Response to consultation paper: Draft revised guidelines: Telehealth consultations with patients

Medical Board of Australia / Ahpra

17 February 2023

Executive Summary

The Victorian Health Issues Centre (HIC) welcomes the opportunity to provide a submission to the Medical Board of Australia's (the Board) draft revised guidelines: *Telehealth consultations with patients.*

HIC acknowledges the Board's commitment to ensure telehealth consultations are more readily available to increase access to healthcare services. We acknowledge that the growth in telehealth options was necessary during the COVID-19 pandemic in 2020 and 2021 to meet the increasing demand for health services. We also acknowledge that post-COVID-19, digital health options such as telehealth continue to provide opportunities for improved, person-centred consumer healthcare. However, we note that many vulnerable Australians are missing out and risk being left behind. Over-reliance on telehealth consultations will see the erosion of the critical interpersonal relationships between a patient and practitioner that are built over time through connection, communication, trust and respect.

While we support the Board's position that a mix of telehealth and face-to-face consultations still amounts to good medical care, the paramount consideration for practitioners should remain the broader social and health context of their patient, particularly those living in rural and regional communities. Health consumers have consistently reported that telehealth should not be a replacement for face-to-face engagement with health practitioners[i]. While we note that the overall quality of telehealth consultations has improved since the pandemic, nearly 30 per cent of Australian health consumers reported poor experiences of telehealth compared to face-to-face appointments in a 2021 national survey prepared for the Consumers Health Forum of Australia[ii].

HIC looks forward to continuing active engagement with the Board in line with its *Patient and Consumer Health and Safety Impact Statement* (Appendix B) that recognise patients and consumers, particularly those from vulnerable communities, are critical partners to the co-design, implementation and evaluation of telehealth services, including future revisions of these guidelines. Ongoing monitoring and improvement mechanisms, informed by consumers and the broader community, will ensure telehealth is established as a reliable health care delivery platform that does not place individual rights, privacy, health and wellbeing at risk.

About HIC

HIC is a registered charity recognised by the Victorian Government as the state's peak consumer health advocacy body. Operating for almost 40 years, we:

- Listen to the voices and experiences of everyday people to help shape policy decisions and service delivery in the health system.
- Are a recognised leader in consumer and community engagement training.

Registered Office
805/220 Collins Street,
Melbourne,
VIC 3000

Postal Address
PO Box 7068,
Wattle Park,
VIC 3128

(03) 8676 9050
www.hic.org.au
info@hic.org.au
ACN: 632 645 811
ABN: 96 599 565 577

- Advocate on behalf of health consumers and provide a conduit for discussion between government, health service providers and consumers, particularly those who are often marginalised from decision making.

---

1. Is the content and structure of the draft revised Guidelines: Telehealth consultations with patients helpful, clear, relevant and workable?

While the content is clear for health practitioners regarding the expectations before, during and after a telehealth consultation, the guidance would benefit from further expansion of the concepts of good and poor practice through applied scenarios (e.g. case studies) and criteria.

For example, 'good practice' where telehealth is appropriate would include follow up consultation with an existing patient to discuss routine blood results of a referral to a specialist. 'Poor practice' (i.e. where telehealth should not be used) would include a new patient; medical results/diagnosis of a serious health issue; or where the person may require an interpreter or support person).

We note that practitioners may also require additional training to effectively guide a patient through a telehealth consultation. We would recommend that the guidance also includes recommended key messages for practitioners when communicating with patients to facilitate consistent and appropriate information prior to the appointment (i.e. matters set out in **paragraph 3, page. 9 'Before a telehealth consultation').**

---

2. Is there anything missing that needs to be added to the draft revised guidelines?

Amendments to paragraph 4, page 9 re: rural and remote communities. The statement that face-to-face consultations may be impractical in the context of rural and regional healthcare (and by extension, that telehealth plays an important role) fails to reflect the 'digital divide' for rural and regional communities.

HIC's June 2022 report, '*Closing the Digital Divide for Regional and Rural Victorians – Innovation Forum* [iii] highlighted the experiences of regional communities being at high risk of digital health exclusion that can perpetuate health inequities. The report was informed by a HIC public forum in June 2021, co-facilitated by Safer Care Victoria and including representation of regional and rural Victorian consumers, health and community service workers, state government and the technology industry.

The nature of digital exclusion issues reported by regional and rural health consumers has direct implications for the overall effectiveness of telehealth consultations, including connectivity, affordability, data limits, and digital literacy. Prioritising rural consumer and community engagement processes, such as those facilitated through HIC, is needed for the Board and health practitioners to build greater capacity to contribute to the equitable provision of telehealth options for those living rurally and enable greater access health services.

We note the Australian Digital Inclusion Index (2021) shows that:
- Digital inclusion increases with education, employment, and income
- There is a marked divide between metropolitan and regional areas
- 11% of Australians are 'highly excluded' and 17% are 'excluded'
- Digital inclusion remains closely tied to age[iv].

Consideration needs to be given to community supports that can enable greater engagement and participation in telehealth e.g. digital hubs with technical assistance and private spaces in local communities. This support would be essential for people to attend a telehealth appointment if they do not have access to the required technology or internet in their home.

3. Do you have any other comments on the draft revised guidelines?

Further articulation of accountability mechanisms for practitioners who engage in 'poor practice' (refer page 12 re: 'If you have not consulted with the patient').

HIC reinforces the stated position of Consumers Health Forum of Australia[v] that there must be a commitment by health practitioners to give effect to patient choice regarding how health care services are accessed, including telehealth. However, the safety and quality of telehealth consultations relies on practitioners having the capacity to assess a person's individual living situation, emotional and wellbeing status, personal support networks, potential cultural and/or language barriers, and access to digital infrastructure.

HIC agrees with the Board's position in the guidelines that it is not good practice for a practitioner to prescribe or provide healthcare via telehealth to a patient with whom a doctor has never consulted, and that a practitioner must be able to explain why they considered it appropriate in the circumstances. However, there is a significant gap in the guidelines as they do not refer to the accountability mechanisms or consequences that would apply to a practitioner who chooses not to comply with the Board's good practice requirements.

HIC advocates for strengthened accountability requirements to be built into the guidelines and/or via relevant accreditation and assessment frameworks that clearly articulates how the Board intends to monitor/report incidents of poor practice and the nature of any disciplinary consequences where this has occurred. Without formal mechanisms to monitor trends in poor telehealth practice, the Board will be unable to identify areas for future improvement, training and oversight – either at a system level or individual practitioner.

Addressing barriers to implementing the guidelines

Raising health literacy, upgrading internet access, and subsidising the costs of devices and data plans are all important but will still not be enough to bridge the digital divide for many consumers. Alongside improvements to digital healthcare infrastructure, implementation of the guidelines must consider the information and support requirements for patients, including service/digital navigation and interpreter services.

Telehealth processes (and the infrastructure to support it) will need to be further improved for emergency and specialist support in rural and remote communities. This will require commitment by health providers, technology providers, and individual practitioners, to continue to create opportunities to communicate and collaborate online and to remain adaptive to changes in the clinical and personal needs of patients.

Consumer engagement principles

The telehealth guidelines should be framed within a clear set of consumer engagement principles, aligned with the *National Digital Health Strategy and Framework for Action 2022.* We note the National Digital Strategy outlines the need for improved health infrastructure as a critical enabler for improved digital healthcare such as telehealth. HIC draws the Board's attention to the 'critical success factors' for the National Digital Strategy, specifically 'strong consumer and clinical engagement and governance' to ensure that consumer-focused digital health solutions are easy to use and able to be understood by individuals, while still providing the level of detail and the information required for an individual to be active in the management of their healthcare[vi].

HIC would welcome further opportunities to contribute to the Board's future implementation and review of the guidelines to ensure telehealth practices remain attuned to consumer expectations.

Contact details

Name: Alison Coughlan, Chief Executive Officer

Organisation: Health Issues Centre, Victoria

Contact email: info@hic.org.au

Do you want your responses to be published?

☒ Yes I want my responses to be published

[i] Deloitte Touche Tohmatsu (2022). Australia's Health Reimagined. A collaborative Digital Health CRC research project between Curtin University, the Consumers Health Forum of Australia (CHF) and Deloitte. <Australia's Health Reimagined | Deloitte Australia | Life Sciences & Health Care> (Accessed 16 February 2023)

[ii] Zurynski, Y., Ellis, L. A., Dammery, G., Smith, C.L., Halim, N., Ansell, J., Gillespie, J., Caffery, L., Vitangcol, K., Wells, L., Braithwaite, J. (2022) *The Voice of Australian Health Consumers: The 2021 Australian Health Consumer Sentiment Survey*. Report prepared for the Consumers Health Forum of Australia.

[iii] Health Issues Centre (2021) <Closing the Digital Divide for Regional Victorians - Health Issues Centre (hic.org.au)> (Accessed 16 February 2023)

[iv] Thomas, J., Barraket, J., Parkinson, S., Wilson, C., Holcombe-James, I., Brydon, A., Kennedy, J. (2021). Australian Digital Inclusion Index: 2021, Dashboard Dataset Release 1. Melbourne: RMIT and Swinburne University of Technology, and Telstra.

[v] Consumers Health Forum of Australia (2022). Submission to the ANAO Audit of Performance of Department of Health expansion of telehealth services. < chf_submission_-anoa_audit_-_doh_expansion_of_telehealth.pdf> (Accessed 16 February 2023)

[vi] Australian Government (2022) <Australia's National Digital Health Strategy - Safe, seamless and secure> Australian Digital Health Agency (Accessed 16 February 2023)