

# ACRRM FRAMEWORK AND GUIDELINES FOR TELEHEALTH SERVICES

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



## ACRRM FRAMEWORK AND GUIDELINES FOR TELEHEALTH SERVICES

The **ACRRM Telehealth Framework** provides health and medical colleges, clinicians and health care organisations with a common approach to the development of craft specific guidelines to assist in the establishment of quality telehealth services. The ACRRM Guidelines have been developed within this framework to support the delivery of telehealth services for primary care in the context of rural and remote general practice and Rural Generalist practice in Australia.

A telehealth service is a health care activity supported at a distance by information and communication technology service(s). Telehealth services can be described using the following categories:

1. By health care discipline; examples include, tele-pathology, tele-dermatology, tele-cardiology, tele-rehabilitation, or tele-oncology.
2. By mode of communication. Telehealth services may support immediate health care activities using synchronous communications (telephone or video conversation), or delayed health care activities using asynchronous communications (email and messaging)
3. By type of technology, such as video communication, mHealth (health care supported by mobile devices), medical apps, and tele-monitoring.
4. By type of health care which may be direct to patient care or be health care providers assisting each other with tele-mentoring, specialist opinion, tele-education, or case conferencing.

## THE ACRRM FRAMEWORK FOR TELEHEALTH SERVICES

The use of telehealth services may change the nature of the risks associated with health care activities for both clinicians and patients and influence the quality of health care. Clinicians constantly make judgements about their ability to make key clinical decisions in various contexts, and adjust their decision making accordingly. For example, they will moderate decisions according to the setting e.g. on the telephone compared to at the bedside or with whom they are communicating e.g. a patient, junior doctor or senior specialist.

For many doctors, remote consultations present new challenges. Initially, they will need to be

cautious in making critical decisions. Over time, it is expected that clinicians will become familiar with the characteristics of the required technologies such as video or phone conferencing, and increase the range of practice within which they are willing to make judgements.

For these reasons ACRRM recommends the use of a risk based framework for assessing the safety and quality of telehealth services. ACRRM upholds that measures of the safety and quality of health care services to people in rural and remote communities must factor in the distinctions of the rural and remote context. For this reason, ACRRM has published a **position statement** which discusses the safety and quality of procedural and advanced care in rural and remote locations to assist practitioners decide when telehealth services are appropriate for a specific patient or cohorts of patients in rural and remote medical practice.

ACRRM recommends that the attendant risks of health services should be assessed in the context of the patient situation, the practitioner and the community. McConnell, Pashen and McLean have described and piloted an appropriate framework by which these risks might be effectively measured – ‘ARTS of rural and remote medicine’ (McConnell, Pashen, & McLean, 2007). Health care resources are scarce in rural and remote areas and every decision made by the practitioner impacts not only on the patient, but also on the clinician, the health service and the community. For example, if the patient needs to be transferred out of their locality, then the impact of this on their family and community needs to be considered.

The ARTS framework considers four domains important for clinical decision making in rural and remote areas; Assessment, Resources, Transport and Support. In rural and remote communities there are unique considerations:

- Practitioners have a broader scope of practice in a more diverse range of settings, with greater on-call responsibilities;
- Practitioners need advanced knowledge and skills;
- Rural and remote practitioners often collaborate at a distance with specialty services, as the full range of specialty services may not be available locally;

<sup>1</sup>The ACRRM Framework and Guidelines for Telehealth Services guidelines have been reviewed by the ACRRM Quality and Safety Committee. This work was funded by the Australian Government Department of Health and Ageing in 2012 and was subsequently updated in 2020 with the support of the Australian Digital Health Agency.



- Practitioners often have close relations with individuals in their local community;
- Adverse outcomes have implications for the doctor and the community.

The ACRRM Framework for Telehealth Services has adopted the ARTS framework which health and medical colleges, clinicians and health care organisations can use to develop risk based guidelines for the establishment of high quality telehealth services. ACRRM partnered with the National Aboriginal Community Controlled Health Organisation, the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians to apply the ACRRM Framework for Telehealth Services in the development of their specific telehealth guidelines. A risk management approach to the customisation of guidelines for telehealth services contained in the ACRRM framework is also supported by national and international standards such as the Standards Australia AS ISO 13131:2017, Health informatics Telehealth Services—Quality planning guidelines<sup>1</sup>.

## REFERENCES

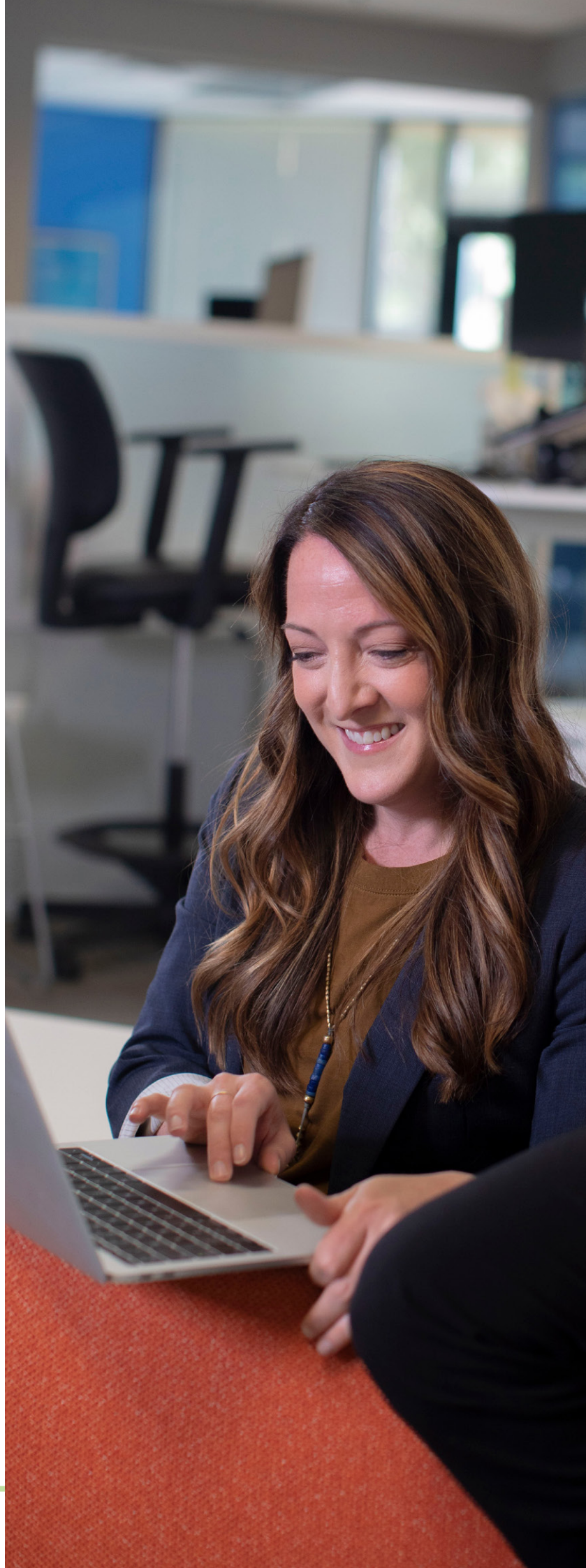
Australian College of Rural and Remote Medicine. (2018). ACRRM position statement on defining safe and quality procedural and advanced care in rural and remote locations. <https://bit.ly/3parGlj>

McConnel, F. B., Pashen, D., & McLean, R. (2007). The ARTS of risk management in rural and remote medicine. Canadian Journal of Rural Medicine, 12(4), 231–238 <https://bit.ly/3tRr2wM>

## ACRRM GUIDELINES FOR TELEHEALTH SERVICES

Telehealth is a means of delivering health care across many different clinical settings. One set of standards or guidelines cannot cover all of these in detail, therefore ACRRM has chosen to establish a minimum set of guidelines for clinical, technical and contextual aspects of telehealth services. Craft groups or clinical disciplines in Australia can apply these guidelines to develop professional and organisational specific telehealth guidelines.

Representatives from medical specialist and nursing colleges and organisations, peak Aboriginal health organisations, consumer organisations, the National Rural Health Alliance, the Rural Doctors Association of Australia, Standards Australia, the Australasian Telehealth





Society, and the Royal Flying Doctor Service have endorsed this approach.

The ACRRM Framework for Telehealth Services provides the basis for assessing the risks to the safety and quality of health care that are addressed in the ACRRM Telehealth Guidelines. Additionally, ACRRM analysed a number of Australian guidelines and standards for telehealth in various health professions, and the result of this synthesis influenced the design of the guidelines. The ACRRM Telehealth Guidelines are cross-referenced to the following key documents:

- Standards Australia. (2017). AS ISO 13131:2017, Health informatics Telehealth Services—Quality planning guidelines. Available from <https://bit.ly/3pfvrG2>
- Medical Board of Australia. (2016). Guidelines for Technology Based Consultations. Available from <https://bit.ly/2NkQt9f>

The ACRRM Telehealth Guidelines inform the content and resources for the online telehealth education module developed by ACRRM for those working in Primary Care. The ACRRM Telehealth Guidelines can be used to improve health care safety and quality when using synchronous (real time) telephone or video technologies to conduct remote consultations:

- between a patient, a health care provider from the referring organisation, and a specialist medical practitioner to whom the patient has been referred or
- between a patient and a primary care provider
- from general practices, Aboriginal Medical Services, and primary care providers.

These guidelines do not:

- Contain clinical advice on the effectiveness of telehealth for different medical conditions.
- Specifically cater for telehealth services provided using store and forward, messaging and tele-monitoring technologies although the general principles contained in the guidelines can be applied to these services.



1.	CLINICAL ASPECTS OF TELEHEALTH SERVICES	AS ISO/TS 13131:2017 number	AHPRA guideline number
1.1	Informing the patient about remote consultations using telehealth services		
1.1.1	The patient has easy access to plain language information about telehealth services, plus the other relevant options for providing remote and in-person care.	11.4	5
1.1.2	The patient is informed about the role of each person who is involved in delivering their care using telehealth services.	11.8	3
1.1.3	The patient is informed that the organisation complies with the relevant national legislation and standards to protect their privacy and data security, but total protection cannot be guaranteed. The patient is informed about any additional risks to quality, reliability or security.		5
1.1.4	The patient is informed if there will be out-of-pocket charges for remote consultations, compared to other available options.	11.5	
1.1.5	The patient should know how and where to make a complaint about the telehealth service.	11.8	
1.2	Seeking patient consent		
1.2.1	The patient gives informed consent to the use of telehealth services to provide remote consultations. This may be verbally or in writing. If the remote consultation is going to be recorded, or if the type of care is substantively different to usual care, then consent should be taken in writing. ACRRM recommends that the consultation not be recorded, except for education/assessment purposes, and ONLY when written permission is obtained.	11.3	1
1.3	Selecting appropriate patients for health care using telehealth services		
1.3.1	The health care organisation has a set of criteria about which patients are suitable for remote consultations.	11.6	2
1.3.2	The patient and/or their informal care provider need to be able and willing to participate in care by remote consultations.	11.7	

1.	CLINICAL ASPECTS OF TELEHEALTH SERVICES	AS ISO/TS 13131:2017 number	AHPRA guideline number
1.3.3	<p>The decision to use telehealth services takes into account:</p> <p>1.3.3.1 Clinical factors such as continuity of care, shared care, and the best model of care for the individual patient.</p> <p>1.3.3.2 Practical factors such as the availability of specialists, local clinical staff and technology.</p> <p>1.3.3.3 Patient factors such as the ability of the patient to travel, plus their family, work and cultural situation.</p>	8.2, 8.3 and 11.6	
<b>1.4</b>	<b>Conducting a remote consultation</b>		
1.4.1	The use of telehealth services in the overall management of the patient is determined. For example, is a telehealth service to be used for a one- off assessment or for regular follow-ups?	10.3	
1.4.2	If there are any limitations arising from the use of telehealth services for health care, these are noted and reduced as far as possible.	10.6	
1.4.3	When performing a three way consultation, the referring health care provider confirms the identity of the patient to the distant specialist or health service, and confirms the identity and credentials of the distant specialist to the patient.	14.3	4
1.4.4	The estimated length of time needed to deliver care using a telehealth service is determined, and the patient informed about this.	8.4	
1.4.5	When performing a three way consultation, the health care provider from the referring health care organisation is present with the patient for some or all of the remote consultation with the specialist.		
1.4.6	health care delivered using telehealth services should be based evidence-based guidelines where possible. Where these do not apply, a risk assessment framework most appropriate for the clinical purpose should be used, such as the ACRRM ARTS Framework.	10.3	
1.4.7	The patient's privacy is protected by considering what risks there are to privacy when using telehealth, and developing procedures to manage privacy.	12.2 and 12.3	1

<sup>2</sup>ACRRM maintains a Telehealth Provider Directory

1.	CLINICAL ASPECTS OF TELEHEALTH SERVICES	AS ISO/TS 13131:2017 number	AHPRA guideline number
1.4.8	<p>Relationships with other providers</p> <p>When health care providers collaborate with each other using telehealth services the following protocols should be followed:</p> <p>1.4.8.1 A method for choosing the best referral pathway. Use of telehealth may expand referral options, so the referring provider needs to consider issues such as how to avoid fragmentation of care, and the availability of the specialist for an in-person consultation if required.</p> <p>1.4.8.2 A telehealth service referral database (see ACRRM Telehealth Provider Directory).</p> <p>1.4.8.3 A description of how the care is delivered, including any changes to the usual roles of health care providers.</p> <p>1.4.8.4 A description of who delivers which aspect of care, including who takes responsibility for ordering tests, writing scripts, and follow up.</p> <p>1.4.8.5 The process for taking clinical notes of the consultation should be agreed. If two health care providers are consulting with the patient at the same time, ACRRM recommends they should each take clinical notes.</p>	8.2, 10.2, 10.7 and 11.8	9, 10, 11
1.5	<b>Skills of practitioners</b>		
1.5.1	Organisations should develop criteria for the skills the health care providers need to use telehealth services.	9.2	
1.6	<b>Evaluating the use of telehealth</b>		
1.6.1	After their first remote consultation, the patient should be asked for an evaluation of the experience. If the patient is making long term use of a telehealth service, this evaluation should be repeated at regular intervals or if warranted by a change in the patient's condition.	11.4	
1.6.2	At suitable intervals of time, the health care organisation evaluates the usefulness of telehealth services across the organisation as a whole, and makes decisions about the continuing range and volume of telehealth used by the organisation.	6.7 and 6.8	

2.	TECHNICAL ASPECTS OF TELEHEALTH SERVICES	AS ISO/TS 13131:2017 number	AHPRA guideline number
2.1	<b>Adequate performance</b>		
2.1.1	<p>The information and communications technology used for telehealth service is fit for the clinical purpose. Specifically:</p> <p>2.1.1.1 The equipment works reliably and well over the locally available network and bandwidth.</p> <p>2.1.1.2 The equipment is compatible with the equipment used at the other telehealth sites.</p> <p>2.1.1.3 All the health care organisations participating in the remote consultation, plus the network or other means of connection, meet the standards required for security of storage and transmission of health information.</p> <p>2.1.1.4 Peripheral devices are used in a fit-for-purpose manner jointly determined by the patient-end clinician and the distant specialist.</p>	13.4 and 14.4	
2.2	<b>Installation, commissioning and testing</b>		
2.2.1	Equipment, software and communications networks are installed according to approved guidelines, where possible in collaboration with the other organisations/clinicians using the telehealth system.	13.5	
2.2.2	Equipment, software and communications networks are tested jointly by the participating health care organisations to ensure that they are fit for purpose.	13.5	
2.3	<b>Risk Management</b>		
2.3.1	A risk analysis is performed to determine the likelihood and magnitude of foreseeable problems.	6.5 and 13.2	
2.3.2	There are procedures for detecting, diagnosing and fixing equipment problems.	13.2	
2.3.3	Technical support services are available during the times the equipment will be operating.	13.3	
2.3.4	There is a back-up plan to cope with equipment, software or communications network failure, which is proportionate to the consequences of failure. For non-urgent consultations, rescheduling or completing by other means (e.g. telephone) may be sufficient.	10.4 and 13.3	



3.	CONTEXTUAL ASPECTS OF TELEHEALTH SERVICES	AS ISO/TS 13131:2017 number	AHPRA guideline number
3.1	<b>Management of physical environment</b>		
3.1.1	<p>The room used for remote consultations using telehealth services has:</p> <p>3.1.1.1 adequate physical space to conduct consultations (e.g. assess gait, include family or carers)</p> <p>3.1.1.2 ensures privacy and comfort (physical and emotional) of the patient or the health care provider</p> <p>3.1.1.3 allows the equipment to be used effectively (e.g. good lighting, little or no background noise, distance for best use of camera)</p>	12.2 and 12.3	
3.2	<b>Management of business environment</b>		
3.2.1	<p>The health care organisation has implemented remote consultations using telehealth service in a planned manner, including:</p> <p>3.2.1.1 developing or utilising a business case i.e. considering the costs, benefits and sustainability of telehealth.</p> <p>3.2.1.2 consulting with the staff about the workflow and other changes telehealth will introduce.</p> <p>3.2.1.3 making a formal decision to use telehealth services, and then supporting the changes needed for implementation.</p> <p>3.2.1.4 assessing the need for staff training or professional development in the use of telehealth services and enabling this to occur.</p> <p>3.2.1.5 including remote consultations using telehealth services in its continuous quality improvement program.</p> <p>3.2.1.6 ensuring that remote consultations using telehealth services are covered by insurance and professional indemnity.</p>	6.2 to 6.8, 7.2, 9.2 and 9.3	
3.3	<b>Management of Logistical Environment</b>		
3.3.1	The health care organisation has a system for coordinating and booking the people, equipment and space needed for remote consultations.	14.6	
3.3.2	The facilities needed for remote consultations, including equipment and rooms are accessible when needed, to ensure continuity of care.	8.3, 10.4, 13.2 and 13.3	

## Resources

ACRRM ARTS Framework < >

ACRRM Communication Skills Online Education Module < <https://mycollege.acrrm.org.au/search/find-online-learning/details?id=18213&title=Effective+Communication+Skills> >

ACRRM Factsheet Organising Telehealth in Your Practice < [https://www.acrrm.org.au/docs/default-source/all-files/organising-telehealth-services-in-your-practice-factsheet-final\\_v3.pdf?sfvrsn=2a5d74a\\_12](https://www.acrrm.org.au/docs/default-source/all-files/organising-telehealth-services-in-your-practice-factsheet-final_v3.pdf?sfvrsn=2a5d74a_12) >

ACRRM Factsheet: How to do a High Quality Remote Consultation < [https://www.acrrm.org.au/docs/default-source/all-files/how-to-do-a-high-quality-remote-consultation.pdf?sfvrsn=86d02be8\\_2](https://www.acrrm.org.au/docs/default-source/all-files/how-to-do-a-high-quality-remote-consultation.pdf?sfvrsn=86d02be8_2) >

ACRRM Patient Information Sheet < <http://www.ehealth.acrrm.org.au/> >

ACRRM Rural Generalist Curriculum Digital Health < <https://www.acrrm.org.au/resources/training/curriculum> >

ACRRM Telehealth Do Not Disturb Door Hanger < <http://www.ehealth.acrrm.org.au/> >

ACRRM Telehealth Informed Consent Form < <http://www.ehealth.acrrm.org.au/> >

ACRRM Telehealth Online Education Modules < <https://www.acrrm.org.au/search/find-online-learning/details?id=1057&title=Introduction+To+Telehealth> >

ACRRM Telehealth Patient Evaluation Form < <http://www.ehealth.acrrm.org.au/> >

ACRRM Telehealth Provider Directory < <http://www.ehealth.acrrm.org.au/provider-directory> >

Medicare Online Guidance on Security and Privacy <<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv>>

Medicare Online Patient Questions and Answers for video consultations <<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-patients-QA>>

University of Queensland, Centre for Online Health. Communicating effectively online < <https://coh.centre.uq.edu.au/quick-guides-telehealth> >

University of Queensland, Centre for Online Health. Purchasing video conferencing devices < <https://coh.centre.uq.edu.au/quick-guides-telehealth> >

University of Queensland, Centre for Online Health. Video conference software < <https://coh.centre.uq.edu.au/quick-guides-telehealth> >

University of Queensland, Centre for Online Health. What is telehealth and is it right for you? A guide for consumers and patients < <https://coh.centre.uq.edu.au/quick-guides-telehealth> >

## References

Medical Board of Australia. (2016). Guidelines for Technology Based Consultations. Available from <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Technology-based-consultation-guidelines.aspx>

Standards Australia. (2017). AS ISO 13131:2017 | Health informatics Telehealth services—Quality planning guidelines. Retrieved February 15, 2020, from [https://infostore.saiglobal.com/en-us/standards/as-iso-13131-2017-99279\\_saig\\_as\\_as\\_208735/](https://infostore.saiglobal.com/en-us/standards/as-iso-13131-2017-99279_saig_as_as_208735/)

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