



AASW

Australian Association
of Social Workers

Telehealth guide for social workers

1. Introduction

Telehealth services use information and communication technology to deliver services and transmit health information. Services can be provided via telephone consultation or videoconferencing. Telehealth is particularly relevant during the current COVID-19 pandemic, however this type of service has been beneficial to practitioners and clients in rural and remote areas for some time.

In simple terms, a telehealth video consultation is a consultation performed via a videoconferencing platform or over the telephone, where the client and practitioner are not in the same physical location.

This guide aims to assist practitioners to enable provision of safe and effective consultations and outlines the administrative and technical considerations when introducing this mode of service delivery.

Disclaimer: Details contained in this guide were correct at the time of production. Given the rapidly changing information and updates to services covered by the MBS, we recommend that you check the currency of information on a regular basis.



Why are the changes being made to telehealth consultations?

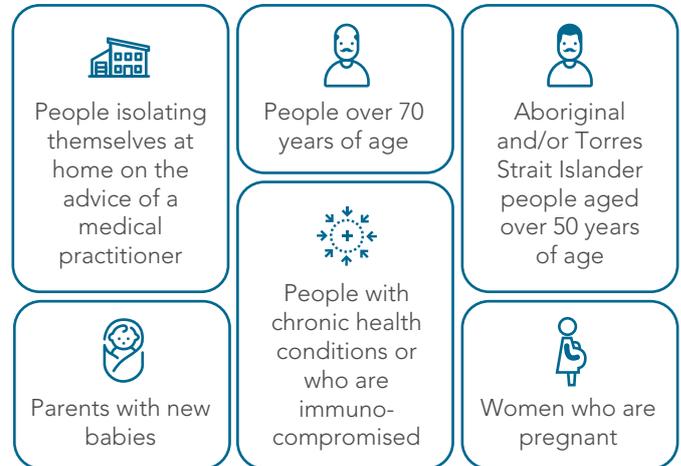
The new temporary MBS telehealth items will allow people to access essential Medicare-funded health services in their homes and reduce their risk of exposure to COVID-19 within the community. There are pre-existing telehealth item numbers for social workers where geographical restrictions apply.

What does this mean for providers?

The new temporary MBS telehealth items will allow providers to continue to deliver essential health care services to patients within their care.

Practitioners do not need to be in their regular practice to provide telehealth services. Practitioners should use their provider number for their primary location, and must provide safe services in accordance with normal professional standards.

Telehealth services are currently available to all eligible Australian citizens and residents during the COVID-19 pandemic, however, the following groups are deemed as more vulnerable to the coronavirus:



Existing clients who reside in regional and remote areas, as defined by the Modified Monash Model (MMM) areas 4 to 7, are not impacted by the introduction of COVID-19 telehealth items if they have an existing Mental Health Care Plan and have attended three appointments with a practitioner in the past 12 months. Practitioners can continue to bill their services under MBS items 80151 or 80161.

For other clients who require telehealth services during the COVID-19 pandemic, practitioners can charge a gap fee if they have an existing and valid mental health care plan or a medical referral under the new COVID-19 telehealth items until the items expire on 30 September 2020. Rebates for services provided by GPs and non-vocationally registered medical practitioners will be paid at 85% of the new item fees – these fee amounts have been increased so that the Medicare rebates paid for the new GP and medical practitioner telehealth services are at the same level as the rebates paid for the equivalent face-to-face services. (Due to the urgency of the new telehealth arrangements, the Department of Health has not been able to amend the legislation that establishes 100% rebates for GP/medical practitioner services.)

Practitioners are expected to obtain informed financial consent from clients prior to providing the service: providing details regarding their fees, including any out-of-pocket costs. The AASW recommends applying discretion to clients who have been impacted financially by COVID-19 when setting payment rates.

For information regarding the Medicare assignment of benefit, please refer to the Provider Frequently Asked Questions document available on MBSOnline.

How will these changes affect patients?

Clients should ask their service practitioner about their telehealth options, where clinically appropriate. They are also expected to give informed financial consent to a practitioner prior to the commencement of telehealth services.

A consumer fact sheet is available on MBSOnline which provides further information on how these changes will affect clients.

Where can I find more information?

COVID-19 National Health Plan resources for the general public, health professionals and industry are

available from the Australian Government Department of Health website.

The full item descriptors and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

The Department of Health provides an email advice service for practitioners seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations.

If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

2. Telehealth and the MBS

Please be aware that all COVID-19 telehealth items are due to expire on 30 September 2020.

Bushfire item numbers

MBS item number	Service length	Schedule fee	Rebate
91150	20–50 minutes, in a consulting room	\$63.25	\$53.80
91155	20–50 minutes, out of a consulting room	\$89.10	\$75.75
91160	At least 50 minutes, in a consulting room	\$89.10	\$75.75
91165	At least 50 minutes, out of a consulting room	\$115.15	\$97.90
91151	20–50 minutes, video conference	\$63.25	\$53.80
91165	At least 50 minutes, video conference	\$89.25	\$75.95

Better access to mental health care initiative

Individual sessions of Focussed Psychological Strategies provided by a social worker

MBS item number	Service length	Schedule fee	Rebate
80150	20–50 minutes	\$63.25	\$53.80
80151 Telehealth	20–50 minutes (pre-existing telehealth, geographical restrictions apply and at least 3 appointments in person in the past 12 months)	\$63.25	\$53.80

Better access to mental health care initiative

Individual sessions of Focussed Psychological Strategies provided by a social worker (cont.)

MBS item number	Service length	Schedule fee	Rebate
80155	20–50 minutes (professional attendance at place other than consulting rooms)	\$89.10	\$75.75
91175* COVID-19 Telehealth	20–50 minutes, video conference	\$63.25	\$53.80
91187* COVID-19 Telehealth	20–50 minutes telephone (when video conference is not available)	\$63.25	\$53.80
80160	50+ minutes	\$89.35	\$75.95
80161 Telehealth	50+ minutes (pre-existing telehealth, geographical restrictions apply and at least 3 appointments in person in the past 12 months)	\$89.35	\$75.95
91176* COVID-19 Telehealth	50+ minutes, video conference	\$89.35	\$75.95
91188* COVID-19 Telehealth	50+ minutes telephone (when video conference is not available)	\$89.35	\$75.95
80165	50+ minutes (professional attendance at place other than consulting rooms)	\$115.15	\$97.90

*COVID-19 telehealth items are due to expire on 30 September 2020.

Group sessions of Focussed Psychological Strategies provided by a social worker

MBS item number	Service length	Schedule fee	Rebate
80170	At least 60 minutes (6–10 people)	\$22.70 per group member	\$19.30 per group member
80171 Telehealth	60 minutes (6–10 people)	\$22.70 per group member	\$19.30 per group member

Chronic Disease Management program (GP management plan & team care arrangements)

MBS item number	Service length	Schedule fee	Rebate
10956	At least 20 minutes	\$63.25	\$53.80
93000* COVID-19 Telehealth	Video conference	\$63.25	\$53.80
93013* COVID-19 Telehealth	Telephone (when video conference not available)	\$63.25	\$53.80

*COVID-19 telehealth items are due to expire on 30 September 2020.

Non-directive pregnancy support counselling service

To be eligible to provide this service, the Social Worker must complete specific training through Australian Psychological Society. AMHSW status is not required.

MBS item number	Service length	Schedule fee	Rebate
81005	Maximum of 3 sessions per patient. Session duration must be minimum of 30 minutes	\$74.30	\$63.20
93026* COVID-19 Telehealth	Video conference. Maximum of 3 sessions per patient. Session duration must be minimum of 30 minutes	\$74.30	\$63.20
93029* COVID-19 Telehealth	Telephone (when video conference not available). Maximum of 3 sessions per patient. Session duration must be minimum of 30 minutes	\$74.30	\$63.20

*COVID-19 telehealth items are considered a new service, with a maximum of 3 sessions allowed between the COVID-19 and non COVID-19 items. COVID-19 telehealth items are due to expire on 30 September 2020

Eating disorder MBS items

To become a Medicare Provider of Eating Disorder items, a social worker must first have been assessed by the AASW as meeting the requirements for Accreditation as a Mental Health Social Worker (AMHSW).

MBS item number	Service length	Schedule fee	Rebate
82376	EDPT – Social Worker in consulting rooms at least 20 minutes but less than 50 minutes	\$63.25	\$53.75
93100* COVID-19 Telehealth	EDPT – Social Worker by video conference at least 20 minutes but less than 50 minutes	\$63.25	\$53.75
93134* COVID-19 Telehealth	EDPT – Social Worker by telephone (when video conference not available) at least 20 minutes but less than 50 minutes	\$63.25	\$53.75
82378	EDPT – Social Worker other than in consulting rooms at least 20 minutes but less than 50 minutes	\$89.10	\$75.75
82379	EDPT – Social Worker in consulting rooms at least 50 minutes	\$89.35	\$75.95
93103* COVID-19 Telehealth	EDPT – Social Worker by video conference at least 50 minutes	\$89.35	\$75.95
93137* COVID-19 Telehealth	EDPT – Social Worker by telephone (when video conference not available) at least 50 minutes	\$89.35	\$75.95

Eating disorder MBS items (cont.)

MBS item number	Service length	Schedule fee	Rebate
82381	EDPT – Social Worker other than in consulting rooms at least 50 minutes	\$115.15	\$97.90
82382	EDPT – Social Worker in a group 6–10 at least 60 minutes	\$22.70 per patient	\$19.30 per patient
82383	EDPT – Social Worker in a group 6–10 by video conference at least 60 minutes	\$22.70 per patient	\$19.30 per patient

*COVID-19 telehealth items are due to expire on 30 September 2020.

3. Are telehealth video consultations right for your practice?

What do I need to consider?

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



Client safety



Client need



Effectiveness for your client



Client preference



Location of your practice



Equipment required (hardware and software)



Adequate internet data available*



Budget requirements

*(approx. 500MG per 1-hour session) and adequate internet signal for video conferencing (at least 2G)

Tip

If you are unsure whether telehealth is viable for your practice, developing a business plan can help you assess the broad categories clients, opportunities, context, risks and rewards related to setting up telehealth video consultations.

4. Getting started

What type of telehealth service will you offer?

Decide on the model that best suits the needs of your practice and clients: is there a need in your area for regular telehealth video consultations; would your practice meet current client needs?

What types of consultations will your practice offer?

To determine which services will best meet the needs of your clients:

- Identify the specialist services to which you currently regularly refer
- Identify client groups who could benefit from a regular telehealth video consultation clinic
- Consider a hybrid approach of in-person combined with telehealth.

Getting your practice ready

Consider how you will engage your staff (where applicable) in the implementation process. Provide sufficient education and communication around policies and procedures, and demonstrate the benefits and value to staff of using telehealth video consultation services. To assist with staff engagement:

- Allow time to implement your video consultation service
- Educate and train staff appropriately, including practice sessions to increase skills and confidence. Allow for feedback on the process to improve flow and maintain staff engagement.

Getting your clients involved

Client needs and requirements should be central to all aspects of planning and implementation of telehealth video consultations. For most clients, accessing healthcare via video consultation will be a new experience. Invest time into educating and communicating with patients about the process and the benefits before they take part.

Provide general information on your website or fact sheets that:

- Explain the benefits of video consultations
- Discuss what the client will need, i.e. adequate internet, data, equipment, privacy
- How your practice will ensure privacy and confidentiality over client information.

Template client brochures are readily available online.

Fees

Provide clients with clear information about the fees that apply to telehealth video consultation services they receive, including:

- Professional fees billed by any external MBS client rebates
- Professional fees that will be billed by your practice.

Telehealth video consultations must comply with MBS requirements to claim rebates for Medicare services.

What facilities will my practice need?

Establish or obtain access to a consultation space that:

- Is quiet and fit for purpose
- Has an adequate microphone and speaker system. Many devices without inbuilt sound may not be adequate for clinical purposes. Consider purchasing a speaker or headset with a microphone
- Has plain décor that will not detract from visual images on the screen
- Has good lighting, avoiding high-intensity light (e.g. a window) behind the client who is being viewed
- Has access to a phone if any technical difficulties arise at either end, and as a back-up if the video call fails.

Tip

If you intend using wireless connection, you may experience a drop in video quality. This is a small but important consideration when selecting appropriate rooms for video consultations.



Hardware and software

You can facilitate video consultations using low-cost options such as desktop computers and Skype or invest in specific video hardware and software systems. Practices that have a high volume of videoconferencing (not just for telehealth video consulting) may find it worthwhile to invest in more specific videoconferencing hardware and/or software, including the option of a virtual waiting room.

Up-to-date MBS guidance on technical specifications

for equipment and software can be found at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance

Make sure the system you choose meets the requirements of the MBS item descriptor and applicable laws for security and privacy. More information can be found at www.mbsonline.gov.au/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv

What telehealth options are available?

Videoconference services are the preferred approach for substituting a face-to-face consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.

Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.

Tip

Skype and other free video software (such as WhatsApp, Facebook Messenger and Tox) are convenient and widespread, and an easy way to conduct telehealth video consultations.

If you chose to use Skype:

- Register a Skype name that provides some anonymity
- Always have a back-up mode of communication in instances where the connection cannot be established or drops out

Troubleshooting

To avoid lengthy disruptions to telehealth video consultations, you should:



If possible, have ready access to technical support for videoconferencing equipment and connectivity



Develop and maintain procedures for managing technical problems that may arise during video consultations (e.g. completing interrupted consultations by telephone)



Ensure your clients are informed of your contingency plans (e.g. who will call whom and either end contact details)



Keep troubleshooting guides with the teleconferencing equipment for common technical problems

Poor sound and visuals during a video consultation can be irritating, distracting, and can affect the usefulness of the consultation.

Tip

If experiencing connection issues during a call, both parties should redial back in as this can resolve minor connection or sound issues. If you experience issues with the quality of a consultation, use a telephone speaker for the audio component of the consultation. If you have poor internet coverage, muting the audio could save some bandwidth and increase the picture quality.

Information security and privacy

Information security and privacy considerations in relation to telehealth video consultations include:

- The security of the videoconferencing interface (software and hardware)
- Security of client information (encryption and use of secure messaging)
- Storage of any video recordings and still images
- The visual and audio privacy of the practice's teleconferencing room
- Safety of the client and privacy of their internet/phone history in their home for those in current domestic violence situations.

Information security considerations should be applied to video consultation, as should compliance with privacy laws.

What telehealth options are available?

Videoconference services are the preferred approach for substituting an in-person consultation. However, in response to the COVID-19 pandemic, providers will also be able to offer audio-only services via telephone if video is not available. There are separate items available for the audio-only services.

No specific equipment is required to provide Medicare-compliant telehealth services. Services can be provided through widely available video calling apps and software such as Zoom, Skype, FaceTime, Duo, GoToMeeting and others.

Free versions of these applications (i.e. non-commercial versions) may not meet applicable laws for security and privacy. Practitioners must ensure that their chosen telecommunications solution meets their clinical requirements and satisfies privacy laws.



Other useful reference sources include:



Australian Privacy Principles at www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles



Guide to securing personal information at www.oaic.gov.au/agencies-and-organisations/guides/guide-to-securing-personal-information



Additional MBS guidance in relation to security and privacy at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-secpriv



MBS technical specifications for telehealth services at www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-guidance

Policies, procedures and risk management

It is a good idea to develop practice policies, procedures and risk management protocols for:

- Management and security of patient health information as it relates to video consultations
- Documentation of each video consultation
- Responsibilities of each participant (practitioner, patient).

Professional indemnity insurance

Confirm that you have suitable professional indemnity that covers video consultations and whether any exclusions such as initial consultations may apply.

AASW members receive Public and Products Liability Insurance and Professional Indemnity Insurance with Berkley Insurance Australia. These policies have been arranged by Sear Insurance Brokers: Professional Indemnity Insurance up to \$20 million, and Public and Products Liability Insurance up to \$20 million. Please read the product disclosure document available on the AASW website to assist you in making decisions regarding your cover. Note: Members may 'opt out' of the Insurance coverage.

5. Providing telehealth consultations with clients

If there is any doubt about the appropriateness of a video consultation, an in-person consultation is likely preferable.

If proposing a telehealth video consultation to an individual client, provide detailed information (e.g. via brochure or website) so that the client can make an informed decision about proceeding with this service.

This would include:

- Rationale for the video consultation (i.e. purpose and potential benefits)
- Financial costs associated with the consultation
- Consideration of how the cultural needs and preferences of clients will be handled, such as sensitivities about personal images
- Confirmation that the client may have their own support person in attendance
- Confirmation that other parties (other than their own support person, or another support practitioner in attendance) will only be present if the client agrees to this in advance
- Identifying information the client will be asked to provide at the commencement of the consultation (e.g. their name, address and date of birth)
- The client's right to ask any support practitioner to leave the consultation at any time if they wish to have a private discussion with the practitioner
- The practitioner's systems and processes that protect patient privacy – for example, using secure videoconference systems and not recording video consultations unless exceptional circumstances apply
- Advice that should the client feel unable to continue with a video consultation, they could end the consultation and that consultation fees may still apply

Consent

Once the above has been confirmed and the client and practitioner have decided to proceed, seek prior consent from the client and document this in the client's record held by the practitioner.

Seek consent from clients prior to a consultation if a third party will be present during the consultation at either the practitioner or client end of a consultation. Document such consent in the client's record held by the practitioner.

Client choice

Telehealth video consultations are an important option to access services without personal contact being required, particularly during COVID-19. Nevertheless, some clients prefer to attend personal consultations with practitioners and this choice should be respected, providing that appropriate social distancing measures and isolation from other clients can be maintained and neither party has had recent exposure to COVID-19.

Where a client or carer/support person expresses a preference for a video consultation, consider this preference in the context of the informed consent process and appropriateness.

Recording video consultations

The default position is that telehealth consultations are not recorded, in the same way that face-to-face consultations are not recorded.

If the recording of a video consultation is required:

- Provide the client with information about how the recordings will be managed, stored and accessed
- Gain prior written consent from the client and document this consent in the client's record, held by the practitioner
- Confirm a client's consent for recording verbally on camera at the commencement of the consultation
- Send a copy of the written consent to any third-party participants prior to the consultation
- Store recordings securely in the client's record in accordance with usual requirements for retaining health records.

Advise clients that they are not authorised to make their own recordings of such a video consultation.

Practitioners should be mindful of their own privacy in relation to the risk of video recordings being redistributed in the public domain without their consent.

Using an interpreting service

In cases where an interpreter is required, ensure that a separate audio function is available and can be connected to your videoconferencing system for interpreters than cannot be present in person.

Tip

The principles and procedures for conducting a telehealth video consultation are generally the same as for a face-to-face consultation. Think about your usual procedures for a face-to-face consultation – How would you normally prepare for or conduct a face-to-face consultation? How would you shift these into video consultations?

Documenting a telehealth video consultation

Practitioners (including any third-party practitioners) should document video consultations in their respective client health records. Adhere to the same record-keeping standards as for a face-to-face consultation and include additional information such as:

- That the consultation was conducted by videoconference with the client's consent
- The client-end location of the video consultation (i.e. at their home)
- Who was present (other than the practitioner and any third party practitioner) and the client's consent for such parties to be present
- The rationale or need for a video consultation instead of a face-to-face consultation
- Which practitioner is responsible for which specific follow-up actions
- Recording the client's express consent, including time and locations the consent was given and taken and whether the session will be stored by the practitioner or a third party
- Any period of time a support practitioner was not present at the client end (e.g. to allow the client to have a private discussion with the practitioner)
- Any technical malfunctions during the video consultation (e.g. poor sound or image) that may have compromised the safety or quality of the video consultation.

Write up the notes as soon after the consultation as possible. This will facilitate safe and effective continuity of care for the patient.



6. Evaluating telehealth video consultation services

Track your experiences with video consultations by collecting and analysing practice data about the implementation process and outcomes. This will enable you to make informed decisions post-COVID-19 regarding the ongoing viability of such consultation services for clients.

Actively seeking patient feedback about video consultations will help to inform risk management and quality improvement initiatives. Practitioners may consider implementing a telehealth service client satisfaction feedback form.

7. Ethical considerations from AASW on telehealth services

Although technology offers existing opportunities now and in the future for our clients and services, the option of telehealth should not reduce availability and funding of in-person services. This is especially relevant to already reduced services offered in rural and remote areas, but also for other disadvantaged groups, such as Aboriginal and Torres Strait Islander communities, people with disabilities, those in correctional institutions, children, families experiencing domestic violence and people with no access to equipment, phone connections or the internet.



AASW

.....
Australian Association
of Social Workers

May 2020