

Electronic Clinical Consultation

Introduction

The use of technology in everyday life is increasing with the use of mobile phones, video conferencing, teleconferencing, broadband internet services becoming commonplace in the, community and workplace. These technologies are also used broadly by health care professions.

The Macquarie Dictionary defines telemedicine as the “provision of medical services to remote areas by means of telecommunication networks such as telephone, closed-circuit television, the Internet etc” (<http://www.macquariedictionary.com.au>). While the use in remote areas is part of the technical definition, ‘telemedicine’ is being used outside of remote settings due to people’s increasing use of and comfort with accessing information and support via technology.

This emerging means of delivering a clinical service requires the development of specific guidelines and standards to ensure that dietitians are providing appropriate and high quality services when using these technologies. There are a number of benefits in using new technologies for dietetic consultation.

- It can be used as an adjunct to normal clinical practice to enhance outcomes.
- It can enhance access where this would be difficult e.g. in remote and rural areas

While these consultations are still considered in the scope of health care practice by a number of health profession groups, the non face-to-face method of delivery can pose a number of risks not present in face- to-face consultation. Guidelines for Telemedicine have been outlined by the Australian Medical Association and the Medical Council of New Zealand. Many of the standards outlined in these guidelines are relevant to dietitians. The key issues for practice are outlined below:

***Security of information:** Security of the information being transferred via electronic means (e.g. teleconference, internet etc) must be ensured to be safe and secure by the health professional. Information sent over the Internet must be received in the original condition with the quality of information preserved e.g. images. Dietitians would need to introduce quality standards to safeguard the sending and receiving of information and incorporate measures that enhance benefits, decrease risks and ensure authentication.

***Privacy:** The requirements of the Federal Privacy Act must be adhered to. Issues relating to unauthorised persons viewing the information can include examples where households have a common email address for the family, therefore allowing access to emails not addressed to the individual. Some computers may have a common/communal password allowing multiple users to have access and therefore the potential to receive email not addressed to them increases.

To minimise these risks the dietitian would need to ensure consent is provided to pursue this type of health care service. A standard consent form should be used (see attached).

***Records:** All client records must be maintained in line with existing legislation in each State/Territory. Therefore adequate electronic storage space or paper filing system (containing printouts of emails) must be up to date, clear, accurate and secure.

***Location:** In medicine, practice occurs as defined by the Medical Practice Act of an individual jurisdiction in which the patient is located. Any form of practice should be subject to regulation by the patient's relevant State/Territory authority. Health professionals may be subject to the legal obligations, requirements or liabilities of the State/Country the patient is living in, not the State/Country they are practising in.

Dietitians would also need to be aware of any specific state based legislation or standards of care in a country outside Australia (e.g. New Zealand) if they had e-clients resident there. Dietitians would also need to consider whether their professional indemnity insurance cover extended to practice in another country.

Non Face-to-Face Consultations: There are instances when a health professional may be requested or may choose to provide dietetic advice to a patient when they have not had a previous face-to-face consultation. Therefore confirmation of the identity of the patient must be verified to the health professional's satisfaction before service is provided. (The AMA does not support electronic consultations where no established relationship exists, except for special circumstances such as remote access).

When a client is referred by another health professional, the referral should include enough information to make an accurate assessment/diagnosis. If this is not the case then it is advised that it is the responsibility of the treating health professional to request the required information before treating the patient.

Consent forms (see attached) should be signed by a client stating that all information they have provided is accurate and correct.

There are potential limitations of electronic consultations where there is no face-to-face contact. Certain dietetic assessments may be less than ideal such as anthropometric measurements. Health professionals need to be sure that a face-to-face consultation would not add extra beneficial information important for the client's care. It is noted that there may be situations where face-to-face contact is not feasible. However, if non face-to-face contact has been chosen voluntarily it is up to the discretion of the health professional that this discussion will not hinder the treatment of the client.

Clients may be inclined to choose a non face-to-face treatment option due to ease, however benefits and limitations of electronic consultations should be outlined to the client so they can make an informed decision. Benefits of a face-to-face consultation include: establishment of rapport with health professional, acknowledgement of physical ailments associated with nutritional deficiencies, recognition of emotion during interviews.

It is recommended that visual consultations e.g. video conferencing be conducted if possible, especially if it is an initial consultation, to help decrease the identity risks and limitations in assessment. If this is not possible then detailed referrals from other health professionals who have sighted the patient, as well as written consent forms (see attached) from the client/guardian are recommended.

The NZ Medical Council's view is that for a "patient to be 'under his or her care', a doctor must have had a face-to-face consultation with the patient or have discussed the patient's treatment with another doctor who can verify the accuracy of the data". Age of the client is another risk factor when non-visual communications are used. If the patient is underage, signed consent forms (see attached) from parents / legal guardians will be needed before consultations can begin. These people will also need to be able to verify their identity.

***Level of Care:** The level of patient care must not be sacrificed by using electronic consultations. The client should be receiving the same quality care as a regular face-to-face consultation. This includes patient selection, assessment, diagnosis, consent and follow-up.

References

1. Medical Council Of New Zealand, Statement on use of the Internet and electronic communication, June 2006, www.mcnz.org.nz March, 2008
2. Australian Medical Association, Position Statement: on-Line and other Broadband Connected Medical Consultations-2006, <http://www.ama.com.au/web.nsf/doc/WEEN-6VD2CU> 28/02/2008
3. Medical Board of Western Australia, Telemedicine, www.medicalboard.com.au March 2008
4. The Macquarie Dictionary www.macquariedictionary.com.au

Draft Consent Form (Adult – Independent)

Client Details

Name:

Address:

DOB:

Nominated email address:

Referring Doctor:

Consent statements

I _____ consent to the passing of information in relation to **my** dietetic treatment to be sent to the nominated email address, which is a secure and safe address that only I have access.

I _____ declare that the information provided on this form is true and accurate at the time of signing and that **my** identity is that stated on this form.

I give permission for _____ to contact my referring doctor in reference to **my** treatment.

I give permission for _____ to contact further specified health professionals (list) in reference to my treatment

Signed

(Client)

Draft Consent Form (Parent / Guardian)

Client Details

Name:

Address:

DOB:

Nominated email address:

Referring Doctor:

Guardian Details

Name:

Address:

DOB:

Consent statements

I _____ declare that I am the legal guardian to the client _____ and that the information provided on this form is true and accurate at the time of signing and that **my** identity is that stated on this form.

I _____ consent to the passing of information in relation to _____ 's dietetic treatment to be sent to the nominated email address, which is a secure and safe address that only **I/they** have access.

I give permission for _____ to contact the referring doctor in reference to **their** treatment.

I give permission for _____ to contact further specified health professionals (list) in reference to their treatment

Signed

(Guardian)