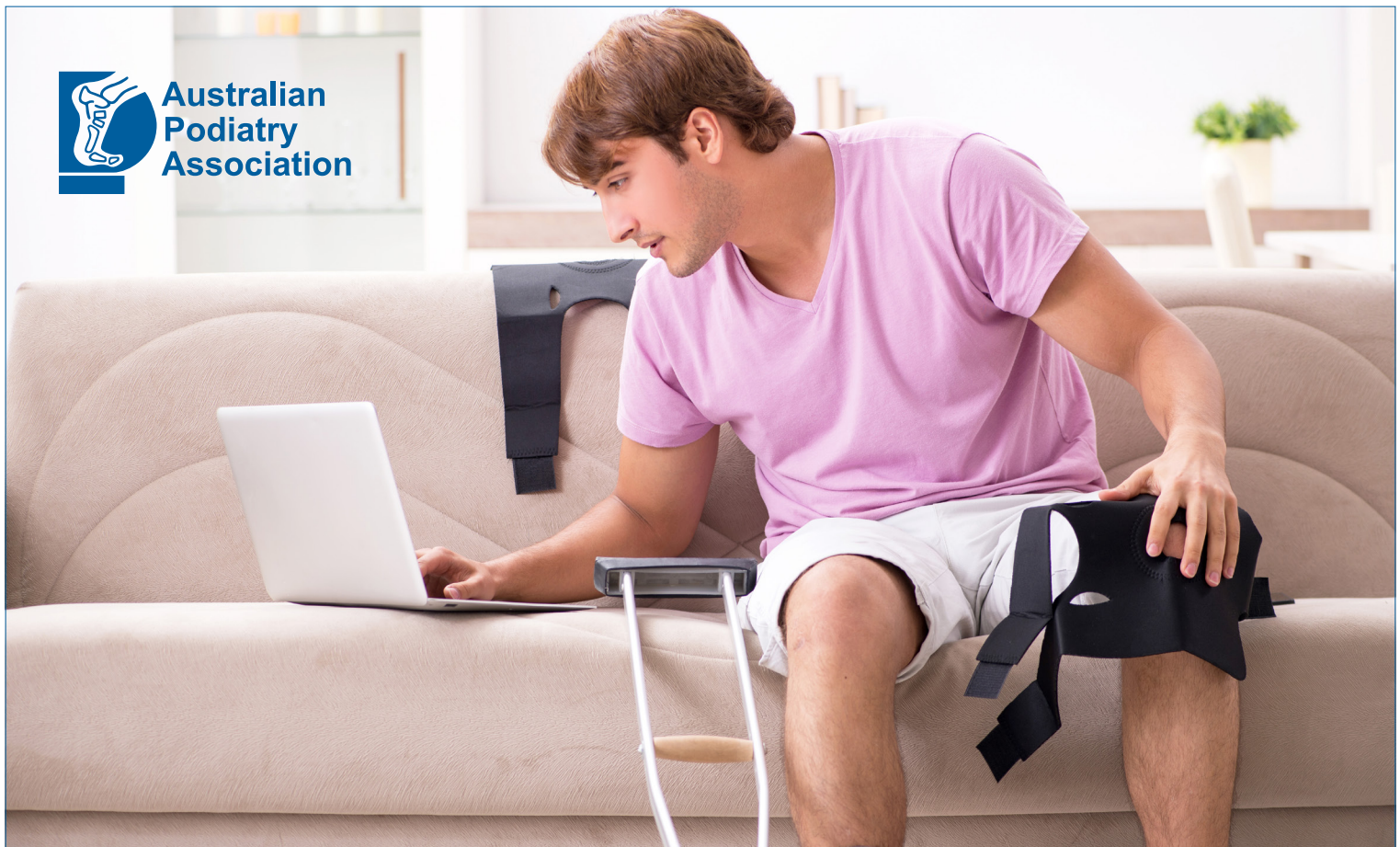




Australian  
Podiatry  
Association



# TELEHEALTH CONSULTATIONS GUIDE FOR PODIATRISTS

JUNE, 2020

Advocacy continues to enhance the scope  
of clinical practice for Podiatrists

- Australian Podiatry Association commenced **1978**
- Local anaesthesia **1982**
- X-ray imaging **1985**
- DVA rebates **1986**
- Pathology access **1992**
- Sonographic imaging **1994**
- Medicare/EPC rebates **2008**
- Prescribing rights **2015**
- NDIS providers **2015**
- Health fund rebates **annual**
- Telehealth **2020**

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1. The Royal Australian College of General Practitioners. Telehealth video consultations guide. East Melbourne, Vic: RACGP, 2019.

## Introduction

Telehealth delivers healthcare using IT platforms to provide consultation access and health education to patients not physically present. Modes of delivery may include telephone consultation, email or screen-based video conferencing appointments.

Telehealth has been advocated for access to healthcare for people in rural and remote areas of Australia for some time. It has been found to be as effective as face-to-face consultations,<sup>2,3</sup> although clearly treatment requiring hands-on instrumentation is not possible.

As 2020 has become overwhelmingly affected by the novel coronavirus pandemic, telehealth has quickly become more popular and necessary for healthcare delivery regardless of physical locations.

Podiatry is newly realising the benefits telehealth provides to both patients and practitioners, and has the potential to provide patients with more convenient and efficient access to healthcare. Physiotherapy is well advanced in the delivery of online consultations.

The competence of the Podiatrist is essential, just as in the physical setting, but perhaps even more so in being able to adapt to the telehealth setting. Ultimately, the success of telehealth Podiatry will be realised when practitioners integrate their high-level clinical skill and problem-solving abilities. The technology itself, is just a vehicle for delivering patient care, which must always be based on personal priorities and preferences, as well as resources.

Every consultation, telehealth or in rooms, is individual, and so the use of templates needs caution. As ever, patient rapport is essential for shared decisions that provide the best outcomes for each individual's circumstances.

This Australian Podiatry Association (APodA) guide focuses on telehealth video consultations that are being used by Podiatrists in Australia. Whilst the impetus for these guidelines has been the global pandemic, and it is recognised, that telehealth Podiatry will be a usual delivery mode from now on. This may be used exclusively, or in hybrid form, to improve patient access and convenience.

APodA has advocated effectively with the government and insurers so that the fees for telehealth Podiatry are covered commensurate with usual items (different numbers) under the MBS, NDIS, DVA, and most healthcare insurers.

Telehealth access and advocacy with both government and insurers is another advance to the scope of practice for podiatrists by the APodA.

2. Edirippulige S, Martin-Khan M, Beattie E, Smith AC, Gray LC. A systematic review of telemedicine services for residents in long term care facilities. *J Telemed Telecare*. 2013;19(3):127–32. doi: 10.1177/1357633X13483256.

3. Kairy D, Lehoux P, Vincent C, Visintin M. A systematic review of clinical outcomes, clinical process, healthcare utilization and costs associated with telerehabilitation. *Disabil Rehabil*. 2009;31(6):427–47. doi: 10.1080/09638280802062553.

## How does it work?

To determine if telehealth video consultations are appropriate for your practice, consider:

- Patient safety, consent, and privacy
- Patient clinical presentations
- Clinical effectiveness
- Patient preference
- Practice location
- Podiatrist capability
- IT skills, training, cooperation of practice staff
- Equipment required
- Budget effects

### ASK YOURSELF THESE FOUR QUESTIONS:

1. What are you wanting to achieve by adopting telehealth?
2. Who will access this service?
3. How will you ensure consent, privacy, IT security?
4. Is there provision for follow-up and hybrid patient care?

| NEED          | FEASIBILITY         | IT              |
|---------------|---------------------|-----------------|
| Remote        | Patient needs       | Signal strength |
| Rural         | Skills, experience  | Reliability     |
| Health status | Staff support       | Equipment       |
| Access        | Financial viability | Billing         |

Figure 1: Factors to consider when deciding if telehealth would suit your practice.

**Remember...** it is all about patient safety, access and their individual needs and preferences.

Tips for those considering telehealth Podiatry:

- Review your list of clinical appointments over a month prior to the coronavirus pandemic disruptions.
- Consider how many of your patients could adapt to telehealth Podiatry?
- Consider how many would like to adapt to telehealth Podiatry (e.g.. less travel time)?
- If you are not sure whether or not telehealth is viable for your practice, draw up a plan to assess the broad categories of your patients, and appraise whether or not there is advantage related to setting up telehealth video consultations.

## Practical considerations

Whilst the IT used for telehealth Podiatry can be quite basic, it is important that clinicians are competent with its use, and can quickly resolve connection issues.

### HARDWARE:

- Laptop, tablet, smart phone, or desk top computer with built in or connected camera and microphone
- Reliable internet connection
- Ensure that you have immediate phone access, in the event that you drop out offline

### PLATFORM:

- There are many software platform options, both free and purchased.
- Review the security and ensure encryption, passwords, secure virtual 'waiting room', etc.
- Consider ease of use and access for your patients, and the security of their digital space
- Check the security of your own system to ensure adequate virus protection and firewalls.
- Ensure that you shut-down/restart your system daily, to get the latest updates, and any bug fixes.

### ENVIRONMENT:

- It needs to be quiet and professional, just as you would present physically.
- On-site in clinical rooms is easiest, if convenient, as records and stock are secure and at hand
- Close the door of the consulting room to ensure privacy
- A well lit room enables better vision for your online patient

### AUDIO:

- Hearing varies, so use earphones, headphones as required (and advise patients accordingly)
- Headsets can reduce volume, which may be applicable for your site

### PREPARING YOUR PATIENT:

It is helpful to provide basic information about a video consultation to your patient once the appointment is scheduled. An email is easy, and convenient.

Such information may include:

- Consultation date/time
- Link to your video conference platform – with explanation to 'click'
- Phone number to call if difficulty with connection

Your staff will need to be well briefed, to inform patients regarding:

- The use of phones, tablets, laptops, desktop consoles
- Advice to test their set up, if not used to online consults
- Prompt follow up, if a patient is not online at the appointed time, to provide support

It may be helpful to provide the applicable telehealth item numbers for consultations, to enable patients to check these with their health insurer regarding rebates.

## Patient consent and privacy

### PRIVACY:

- Telehealth is a private and confidential consultation, so ensure you alone are in the room, and able to hear and view your patient
- **Do not record any aspect of telehealth sessions without agreement and specific consent from patients.**

### CONSENT:

- Existing patients have already signed a consent form, provided a new patient information summary, and agreed and signed a privacy agreement.
- New patients must complete and sign the same forms before the telehealth consultation can proceed. Always, check that the provided information is complete.
- Providers can advise patients to check with their private health insurer or government funder, regarding telehealth service rebates

## Regulations and Professional Codes of Conduct

### Podiatry Board of Australia

1. Code of Conduct: <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct.aspx>
2. Telehealth: <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines/Code-of-conduct.aspx>
3. Podcast: <https://www.ahpra.gov.au/News/2020-04-22-telehealth-podcast.aspx>
4. Guidelines: <https://www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx>
5. APodA Covid-19 statement: <https://www.podiatry.org.au/about/apoda-updates-statements>

## When is telehealth podiatry applicable?

- Access for remote and rural patients
- Access for patients who are advised not to travel
- Access for patients who are infectious, or immunosuppressed, or in a public health lock-down
- Initial consultations
- Review of exercise or training programmes
- Follow up of progress, or query of progress, before the next scheduled appointment
- Musculoskeletal presentations are generally applicable
- Rheumatological conditions may be suitable
- Paediatric presentations
- Footwear checks
- Orthotic effects on pain and gait



## When is telehealth generally not applicable?

- Infection (advancing, bacterial infections)
- Ongoing pain
- The provision of instrument-based treatment
- Definitive neuro-vascular assessments (although history and observation are very informative)
- Patients with serious limb threatening conditions
- Communication is unclear with IT use (family support and interpreters can assist)
- The patient prefers a physical consultation (and conditions are safe for this to occur)

## An outline of the Podiatry telehealth consultation

### PATIENT HISTORY IS ALWAYS CRUCIAL

History taking is the primary information source of every consultation, and telehealth does not change this fact, and may further enhance the value of history content. It provides a great opportunity to respond to patients queries, and to educate regarding many aspects of health and foot health.

### CLINICAL RECORDS

It is important to be prepared prior to telehealth consulting, to enable clinician's to fully focus their attention on the patient. It can assist the flow of the consultation to take brief notes at the time:

- Using a basic SOAP (subjective, objective, assessment and plan) format
- Summarise the plan whilst online with your patient, prior to the full write-up offline
- Ensure that the items to be followed up (e.g. referral letters, patient resource, supply of equipment) are not forgotten.

It is essential to write up consultation records fully, and at the earliest opportunity. It can be helpful to conclude the consultation time by summarising verbally with patients, so that proposed actions are shared and agreed.

### TIME FRAMES

The suggested allowance for each telehealth consultation is a minimum 30 minutes, varying as required. It is suggested that time is allowed between online consultations initially, so that clinicians are not under time pressure, when adapting to a new mode of working.

Many IT platforms have time constraints that need to be accommodated, and it is undesirable to run late, and keep patients waiting. Remember, that patients may well be telehealth novices, and your reliability will be reassuring.

## PATIENTS

Clearly, telehealth will not enable you to perform treatments or assessments requiring instruments. However, the scope for active participation of patients online is considerable, e.g. show a patient how to apply a basic taping for heel pain.

- Self-examining and directed provocation tests are very manageable
- Feet and footwear are easily visible
- Basic gait evaluation (with and without footwear)
- Range of motion (either via directed movement, or with another person as your proxy)
- Palpation by proxy (as above)
- Strength and balance
- Demonstrate exercises, and then watch/improve the imitation

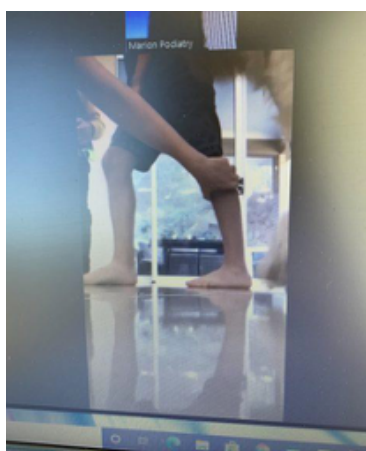


Figure 2: Ankle range evaluation, or follow up of calf stretches

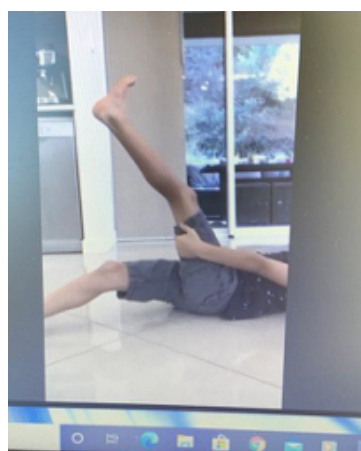


Figure 3: Self-assisted hamstrings test stretch, (foot manoeuvres can 'floss' neural structures)

## FOLLOW UP

It is helpful to provide clear guidelines around what is expected, what is OK, and what is not. Similarly, it is important to be accessible for telehealth patients (who can feel isolated, especially initially) and to avail them with easy communication options (email, phone, follow up telehealth appointments) should there be any concerns.

Some patients are anxious when experiencing this new medium for healthcare.

It is both wise and professional to follow up any doubts or suspicions, after a few days.

## POSTAGE AND DELIVERY SERVICES

It is easy and practical to post items to patients to reduce physical contact (in the instance of the coronavirus pandemic), and to rural and remote, or physically distance and challenged patients.

If sending any form of insole or foot orthoses, it helps if people send a photo/tracing of their sock-liner (and shoe size) to enable trim-to-fit, prior to post/delivery.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.



## Item numbers

|  | <b>Clinic based</b>   | <b>Telehealth</b>   |
|--|---|---|
| Medicare / CDM                           | 10962   | 93000   |
| Medibank                                 | New patient F004<br>Subsequent F012   | 901 (may require a referral)<br>902   |
| Bupa                                     | New patient F004<br>Subsequent F012   | 901<br>902  |
| HCF                                      | New patient F004<br>Subsequent F012   | 901<br>902  |
| Nib                                      | New patient F004<br>Subsequent F012   | 901<br>902  |
| HBF                                      | New patient F004<br>Subsequent F012   | 901 (at least 45-minute consultation)<br>902 (at least 30 minute consultation)  |
| Teachers Health                          | New patient F004<br>Subsequent F012   | 901<br>902  |
| NDIS                                     |   | Yes   |
| DVA (same codes for clinic & telehealth) | F004 New patient<br>F010 New patient short consult<br>F012 Subsequent<br>F008 Initial Footwear<br>F019 Follow up footwear | F004 New patient<br>F010 New patient short consult<br>F012 Subsequent<br>F008 Initial Footwear<br>F019 Follow up footwear |
| TAC                                      |   | Yes   |
| Workcover                                |   | Yes   |

(\*May vary across Australian States and Territories; current as at 15 May, 2020)

## Resources

1. Australian Podiatry Association telehealth information: <https://www.podiatry.org.au/about/news/telehealth-for-podiatrists>
2. Telehealth – a few tips for consulting during the coronavirus pandemic, April 2020: <https://angelaevanspodiatrists.com.au/telehealth-a-few-tips-for-consulting-during-the-coronavirus-pandemic-april-2020/>
3. Australia's Digital Health Cooperative Research Centre (DHCRC): <https://digitalhealthcrc.com/telehealth/clinicians/>
4. RACGP guidelines: <https://www1.racgp.org.au/newsgp/professional/new-guidelines-for-telehealth-consultations>
5. Evans AM, Rapid learning curve with telehealth; a clinical audit at the time of 'flattening the infection curve' during the coronavirus (SARS Cov-2) pandemic. FAOJ (under review), May, 2020
6. Chilblains-like Lesions in Children Following Suspected Covid-19 Infection: <https://pubmed.ncbi.nlm.nih.gov/32374033/>
7. Covid-19 foot signs; it may not be a chilblain: <https://metro.co.uk/2020/04/15/bruises-feet-sign-coronavirus-12557291/>
8. A scoping review of Australian allied health research in ehealth Iacono T, Stagg K, Pearce N, Chambers AH BMC Health Serv Res. 2016; 16: 543: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5050606/>
9. Allied Health Professions Australia Telehealth Guidelines: <https://ahpa.com.au/resources/>
10. Diabetic Foot Australia – Australian Clinical Guide for Using Telehealth: <https://www.diabeticfootaustralia.org/dfd-and-covid19/>