



Health and Disability Services Complaints Office

Submission for the draft revised guidelines: Telehealth consultations with patients

February 2023



Health and Disability Services Complaints Office

About Us

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority providing an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories, covering the public, private, not-for-profit sectors and prison health services.

Our vision is to support improvements to health, disability and mental health services through complaint resolution. This is achieved through two key service areas:

Service One: Assessment, negotiated settlement, conciliation and investigation complaints.

Service Two: Education and training in the prevention and resolution of complaints.

HaDSCO is established by the *Health and Disability Services (Complaints) Act 1995* (the HaDSC Act) and also has responsibilities under Part 6 of the *Disability Services Act 1993* and Part 19 of the *Mental Health Act 2014*. The main functions under these Acts are to:

- Deal with complaints by negotiated settlement, conciliation or investigation.
- Review and identify the causes of complaints.
- Provide advice and make recommendations for service improvement.
- Educate the community and service providers about complaint handling.
- Inquire into broader issues of health, disability and mental health care arising from complaints received.
- Work in collaboration with the community and service providers to improve health, disability and mental health services.
- Publish the work of the Office.
- Perform any other function conferred on the Director by the HaDSC Act or another written law.

In the 2021-22 financial year, HaDSCO received 2,299 complaints about health services. The most common issues identified by these complaints concerned the quality of clinical care, access to services, and/or communication between the health provider and the consumer.

Feedback on the draft guidelines: Telehealth consultations with patients

The feedback provided by HaDSCO does not address the specific questions for consideration in the public consultation paper regarding the draft revised guidelines, but instead provides some general comments on the changes to the proposed guidelines.

The background to the changes to the guidelines for telehealth consultations with patients is that there were previously two guidance documents which have been merged to create this guideline. There are some revisions made to the amalgamated guidelines to support good practice when using telehealth. The consultation paper outlines the three options considered and rationale for suggested amendments. It recommends that the guideline is revised as a low-cost high-impact option that will clarify the existing guidance and contribute to the safety of the community. There are several benefits outlined which may positively impact both Practitioners and consumers of health



services. HaDSCO is in agreeance that the proposed preferred option is the most suitable.

The guidelines clearly discuss the opportunities for use of telehealth, whilst also acknowledging that it is not appropriate for all medical consultations and is not a substitute for face-to-face consultations. Limitations which have potential to impact on clinical care are discussed, including the lack of face-to-face interaction, person to person interaction and capacity to undertake physical examinations. It is identified that a mix of face-to-face and telehealth consultations is generally most appropriate in the context of a continuing clinical relationship. There is also consideration given to the importance of telehealth in overcoming barriers for health consumers in regional and remote areas.

The draft revised guidelines: telehealth consultations with patients is comprehensive and clear in its intent and objectives. It covers all areas relevant to the process of conducting a telehealth consultation from planning through to review in a manner which is informative and helpful for clinicians intending to utilise this option. It effectively maintains the balance in needs of practitioners to be able to provide services in a targeted way with those of consumers who require high standards of clinical care in flexible and modern ways. It is clear in identifying which areas it does not cover and directing users to where they can obtain further information in these areas. The Guidelines consider and address cultural and client-centred perspectives. There are no recommendations for additions to the Guidelines.

If applied to clinical practice the guidelines have the potential to address some of the 'pain points' for consumers seen across the health system. Of the health complaints managed by HaDSCO in 2021-22, the primary issues raised were related to quality of clinical care (34%), access to services (17%) and communication (15%). HaDSCO received 86 complaints related to telehealth in this period (less than 5% of total complaints). A review of these complaints identified three main themes. The first was billing practices, examples being lack of clarity around costs or bulk billing status, or being charged when the consult did not occur as scheduled. The second was declining/refusal to consult. Examples of this included where the patient had not had a face to face appointment with the clinician in the last year and therefore did not meet agreed standards, and this had not been adequately explained to them. The final theme was lack of adequate follow up, including the sending of scripts and referrals agreed upon in the consult. HaDSCO notes that the areas covered by these themes are discussed in the revised guidelines. By clearly outlining appropriate use of telehealth in clinical care, as well as considerations to be taken prior, during and post assessment, the guidelines help to promote good clinical practice. When used appropriately telehealth has an important role in helping to address service access issues, a particularly relevant issue in Western Australia given the regional and remote communities.

HaDSCO has not identified any further issues regarding the draft revised guidelines. It is sometimes difficult to identify or forecast if matters might be missing from guidelines until they are put into practice. A review undertaken within a reasonable period following implementation might provide an opportunity to identify how the revised guidelines are working in practice and whether any content needs to be updated.



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