

TELEMEDICINE

Guiding principles for safe, effective,
and appropriate clinical care



Executive summary

AMA (NSW) recognises that virtual care has an important role to play in the future of healthcare delivery. This paper defines telemedicine as the provision of healthcare by digital means including, but not limited to; telephone, video, remote patient monitoring (including the use of wearables), secure messaging, text-messaging and email. AMA (NSW) has established a set of guiding principles in this position paper to facilitate safe, effective and appropriate clinical care by telemedicine.

Background

The COVID-19 pandemic has led to millions of telehealth services being provided to patients since the Government's temporary Medicare item numbers were introduced. Many practitioners and patients have embraced telemedicine to maintain social distancing, reduce the use of PPE and successfully flatten the curve in Australia. Once the pandemic passes, there will be an opportunity to reform health systems to ensure that telemedicine is integrated into a medical practitioner's usual offering. Patients will also have changed expectations of how care should be delivered and will increasingly expect virtual care options to complement in-person attendances.

AMA (NSW) notes that there is currently a lack of guiding principles underpinning what constitutes appropriate technology-based consultations. In response to this concern, AMA (NSW) has developed a position paper containing telemedicine guiding principles to create

a standard for how technology can be sustainably and successfully used for overall health system improvement.

The proposed principles aim to provide direction without being too prescriptive. The principles will guide the use of telemedicine in supporting and enhancing improved models of healthcare delivery and to assist practitioners to integrate telemedicine into their usual care practices.

The Overarching Principles

AMA (NSW) recognises that successful, system wide, telemedicine will need to be underpinned by the core principles embedded in the following existing general models of healthcare delivery as seen in the NSW Health Position Papers:

- **Value based health care:ⁱ**

A collaborative, system wide approach that ensures the best outcomes are reached for the patient while simultaneously achieving the best value for the system (which frequently uses a restatement of the Quadruple Aim).

- **Integrated care:ⁱⁱ**

A model of care that provides enhanced quality and safety of care, whilst improving overall patient experiences. Integrated care encourages clinicians to collaborate effectively across health and social care systems and is vital to improving outcomes for vulnerable and at-risk populations.

- **Patient Centred Medical Home (PCMH) Principles:^{iii iv} (See below table).**

1. Comprehensive care	Requires a team of healthcare providers and focuses on the whole person and population health.
2. Patient-centred	Healthcare that is relationship-based.
3. Coordinated care	Patient care that is coordinated across all elements of the broader healthcare system.
4. Continuity of care	Continuity of care helps specialist general practitioners gain their patient's confidence and cooperation in ongoing healthcare management.
5. Accessible services	Patients have access to alternative methods of communication such as email, video and telephone care.
6. Quality and safety	There is a demonstrated commitment to quality and quality improvement.

The key care principles are supported by the following guideline groups:

Continuity of care:

- Continuity of care has three elements – continuity of relationship, continuity of information and continuity of management.
- Good practice will see the use of all aspects of telemedicine such as synchronous and asynchronous communication, remote monitoring and patient engagement tools supporting better models of care, as opposed to just substituting a face-to-face consult with a telephone or video consult.
- Good practice will support and maintain continuity of care with a patient's usual primary care provider.
- Good telemedicine models should ensure that primary care standards are upheld so that continuity of care is maintained and use of digital technologies does not lead to further fragmentation of care, either through the disruption to continuity of information or continuity of the relationship.

Access to Care and Patient Centredness:

- Telemedicine should provide equitable and enhanced access to quality care with the patient's usual providers.
- Care should be available in the manner most appropriate for individual patients.
- Particular attention should be made to vulnerable populations accessing healthcare, so the use of digital health improves access and does not lead to further barriers in accessing health care for example, residents in residential aged care facilities, rural and remote populations, Aboriginal and Torres Strait Islander peoples, Culturally and linguistically diverse people, mental health patients, socially disadvantaged populations and others.
- Adoption of telemedicine into care models should not discriminate against patients who do not have access or choose not to use digital health technologies to access healthcare services.

Quality and Safety:

- The use of digital health in models of care must ensure that good clinical record keeping is maintained. It should enhance access to more complete information and avoid fragmentation.
- Medical practitioners should be aware of current and potential risks associated with telemedicine and have policies in place to reduce these risks.
- There should be appropriate protection of patient and clinician privacy.
- Appropriate clinical governance tools as well as an overarching clinical governance framework, should be developed and made widely available to all practitioners to manage any significant additional risks. The use of digital health tools should be incorporated into existing safety and quality accreditation processes and standards, to ensure a nationally consistent level of care consumers can expect from health care organisations that use telemedicine in their model of care delivery.

Models of Care:

- Telemedicine should support comprehensive models of care and should not be used to deliver completely virtual services with no option of face-to-face follow-up, or be used solely to serve as a substitute for face-to-face care.
- Effective use of telemedicine should support better integrated care, such as through joint video consultations with a patient's entire health team (specialists, allied health professionals, practice nurses et cetera).
- There should be strong clinical governance and leadership driven by evidence-informed quality improvement.
- Models of care should be enabled by clear and agreed care pathways, such as HealthPathways and be supported by wide integration with strong community engagement, utilising principles of co-production to improve patient care and enhance value.

Appropriate systems:

- Appropriate systems should be put in place to allow the safe delivery of digital health (e.g. reliable internet access or the ability to switch to telephone if the video link is unable to be maintained).
- There should be a staged approach to implementing and expanding telemedicine with meaningful research and evaluation of system wide costs and benefits including patient outcomes.
- National standards for telemedicine programs should be developed by Governments to streamline decision making for service providers and practices.

Training:

- Undergraduate medical training should include and incorporate education related to using digital technologies and telemedicine to support new models of care.
- Doctors-in-training should be appropriately trained and supervised when providing telemedicine. Other doctors should also be provided with access to training and support to adapt to telemedicine models of care. This should also be included in Continuing Professional Development.

i) New South Wales Ministry of Health. *Value based healthcare*. [Updated 17 December 2019; cited 1 June 2020]. Available from: <https://www.health.nsw.gov.au/Value/Pages/default.aspx>.

ii) New South Wales Ministry of Health. *Strategic Framework for Integrating Care*. 2018. [cited 1 June 2020]. Available from: <https://www.health.nsw.gov.au/integratedcare/Publications/strategic-framework-for-integrating-care.PDF>.

iii) *Navigating the healthcare neighbourhood. Key principles of Patient Centred Medical Homes*. Available from <https://aci.health.nsw.gov.au/nhn/patient-centred-medical-home-model/key-principles>.

iv) *Navigating the healthcare neighbourhood. What is the patient centred medical home?* Available from: <https://aci.health.nsw.gov.au/nhn>



Australian Medical Association (NSW) Limited

AMA House, Level 6, 69 Christie St, St Leonards NSW 2065, Australia

PO Box 121 St Leonards NSW 1590

ABN 81 000 001 614



Phone: 02 9439 8822 or
1800 813 423 from outside of Sydney.



Fax: 02 9438 3760 or
1300 889 017 from outside of Sydney.

www.amansw.com.au



Workplace Relations:
workplace@amansw.com.au

General enquires:
enquiries@amansw.com.au

Membership:
members@amansw.com.au

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