

## Telehealth (Digital Practice) Handbook – a practical guide for physiotherapy

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*This information has been assembled 21-27 March 2020 from AHANZ, HiNZ, NZ Telehealth Forum and Resource Centre, PNZ, HTNZ, APA, Southern DHB, ODT, APFSSH-APFSHT, Physiotherapy Board NZ, ACC, experts via webinars, previous experience and resources, internet of things, and brief search of Scopus and Google Scholar.*

*This is a living document. Any comments, suggestions, updates, additional resources, please email to [Miranda.buhler@southerndhb.govt.nz](mailto:Miranda.buhler@southerndhb.govt.nz)*

## 1. Introduction to telehealth

### Definitions

Allied Health [Association] Aotearoa New Zealand (AHANZ) defines 'telehealth' as:

**“The delivery of services and exchange of information relating to patient/client care that uses any form of technology including, but not limited to, video conferencing, internet and telephone, as an alternative to in-person interaction.”**

The World Confederation for Physical Therapy (WCPT) recommends the term ‘**Digital Practice**’, noting that, “the ‘tele’ prefix references older technology and will become less relevant with time”.

A key feature is that the clinical interaction occurs remotely (*Gloria Paterson, Waitemata DHB, ‘Telehealth for Physiotherapists’ webinar 25.3.2020*).

### Telehealth Handbook

This handbook has been compiled as a practical guide to conducting telehealth for physiotherapists in New Zealand during the COVID-19 pandemic. The aim is to have key information easily at hand in one place. However, information from governance and funding bodies is changing on an almost daily basis, so links to those organisations should be checked.

Professional practice guidelines specific to telehealth along with ACC telehealth-related contract information is detailed in section 2. Clinical interaction via telephone, commonly described as ‘telephone triage’ is outlined in section 3. This mode of telehealth has been widely implemented in the Scottish NHS and also evaluated in the England NHS.

In section 4, the more commonly and accepted form of telehealth, ‘Video consult’, is briefly introduced. Most of this section is given to listing the various platforms and considering privacy and security.

Sections 5 and 6 are the more practical sections of what might need special consideration in a telehealth vs face-to-face consult, and how to practically set up and conduct a telehealth consult effectively, respectively. The latter focuses more on video than telephone.

Working from home is the scenario many of us will find ourselves in during this time of pandemic. Section 7 discusses practical principles in terms of policies, procedures, and equipment, privacy and security, staying connected, and managing life at home.

A raft of additional resources and sources of information are given in section 8. Highlighted are documents produced by the NHS and the webinar ‘Telehealth for Physiotherapy’. In the final section 9 are notes taken from an APA-sponsored Q & A webinar on telehealth, presented by an Australian physiotherapist experienced in telehealth (musculoskeletal) physiotherapy.

In addition, consideration will need to be given to how telehealth care can be conducted with cultural competence and humility. Plans will be required for those requiring translation services including for hearing or vision impaired. Sovereignty of data ownership must be considered before signing up patients to online resources and apps. Networks for clinical and professional mentorship will be essential. Mental health of both patients and clinicians will need to be appreciated and supported.

This document will be updated weekly until other resources supersede it. All contributions welcome!

## 2. Professional practice guidelines and ACC contracts

AHANZ – Allied Health Aotearoa New Zealand

[https://www.alliedhealth.org.nz/uploads/8/8/9/4/88944696/best\\_practice\\_guide\\_for\\_telehealth\\_-\\_april\\_2018.pdf](https://www.alliedhealth.org.nz/uploads/8/8/9/4/88944696/best_practice_guide_for_telehealth_-_april_2018.pdf)

Physiotherapy Board NZ

<https://www.physioboard.org.nz/standards/physiotherapy-standards/telehealth-standard>

Key components of telehealth standard are: (recommend reading the standard in full)

### 2. Providing care

2.1. Any device, software or service used for telehealth must be secure, only allowing the intended recipients to receive and record, and be fit for It must preserve the quality of the information or image being transmitted.

The Board expects the treatment provided to a patient in another location meets the same required standards as care provided in an in-person consultation.

This includes standards relating to:

patient selection, identification, cultural competence, assessment, diagnosis, informed consent, maintaining the patient's privacy and confidentiality, updating the patient's clinical records and communicating with the patient's relevant primary care provider in a timely manner (unless the patient expressly states that the details of the telehealth consultation are not to be shared with their primary care provider), and follow-up.

If, because of the limits of technology, the same standard of service cannot be provided as an in-person consultation then the patient must be advised of this limitation.

2.2. It is particularly important that consideration is given to whether a physical examination would add critical information before providing treatment to a patient or before referring the patient to another health practitioner for services such as diagnostic imaging. If a physical examination is likely to add critical information, then it should not proceed until a physical examination can be arranged. In some circumstances, it may be reasonable to ask another health practitioner in the patient's locality to conduct the physical examination. In those instances, it is important that the patient's informed consent be obtained and communicated clearly for that arrangement, and the referring physiotherapist is available to answer any queries.

2.3. When working with or receiving reports from telehealth providers, physiotherapists should ensure that the above standards are followed and must notify that telehealth provider, their management and other appropriate reporting channels if there are concerns about the quality of care being provided.

In this period of pandemic, the Physiotherapy Board NZ advice at 25/3/2020 is that if facilities to conduct a telehealth consult using a platform with outlined level of privacy, security, and quality is not available, then an alternative platform or telephone may be used.

Related resources (from Physiotherapy Board NZ)

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\) Principle 8](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[Royal Australasian College of Physicians' Telehealth Guidelines and practical tips](#)

[Internet and electronic communication Standard](#)

[NZ Telehealth Resource Centre \(2018\)](#)

ACC Contracts

*From ACC information 24 March 2020*

Telehealth services have been further extended for the duration of the COVID-19 response to enable specified allied health professionals to provide initial and follow-up consultations via Telehealth.

The requirement on ACC45 form for health professionals to have 'personally examined the patient' has been waived.

The patient will need to provide consent for the ACC45 to be lodged. To lodge a claim either use the electronic ACC45 or submit the claim through your Practice Management System.

Read out the following statement to the patient and record their response in the clinical record:

- Do you declare that you have provided true and correct information and you will tell ACC if your situation changes?
- Do you authorise me as your (name of health profession: GP, physiotherapist, etc) to lodge your claim with ACC?
- Do you authorise your information to be collected or disclosed to ACC to help determine cover for your claim, determine what you will be entitled to, or for research purposes (like injury prevention, or assessment, and rehabilitation?).

"Did Not Attend" limits in ACC health service contracts extended by 1 additional DNA during the COVID-19 response.

Clinicians will need to adhere to the standards set out by their professional associations or regulatory body when determining whether Telehealth is an appropriate alternative to an in-person consultation.

In the provision of Telehealth, the following criteria are expected to be met:

- Clients must consent to the use of Telehealth
- The service must be provided in alignment with your profession's regulatory authority
- Where a regulatory authority does not hold a relevant standard, providers will align to Allied Health Aotearoa New Zealand's best practice guideline or the Medical Council of New Zealand's standard
- Telehealth services must also be provided to a client who is residing in New Zealand at the time of the consultation by a provider who is residing in New Zealand at the time of the consultation
- The service must be provided using a Telehealth technology interface that meets the requirements outlined by the New Zealand Telehealth Resource Centre.

**ACC expectations are that telehealth services will be via videoconferencing** as this type of capability is integrated into many practice management systems and many people have smart phones.

Expansion of Telehealth services is only applicable as clinically appropriate and only for the duration of the COVID-19 response. Tech and security requirements are as per Telehealth Resource Centre above.

### Service Telehealth code Rates:

#### Cost of Treatment Regulations Providers

CONSULTATION	TELEHEALTH CODE	RATE (EXCL. GST)
<b>PHYSIOTHERAPISTS</b>		
Initial consultation	PHT1	\$27.74
Follow-up consultation	PHYT	\$18.49
<b>OCCUPATIONAL THERAPISTS</b>		
Initial consultation	OTT1	\$27.74
Follow-up consultation	OTT	\$18.49
<b>SPEECH AND LANGUAGE THERAPISTS</b>		
Initial consultation	STT1	\$27.74
Follow-up consultation	STT	\$18.49

#### Contracted Providers

CONSULTATION	TELEHEALTH CODE	RATE (EXCL. GST)
<b>PHYSIOTHERAPISTS</b>		
Initial consultation	PT1T	\$35.57
Follow-up consultation	PTTH	\$23.71
<b>HAND THERAPISTS</b>		
Initial consultation	HT1T	\$39.83
Follow-up consultation	HT2T	\$26.57

Telehealth services delivered since 20 March 2020 can be billed on these codes.

Physiotherapy Specialists rates for telehealth consult have been set at the same rate as face-to-face consult.

The latest information and developments can be found on ACC website:

<https://www.acc.co.nz/newsroom/stories/important-information-about-novel-coronavirus-covid-19/>

### 3. Telephone triage

Telephone triage involves people with a health problem receiving assessment and advice over the telephone (Lake 2017). Telephone triage, also known as ‘telephone consult’ or ‘telephone triage and advice’ is not commonly used by allied health or physiotherapy practitioners in New Zealand but is widely practiced by GP and Nursing staff with up to a quarter of all care consults now conducted by telephone (Vaona 2017). Telephone triage has been widely practiced by physiotherapists in the Scottish NHS and also evaluated in the England NHS.

From the literature:

The ‘PhysioDirect’ UK workstream was designed to address needs of people referred with musculoskeletal conditions in the NHS (Foster 2014). Offers a way of providing early access to physiotherapy advice for patients where telephone consult is beneficial while reserving face-to-face contacts for patients where this is an essential service.

The approach emphasises the importance of patient self-management and supports self-care. Key aspects listed in the box here.

Concern about potential ‘flooding’ of physiotherapy services and increasing waiting times was demonstrated to be unfounded.

The ability to diagnose safely and triage for face-to-face assessment where appropriate is key principles of this type of service. For that reason, there is preference for experienced senior physiotherapists to provide telephone-based care. Experienced physiotherapists were able to manage three straightforward calls per hour.

Criteria for excluding telephone triage, included e.g. communication difficulty, under 16 years, severe neurological condition. Further service information given at this example, <https://www.southtees.nhs.uk/content/uploads/PhysioDirect.pdf>.

Small number of audits suggest that of those triaged to telephone consult, up to 60% can be managed by telephone consult alone (Foster 2014). Patient and GP satisfaction appears to be good, and in most cases triaging physiotherapists seem to reach the same decisions from telephone consult as they would from face-to-face assessment (Foster 2014). From wide use in GP and nursing practice, there is concern by some about safety and accuracy in diagnosis with preference for face-to-face for diagnostic assessment and reserving telephone for follow up only. However, broad agreement is that the practice is largely safe.

A review of systematic reviews of quality, safety and governance of telephone triage and advice services (TTAS) (primarily GP and Nursing) found that patient satisfaction with TTAS was generally high, some consistency of evidence to reduce clinical workload, and measures of the safety tended to show no

**Box 1: Summary of the Huntingdon PhysioDirect service.**

- A computer program with algorithms containing drop-down boxes and free text designed for each region of the body records clinical data to assist the physiotherapist in making a diagnosis.
- In conjunction with colleagues from pharmacy, there is a specially designed section for advice about over-the-counter medication if applicable.
- The patient receives verbal and written advice on self-management, and is given a timeframe for expected improvement and clear instructions to telephone after a set period of time if their condition has not resolved as anticipated.
- The GP receives a report on the outcome of the assessment.
- The physiotherapist may also request a prescription or sickness certificate from the GP.
- Clear pathways exist to move patients to tier II (or interface services) or on to secondary care.

*Table 1 From Foster et al. 2011*

major difference between TTAS and traditional care (Lake 2017). However, no definitive answers to questions about the quality of care provided, access and equity of the service, its costs and outcomes. Found that 50-60% of calls could be handled by telephone consult alone (doctors and nurses). Identified some issues around under-estimation of urgency.

Resources for conducting telephone triage and advice

#### *Communication skills and clinical interaction*

Clinical assessment and communication skills learned in undergraduate training do not always translate to good telephone history-taking and case management, impacting on quality (Vaona 2017).

Unfortunately, there is no good evidence about specific training interventions that improve this (Vaona 2017). Attributes considered important to the success of telephone consulting are: high level of clinical knowledge and clinical reasoning skills, and excellent communication.

Some information about key aspects to revise, reflect on, practice and plan for are outlined in this online GP training website which appears to be based on information drawn from NHS and GP co-op [https://www.gp-training.net/training/communication\\_skills/consultation/telephone\\_triage2.htm](https://www.gp-training.net/training/communication_skills/consultation/telephone_triage2.htm).

Summary points are given here:

- Risks of poor triage technique are patient misunderstanding and clinician stress
- Good triage technique requires clinician to be comfortable with themselves, not anxious, and prepared to negotiate.
- Before looking at the triaging process itself, consider your own personality and communication style.
  - Understand what is: assertiveness vs non-assertiveness, aggressive vs passive speech
  - Know your rights and the patient's rights
- The triage process – know the parts:
  - Introduction
  - Information gathering
  - The action plan
  - Concluding the call
- Requires good listening and persistent clarification
- Know when a face-to-face consultation or a consultation with others (e.g. GP) is necessary

#### *References*

Vaona A, Pappas Y, Grewal RS, et al. (2017) *Training interventions for improving telephone consultation skills in clinician (Reviews)*

Foster N, Williams B, Grove S, et al. (2011) *The evidence for and against 'PhysioDirect' telephone assessment and advice services. Physiotherapy 97:78-82.*

Lake R, Georgiou A, Li J, et al. (2017) *The quality, safety, and governance of telephone triage and advice services – an overview of evidence from systematic reviews. BMC Health Services Research 17:614.*

## 4. Video Consult

Many video conference platforms are available. Key attributes are privacy and security, functionality, quality, ease of use, and cost. It may be that a mix of platforms fit individual practice needs. Telephone can be a good option for audio alongside video to improve quality of image (i.e. reduces data use).

Regulatory boards and international guidelines require privacy, security, and quality to be ensured. However, in this period of pandemic, the Physiotherapy Board NZ advises that if a platform of robust privacy, security, and quality is not available, then an alternative may be used.

### Platforms

#### *Microsoft Teams (Cisco WebEx Meetings)*

Available through Microsoft 365. Being rolled out to public health sector NZ and internationally e.g. Scottish NHS. Secure meeting for clinical teams, telehealth consults, using video, messaging, email, and supports sharing of other resources.

#### *VIDYO*

Privacy assured where business networked. Has been in use by some DHBs for telehealth consults. Paid (send free link to receiver). Similar to Zoom in functionality. Easy to use.

#### *Coviu*

[www.Coviu.com](http://www.Coviu.com)

Australian health consult platform. Unprecedented increase in uptake past 2 weeks. Various pay plans. Easy to send and open link – Web-based (WebRCT), less steps, no downloads. Connects to online pay options (for client). Meets European and United States digital security standards.

#### *Physitrak*

[www.physitrak.com](http://www.physitrak.com)

UK-based. Embedded exercise prescription software. Also has video function – easy to use where patients already on system. If new user more steps to set up. Various pay plans. Meets European and United States digital security standards. Some reports of connection dropout.

#### *Zoom*

[www.zoom.us](http://www.zoom.us)

One-to-one or group video conference platform. Free 40 min open access. Not high security unless secure password (available in paid version only). Easy to use. Software installs onto computer.

#### *Lync*

Skype for business

Privacy assured where business networked, lesser quality, moderately easy to use, good for one-to-one or small group, clinical or professional real-time video conferencing, scheduled or unscheduled, talks to outlook calendar so good for scheduling, currently small-time equipment in place. Paid (send free link to receiver).

#### *Skype*

<https://www.telehealth.org.nz/assets/tech/170821-NZTRC-risk-management-when-using-skype.pdf>

Free, but some risks – see risk management link (NZ Telehealth Resource Centre). Good end-to-end security for video link. Variable quality. Do not use text message or file share functions over this platform – these functions not secure.

### *WhatsApp*

Currently end-to-end encryption, however, owned by Facebook, no guarantee of security.

### *Signal*

Apple-developed App. Apple and Android friendly. Higher level of security. End-to-end encryption. Less likely for security breach. Free to download from App store. Recommended over WhatsApp for mobile messaging and video calls. However, can be tricky to install. Instructions for adding to desktop:

*Download Signal on phones. On desktop, download the desktop version at [signal.org/desktop](https://signal.org/desktop).*

*On your phone, open Signal and navigate to Signal Settings > Linked devices. Tap the + icon (Android) or "Link New Device" (iOS). Use your phone to scan the QR code. Choose a name for your Linked Device and select Finish.*

## Understanding Data Security

*End-to-end encryption* (Vanessa Teague, cyber-security consultant in Australian health sector)

- Encryption: sending messages that are secret to everyone except the end receiver.
- Can hide, and then un-hide (decrypt)
- Modern encryption is math, and keys are super long numbers
- End-to-end encryption – normal encryption
- Make data secure by using end-to-end-encryption
  - Most things in apple are good
  - Signal, Wikr
  - WhatsApp using same protocol as Signal, but is run through Facebook, so ‘unified privacy model under Facebook’

### *International digital security standards*

HIPPA (United States) – Health Information Portability and Accountability Act

EU GDPR (Europe) – European Union General Data Protection Regulation

## Network

Types of internet connection:

Dial Up	Not acceptable for video.
ADSL & ADSL2	Generally poor quality video.
ADSL 2	Generally OK quality for non-clinical situations. Quality will be variable and unreliable.
VDSL	Generally excellent quality, 720 pixel resolution HD video.
Fibre	Excellent quality, up to 1080 pixels, HD video, with smooth motion.

### *Testing connection speed*

Thoroughly test any connection before introducing a telehealth service. This should be done at different times of day and over several days. Completing a speed test is simple using a website such as [www.speedtest.net](http://www.speedtest.net)

## 5. Practice points

### Challenges and risks

(from AHANZ):

Telehealth consultations can pose challenges and risks not present in in-person consultations. This is particularly true when there has been no prior in-person contact between the allied health clinician and the client/patient.

Challenges and risks include:

- Establishing rapport with the client/patient
- Conducting any physical examination
- Recognition of emotion
- Cultural responsiveness
- Client concerns about data safety and security.

Most of these challenges and risks can be managed by following the guidelines outlined by AHANZ (see document link above) and Physiotherapy Board NZ, including:

- Comply with local guidelines, such as those imposed by your employer, or specified in any contract for services. Ensure telehealth is covered under your indemnity insurance.
- Verify the identity of the client before providing care. Health bodies in Australia recommend asking the client for three client identifiers, such as:
  - Client name (family and given names)
  - Date of birth
  - Gender (as identified by the client themselves)
  - Address
  - Patient record number where it exists.
- Make sure the client is fully informed with regards to the limitations of a virtual consultation, makes an informed choice and provides their consent before providing a telehealth service.

## 6. Tips for an effective consult

(From various experts and practice experience)

- Lighting - Not too dark/not too light. No light behind you. Best light in front of you.
- Camera height - Height above eye level
- Tidy background - Plain background or tidy
- Head mid-screen
- Ethernet vs Wifi – Connect via ethernet cord rather than Wifi to avoid lag and mismatch with sound and people talking over the top. Also impacts on picture quality. Check your connection quality and speed as above.
- Turn off other programs - Speed up by turning off other programs, no downloads etc
- Try out the gear – Practice, call a friend, family or colleague to test run
- Manage users - Mute the listener to reduce feedback
- Share cell phone numbers – Exchange contact numbers in case telephone option required to make contact or complete consult.

Look good & be professional

- Try not to shout
- However tempting, don't lean in
- Keep still
- Wear dark colours – light colours pull the eye away from your face
- Keep eye contact



## 7. Working from Home

*Acknowledge sources:* 'Practical principles' advice issued by Southern DHB; Otago Daily Times 21.3.2020

### Policies, procedures, equipment, and support

- In general, you should assume that your organisations' policies, procedures and practices apply when working from home.
- In terms of health and safety, consider responsibility for maintaining a designated workspace that is clean, appropriately set up, and safe. Review ACC's 'HabitatWork' site.
- Devices and equipment required to assist working remotely may include a laptop, phone or other equipment relevant to the role / tasks being performed. Telehealth practice from home will need appropriate software and a high-speed broadband data plan which includes anti-virus networking. Undertake a test of the home environment to ensure its' effectiveness.
- Consideration will need to be given to the IT requirements to support the arrangement.

### Security & Privacy

- The same level of security protection applied to information technology equipment within the office should be applied to equipment used off site. This includes the following:
  - Do not leave equipment unattended in public places
  - Appropriate password protection
  - Information must be stored in such a way that only you can access it
- All information technology security breaches must be reported
- If working from home, you are responsible for ensuring the same level of security protection to all documents / information taken to the remote work site as is applied to documents / information within the clinic office.
- Ideally, work in an office or separate room away from non-staff. Consider obligations under your existing confidentiality arrangements which apply to both yours/colleagues and patient information. These obligations remain in force when you are working from home. You may like a reminder of what's in that agreement – review the relevant policy or contact your HR partner or employer.

### Equipment liability

Consider whether equipment provided by the organisation will be covered by the organisation's insurance policies. Usually the organization will take responsibility for the repair or replacement of damaged or stolen equipment in the event of theft or damage where reasonable steps have been taken to protect the technology equipment.

### Expenses

Be clear on whether the organization will/will not pay for costs such as heating, lighting, electricity, gas, water, rent or wear and tear at the remote work site.

If a work mobile is not provided, then you and the organization will need to agree the most effective way of handling calls whether that is the use of organization-account video/call platform or reimbursement for calls.

### Stay connected ...

These are difficult times and maintaining as normal a relationship between staff as possible is really important:

- Set up a regular pattern of frequent check-ins. This could be by phone or video conference. Both will increase the quality of work/social connection and are preferable to sole reliance on email. Maintain expectations that team members dial into team meetings and other collective conversations.
- Part of these connections and conversations should have space to include general wellbeing and what is going on.
- Managers/directors should where possible respond quickly and be available for employee's questions. However, it's okay to say I'm busy now but will come back to you soon.
- As a team discuss some of the possible impacts of working from home and plan together how you can support each other with these.

### Managing life at home

Managing work life at home is about using time and energy most effectively, so you can get work done but also have a life outside of work:

- Create a structure or a schedule – doesn't have to be set in concrete but very useful both for adults and for children.
- Create a shared agreement about how family members are going to use their time, e.g. working around children's needs. Rosters can allow uninterrupted time.
- Talk with your team about when you can work and/or communicate online given your family commitments.
- Create a workspace and work routine that suits your own natural patterns of concentration.
- Dress for work – may not need to iron everything but do change out of your pyjamas.
- Watch that you don't overwork – without office distractions, co-workers etc, can end up sitting at your computer for long hours without a break. Have proper breaks.
- Be kind generous, to everyone including yourself. It's not going to be business as usual.

### And finally - Top Tips for making it work.

1. Get up at your usual time
2. Get dressed!! A day in your PJs feels good .... until it doesn't anymore.
3. Enjoy a longer than usual breakfast because you have a shorter commute to work.
4. Find a quiet spot, away from distractions if you can. Make sure your workstation is set up well.
5. Kick into your workday – start at your usual time, take your usual breaks & stay in touch with your workmates.
6. Finish on time and grab some exercise. Be good to yourself, for your mental & physical wellbeing.

## 8. More information and Professional Resources

NZ Telehealth Forum and Resource Centre

<https://www.telehealth.org.nz/>

This site has guidance and resources for people who want to set up, improve or use a telehealth service within New Zealand.

HiNZ

<https://www.hinz.org.nz/>

Health Informatics New Zealand (HiNZ) is a not-for-profit organisation with a focus on events, education and networking in the Health Informatics field. Sign up for free newsletter. Full membership \$198 per year, or free for students (not working full time), with access to excellent webinars and webcast library on topics including telehealth.

Health Forum NZ

[www.healthforum.nz](http://www.healthforum.nz) is an independent and secure community platform for all health sector professionals with a focus on COVID-19. Health Forum NZ is led by a small team of volunteer clinical informaticians and IT professionals. (You are welcome to join if you are a health sector employee, regardless of employer, including those who work in management and IT or informatics.)

To connect go to [healthforum.nz](http://healthforum.nz) >> and use the joining code connectedup

Recommendations from AHANZ

NZ Telehealth Forum and Resource Centre. Implementing Telehealth. 2014.

<https://www.telehealth.org.nz/covid-19/implementation/>

NZ Telehealth Forum and Resource Centre. Telehealth Resources. 2014.

<https://www.telehealth.org.nz/covid-19/>

*Australian College of Rural & Remote Medicine. e-Health Resources. 2016*

<http://www.ehealth.acrrm.org.au/>

Excellent directory of telehealth hardware, software, web-based platforms etc.

A range of other professional body websites and telehealth resources are listed including physiotherapy, dietetics, medical councils etc.

Health Navigator

Health Navigator website initiated by NZ GP collective and curates online health information and produces expert-written health information, bringing resources into one 'digital front-door'.

An excellent app library lists apps that have been screened and reviewed for suitable data privacy and security, and content quality can be found here <https://www.healthnavigator.org.nz/apps/>

NZ Digital Health Research Review

<https://www.researchreview.co.nz/nz/Clinical-Area/Other-Health/Digital-Health.aspx>

4 issues available

### Telehealth for Physiotherapists Webinar

Hosted by Angela Cadogan, NZ physiotherapy specialist, with guest presenters Gloria Paterson (Physiotherapy Outpatient Clinical Lead, Waitemata DHB, NZ), Amanda Hensman-Crook (Msk Lead NHS England, UK) and Dr Lesley Holdsworth (Scottish Govt Clinical Lead for Digital Health & Care in Allied Health, Nursing & Midwifery) <https://youtu.be/9FLKVN1K59I>

### Red Flags screening tool

NHS England have been rapidly developing specialty guides for patient management during the coronavirus pandemic. The new guide for 'Urgent and Emergency Musculoskeletal Conditions Requiring Onward Referral' can be found here

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-emergency-msk-conditions-requiring-onward-referral-23-march-2020.pdf>

### Dr Lesley Holdsworth

Blog: Driving quality and transforming care for AHPs across health and social care

<https://ahpscot.wordpress.com/2020/03/18/covid-19-what-ahp-services-need-to-be-doing-digitally-and-now/>

### NHS Online Self-help resources

NHS inform is Scotland's national health information service. It aims to provide people [in Scotland] with accurate and relevant information to help them make informed decisions about their own health and the health of the people they care for <https://www.nhsinform.scot/>. *Similar to Health Navigator NZ, may be additional resources.*

### Australian physiotherapist Karen Finnin

Member of WCPT working group; supports Australian Physiotherapy Association (APA) in developing telehealth resources. [KarenFinnin.com](http://KarenFinnin.com)

<https://www.karenfinnin.com/list-of-research-articles-about-telehealth-in-physiotherapy/>

### Australian Physiotherapy Association (APA)

Telehealth Webinar Series: <https://australian.physio/home/events/telehealth-apa-ga-webinars>

### For twitterites

Get started at [https://twitter.com/ACadogan\\_NZ/status/1241830417772064771](https://twitter.com/ACadogan_NZ/status/1241830417772064771)

## 9. APA Telehealth Webinar Q & A

This webinar held 23.03.2020 was sponsored by Australian Physiotherapy Association (APA) and presented by Karen Finnin, an Australian physiotherapist whose private practice has offered telehealth physiotherapy services for over 5 years. She is a member of WCPT working part on telehealth and is supporting APA in developing telehealth resources. Recordings of this webinar and others held week prior and ongoing will be made available on APA website in coming days/weeks.

1. Terminology: Digital Practice
  - a. WCPT global task force decided this a better term than telehealth
2. What video platform should I use?
  - a. Coviui
    - i. Easy to join by link
    - ii. Australian
    - iii. Link always the same
    - iv. Web-based – less steps, no downloads
  - b. Physitrak
    - i. Many use as exercise prescription software. Also has video function
    - ii. Great for current users
    - iii. If not already setup, can be difficult to set up as first
  - c. Zoom
    - i. Involves download to computer = extra step for patient
    - ii. Has had security breach
    - iii. Free version different link every time
3. What should consult look like?
  - a. Online forms Subjective + Objective before video
  - b. This means video 30 min fine
  - c. If new user allow 1hr to complete technology things to do etc
4. How to do it
  - a. Takes slow communication and demonstration
  - b. Takes longer to instruct online
  - c. Give yourself plenty of time
5. How to manage bookings
  - a. Online booking software e.g. MyPractice
  - b. Screen e.g. with questions to see if telehealth appropriate
6. How to take notes
  - a. Same as now – write up after consult
  - b. Could record
  - c. Write summary report
7. How to tell patients to set themselves
  - a. Email instruction or link to set up
  - b. Better laptop as hands free. If phone, how to prop-up
  - c. Instruct what kind of clothing depending on body part affected
  - d. May need to move device around so can see person in full for example\
  - e. Allow time to adjust setup

8. Privacy?
  - a. Not facetime, caution with Skype
  - b. Exposure (body part) requires heightened security.
  - c. Recording?? Requires additional consent
9. What project management software to use?
  - a. Uses software to ensure all online steps for consult are completed e.g. initial forms, booking, consult, exercise programme, report\
10. Who owns the data?
  - a. In CoviU anything except recording disappears, vaporizes so no one owns the data
  - b. Physitrak more like patient management system – house the data
    - i. Good question. Who stores it? They securely store it but we have right to change it?
    - ii. European regulations require that patient/clinician can access and have it wholly and fully deleted.
11. How does telehealth work with aged population?
  - a. Screen if suitable for telehealth
  - b. Do they have the tech know-how to complete telehealth consultation
  - c. May have support person with them
  - d. Have easy-to-use platform
  - e. Use questions to ask around balance, falls risk, GP clearance
  - f. Err on side of safety – use seated vs standing exercises
  - g. What advice would you give any older patient to keep safe at home?
  - h. Can say no if don't think you can keep them safe at home
12. Lymphoedema?
  - a. Not sure – explore, focus on education component
13. Neurological population
  - a. Involve carers and family
14. Children – how to keep engaged?
  - a. Not area of expertise
  - b. What can translate from in-person setting e.g. props and toys and games, things for parents to do with children.
  - c. Kids are very used to working through screens
15. Group classes?
  - a. Zoom platform might be best suited?
  - b. Anyone else might have experience?
16. Pre-assessment questions? (gathering information prior to video consult)
  - a. From Subjective – symptoms, irritability etc
  - b. For Objective – give illustrations and instructions with questions e.g. what stops you
17. Reasons not to go ahead?
  - a. Anything not comfortable seeing in-person e.g. more medical vs msk
  - b. If very acute, very neural, high pain, then advise alternate pathway e.g. medical
  - c. If jurisdictionally challenging e.g. location, nationality, language. Won't see patient in USA due to regulation
  - d. Recommends stick with population you usually see
  - e. going further, how many reps, how much effort, duration (single leg stand).

18. How to assess online
  - a. Examples and case studies of how this can be done to be developed
  - b. What do you need to advise patient about to keep them safe? Whatever you tell them anyway
19. Measuring joint angles
  - a. Coviu are developing software to capture joint angle with instruction on start and end position. Will require specific camera positioning etc. Check whether released.
  - b. *Check from APFSSH/HT what other technology options for remote assessment e.g. joint angles.*
20. Can you refer to imaging?
  - a. Chooses to refer to medical practitioner rather than directly to imaging as is a flag that physical assessment face-to-face is indicated.
21. Can review imaging by video?
  - a. Yes. E.g. Coviu good screen sharing options
22. How often do you tend to follow up?
  - a. E.g. 'standard plan' – 4 weeks access
  - b. Initial assessment, report and exercise plan, then switch to secure messaging
  - c. Reach out each week to check in with them and that they are on the right track
  - d. Can respond regularly
23. How do you know if patient is a non-responder?
  - a. Use same clinical reasoning in terms of whether condition is progressing according to timeframes.
  - b. Know when to say no and refer to where better served
24. How to explain to patients?
  - a. [www.online.physio](http://www.online.physio) they have example of content that might help patients
  - b. As a start think about your own journey
25. How to get those resistant to telehealth on board?
  - a. Clinicians at start of their journeys, patients too
  - b. Take the time to explain it, that there will be assistance with technology side, do a trial with someone to help.
  - c. How can we take the time to educate – make a video, blogpost, to explain to patients how it works, answer some questions, to make it more accessible and understandable.
  - d. APA wording to briefly educate
26. What hardware?
  - a. Webcam gives better quality – won't need so much lighting
  - b. But computer/laptop inbuilt camera usually sufficient unless planning long term investment.
27. Payment – how to collect (*in private practice*)?
  - a. Stripe – generate link to patient and click on and pay
28. Cliniko
  - a. Commonly used patient management platform in Australia
  - b. Adding videoconference facility in its software asap – just basic
  - c. Also adding online payments
29. Telehealth not the silver bullet fix
  - a. Use where appropriate

30. What will happen when Coronavirus is over?
  - a. Who knows
31. Australia.physio see for other resources on Corona

*In New Zealand, updates and resources for coronavirus are found at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>*