

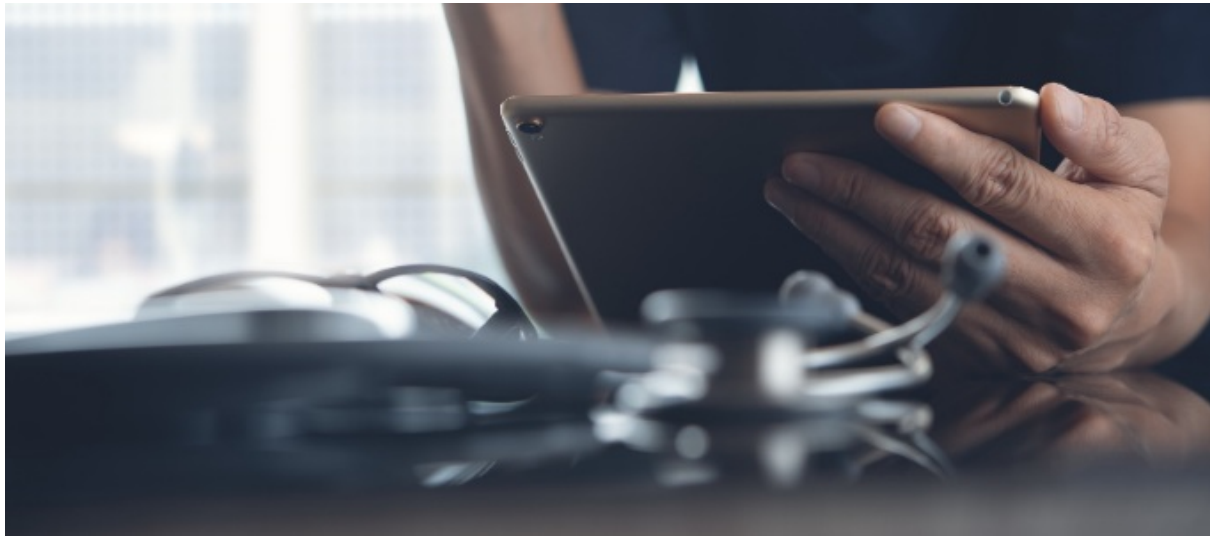
Telehealth and Patient Care Quality in the COVID-19 Era

Reading time:

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Telehealth is the 'use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance', while drawing a distinction between this and telemedicine, which is defined as the 'use of advanced telecommunication technologies to exchange health information and provide health care services across geographic, time, social and cultural barriers'¹

COVID-19 has accelerated the need for telehealth services in the community and with its increased usage has exposed the risks associated with 'distanced' healthcare delivery.

Despite the ease of access and convenience telehealth provides, the onus is still on the healthcare practitioner to deliver high quality healthcare.

Major telehealth risks for doctors

- Geographical (you may not be registered to treat the patient in their location. Within Australia is ok, but what about overseas)
- Diagnosis error - failure or delay
- Failure to refer
- Failure to cease and insist on face to face consultation
- Under testing due to inability to immediately conduct tests
- Failure to adhere to normal record keeping and privacy requirements

The risk of misdiagnosis is of the greatest concern to MIPS as this can lead patients to initiate complaints to AHPRA, investigations and potentially litigation against a healthcare practitioner. [Nature magazine](#) highlighted that an online diagnosis could miss "subtle but revealing changes such as early clubbing in fingers, early capillary changes in the nailfolds, wheezing and crepitations (crackles) and limit the ability to perform 6-minute walk testing to determine needs of supplemental oxygen and gait disturbances, amongst others." Without simple and traditional diagnostic methods such as percussion of the chest or spine, the risk of misdiagnosis is heightened.

MIPS recommends healthcare practitioners be prepared to cease any telehealth consultation if they believe a face to face consultation is necessary, even when they are not the healthcare practitioner who can provide the consultation.

At the outbreak of COVID-19 in Australia, MIPS fielded enquires from healthcare practitioners regarding the cover MIPS provides for telehealth. The short answer is 'yes' we do.

Cover is provided for technology-based healthcare services on condition:

- You and the patient are located in Australia.
- Your practice is in accordance with AHPRA's , MBS and specialist colleges' requirements, guidelines and advice. See [Telehealth FAQs](#)
- You hold current AHPRA healthcare practitioner registration.
- You have appropriate training, experience and qualifications for the healthcare activities undertaken by you.
- You have an appropriate MIPS membership classification for the healthcare activities undertaken by you.

If you do not meet the above or have a query about telehealth and the services you provide, complete a [Practice Assessment Questionnaire](#) for an individual assessment.

The Doctor's Company (USA), that provides indemnity to American healthcare practitioners, stipulates these [7 tips for doctors conducting telehealth](#) (David L. Feldman, MD, MBA, FACS, Chief Medical Officer).

1. Distinguish between new and established patients.
2. Maintain privacy.
3. Prepare the patient before the appointment.
4. Develop your 'web'-side manner.
5. Call on creativity to 'examine' patients remotely.
6. Consider additional insurance needs.
7. Acknowledge when telehealth is not appropriate.

Importantly, from MIPS' perspective, if the nature of your practice has changed and you need to reconsider or be certain of your insurance coverage and needs, you can [amend your membership](#) with MIPS to match.

¹[Department of Health - Telehealth](#)
