

## WHAT IS TELEHEALTH?

Telehealth is the use of telecommunications and virtual technology to deliver health care outside of traditional health care services.

The use of telehealth can help health systems to cope better with growing health care demands, reduce barriers to treatment and facilitate continuity of care<sup>1</sup>.

## WHY USE TELEHEALTH?

There is strong evidence that telehealth can effectively respond to the growing call for improved health care and versatility in treatment delivery. Studies have found that services delivered via telehealth are equivalent to in-person services, particularly when used for mental health support and psychotherapy<sup>2</sup>.

There is also strong support for the development of a therapeutic alliance that matches that of in-person therapy, during telehealth consultations<sup>3</sup>.

More broadly there are potential and considerable long-term health and economic benefits that may be gained from the use of telehealth, still under exploration.

## 1 PREPARING FOR THE TELEHEALTH CONSULTATION

After receiving your referral contact the client or referrer to:

- Arrange a suitable date and time for the appointment
- Confirm all necessary contact and personal information for the client and referrer (e.g. Medicare details, contact details)
- Arrange for any required health record information to be sent to you with the client's consent
- Ask about past telehealth experiences and any telehealth reservations  
Handy Tip: Identifying and addressing any concerns may alleviate apprehensions about the appointment
- Advise the use of a safe and private space during the appointment  
Handy Tip: A parked car can be a suitable alternative if no other private space is available. Asking clients to sit in a comfy chair and have a glass of water on hand during telehealth consultations can also help to mimic the 'therapeutic space' of a clinic room

**Enter the appointment into your existing scheduling system and book any resources for the consultation in advance (e.g. interpreter, laptop)**

**Send the client the consultation details (e.g. date, time, web-link and meeting password) and any resources (e.g. factsheets) you would like to go through ahead of time**

If possible you may also wish to consider a 'test-run' of the technology you and the client will be using



## 2 AT THE START OF EACH TELEHEALTH CONSULTATION

### THINGS TO DO WITHOUT THE CLIENT:

- Be in a private space free of distractions
- Check that your technological device(s) are charged and that you have access to a charging point in case your device battery drains
- Perform a test of your microphone and camera (if being used)
- If using video conferencing technology consider what is visible in your background and make it as neutral as possible

Handy Tip: Some video conferencing applications provide the option of blurring or changing your background

If using video conferencing technology **enable the meeting link at least 10 minutes before your scheduled consultation**

### THINGS TO DO WITH THE CLIENT:

- At the start of each consultation introduce yourself and check that you have the right client in attendance
- Obtain consent from the client to proceed with telehealth and for any audio or video recording of the session (if being used)
- Ask if there is anyone else with the client – if the client has a support person present, obtain consent for this person to be included
- Check that they are in a private, safe space and obtain the physical address of the client – this is important to know in case of an emergency
- Establish an expected time-frame for the consultation (e.g. half-hour appointment) and establish an agenda for the consultation
- Make an agreement with the client about how communication will be re-established if the technological connection fails
- If you will be scribing during the consultation inform the client that you will be doing this, and explain that they may hear/see you taking notes

Handy Tip: A statement such as 'I am going to type/write some notes during the session so if I am slow to reply or if you hear some soft noises that might be why but I am still here and listening' may help



## 3 DURING THE TELEHEALTH CONSULTATION

- Be aware of your own voice and body language. Maintain a calm tone and consider providing encouragement or verbal affirmations to compensate for the absence of usual behavioural cues (e.g. nodding)
- Listen carefully and use plain language to assist communication. You may need to speak more slowly if there is a time lag when using videoconferencing technology
- Be mindful about what you are able to assess for and contain during a telehealth consultation

Handy Tip: There is a risk that clients may leave telehealth consultations feeling destabilised if clinicians are unable to adequately monitor and contain client responses to difficult content. Therefore if venturing into difficult content consider whether the telehealth consultation is the most appropriate time and place to discuss this

- Check in with the client to identify any limitations and minimise your assumptions about how they are finding the consultation

Handy Tip: Examples of check-in comments include: 'how are you going with this?', 'do you feel there are things you only want to say in person?'

- Use the 'teach back' method of asking the client to state in their own words what has been said in the consultation to confirm understanding
- Be aware that clients can have different responses to telehealth. Some may find it harder to build rapport and engage using the phone due to a lack of visual cues. Others may prefer telehealth as they feel more open to talk about things when in their own space

## 4 AT THE END OF EACH TELEHEALTH CONSULTATION

- Be mindful that the inability to physically examine a client (if necessary) may lead to bias and errors in diagnosis and treatment. If there is clinical information that can only be obtained face-to-face, ensure that face-to-face follow up is arranged for more comprehensive assessment
- Be mindful that clients being in their own homes during consultations can present unique challenges (e.g. inability to 'wind down' in transit between attending a clinic and returning home)

**Handy Tip:** Clients may be advised to think about using a 'wind down' ritual to replace being able to walk out of a clinic room and travel home when finishing a consultation. Strategies which could be suggested to clients to assist them to move out of the 'therapeutic space' at home can include having a cup of tea or going outside before returning to their daily life

- Establish an emergency plan for between sessions, if you are providing continuing care through telehealth consultations to a client (e.g. advise the client to access crisis counselling from Directline, Lifeline as needed)
- When you have ended the consultation make sure you have your microphone and camera turned off
- Contemporaneously document your consultation, including:
  - The date and time taken to conduct the consultation
  - Consent obtained
  - The names and roles of people who participated
  - Client health record identification number
  - Service(s) provided
  - Assessment details
  - Clinical impression of presentation
  - Intervention provided or recommended
  - Risks identified and risk management plan (where relevant)
  - Follow up plan (where relevant)



## ACKNOWLEDGEMENTS

This resource has been developed by Turning Point clinicians with experience in telehealth and is backed by the existing evidence

It is hoped that this resource will assist other clinicians and services to provide the best possible telehealth support to clients now and into the future

## REFERENCES

1. Stroetmann, K.A, Kubitschke, L., Robinson, S., Stroetmann, V., Cullen, K., and McDaid, D., *How can telehealth help in the provision of integrated care?*, World Health Organization, 2010.
2. Shigekawa, E., Fix, M., Corbett, G., Roby, D.H., and Coffman, J., *The Current State of Telehealth Evidence: A Rapid Review*, Health Affairs 37, N0.12, 2018.
3. Simpson, S.G., and Reid, C.L., *Therapeutic Alliance in Videoconferencing Psychotherapy: a review*. Australian Journal of Rural Health, 2014, 22(6), 280-99.