

Diversity Dialogues Forum

11 November 2020

**CaLD Telehealth**

**Diversity Dialogue 2020 – Quality care from a physical distance:** **Delivering quality and culturally responsive telehealth services**

**Overview**

## The purpose of this forum was to increase participants’ knowledge an understanding of issues around CaLD access and utilisation and confidence and motivation to deliver culturally appropriate services and choices. The world was quickly thrust into the use of remote technology in 2020 with the COVID-19 pandemic and although previously telehealth was really only used for regional and remote situations, Medicare billing codes for telehealth became suddenly available for the mainstream. At first these were across the board and all bulk billed then there were criteria about known providers introduced as well as the ability to charge a gap fee. With these changes came advantages and benefits as well and challenges and additional considerations for CaLD community (such as interpreter use). The webinar set out to explore some of the key issues and promote discussion around best practice.

The forum was Health Consumers’ Council’s first online Diversity Dialogue held in webinar format in September 2020. Health Consumers’ Council (HCC) partnered with the Digital Health Cooperative Research Centre (DHCRC), based in New South Wales (NSW). HCC Executive Director Pip Brenan chaired the panel which also consisted of CaLD advocates from the Ethnic Communities Council of WA and Multicultural Services Centre of Western Australia, the Health Services Manager of Ishar Multicultural Women’s’ Health (based in Mirrabooka), an interpreter and Managing Director of a WA interpterion company and a practising GP and national telehealth expert from NSW.

DHCRC have a large following and by September had held a number of telehealth webinars so collaboration with the organisation meant the Diversity Dialogue event had a very large reach. Over 1300 people registered for the webinar with 153 (11%) of these being from WA (DHCRC has a national reach and public online events in general are not restricted by geographic location).  On the day over 650 people attended live (which is expected as many people will register so they get sent the link to the video recording to watch at a later date) with

Panellists:

* Pip Brennan – Executive Director of the Health Consumers’ Council WA (Panel Chair)
* Vivienne Pillay – Executive Officer, Ethnic Communities Council of Western Australia
* Nihal Iscel – Team Leader Consumer and Stakeholder Engagement, Multicultural Services Centre of Western Australia and Senior Policy & Advocacy Officer at Ethnic Communities Council of WA Inc.
* Rachel Pearce – Dietitian and Health Services Manager, Ishar Multicultural Women’s Health Services, Western Australia
* Ella Davies – Managing Director and Interpreter, WA Interpreters
* Dr Amandeep Hansra – practicing General Practitioner in New South Wales and national telehealth expert

Our thanks go out to all panel members for their participation and invaluable input.

The webinar was recorded and the recoding can be accessed [here.](https://zoom.us/rec/play/-57gFjle6a0m8FAhfdlr59ndxfbWvAq-ujmfLqQzAG9M98I9tdpFjh_Q6C9tvXT8Yl2A5lH60E2Sx4ol.Ar7K2x2yV2hMM9x5?autoplay=true&startTime=1599102084000)

**Content of Discussion**

The session was opened with an acknowledgement of country. A definition of telehealth for the purpose of the discussion was also given. This was given as “provision of remote care using technology” and stated as being phone or video and in any area of health service provision – GP, allied health, hospital.

The discussion then commenced with each panellist being asked share their insights into the greatest challenges for this space and/or the greatest benefits. Vivienne from ECCWA gave an example of where telehealth can work well, e.g. English speaker with a regular GP and cases where there can be more issues, e.g. an Alzheimer’s patient and those who do not have a regular known health service provider.

Nihal spoke of a lack of awareness about telehealth in CaLD community and a reluctance to use interpreters (from health service providers).

Rachel from Ishar, based her answer around the recent early pandemic experience and saw the main problems as:

* Technology – access to a computer, computer literacy, technology skills and cost/availability of internet data
* Privacy – particularly for our DV clients
* Interpreters – at the time TIS did not provide access to video interpreters and it was hard to have a client on video and interpreter on the phone.
* Building trust with health professional – particularly for Counselling
* Using visual aids – not possible with phone

Rachel also summarised the benefits from the Ishar experience in March / April 2020.

* Reduced appointment time – Phoned clients the day before to collect information such as registration details, symptoms and to get an idea around what they wanted to discuss at appointment. This cut down the appointment time.
* Follow up appointments or giving results by phone after a client had attend an appointment. We could also write scripts and send a photo or fax to the pharmacy. Likewise for pathology and scans.
* Most of clients catch the bus to the centre and were nervous of public transport during the pandemic.
* Staff could work from home which minimised the number of people in the office and reduced the risk of spreading infection.

Ella from WA interpreters Interpreting in the community and challenges faced by both interpreters and professional staff using their services, (such as availability of interpreters in certain languages).

Interpreting during the COVID-19 lockdown period here in WA (thus the need for more telephone and tele-health interpreting).

Dr Amandeep Hansra touched on the rapid roll out and acceptance of telehealth and how positive that is after many years of trying to get there. She touched on some of the advantages of video from a connection diagnostic perspective (information was is passed visually and non-verbally) and the fact that is currently little used, perhaps in part due to patient technology access but often due to clinician confidence. She also spoke of a reluctance to use interpreters and participating in webinars recently with Australian GPs who did not know they have (free access to interpreters)! Dr Amandeep talked about provider telehealth confidence needing it increase across the board so that we do not have a ‘tsunami’ of chronic disease management issues due to COVID and patients not seeing the GP.

The Chair, Pip then opened up to questions and there was a fair bit of discussion about interpreters, including clarification of what Nihal meant when she said “double charging”. Amandeep explained that there is no separate billing code for using and interpreters but if the consultation takes longer then you can charge for a longer appointment. Dr Amandeep explained that interpretation services are free for GPs through TIS. Panellists also touched on TIS now being available with video conferencing (this is recent as it was not previously) but TIS not being free for allied health. The panellists also touched on requesting a phone interpreter from a different state if there is concern about privacy and patients and interpreters being from the same small community in Perth.

Conversation then moved the digital divide and come CaLD people not having devices or data however not generalising as some CaLD people are very connected and also used to video calling (to call home etc.). There is talk of not generalising and assuming because of colour of even age. Mention of conversation privacy issues during lockdown (due to large households in close quarters) flows ono a more generally discussion about cultural competency and cultural safety.

The panellists were asked about helpful resources for the audience and Amandeep mentions an RAC GP campaign where GPs who speak another language o are bicultural can record a message in their own language to encourage patients to see the GP. She also recommends a guide which specifically addresses interprets and telehealth.

The conversation took an arguably interesting discussion regarding fee structure and Medicare billing models. The is some conversation about current telehealth codes and what codes are needed to continue and all panellists agree patient choice is paramount – telehealth vs face to face choice (panel in permitting) and video verus phone choice in telehealth.

**Evaluations**

Approximately 25% of attendees completed the feedback survey (again the expected response rate).  Feedback was 90% positive with the remaining 10% generally commenting around less discussion about interpreters in general and wanting more technical information on delivering telehealth.

Positive comments were about the range of panellists and good discussion around some of the barriers faced, resources shared being useful and the webinar being an important reminder about diversity challenges and interpreters. Negative comments were related to the session going “off track” (some felt the interpreter discussion was veering off the original topic of the webinar) and wanting more concert, practical or even “technical” suggestions. It is worth noting that some participants felt the conversation focusing heavily on interpreters was “off track” and others felt this was relevant as it is a very real issue in dealing with CaLD and in particular there are new complexities with the introduction of widespread telehealth.  The currency of the topic seemed to be appreciated with respondents commenting the webinar helped them navigate current and real issues.

A number of respondents said they would share the recording with their colleagues and / or social media and more specifically we are aware that the WA Primary Health Alliance shared on their portal, the WA Country Health Service shared on their social media (as part of Telehealth Awareness Week) and Mater Refugee Health Services shared amongst their colleagues and networks (following clarification of discussion around Medicare billing when an interpreter is used).

***Once again, thanks to all who participated.***

*Should you be interested in further workshops or forums held by HCC please visit the website at:* [*https://www.hconc.org.au/*](https://www.hconc.org.au/) *to see what is available or call on 9221 3422. Sessions can also be tailored to the needs of individual agencies and departments.*

**Appendix 1 – Resources**

During and after the webinar it came to the attention of the organisers there were a couple of matters raised which were not necessarily clearly resolved during the discussion. Therefore, clarification on these matters were sent out via email together with the referenced recourses to all registrants and attendees./ The same clarifications are also available with the recoding on both the HCC and DHCRC websites as follows:

Clarifications on matters around interpreters discussed in the webinar (correct at time of writing)

* [Free interpreting](https://www.tisnational.gov.au/en/Agencies/Charges-and-free-services/About-the-Free-Interpreting-Service) through TIS is available for GPs but not allied health professionals.
* [Video interpreting with TIS](https://www.tisnational.gov.au/en/About-TIS-National/News/Telehealth-video-interpreting-for-medical-consultations-is-available-now) is now available.
* GPs cannot charge for using an interpreter (there is no MBS item number).  If consultation time is extended, then it **may** be suitable to charge for a longer consultation **if clinically justified**.

The following resources were mentioned by panellists during the webinar and the links added to the webinar chat and also sent out by email post event.

* [Free interpreting](https://www.tisnational.gov.au/en/Agencies/Charges-and-free-services/About-the-Free-Interpreting-Service) through TIS is available for GPs but not allied health professionals.
* [Video interpreting with TIS](https://www.tisnational.gov.au/en/About-TIS-National/News/Telehealth-video-interpreting-for-medical-consultations-is-available-now) is now available.
* There is no MBS item number for interpreters so it is not possible to charge for using an interpreter.  If consultation time is extended then it may be suitable to charge for a longer consultation if clinically justified **(please see the emails attached for exact wording around this matter).**
* **D**uring the webinar the [RACGP Guide to Telehealth consultations using an interpreter](https://www.racgp.org.au/clinical-resources/covid-19-resources/telehealth/telehealth-consultations-using-an-interpreter) was recommended.
* Dr Amandeep also mentioned the [RAC GP campaign to encourage people to see their GP](https://www.racgp.org.au/let-s-show-that-expert-advice-matters) and explained that GPs who speak another language were encouraged to record a video in their language (reading a script about COVID-19 and the importance of seeing a GP) and upload on RAC GP’s [You Tube Channel](https://www.youtube.com/playlist?list=PLKg37k2DuVFPDvTWVer3SyZBK31R80BvE) such that the videos can be shared with community.
* In the chat other attendees made reference to:
  + [Patient and clinician resources](https://help.vcc.healthdirect.org.au/templatesandguides/downloads) on video consultations from Health Direct Victoria
  + Other [RACGP telehealth resources](https://www.racgp.org.au/running-a-practice/technology/clinical-technology/telehealth)
  + [Tools and resources on cultural safety](https://humanrights.gov.au/our-work/chapter-4-cultural-safety-and-security-tools-address-lateral-violence-social-justice) from the Australian Human Rights Commission
  + [Health Consumer’s Council cultural sensitivity training for health service providers.](https://www.hconc.org.au/what-we-do/diversity-culture/supporting-cultural-diversity-ffs/)
  + [This paper](https://gh.bmj.com/content/2/4/e000486) on cultural responsiveness (noting this is not a recommendation from the organisations but one attendee’s suggestion - sharing of resources mentioned as promised).

**Appendix 2 – Speaker biographies**

**Pip Brennan** – Executive Director of the Health Consumers’ Council (WA) Inc. (panel Chair)

Pip Brennan has worked in the community sector for the last 18 years. Inspired by her own experiences of the confusing maternity care system, Pip initially volunteered as a maternity consumer representative in a range of roles. She began her paid health career as an Advocate working at the Health Consumers’ Council (HCC) from 2006. She has been a conciliator of health complaints, a health NGO professional and always a firm believer in the value of consumers being at the table. She took on the role of Executive Director of the HCC in WA from 2015.

**Vivienne Pillay – Executive Officer, Ethnic Communities Council of Western Australia**

Vivienne has worked in the human services area for 38 years. Born in Singapore with heritage from Sri Lanka and Scotland, she migrated to Perth with her parents in the 1970s.

In 1994, whilst at Centrelink, Vivienne was awarded an Australia Day Medal for achievement in the Public Sector. Whilst at Women’s Health and Family Services (WHFS) in 2010 she won an International Women’s Day Award for contributing to the status of ethnic women. Vivienne worked at WHFS for some 12 years, first as an advocate and then as Manager for Domestic and Family Violence Services then as Chief Financial Officer.

Vivienne has taken an active community role and has been Member of the Ministers’ Advisory Council in 2010 for HON Minister John Castrilli Minister for Multicultural Interests, Member of the  Supported Accommodation Assistance Program (SAAP) committee responsible to the Minister for Child Protection, Executive member of the Women’s Council for Family and Domestic Violence and Vice president for Women’s Interest with the Ethnic Community Council of WA. She is currently (since 2019) the Executive Officer of the Ethnic Communities Council of Western Australia and is a member of the WA Council of Social Services Peak Bodies Forum and a member of the State Emergency Relief Committee.

**Nihal Iscel – Team Leader Consumer and Stakeholder Engagement, Multicultural Services Centre of Western Australia**

Nihal has many years of experience working in the multicultural and disability sectors in various roles providing support to build the capacity of the people from CaLD backgrounds to access the services they need and meaningfully participate in the community. She currently holds two part-time positions working as the Coordinator of Independent Disability Services at the Multicultural Services Centre Inc and also as an Advocate at the Ethnic Communities Council of WA Inc.

**Rachel Pearce – Dietitian and Health Services Manager, Ishar Multicultural Women’s Health Services**

She has over 10 years’ experience working with people from CaLD backgrounds through her roles at Princess Margaret Hospital, ASeTTS (Association for Services to Torture and Trauma Survivors), Perth North Medical Local and Ishar. Rachel joined Ishar Multicultural Women’s Health Services in 2017 as the Health Services Manager. She is responsible for a range of health-related programs and manages a team of health professionals including doctors, nurse, midwife, social workers, psychologists, counsellors, domestic violence and health promotion officers. She is also an Accredited Practicing Dietitian and provides dietary advice to clients.

**Ella Davies – Managing Director and Interpreter, WA Interpreters Pty Ltd**

Born in former Yugoslavia, Ella is very familiar to living in a multicultural society. Her interpreting carrier began in 1993, when employed by the European Union Administration in the city of Mostar as an interpreter and translator. Ella migrated to Australia in 1996 and continued interpreting in the community for the refugees from former Yugoslavia. In 2005 started running her own agency - WA Interpreters. Ella is passionate about the interpreting industry in Australia and she dedicates a lot of work and time towards enhancing the profile and standing of interpreting professionals within a community.

Being a refugee herself and through her vast experience with interpreting in the community Ella has a great understanding of the issues facing new migrants and the professional staff dealing with them and the need to have an impartial and professional interpreter who can assist staff in their job without interfering or giving advice and opinion.

**Dr Amandeep Hansra – practicing General Practitioner, NSW and national telehealth expert**

Dr Amandeep Hansra is a practising GP in Sydney. She is a national expert in telemedicine and digital health, with nearly a decade as Senior Medical Adviser at Medibank Health Solutions and then in 2014 became the founding Chief Medical Officer and CEO of Telstra ReadyCare (first full telemedicine service in Australia) and went on to be the Chief Medical Officer for Telstra Health. Amandeep also established a telemedicine service in the Philippines in partnership with leading Swiss telemedicine provider Medgate. She has also had experience working with diverse populations including First Nations people, Refugees and Asylum seekers, migrant populations and those from CALD backgrounds. She is a consultant to the Government on migration health.

Amandeep works as a digital health consultant and has been involved in a number of government digital health reviews: the EPAS/ EMR Independent Review in South Australia; a review of the National Health Services Directory for the Australian Digital Health Agency (ADHA); member of the independent four person panel advising on potential government involvement in the mHealth market for the ADHA and the Australian Health Ministers’ Advisory Council (AHMAC); and review of governance and quality of Tasmania after hours telehealth service for Healthdirect Australia. Most recently she was involved in assisting with the setup of the National Coronavirus Helpline.

She also sits on a number of boards and committees including as Member of the RACGP Expert eHealth Committee (Practice Technology and Management Committee) and Chair of the NSW AMA Systems and Technology Committee.