

Victorian Rural Clinical Network Meeting August 18th 2020

Summary Notes provided by Cath Hannon, The Women's Clinical Champions Project

Case study: Telehealth in the time of covid-19	
<p>Scenario: Maddie 38yo woman, lives in Mallacoota, far east Gippsland. She has made an appointment for consultation via telehealth with you, a GP at Gippsland Lakes Community Health Service, Bairnsdale. This is the first time Maddie has had an appointment at the clinic & the consultation occurs on July 4th, prior to the new criteria for access to telehealth.</p>	
Current pregnancy history	Last normal menstrual period (LNMP), 6 weeks ago Emergency Contraception, 3 weeks ago, missed period. Positive pregnancy test 2 weeks ago
Obstetric history Previous pregnancy and outcomes.	G4 P1 2010 STOP@ 10/40 2012 Ectopic pregnancy 2015 Emergency caesarean, term, 2 year old boy "Nathan"
<p>Phoned 1800 Myoptions, referred to GP, listed as private registration as a MS2step provider. Appointment made by clerical staff.</p>	
<p>What investigations are required?</p> <ul style="list-style-type: none"> • <i>Ultrasound to locate pregnancy, timing important as need to avoid an ultrasound that is too early & prior to evidence of yolk sac.</i> • <i>Qualitative beta hCG, used in conjunction with ultrasound. Use with caution in absence of ultrasound as hCG levels plateau at 12/40 then reduce significantly from this point</i> • <i>Some services also routinely request FBE, +/- Fe studies</i> • <i>Rhesus status: Now practising from RANZCOG guideline introduced during COVID-19, based on UK based Royal College O&G guideline. Implications for practice: no longer need to offer Anti-D in the context of management of medical abortion. No need to order or prescribe. See: www.ranzcog.edu.au/news/covid-19-anti-d-and-abortion</i> 	
First appointment via telehealth:	<p>Discussion re confirmation and location of pregnancy.</p> <p>Maddie states she has made her own decision to end this pregnancy. Partner in pregnancy supportive.</p> <p>Maddie concerned about the risk of covid-19 and doesn't want to travel.</p> <p>Initially declines to have a scan.</p>

	<p>Options discussed, nearest available ultrasound service over the border, approx. 300kms round trip. Current border restrictions due to Covid-19 situation. Maddie concerned about using a health service risking infection as well as the effort to negotiate a border crossing.</p> <p>Agrees to beta hCG serology, available locally.</p> <p>Scan arranged, documentation for border crossing completed.</p> <p>Second appointment made for one week.</p>
<p>What else do we need to know about her clinical history</p> <ul style="list-style-type: none"> • <i>Explore past obstetric history, i.e ectopic pregnancy impact & management, ?salpingectomy, ?haemorrhage</i> • <i>Given past history of ectopic pregnancy, the need to site the pregnancy is essential, both intrauterine pregnancy & not sited in previous caesarean scar.</i> • <i>Maddie declines to have an ultrasound due to the distance involved, fear of interacting with health services & current covid-19 related border restrictions. Maddie resides in isolated location in far east Victoria. Closest ultrasound service in NSW, access to Victorian based ultrasound service involve approximately twice the travel distance compared to NSW service.</i> • <i>Discuss the need for an ultrasound with Maddie. Outcome is Maddie consents to an ultrasound, second appointment arranged.</i> 	
<p>Second appointment</p>	<p>Scan result available:</p> <p>CRP 2mm, gestational and yolk sac present,</p> <p>Fundal location.</p> <p>Pregnancy options discussed, Maddie opts for medical abortion.</p>
<p>How do we guarantee consent in the context of telehealth consultation?</p> <ul style="list-style-type: none"> • <i>Services use various technologies – email, SMS</i> • <i>Gateway use client email to forward information about the procedure, expectations of care, written consent. Client prints the consent, takes a photo of the signed consent & return to the service to be filed in history.</i> • <i>FPV: verbal consent, send consent via SMS; clinician & client read the consent together during the telephone based consultation & documented.</i> • <i>Bendigo CHS: has developed a relationship to partner with key Pharmacy service in Bendigo. Read the consent with client then email consent, script, instruction, pathology & ED letter to Pharmacy. Pharmacy prints these & gives to client, also print consent & return email to Bendigo CHS. Co-operative relationship works well, approx. 4 consultations per week.</i> 	
<p>What are key criteria for obtaining informed consent in a telehealth consultation?</p> <ul style="list-style-type: none"> • <i>Signed consent is not mandated by the TGA.</i> • <i>Informed consent is a process, relies on provision of adequate information to understand the risks and benefits involved.</i> 	

- *Signed consent is a convention, key is that the client fully understands the procedure.*
- *Clinician needs to demonstrate in the client notes that discussion & key points regarding the procedure have taken place.*

How is the consent process different to a face-to face consultation?

- *Consent process is the same regardless of the type of consultation.*
- *Need for a conversation between clinician & client to demonstrate an understanding of the expectations, risks, advantages & disadvantages of the procedure.*

What are the arrangements for dealing with complications?

- *Recommend to access health services on one side of border only. Capacity to cross border is limited & adds to stress.*
- *Some services have an eligibility criteria of < one hour travel to an emergency department. No prescribed regulation on distance to an emergency service.*

Experience of Gateway in Wodonga

- *Difficulty in practice arises with the “bubble” arrangement, people use services across the Vic/NSW border. People are required to self-isolate for 14 days once they have accessed services in Vic.*
- *Gateway currently using telehealth or telephone consultations as a way to get around the travel & isolation issue. Very limited options to travel if service is not available in Wodonga*
- *Telehealth available in Victoria as MBS criteria for telehealth extended for services in Victoria, but now not available in NSW.*

Pharmacy stock:

- *Check Pharmacy has current stock. In rural locations the pharmacy may have low or no stock & need to order stock, may result in a delay to treatment.*
- *MS2step “Find a Dispenser” database on their site not always up to date*
- *All MSHHealth telehealth scripts for MS2Step are posted, all dispensed from a Central Pharmacy.*

Feedback on telephone or telehealth consultation

- *Recent experience of a woman who declined a telephone consultation due to lack of privacy & confidentiality. Person concerned preferred to have a face to face consultation.*
- *No services participating in the meeting currently using a videoconferencing format, due to poor internet connection.*
- *Some services use a phone room within the health service, client uses telephone & sits alone in the room. Advantage is able to access the resources of the service & may have limited face-to-face contact as required.*