



ADHA Trial of Consultative Process to Recommend Appropriate Technical Standards for Telehealth - Feedback Form

Please consider and review **BOTH** documents:

- The 4 page Introduction and Background
- The supporting document titled 'Technical Standards to Categories Mapping for Consideration and Feedback'.

Your comments and feedback in any format (email, Word document and/or mark up of the attached documents) are welcomed, together with links to standards and/or other documents that relate to your comments and feedback.

However, we would also appreciate you specifically providing feedback on the following questions using this form.

You can submit your comments at any time up until our closing time of **Friday 26 February 2021**. Please email your feedback (including this completed form) to:

au_telehealth_standards_selection_project@pwc.com

INTRODUCTION AND BACKGROUND PAPER

Question 1: What do you think of the 9 key themes from the Stage 1 Consultation in Nov/Dec 2020?

If you participated in the Stage 1 Consultation, are there themes missing?

Audiology Australia (AudA) strongly supports the nine key themes identified from the Stage 1 Consultations and notes that they are fairly comprehensive.

We agree that language is important and from a clinical perspective believe the focus should be on guidelines, rather than standards. Our sector and the government agencies that manage it has always been driven by client outcomes. Guidelines provide a degree of flexibility which enables clinicians to apply a client-centred perspective and drive the tele-consultation in a direction that achieves the best outcomes.

We would argue that in supporting the consumer experience a tele-consultation is able to replicate or improve the in-clinic experience. Further clarification is required around the use of the term "face-to-face" as a video consultation is face-to-face, but not "in-person". A video consult can be more personalised as the clinician is able to observe the physical environment of the client and recommend or make changes that reflect their real world experience. The client can test out changes immediately enabling the clinician to make further adjustments and improve outcomes. We also believe there are added advantages in terms of engaging with the significant other who is often in the home and willing to participate in a video-chat but reluctant to attend a physical appointment.

We have identified the following themes which we would like to be included:

- Provision of goods as well as services via tele-health (prosthetics/ prescriptions etc). Devices are an integral part of allied health and rehabilitation services.
The supply of goods via Australia Post or courier is integral to a successful tele-health intervention. These may be tools required to facilitate the diagnostic process (eg USB otoscopes), devices to support rehabilitation (e.g. hearing aids or programmers) or maintain current systems (e.g. batteries, receivers). Integration of a fast efficient delivery service for all hardware is required to optimise the tele-health experience.
- Facilitate e-payments and details of billing services for all funding models, including integration of all Government agencies (Department of Veterans' Affairs (DVA), National Disability Insurance Scheme (NDIS), Hearing Services Program (HSP), not only Medicare) and private services (HiCAPS, private insurers, individual funding).

Question 2: What do you think of the 5 proposals listed on pages 3 and 4 of the paper?

Q 2(a) Are there additional Categories to the 5 listed on page 3 that you believe should form part of the initial focus for recommended technical IT telehealth standards?

Q 2(b) Do you support the concept of developing and maintaining a list of future focus desirable capabilities and features?

Q 2(c) While clinical standards are not within the Project scope, do you support a recommendation from the Project for requesting the Australian Commission on Safety Quality in Health Care to develop comprehensive Australian Telehealth Clinical Standards?

Q 2(d) Do you support the Australian Privacy Commissioner developing guidance on compliance with the Australian Privacy Principles when using telehealth?

Q 2(a) AudA considers that an additional category is needed which should form part of the initial focus for recommended technical IT telehealth standards:

- Support for an **ongoing program to strengthen the communication and digital literacy skills of the allied health workforce** in order to effectively deliver telehealth services.

In addition, we note the initial focus is heavily biased towards diagnostic services, clinical record keeping and onward referral. When considering interoperability and integration there should also be a focus on all elements of the rehabilitation and management provided by all allied health professionals, including provision of prosthetics and devices, as well as long-term care and support. For audiological service provision there needs to be the ability to integrate overarching software packages required for hearing device provision (e.g., NOAH, the HIMSA data base system).

Q 2(b) AudA strongly supports the development of a list of future focus desirable capabilities and features for telehealth. We highlight the importance of ensuring that telehealth is accessible to people who are deaf, hard of hearing or hearing impaired. This includes ensuring that telehealth systems accommodate for sign language and lip reading capability and in particular the use of closed captioning abilities across all software platforms.

Q 2(c) AudA supports the recommendation to request the Australian Commission on Safety Quality in Health Care to develop comprehensive Australian Telehealth Clinical Guidelines, but we question the need to enforce technical Standards which may limit the capacity of the clinician to personalise their programs or pivot to meet individual needs. In our experience a highly prescriptive or rigorous approach to clinical services does not provide the best client experience or optimal outcomes.

Q 2(d) AudA supports the Australian Privacy Commissioner in the development of guidance on compliance with the Australian Privacy Principles when using telehealth. Specifically, we would like this to include an examination of how this may impact the supply of other hardware that needs to be shipped to individuals to support the therapeutic process.

TECHNICAL STANDARDS TO CATEGORIES MAPPING FOR CONSIDERATION AND COMMENTS

Question 3: Under the listing of **Foundation Categories** there are a number of standards and technical guidelines that have been provided (on the far right hand side) that correspond to each of the listed categories. Please provide any commentary on the items that you believe most align to the category in question, and if there are any other standards you believe should be considered for each.

Security	
Privacy Compliance	
Interoperability	
Integration	
Audit Trail	

Question 4: Please consider the list of **Categories for future consideration of recommended standards**.

Q4 (a) Are there any additional categories you would propose at this stage?

Q4 (b) Are there any categories listed that you do not believe warrant future consideration of recommended standards at this stage?

Q4 (c) Which categories do you believe need to have a recommended technical standard determined over the next 2-3 years?

Please provide details of any relevant existing standards (or standards under active development) that you believe are relevant to one or more of the Categories listed.

Q 4(a) We recommend that the category called “other devices and tools” is expanded to include devices and software packages which facilitate rehabilitation and management (e.g. NOAH and its software packages) or alternatively to add a separate category that differentiates diagnostic tools (e.g. otoscopes) from rehabilitation devices (e.g. hearing aids). We recommend the inclusion of integration of funding services including Government agencies (Medicare, DVA, NDIS, HSP) and other billing services (private billing, HiCAPS, Private Insurers).

Q 4(c) AudA notes that as the use of telehealth services continues to expand across healthcare and as telehealth systems and products become more widely available, it will be important to ensure IT standards are kept up to date and fit for purpose. Therefore, AudA suggests that the proposed future standardisation – Review and Quality Improvement – will need to have a recommended technical

standard determined over the next 2-3 years.

The Australian Government Department of Health is supporting industry to develop teleaudiology standards for the hearing services sector through an initial scoping study. The development of new teleaudiology standards has not yet commenced, however AudA notes the teleaudiology standards will very likely be relevant to many of the Categories listed.

Question 5: Please review the **future focus set of desirable capabilities and features**, noting that this is a list of possible future desirable capabilities and features that might benefit from appropriate standards development longer term.

What comments do you have on this list?

Are there other capabilities and features you would add?

What would be your top 3 or 5 **desirable capabilities and features** that might warrant early attention?

AudA would like to include the following capabilities and features for consideration to the future focus list:

- Availability of closed captioning across all software packages to enable telehealth (video) consultations to be accessible for clients who have a hearing impairment.
- Use of device programming packages and rehabilitation and management tools.
- Capacity for billing across Government agencies.

AudA considers that the top 3 or 5 **desirable capabilities and features** that might warrant early attention are:

- Use of other digital diagnostic devices and tools (to be expanded to include rehabilitation hardware and software).
- System, equipment and connectivity testing (NBN limitations and poor internet connections continue to be a barrier to effective video consultations).
- Capacity for billing across all Government and private agencies (it is not clear if this is included in the feature called “associated e-services” as electronic billing or electronic payments).

THE PROJECT’S PROCESS TO DATE AND LESSONS LEARNED

Q6 As noted in the Introduction and Background Paper, this Project is trialling a *process*. We would very much value your feedback on the process to date?

What worked well for you?

What did not work at all?

How could the process have been undertaken better?

AudA considers the Project’s process to be working well to date. Each stage of the consultation has been clearly defined. It has been helpful to view the summary findings from the previous consultation stage and understand how it has informed the development of the working documents.

Question 7: Please provide any additional comments here.

AudA notes that a healthcare professional’s communication skills and digital literacy is key in providing

effective telehealth services and delivering successful patient outcomes. Feedback from our members indicate that not every healthcare professional currently has the non-clinical skills to be able to complete and manage a Telehealth appointment. Therefore, we consider that ensuring the healthcare workforce is well-equipped with the digital literacy and communication skills needed to provide telehealth services is essential.