

FAQ

FREQUENTLY ASKED QUESTIONS



WEBINAR

Telehealth and Aboriginal & Torres Strait Islander patients

For some years now, Telehealth has been identified as a particularly effective method of delivering health services to Aboriginal and Torres Strait Islander patients living in remote rural locations. With teleconsultations now being undertaken more widely across Australia in response to the COVID-19 pandemic, the experiences of GPs caring for our Aboriginal and Torres Strait Islander communities in places like Arnhem land have never been so valuable.

What are the main barriers to traditional health models that prompted the adoption of Telehealth for remote Aboriginal and Torres Strait Islander communities?

- distance between the general practice and the community;
- patients' reluctance to travel / seek help outside their own community;
- costs and dangers (weather/terrain) involved in flying medical personnel out to see patients.

How has Telehealth been delivered for Aboriginal and Torres Strait Islander patients in remote locations?

TEAM EFFORT

The effective delivery of Telehealth services in remote areas involves the collaborative efforts of:

- Nurses / Aboriginal Health Workers / GP trainees (typically a pair from this team would be on site with the patient for the consultation);
- the GP (working out of their clinic or other remote location); and
- any Specialist/s (who, with the aid of photos and carefully documented patient observations, can be consulted by the GP during or immediately after the teleconsultation).
- the patient

This collaborative approach is found to be the most beneficial way of delivering quality outcomes even in the context of Aboriginal and Torres Strait Islander patient groups whose access to telecommunications is limited to a public phone. In such situations, telephone consultations are carried out by the pair on location with the patient (ie nurse and / or Aboriginal Health worker and / or GP trainee) calling the GP, who has access to a second phone in case a specialist needs to be consulted in real time.

Phone consultations are very difficult without the team effort. If the only option is a telephone consult without any clinicians accompanying the patient, the GP needs to devote 100% of their attention to the patient (no typing notes into their computer or loading the printer with more paper). They also need to pay particular attention to what they are saying and take the time to assess what the patient understands from this. Where there is sufficient internet, the preference is for video calls combined with visual aids to help breach language and other gaps in understanding.

WORTH A THOUSAND WORDS

Pictures are a crucial part of the telehealth process dealing with Aboriginal and Torres Strait Islander patients in remote locations.

For the GP back in the clinic, the virtual sighting of wounds that need treatment or changes in the condition of a patient located hours away can be the difference between a good and bad health outcome.

For the Aboriginal and Torres Strait Islander patient, visual aids can enhance the communication of their situation and the explanation of health concepts generally.

For the nurse / Aboriginal health worker / GP trainee with the patient, being able to take high definition images and project them onto a computer monitor can assist them in demystifying the healthcare process for the patient while providing essential diagnostic information for the GP and/ or specialist located remotely.

A smart phone with a good camera, or ideally a digital otoscope or ophthalmoscope that can connect to a tablet or computer, captures images to assist with diagnosis and health management. Video is a very useful tool, especially when combined with still photos that are often much clearer and can be presented with suitable context (such as a ruler / tape measure to show size or comparison images of other potentially relevant wounds / areas of infection or inflammation etc.).

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PATIENT PRIVACY, CONSENT AND CULTURAL SENSITIVITY

It is common for Aboriginal and Torres Strait Islander patients to attend consultations with one or more family members. Before starting the consult the GP must confirm the identity of the patient and verify who they are happy to have present with them (if anyone) other than the Nurse / Aboriginal Health worker / GP trainee assisting with the teleconsultation. This needs to be documented in the patient file.

It is also important to obtain and document the patient's permission before taking any photos or videos of them. Assurances that these photos or videos will be deleted from the phone / computer after being used for the consultation or sent on to a specialist are also important.

PATIENTS WITH HEARING IMPEDIMENTS

A further advantage of the team approach to Telehealth for Aboriginal and Torres Strait Islander patients is the assistance patients with hearing impediments can receive from the clinician on-site with them. When this is not possible, a family member can help to act as intermediary, and video calling enables patients to lip-read and pick up on visual cues.

What are some tips for supervising GP trainees new to consulting via Telehealth?

- invest in good technology for them (eg smartphone, tablet / laptop, digital diagnostic camera, pen light);
- educate them in the tricks and techniques for the most useful photos and video footage (eg using tape measure, good lighting, context);
- use Team Viewer to log into their computer and review patient files together in real time;
- reassure them that you are always accessible for them during and after consultations.

This new guide <https://gpsupervisorsaustralia.org.au/aboriginal-and-torres-strait-islander-health-in-general-practice-guide/> is available for download.

