



Indications for a video consultation

Written by Dr Andrew Baird based on usage of healthdirect Video Call



Inclusion criteria – compared to audio-only (phone) consultation

- Communication is enhanced by visual interaction – rapport, empathy, non-verbal language and cues.
- Indirect physical examination enabled
- Mental state examination enabled
- Doctor prefers video consultation to in-person consultation or to phone consultation
- Patient preference and agreement



Inclusion criteria – general

- Patient and doctor agree that a video consultation is appropriate
- Patient unable to attend in-person consultation
- Patient wishes to consult from home or elsewhere (e.g. private room in workplace, parked car in private area)
- Patient does not wish to travel to attend Clinic (cost of public transport, taxi, parking, time)
- Patient wishes to reduce infection transmission risk

- Doctor wishes to reduce infection transmission risk for self and for staff and patients at Clinic
- Masks not required (in Victoria, doctor and patient must wear masks for in-person consultations)



Exclusion criteria – any of the following

- Medical emergency
- Direct physical examination required
- Procedure required (vaccination, removal of lesion, etc)
- Doctor and/or patient do not want video consultation
- Direct physical examination required, or preferred by doctor

Exclusion criteria must be assessed when the patient contacts the Clinic, either in-person, by phone, or via online booking. Patients must be triaged appropriately. If any exclusion criteria apply, the patient must be informed to call Triple Zero, or to make an appointment for an in-person consultation as appropriate.



Workflow

Video consultations are effectively the same as in-person consultations but there are a few nuances in process and building rapport with the patient to ensure they are successful and appropriate

- Provide information to patients about video consultations via website, practice newsletter, on-hold phone messages, direct marketing (email)
- Decide how patients will book appointments: phone/online/other?
- Will patients be allowed to choose a video consultation, or will the doctor/ Practice make this decision? (Triage and safety – patient with an emergency must be prevented from booking a video consultation)
- Inform patient about video consultations:
 - availability
 - indications for video
 - procedure for booking
 - procedure for attending
 - fees'
- Booking confirmation
- Send healthdirect Video Call link to the 'virtual waiting area' (or call queue) – via email or sms or both, or direct patient to the link on the Practice website
- Advise patient to 'go' to virtual waiting room (call queue) 5 minutes (or other) before scheduled appointment
- Clinic to link Video Call waiting area with the Clinic's waiting room management (inte.g.ration)
- Notify patient of any delays (use Video Call waiting area notification function, or other)
- Notify patient when doctor will take patient into the Video Call (doctor to do this, one-minute warning?)
- Determine what action should be taken:
 - If the patient is not in the waiting area when the appointment is due
 - If the patient has not been taken into the Video Call at the appointment time
 - If there is a problem with the Video Call



Explanation about healthdirect Video Call

- healthdirect Video Call is powered by Coviu Technologies (pronounced 'co-viu')
- Available to GPs at no cost via PHNs under COVID-19 program (Australian government funded). Call 1800 580 771 to talk to the Healthdirect Video Call team about access.
- End-to-end encryption
- Technology is browser-to-browser, webRTC (real time communications)
- Compliant with Australian Privacy Principles and Health Insurance Portability and Accountability Act (HIPAA)
- Secure and private
- Video Calls are not recorded on any servers
- Enables screensharing including audio and YouTube video,
 - camera sharing
 - transfer of files (e.g. test request forms, referral letters, certificates, patient information)
 - images (clinical digital photos), webchat (e.g. appointment details, web links, email addresses)
 - attendance by third party (relative, carer, interpreter, health professional, etc)



What the patient needs

- One of: smartphone, desktop computer, laptop computer, iPad, tablet
- Google Chrome, Apple Safari, Firefox, Microsoft Edge Chromium
- Phone camera or webcam (internal or external)
- Microphone (internal or external)
- Speakers (internal or external) or headphones (with or without microphone)
- Quiet, private room where will not be interrupted/disturbed.
- Car okay if parked in private area and patient aware of risks to their privacy.
- Nobody else in room (unless parent, guardian, carer, child, etc) – anyone else must be introduced and visible. Pets are okay!
- No background noise
- Well-lit room – preferably with natural light. Light from in front or above, not from behind
- Clothing and background – probably ‘anything goes’, but see advice for doctor



What the doctor needs

Same as the patient, plus:

- Consider a two-screen set up (one screen for the patient video stream, one for the clinical management program and all other applications)
- Consider a two-device set up (one device for the healthdirect Video Call, one device for the clinical management program and all other applications. This is less useful than a two-screen set up, as clinical management program and Video Call cannot be integrated)
- For best video, use an external webcam (e.g. Logitech C922)



Doctor workstation set up (at home or at Clinic)

- Camera and eyes on same level.
- Face approx 50-100 cm from screen (reading distance). Optimal distance will depend on size of screen.
- Face and chest in about middle two-quarters of screen
- Use landscape (portrait optional)
- Not too close (nose will look enlarged)
- Camera not angled up (nostrils will be prominent)
- For ‘eye contact’ with patient, look at your camera (or at the screen, for smartphone, and for computer or laptop with inbuilt webcam)
- Plain clothing, pastel shades. Avoid stripes, patterns, spots.
- Plain background, white, or pastel shades.
- Avoid reflective backgrounds (e.g. framed prints/photos)
- Avoid simulated backgrounds (subject edges blurred and pixelated)



When the patient joins the virtual consulting room

- Greet/smile/wave (in a virtual setting, it probably helps to be a bit 'over' friendly)
- Note that there can be delays (latency) of up to 0.1s in sending and receiving sound and video. You may need to make a deliberate pause after speaking and wait for the patient's reply
- Note that when using a Bluetooth headphone set, there can be audio latency of up to 0.1s causing audio and video to be out of synchrony (may be preferable not to use Bluetooth for this reason).



AV check

- Hello/Hi/Good morning/Good afternoon, I'm Dr John Smith
- Please tell me if you can hear me okay?
- Please tell me if you can see me okay?
- I can see you and hear you clearly, thank you



Preliminaries

- Thank you for coming along for this video consultation.
 - There are some checks to go through before we start.
1. First, I need to confirm who you are
 - a. Please tell me your name, your date of birth and your phone number
 - b. (Please show me your Medicare card or Driver Licence)
 2. Please tell me your location. I need to know this in the unlikely event that I need to get emergency services for you. (note: not necessarily patient's address).

3. I need to check if you (or the patient) have any symptoms that need urgent attention. This is routine to ask for all video consultations
 - a. Do you have pain in your chest?
 - b. Do you have severe pain?
 - c. Are you having difficulty with breathing?
 - d. Do you feel faint?
 - e. Do you feel drowsy?
 - f. Are you bleeding?
 - g. FAST screen (optional). I am now going to check for movement and speech. This is routine, and I'm expecting this will be normal. Please smile (demonstrate). Please lift your arms out to the sides and hold them there (demonstrate). Now put your arms down. Please tell me...
4. COVID-19. Because of the current situation with COVID-19, I need to check if you have any symptoms of COVID-19.
 - a. Do you have a fever?
 - b. Do you have a cough?
 - c. Are you having difficulty breathing (this repeats what I asked earlier, but I'm double checking)?
 - d. Do you have a sore throat?
 - e. Has there been any change in your sense of smell?



Terms and conditions for a video consultation

- These should have been covered in the steps to join the Video Call and in the Call Queue
- If you have symptoms that need further assessment, or if you need a direct physical examination, then it may be necessary to arrange an in-person consultation as a follow on to complete this consultation.
- Are you okay to continue with this as a video consultation? (Consent for video)
- If you are using your computer, iPad, or tablet for the consultation, please keep your phone with you. If there are any problems with the video call, I will phone you.
- The fee for this consultation will be determined by its type and its duration. Please refer to 'fees' on the Clinic's website. After the consultation, please phone the Clinic, to make payment by credit card by phone. (Informed financial consent)
- We agree that we will not record this consultation
- The Video Call has functions for webchat and for sharing files, I will show you these features if we need to use them.



Signposting for the consultation – essential

- Outlining the agenda for the video consultation is essential to discuss with patient first
- Introduction – same as for an in-person consultation
- Explain the structure for the consultation
 - same as for an in-person consultation, for example (it's important to do this for a Video Call as some of the

cues that are present in an in-person consultation will be absent in a video consultation)

- Firstly, we'll talk about the reasons for your consultation, you'll tell me what's concerning you, we'll discuss this, and I'll ask questions about what you tell me.
- To help work things out, I may need to examine you by video, which is like doing a physical examination in an in-person consultation at the Clinic, but modified because there's no contact.
- Then we'll discuss things, and try to determine what's going on and what to do about it.
- Finally, I'll answer any other questions, and we'll work out a plan.
- If you look away from the camera, look at the patient's clinical notes, look at a webpage, or use the keyboard to write notes/referrals, then the patient may perceive that you are disengaged/distracted/not paying attention. To avoid this perception, signpost actions that you will take:
 - I am going to look away from the screen so that I can check the result/report
 - I am going to look away from the screen so that I can write the referral
 - I am going to write some notes now, just a moment/minute please... etc
 - I am going to check/look up... etc
- Compared to an in-person consultation, with a video consultation, consider:
 - Talking more slowly
 - Talking in shorter sentences
 - Frequently pausing and checking with the patient when giving detailed information/explanations
 - Asking the patient to 'teach back' to check that information has been understood.
 - Slightly exaggerating gestures and facial expressions for emphasis



Indirect physical examination – by observation and movement

- Observation can be enhanced by webcam close-up and/or photo by camera
 - General observation (the 'eyeball' check)
 - Mental state examination
 - Distress/pain
 - Movement
 - Pulse (GP can demonstrate to patient how to feel their pulse, patient calls out each pulsation, GP counts the rate)
 - BP (if patient has an automated sphygmomanometer)
 - Respiratory rate (ask patient to put their hand on the chest, GP counts as hand moves)
 - Work of breathing
 - Sp_o₂ (some patients have oximeters),
 - Blood glucose (some patients have glucometers)
 - Data from wearable devices (accuracy of devices not known)
 - Abdominal tenderness/peritonism, (ask patient to lie down and to press on their abdomen; ask patient to sit up and/or jump on spot (peritonism))
 - Limited locomotor exam (get up and walk, turn around, move limbs, etc)
 - Neuro screening exam, (gait, speech, tremor, weakness, 'facial droop', coordination, dysdiadochokinesis, neck stiffness (chin on chest) etc)
 - Rashes and 'spots'. High definition photos of rashes and lesions can be sent to the practitioner (securely) via the video call
 - The mouth and throat can be examined (use the phone torch)
 - There are some apps for measuring visual acuity but their accuracy is uncertain
 - If the patient has been asked to keep a record of measurements, e.g. BP,

the patient can present this during the video call as a file (via the 'share file' function) or they can show the written record to the GP visually via their webcam.

It's not possible to examine the ear canal, TM, eye, heart sounds, lung fields, abdominal masses, power, sensation, reflexes, so clearly if these need to be examined, or if the indirect examination is not adequate, then an in-person consultation will be required.

Closing the consultation



Similar to an in-person consultation (discuss, demonstrate)

- Summarise as usual
- Discuss/negotiate a management plan
- Actions to be taken now
- Safety net
- Follow up plan
- Where to get help once the consultation has ended
- What else would you like to ask? (Signpost for another consultation, unless urgent issue, of course)
- Arrangements for payment for the consultation fee
 - Ask patient to phone reception to make payment over the phone
 - Leave the video call reception joins callers 'on hold' to arrange payment
- I will end the call now, so I will disappear from the screen. You don't need to do anything.



Special features

Join a third person to the consultation

- Carer
- Health professional
- TIS (interpreter)