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To: [medboardconsultation](#)
Subject: Submission: Telehealth consultations with patients
Date: Wednesday, 4 January 2023 4:07:04 PM

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Hello,

I would like to make a submission to the board regarding its draft of revised guidelines: Telehealth consultations with patients.

I am a Master of Public Health graduate from [REDACTED], as well as a Pharmacist with over 8 years' experience in the community model. I also sit on the committee for the pharmacist division of professionals Australia; however, my views herein do not specifically represent those of the committee. I am soon to commence a role as a Digital Health Officer for [REDACTED].

The summarized proposals indicate the board does not support telehealth prescribing for a patient with whom a doctor has never consulted. The guidelines current and proposed make no mention of the use of the national My Health Record or electronic prescribing technology to further support and advance the boards position. I would like the board to consider that any practitioner engaging in the services of telehealth be mandated through guidelines to adopt the technologies and use them.

The poor uptake of the health record has not helped with the issue of fragmented care and services. A practitioner receiving a request from a patient with whom that practitioner has never consulted should be using the health record which would eliminate most concerns regarding clinical judgment. However, the utility of the health record is only as good as its adoption by all practitioners and their practices. The board should consider calls to push for mandatory Health Record access as a matter for medical practice (site) accreditation.

The refusal of many practitioners and their practices to adopt e-prescription technology creates workforce burdens for practice administrators, dispensers and pharmacists, and prolonged wait times for patients. The board needs to consider that image-based prescriptions such as faxes and emails are not best practice in 2023. Faxes and emails that are handwritten add to the issue of interpretation errors, escalate the risk of error and forgery, and potentially create fragmented/incomplete records at the host practice as well as the national health record. Doctors engaging in telehealth services should be mandated through the guidelines to adopt the use of e-prescription technology.

The board should consider in its guideline's requirements with regards to the setting that telehealth services take place. Doctors on call taking telehealth consults at their homes should have a dedicated workspace in their home that allows the use of health record and electronic prescription technologies. With many institutions and businesses with working from home arrangements in place, including public sector staff, such access to technologies shouldn't be a dilemma to set up.

The digitization of the healthcare landscape is a strategic priority of the Australian Digital Health agency and works to better integrate the health system to deliver better outcomes for the community. My Health Record and e-prescription technology such as tokens and active script list should be core considerations for guidelines addressing the use of telehealth services. The technology removes barriers such as travel and wait times for many patients who genuinely need a prescription with an established history of use but cannot see their regular doctor. The technology offers a tangible and empowering mechanism for doctors to prescribe for patients they have not seen before via telehealth, and adds to the efficiency of the system in general.

Kind Regards

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