency ([Digitalhealth.gov.au](https://www.digitalhealth.gov.au)) has some useful information about cyber security for Telehealth. Providers should have policies and procedures in place for notifying the Office of the Information Commissioner in the event of a notifiable data breach (Notifiable data breaches – OAIC).

6.4. Internet Access/ Data

Access to internet services within the home can be a barrier for some participants in using videoconferencing. Telehealth consultations that involve a video element may be more difficult for participants who do not have a home internet connection or WIFI and who are reliant on pre-paid mobile data as their internet source.



Hot spotting from a phone to another device is an option but can result in reduced quality/connectivity. Participants in regional areas may also have less access to reliable internet and audio-only Telehealth may be more appropriate in these cases.

Videoconferencing generally requires an internet upload speed of around 5Mbps and a download speed of 15Mbps (Digital Health CRC, 2020). Generally, if you can watch an online video, then you can likely participate in videoconferencing and you upload/download speeds can be checked using an [internet speed test](#).

The exact amount of data used during a consultation depends on the chosen platform and the number of people participating in the video call. Expect to use around 230MB of data with a mobile and 450MB data with a laptop for a 20-minute video call (St Vincent's Hospital Melbourne, 2021).

7. Consent

Providers need to obtain informed consent for Telehealth (as for any consultation) in the ways directed by AHPRA/respective professional association. Informed consent in relation to Telehealth should include:

- Information about what the Telehealth consultation/s will include, possible benefits and risks, and safeguards (e.g. privacy).
- Information presented in a way that the participant will understand (e.g. with consideration of communication difficulties, reading and writing abilities, health literacy, sensory difficulties, in the participant's preferred language).
- The option to decline Telehealth as a service delivery model.

As with the delivery of any service, it is important to establish whether the participant requires support for decision making.

While logging into a Telehealth consult may indicate implied consent, it is still important to obtain verbal consent for treatment and service delivery via Telehealth at the beginning of each session.

icare does not recommend recording of Telehealth sessions, however in the event recording a session is deemed appropriate, written consent must be obtained. Written consent must always be obtained if any part of the consult will be recorded and on each occasion that the consult is recorded. The participant should be informed of how the recording will be used and stored.

8. Safety and risk assessment

It is important to consider the safety and risk associated with service delivery via Telehealth. Some safety and risk considerations include:

- Consider the level clinical risk associated with the service and whether it is safe to be delivered via Telehealth.
- Ensure you know the participant's location in the event that additional assistance is required. Have a strategy in place for management of medical or mental health emergencies.
- Ensure that alternative contact details are available, for example phone number for participant and/or their support person.
- Be aware of other people present in the participant's environment and any risks that this may pose. Also consider the availability of support people in the participant's environment.
- Be aware of and mitigate privacy risks by ensuring your screen and visible environment are clear of all sensitive information (e.g. do not have another person's information open on your screen in case you need to share your screen at any time during a consultation). This includes the potential for email alerts or phone call alerts which may include another participant's name popping up on a shared screen.
- Consider the length of time between face to face appointments. Not going too long without a face to face visit is one way to reduce potential risk.
- Communicate with other members of the participant's treating team who may be having face to face appointments.
- Undertake a risk assessment before deciding to offer Telehealth.
- Working with Children Checks (WWCC) or interstate equivalent are required for clinicians providing services to children and young people via Telehealth.



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Appendix B: Resources

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