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The Medical Board of Australia
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Subject: Consultation: revised telehealth guidelines

Thank you for the opportunity to contribute to the consideration of appropriate use of telehealth for patient care. As a long-term provider of primary care telehealth services in Australia, Doctors on Demand is in a strong position to contribute experience and provide evidence of the benefits of video telehealth.

Doctors on Demand provides a 24/7 video telehealth consultation service for more than 380,000 private patients, and eligible policy holders of Medibank Private, Allianz Partners and BUPA. Now with more than 85 AHPRA-registered Practitioners, we have been providing a secure, accessible service for primary care since 2016.

General comments on the draft revised guidelines

We acknowledge and welcome the revised guidelines in recognising telehealth provides great opportunities for access to, and delivery of healthcare, and agree that it is not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations.

We are also in agreement "the standard of care provided in a telehealth consultation must be safe and as far as possible meet the same standards of care as provided in a face-to-face consultation". In short, care delivered through video telehealth consultations and clinics (face-to-face) by AHPRA-registered clinicians should follow the same clinical protocols.

We support the acknowledgement by the Medical Board that "technology has broken down traditional geographical barriers" and can be harnessed to address some of the most pressing challenges in the primary care health system in Australia such as geographic access to GPs, the shortage of GPs and the low number of medical graduates choosing general practice.

The Board acknowledges that "a face-to-face consultation is not always practical if the timely provision of patient care is not physically possible". In addition to rural and regional settings, this is also the case for many patients in metropolitan settings when GP clinics are closed after hours and on weekends, when clinics are not taking new patients (i.e. their 'books are closed'), or when clinics experience such demand that patients must wait days or even weeks before an appointment with their primary care practitioner is available. Where in-clinic GPs often operate part time, patients are not always seen by their regular doctor and are either offered substitute clinicians, or actively rotate GPs within the same practice to suit their needs. *Continuity of care* is therefore only provided through a common Patient Management System (PMS) where doctors are often seeing patients for the first time. If the patient chooses to attend another GP clinic, continuity of care can only be maintained if both clinics use My Health Record and the patient consents to the sharing of their

information, or direct sharing of the consultation notes occurs e.g. by fax. It is unclear how common this practice is between GP clinics.

On a final point, the Board notes that “prescribing or providing healthcare for a patient with whom you have never consulted, whether face-to-face, via video or telephone is not good practice and is not supported by the Board.” We note that there are existing Medicare-funded services utilising virtual-care prescribing, such as for smoking cessation and sexual health. We support alignment of these programs with safe, AHPRA-supported practice.

Improving Health Outcomes with Video Telehealth Consultations

Avoiding Delayed Care

As stated by the World Medical Association (*International code of medical ethics*)¹ the “primary duty of the physician is to promote the health and well-being of individual patients by providing competent, timely and compassionate care in accordance with good medical practice and professionalism”. It is important to note that delayed care because of a GP appointment not being available for days or weeks, or due to the significant travel time required to visit the clinic, as is the case across much of regional and rural Australia, delivers poorer health outcomes for patients.

A PWC Global Health Study revealed 20% of Australians experienced delayed medical care due to COVID-19 - “delays in early interventions or less attention on preventative care can potentially cause ‘downstream’ implications on the healthcare system in the future.”² The same report noted 75% of Australian consumers report are open to interacting with healthcare systems via digital platforms and will continue using virtual health services, where applicable, even after they return to in-person care as COVID-19 risks ease.

Australians aged between 25-44 had the highest acceptance of telehealth with 94% of this cohort opting to continue using virtual healthcare services in the future. Along associated lines, Bain & Co (Asia Pacific telehealth adoption survey results published in March 2022) have identified consumers increasingly turn to telehealth more broadly due to its efficiency, time savings, and accessibility.³ Whilst we do not seek to confuse the issue of access with convenience, and we acknowledge that the provision of healthcare via telehealth should follow the same standards for safety as face-to-face care, it is also important to recognise the patient’s voice and for the medical profession to seek to engage and educate Australians in ways that they feel most comfortable.

GP Shortages

We recognise that GP workforce shortages are not in AHPRA’s remit and that safety standards are key areas of regulation for the Board. Consideration, however, of the impact to patient safety should be given where GP shortages result in denying patients’ access to medical services. In many cases, particularly where there are known challenges to accessing face-to-face primary care, telehealth can bridge the gap in providing otherwise inaccessible patient care.

¹ <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>

² <https://www.pwc.com.au/media/2021/pwc-global-health-industry-issues-survey.html>

³ <https://www.bain.com/insights/in-asia-pacific-telehealth-adoption-is-expected-to-soar-through-2024-snap-chart/>

Research conducted by Melbourne University and commissioned by ANZ⁴, found that the number of non-GP specialists is growing annually by 4.5% compared to GPs at 3.5%. This is 'despite the growing burden of chronic disease and a recognised need for more generalist doctors [with a wide range of skills across different disease areas] inside, but especially outside, of major cities,' the report notes. RACGP President Dr Karen Price told *newsGP* the issue is multifaceted, and that addressing it is imperative to Australia's healthcare system. 'We need to set a target,' she said. 'It is currently 16%, [but] we need 50% of graduates choosing general practice as their specialty of choice.'

The issue of a major shortage of GPs across Australia is therefore clear and not contested, with many of these reports suggesting that the dilemma of not enough GPs servicing our primary care health system will only get worse in the coming years. Virtual health services such as video telehealth provide a vital and immediate solution to the issue of a shortage of GPs as the use of telehealth for episodic patient care, where services can be made available 24/7, is accessible anywhere, regardless of where the patient or Doctor resides.

When Telehealth is a Preferred Patient Option

The Board's *Code of Conduct for doctors in Australia*⁵ acknowledges that: "Good medical practice is patient centred. For individual doctors, it involves working in partnership with your patients, understanding that each patient is unique, and adapting what you do to address their needs and reasonable expectations."

The Board states telehealth is "generally most appropriate in the context of a continuing relationship with a patient that also involves face-to-face consultations". Consideration should be given to patient groups who do not have an existing relationship with a doctor. Even for those patients who have a continuing relationship with a GP, there are several primary care scenarios where a face-to-face consultation is (quite reasonably) not the preferred option for a patient. Based on the direct experience of our doctors, the following reasons have been provided for preferring a video telehealth GP over a local clinic doctor:

Personal Matters of Privacy

- Patients may not wish to discuss sexual health issues with their regular GP;
- Fear of their sexual orientation being disclosed to regular GP;
- Difficulties discussing sexual health and Transgender Health with regular GP: LGBTQ groups, HIV status, STI, sexual practices;
- Seeking medical advice due to complications from cosmetic procedures (embarrassment);
- HIV prophylaxis prescriptions;
- Obtaining HIV medications;
- Pharmacological Weight loss treatments;
- Discussions surrounding family and domestic violence (when the family doctor is treating other family members).

⁴ https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0011/3809963/ANZ-Health-Sector-Report-2021.pdf

⁵ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

Second Opinions

Good medical practice includes “supporting the patient’s right to seek a second opinion”⁶ Patients have a right to a second opinion and may choose a doctor via virtual care or face-to-face consultation. Where clinically appropriate, there should be no difference in accessing a second opinion via virtual care or with a face-to-face GP as, by virtue of the nature of the consultation reason, the clinician will not be the patient’s existing GP.

Overcoming the Tyranny of Distance

According to a recent 2020 Royal Flying Doctor Service (RFDS) research report “Equitable Patient Access to Primary Healthcare in Australia”⁷, poor geographic access is defined as more than one hour’s drive away. On this definition, there are more than 42,000 Australians without any primary care within an hour’s drive, and 65,000 without a GP within an hour. Patients currently travel for extensive periods, waiting hours to be seen in-clinic for appointments lasting less than ten minutes and for requests as simple as repeat prescriptions, medical certificates, or specialist referrals. A 15-minute video telehealth consultation with a doctor, however, can be a meaningful patient-doctor interaction compared to delayed or unavailable in-clinic appointments in some settings.

Serious and severe medical complications can be preventable via video telehealth when patients from rural, regional, and remote locations seek timely medical advice via video telehealth compared to face-to-face options where clinical care may be delayed, not readily accessible, or non-existent. Hence, a video telehealth consultation with a doctor provides clear and discernible advantages for those Australians who by their postcode or address suffer geographical disadvantage in accessing primary health care.

Time-poor patients

Australians have never been busier⁸. The average family have two working parents, and personal leave is often consumed through caring for sick family members. Patients with chronic conditions often fail to seek treatment for themselves because they simply do not have time during the work week, when “bricks and mortar” practices are open. Telehealth has the potential to improve treatment and medications compliance by providing access to GPs outside of regular business hours.

How Virtual Care Aligns with Professional Standards

We recognise AHPRA’s role in protecting the public by regulating Australia’s registered health practitioners and ensuring healthcare in Australia is delivered in a safe and standardised manner. Given the important role virtual care can play to address the current challenges for equitable access to primary care, we offer the following recommendations for how virtual care can be employed in alignment with the Board’s professional standards⁹.

‘Best interest standard’: where the provision of virtual care is in the patient’s best interest such as: providing after hours care or care to remote communities unable to access alternate channels of care; providing urgent care, where a face-to-face clinician is not available, such as treatment for a UTI preventing progression to pyelonephritis and hospitalisation; providing medical care to patients who cannot attend an urban general

⁶ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>, 3.2.10

⁷ https://files.flyingdoctor.org.au/dd/files/RN081_Equitable_Health_Research_Report_P4_Digital.725b.pdf

⁸ <https://aifs.gov.au/research/facts-and-figures/work-and-family>

⁹ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

practice for a variety of reasons (i.e. work hours, unable to find available appointments, uncomfortable in the clinic setting, etc.).

‘Good Patient Care’: Doctors are obliged to recognise and work within the limits of their own competence and practice and to ensure they have adequate knowledge and skills to provide safe clinical care¹⁰. It is our view that the treating doctor is best placed to decide if telehealth is an appropriate modality of care, taking into consideration the clinical presentation and the patient’s capacity to seek face-to-face medical services. It would be helpful if AHPRA’s telehealth guidelines provided guidance to medical practitioners as to what constitutes a safe and compliant telehealth consult in line with the general principles of “Good Patient Care”.

Ideally these guidelines would recognise that clinician judgement - limited to the practitioners’ scope of practice - form a critical element in identifying whether a telehealth consult is sufficient to provide good patient care or not. If clinically appropriate, our doctors refer patients for a physical examination either by a face-to-face GP or in a hospital setting.

‘Confidentiality & privacy’: Market entrants with a strong technology foundation are designing patient and clinical workflows with security and privacy as a priority. Standards for ‘bricks & mortar’ and virtual care providers are being developed with the latter in the best position to respond quickly to implement protocols for multifactor authentication, data protection using web application firewalls and independent vulnerability testing across all cloud services.

Professional boundaries: Guidance is needed on mandatory reporting requirements when providing virtual care across State and Territory jurisdictions and confirmation of clinical standards that virtual care practitioners are held to, if there are different expectations from their face-face care delivery.

Digital reform: To address continuity of care concerns, virtual care providers should all be linked to My Health Record and eRx to facilitate the sharing of health information with regular GPs and the timely provision of prescribed medication. Given over 90% of GP clinics are connected to My Health Record, they too should upload their patient records to support the shared care for their patients.

Telehealth can and should be more than a text, chat, or SMS-based consultation for the provision of one-off prescriptions, medical certificates or specialist referrals. Our video consultation platform provides a secure and confidential means for doctors to interact with patients in real time and enables important verbal and visual cues to be observed. Telehealth can facilitate a meaningful exchange between doctor and patient in a virtual setting.

Providers also should be encouraged to employ digital exchanges for results management as an integrated patient management solution (PMS) to improve clinical handover and reduce errors. A range of clinical governance measures can be implemented including the use of alert systems within the PMS indicating the availability of results and if patients have received care within 24hrs.

We would seek guidance on harmonising jurisdictional requirements for digital prescriptions given the difficulties with providing prescriptions during the pandemic. e.g.: more restrictive Tasmanian requirements have resulted in difficulties for patients receiving prescriptions from virtual care services when providers are not located in Tasmania.

¹⁰ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx 3.2.1>

Personal & professional development: Practitioners should make reasonable efforts to ensure they do not become professionally isolated. We believe that blended in-person and virtual medical practice is likely needed to ensure the MBA CPD requirements are met.

Doctors on Demand's Clinical Experience with Video Telehealth

From a clinical perspective, Doctors on Demand recommends its patients see a face-to-face doctor every 12 months and can provide clinical notes and medication history for patients through an integrated My Health Record (with patient consent). All Doctors on Demand doctors access a secure central cloud-based Patient Management System which contains all patient records for all authorised and trained doctors to access when consulting with new and returning patients via video telehealth consultations of up to 15-minutes duration.

Many of the Doctors on Demand doctors continue to operate in a clinic or hospital setting, with some directing their face-to-face patients to our online platform – a service which allows patients to be treated 24/7. Continuity of care is encouraged, where patients are prompted to re-book with their treating Doctors on Demand doctor following a referral for testing or assessment.

The most common reasons for a consultation, in order of occurrence since August 2020, is respiratory disease (46%), skin disorders (11%), gastrointestinal diseases (9%), kidney and urinary diseases (7%), mental health (6%) and reproductive and maternal conditions (5%). Indeed, many of the respiratory disease patients have not been seen at a face-to-face clinic since the start of the pandemic. Doctors on Demand has provided an important and under-recognised supplementation to the Commonwealth-funded GP respiratory clinics.

It is recommended that the Board includes additional recommendations to the revised telehealth guidelines referencing the heightened requirements and standards for cybersecurity, protection of patient information online, patient privacy and consent, and integration with My Health Record to provide a true digital picture of continuous patient care.

Further Steps Doctors on Demand are Taking

As an organisation, Doctors on Demand acknowledges the need for appropriate standards to be in place in telehealth to maintain patient safety. This is why we are taking the following steps:

1. Every patient we see will receive an email from us, recommending that they see a face-to-face GP every 12 months for routine preventative care, along with reminders of the importance of face-to-face consults for acute matters. In addition, this email will inform patients that their Doctors on Demand records can, at any time, be transferred to a clinic of their choice, if not already connected to My Health Record.
2. We encourage the professional development of the Doctors on Demand clinicians through structured clinical discussions and topic-specific webinars. This is beneficial not only to the patients, but to also alleviate the isolation that clinicians may feel whilst doing telehealth. We are developing clinical guidelines for telehealth. We feel this clinical education will improve patient engagement and safety. Routine clinical audits will be performed to ensure we are recording the salient clinical patient details at each encounter.

Summary

There has been no greater evidence and support for the need for truly connected primary care across Australia than during the recent bushfires, floods and during the COVID-19 pandemic. Telehealth has played an important role providing accessible care for patients in need, and in protecting both the patient and the GP during the pandemic and these natural disasters. With so much progress in the improvement of healthcare through digital health, telehealth should be leveraged further to enable access to qualified doctors, regardless of postcode, for the following reasons:

1. Video telehealth services are provided by Australian registered GPs, including RACGP and AMA members, and provide another conduit for doctors to better care for patients in an environment that is accessible.
;
2. Telehealth is a service that fills a gap in healthcare service provision that can free up GP practices to dedicate time to deal with more complex services face-to-face;
3. Telehealth should not be conflated or confused with merely a phone call from a “bricks and mortar” GP during business hours providing a limited consultation experience for both patient and practitioner when compared to a face-to-face virtual consultation;
4. Telehealth should not be conflated or confused with merely a text, chat or SMS-based consultation for the provision of one-off prescriptions, medical certificates or specialist referrals;
5. Video telehealth can play a significant role in reducing the strain on the hospital emergency departments which can be overloaded due to restricted operating hours of “bricks and mortar” GP providers not being available when their patients need them;
6. Access to video telehealth has the potential to improve clinical outcomes for regional, rural and remote Australians. Where GPs are scarce, the patient should be able to access an alternate service provider in their time of need; and
7. Telehealth consultations can provide an important care decision pathway where patients can be referred for “in person” treatment. Either acutely at the nearest Emergency Department, sub-acutely “in person” GP or urgent care centre, or routinely with their regular provider.

Doctors on Demand has invested millions of dollars ensuring its platform is secure, robust and connected to the My Health Record, and is patient focused. This should be the minimum standard required of any telehealth service provider to ensure patient services remain safe, secure, reliable, and accessible at all times, anywhere in Australia.

The traditional “bricks and mortar” operating model (many opening during business hours) means there is a shortage of GPs where and when patients need them – they simply cannot meet patient demand and create pressure points in the healthcare system. As acknowledged by the Board: *“The practice of medicine is challenging and rewarding. No code or set of guidelines can ever encompass every situation or replace the insight and professional judgement of good doctors. Good medical practice means using this judgement to try to practise in a way that would meet the standards expected of you by your peers and the community.”*¹¹ Our organisation is confident that the clinicians who provide care to our

¹¹ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

patients use their professional judgment and insight to provide the most appropriate care for our patients.

We would welcome the opportunity to discuss how virtual care can be utilised as an augmentation to primary care services and how we can collectively establish regulatory standards for the industry as a whole.

Yours faithfully,

Doctors on Demand Pty Ltd
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