



Case study – Hospital in the home care

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Ms A visits Dr B, her general practitioner, having developed cellulitis of the leg. Dr B forms the view that the cellulitis may be related to Ms A's diabetes and refers her to the emergency department of the local public hospital for review and intravenous antibiotics.

Ms A was seen in the emergency department by a surgical registrar, given a dose of antibiotics, admitted to the hospital under public HITH care arrangements and sent home. Ms A is told a nurse will visit, review her condition, and provide IV antibiotics twice a day for the next five days.

Ms A calls Dr B after 3 days as she is having trouble managing her blood glucose level.

Dr B has no discharge information from the hospital at the time of the call, and is unaware of her admitted status, so reviews her condition and bills Medicare for the associated telehealth consultation.

Is this appropriate?

No.

Ms A's concerns about her blood glucose level should have been managed by the hospital under the public HITH care arrangements.

HITH care is considered in-hospital care; hospitals are responsible for all care related to the relevant public episode, including where it is not directly related to the cause of the admission.

In addition, telehealth services cannot be provided to admitted patients.

The hospital should have:

- ensured that Ms A had a readily accessible contact at the hospital, and made clear that the hospital was responsible for her care until discharge
- informed Dr B, as the patient's usual GP, that Ms A was receiving ongoing public care under HITH arrangements.

It is important for any provider conducting telehealth services to establish whether patients are admitted. On establishing Ms A's admission status, Dr B could have directed her to the relevant public hospital contact, or the emergency department as necessary.

Key points

Hospitals should make HITH arrangements and hospital contact details very clear to HITH patients. It is important that the patient knows that the hospital remains responsible for their care, and who to call if they have questions or concerns. The hospital should notify the referring practitioner of the HITH care arrangements. These actions will ensure the patient knows who to contact if their condition changes and will help prevent non-compliant or potentially duplicate billing.

Where possible, general practitioners should establish whether their patients are receiving HITH care; this may include:

- asking the patients directly, if they are receiving ongoing care or visits from people working at the hospital – if yes, they are likely admitted; or
- contacting the hospital liaison officer, or hospital admission office for advice on the patient's admission status if the patient is suspected to be admitted.

If a patient makes an informed choice to receive private services despite their public status, practitioners should ensure they can substantiate this decision through adequate and contemporaneous records.