

MAIAS PROTOCOL FOR PURE MENTAL HARM ISV MEDICAL ASSESSMENT VIA TELEHEALTH

The current COVID 19 pandemic has led to the temporary use of telehealth for pure mental harm GEPIC assessments where it is safe and clinically appropriate to do so. The purpose of this protocol is to outline the circumstances under which an assessment can be undertaken via telehealth, and the obligations of an AMP in preparing for and performing the assessment.

Decision to use telehealth

The decision to assess via telehealth videoconferencing has to be taken on a case by case basis considering the suitability information described below. There may be claimants in these categories who are suitable and others, not described, who are unsuitable.

It is the responsibility of the Accredited Medical Practitioner (AMP) to ensure all relevant claim information has been provided by the referrer to determine the suitability of the claimant for this technology. This decision should be made before the assessment is scheduled on the basis of information available at that time. If telehealth is unsuitable and COVID 19 guidance on personal protection prevent a face to face interview then the assessment must be postponed.

Suitability of telehealth for the Injured Person

A pure mental harm ISV medical assessment should only occur following agreement by all relevant stakeholders and participants:

- The injured person which may be provided via their legal representative (via consent form)
- The assessing Accredited Medical Practitioner
- The managing CTP insurer (when the insurer has agreed to fund the assessment)

Prior to the assessment, an opinion on the suitability of a telehealth assessment must be obtained from an appropriate treating health practitioner. Where possible this should be obtained in writing by the assessment requestor prior to scheduling the appointment. This can also be done verbally by the AMP. It is the responsibility of the AMP to ensure the injured person's treating health practitioner opinion has been obtained before proceeding with an assessment.

If after three reasonable attempts by either the assessment requestor or AMP, an opinion from the treating health practitioner could not be obtained, it will be at the discretion of the AMP based on all other available evidence, whether it is appropriate to proceed with the telehealth assessment.

In assessing suitability, the AMP must also consider the injured person's specific circumstances including (but not limited to):

Children under the age of 14

Children under the age of 14 generally require an interview with a parent or caregiver and a further interview with the child. Children under the age of 14 may be less verbal than older children and need to be observed during the interview with regard to their speech, their behaviour, their appearance and their response to the interview situation. This is difficult to assess by a videoconference.

People whose predominant complaint is pain

Assessing people with issues regarding pain requires observation of their behaviour with regard to mobility, such as changing position, walking difficulties, use of walking aids and so forth. These are much more difficult to assess via videoconferencing.

People with a psychotic illness

People with psychosis are more difficult to assess by videoconferencing as their behaviour may be erratic and they may find the process exacerbates delusional thinking. They may be accompanied by family members who may need to be interviewed separately. This is difficult to arrange in a videoconference.

People with an acquired brain injury or cognitively impaired

In most cases these claimants should be seen in the face-to-face situation especially with regard to determining cognitive dysfunction using such tools as a Mini Mental State Examination.

People with severe physical injuries and/or people with extensive scarring

The AMP needs to be aware of mobility issues, limitation of movement of limbs, extent of scarring and the effect of scarring on appearance together with claimants means of concealing scarring. All these issues require a face-to-face interview and are less easily accomplished via videoconferencing.

Preparing for the assessment

The AMP (or office delegate) must adhere to the following obligations and considerations in preparation for a telehealth ISV medical assessment.

Confidentiality

Assessments undertaken by telehealth must adhere to the same privacy and confidentiality principles as regular assessment. Claimants must be provided with the usual introductory information but also need to be re-assured that the interview is being done confidentially.

This may require additional verbal consent for the interview to proceed. Assessments undertaken by telehealth must not be recorded by any participants.

Use of Telehealth technology

Telehealth delivery systems have differing levels of security/encryption. It is the responsibility of the AMP to provide suitable telehealth technology and to become familiar with its use. The assessment should adhere to the Royal Australian and New Zealand College of Psychiatrists Professional Practice Standards and Guides for Telepsychiatry.

Assessment Venue

It is the responsibility of the AMP (or office delegate) to ensure the following for all participants before commencing an assessment:

- Access to a quiet and appropriate room
- Appropriate hardware
- A reliable internet connection

Pre-assessment system test

It is the responsibility of the AMP (or office delegate) to ensure the participants are provided with detailed instructions on how to use the telehealth service and what to do should they experience technical difficulties. This should be provided at least seven days before an assessment. The AMP (or office delegate) must also undertake a final test run at least one day before the telehealth services with all participants.

Use of interpreters

Use of interpreters is possible via videoconferencing, including a situation where the interpreter and the claimant are in different locations. Some technologies do not easily support three way contact and this should only be done if communication between participants is extremely clear and reliable, otherwise the assessment should be postponed.

Information sheet for claimants

The MAIAS information sheet and consent form must be sent to the injured person at least seven days prior to the interview providing information about the process and various requirements. This should be sent to the claimant by the person requesting the assessment but it is the responsibility of the AMP to ensure they have sighted a signed consent before proceeding with an assessment.

Performing the Assessment and completing the report

Prescribed Template

A Telehealth Injury Scale Value (ISV) Medical Assessment Report Pure Mental Harm GEPIC Report template has been created and must be used for all assessments completed via telehealth. The template contains a declaration that the AMP must complete to attest to the following:

- It is their clinical judgement it is appropriate for the assessment to be technology based
- They have determined a face to face assessment is not necessary
- They have undertaken the process in accordance with this protocol
- They have confirmed the identity of the injured person prior to commencing the assessment (photo ID was shown via video format)
- They are satisfied the claimant's physical environment and technology was appropriate
- They are satisfied they were able to conduct the assessment to an adequate standard and the clinical findings can be relied upon

Telehealth statement in the report

The AMP must state in the report why videoconferencing is appropriate. The report should note any issues arising from the videoconference that may have adversely affected the interview.

Duty of Care

It is the responsibility of the AMP to ensure the health, safety and welfare of the injured person is maintained throughout the assessment. Prior to commencement of the assessment, the AMP will be notified of the injured person's support person via the completed consent form. The AMP must have the nominated support person's details available throughout the assessment and make immediate and direct contact if required.

Fees that apply to the use of telehealth

The relevant gazetted fees and item numbers contained in ReturntoWorkSA's '*Medical fee schedule - Permanent Impairment services*' also apply for completion of ISV medical assessments via telehealth. This schedule is available at <https://www.rtwsa.com/service-providers/provider-registration-and-payments/fee-schedules>

It is the responsibility of the AMP to decide whether to offer telehealth services, and incur any costs to facilitate the service. Claimant non-attendance, cancellation and reading time fees can apply for failed or postponed telehealth assessments.