



Digital technologies can never replace in-person services, however when backed by appropriate staff, resources, systems and training, they can substantively improve the quality of medical care that our doctors provide to rural and remote communities.

ACRRM is committed to continuously improving practice using these technologies, which can support and strengthen local services within a coordinated care system.

Background

A telehealth service is a healthcare activity supported at a distance by information and communication technology service(s)¹. Telehealth services can be described by:

- 1. Healthcare discipline:** Telehealth services have expanded in recent years to cover almost all disciplines, and include diagnosis, treatment and prevention
- 2. Mode of communication:** synchronous (telephone or video conversation), or delayed asynchronous communications (email and messaging and online platforms)
- 3. Type of technology:** video communication, mHealth (healthcare supported by mobile devices), medical apps, and tele-monitoring
- 4. Type of healthcare:** direct to patient care or by healthcare providers assisting each other with telementoring, referred-care specialist opinion, teleeducation, or case conferencing.

Rural practices have historically adopted telehealth faster than urban practices in response to community need and to overcome the tyranny of distance.

ACRRM recognises that remote consultations can:

- improve health outcomes by facilitating timely access to essential specialist services and advice
- further extend the scope of practice of Rural Generalists to provide comprehensive care for patients in the local community
- enhance shared care arrangements and facilitate quality models of care with a range of healthcare providers, the patient and their carers
- contribute to continuity of care and quality of care outcomes for patients if referral arrangements are optimised via telehealth.

Telehealth can be used to offer professional education and support for health professionals working in rural and remote locations and mentoring from colleagues working in similar communities.

Key principles

- The importance of the physical examination in formulating and confirming a diagnosis is paramount.
- In-person non-GP specialist services to rural communities should not be reduced and priority should be given to increasing in-person services. Remote consultations are to be designed to improve the equity and access to health services, not remove or reduce access to existing in-person services.
- Services provided via telehealth must adhere to the basic assurance of quality and professional healthcare in accordance with the ACRRM telehealth framework and guidelines¹.
- When introducing virtual care into existing care models, all parts of the consultation should be considered to ensure appropriate and quality consultation services. This includes prescriptions, referrals, ordering and patient communication.
- Optimal clinical engagement with the patient should be supported by funding the participation of the healthcare team at both ends of the telehealth consultation.
- Changes to models of care should be monitored for adverse events and evaluated for efficiency and effectiveness. Building an evidence base for what will become a cornerstone of care in the future is essential.

Safe, quality telehealth consultations in the rural and remote context

While telehealth consultations can improve access to healthcare they can never replace high quality in-person care arrangements. Both patients and providers have shown strong preferences for choice^{2,3}, however if there is a well-established relationship with a patient, telehealth can provide excellent support, especially for those who live a long way from in-person services or have difficulty accessing health services.

ACRRM recommends the use of a risk-based framework for assessing the safety and quality of telehealth services. Assessment of the safety and quality of health services for people in rural and remote communities must factor in additional risks arising from geographical isolation and limited availability of health professionals. The College position statement on safety and quality of procedural and advanced care⁴ in rural and remote locations outlines when telehealth services are appropriate for a specific patient or cohorts of patients in rural and remote medical practice.

Telehealth consultations should be designed to enhance the existing primary clinician-patient relationship, not fragment it. Fragmented care can occur when the patient is seeing multiple providers without a central reference point to maintain continuity of care and ensure that supporting patient health information is easily accessible to all members of the healthcare team. Remote consultation arrangements should improve the continuity of care experienced by patients by addressing coordination, scheduling and support issues.

Funding models

Telehealth funding models, whether through the Medicare Benefits Schedule (MBS) or other mechanisms, should:

- support flexible health services which can offer rural community equitable access to remote consultations within high quality models of care
- prioritise the viability and sustainability of locally based practitioners and healthcare facilities which will remain the essential foundation for community healthcare services
- recognise the importance of team-based care and the contribution of all team members
- support participation by members of the healthcare team at both ends of the remote consultation.

Infrastructure and support

The College recognises that not everywhere in rural and remote Australia has good network connectivity for either telephone or video. This needs to be addressed as a priority to ensure equitable, reliable and affordable access to healthcare.

Likewise it is important that related government agencies and medical practice software vendors are cognisant of the realities of rural practice. Medical record systems should support well planned and executed integrated care across the healthcare team.

Video consultations should be encouraged. There may be additional complications and time constraints introduced when using video. Higher rebates and/or practice support payments to establish video-consultation infrastructure should be provided.

Virtual care should be an integral part of the care models available with the capacity to provide all aspects of the consultation remotely, including prescriptions, referrals, ordering and patient communication.

Traditionally remote towns will triage complex patients requiring urgent care and transport them to another facility equipped to provide that care. When technology offers the option for the patient to stay local it also requires the local service to have appropriately skilled health professionals to manage complex patients locally and for local services to remain open and staffed for longer. It is thus critical that digital health systems design recognises and incorporates the full extent of support and resourcing requirements for in situ patient care in the rural or remote setting.

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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Endnotes

- 1 ACRRM Telehealth Framework and Guidelines https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_2
- 2 F., McKinlay, E., Middleton, L. et al. Telehealth consultations in general practice during a pandemic lockdown: survey and interviews on patient experiences and preferences. BMC Fam Pract 21, 269 (2020). <https://doi.org/10.1186/s12875-020-01336-1>
- 3 Tates, Kiek et al. "The Effect of Screen-to-Screen Versus Face-to-Face Consultation on Doctor-Patient Communication: An Experimental Study with Simulated Patients." Journal of medical Internet research vol. 19,12 e421. 20 Dec. 2017, doi:10.2196/jmir
- 4 Quality Safety for RG Care in Rural Remote Position Statement https://www.acrrm.org.au/docs/default-source/all-files/quality-safety-for-rg-care-in-rural-remote-position-statement.pdf?sfvrsn=53ba09ac_6



ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.

