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9 February 2023

Medical Board of Australia
Sydney NSW 2000

Via email: medboardconsultation@ahpra.gov.au

To whom it may concern,

RE: nib Health Funds Limited response to the Draft revised guideline: Telehealth consultations with patients

nib Health Funds welcomes the opportunity to submit feedback to the Medical Board on its revised guidelines for telehealth consultations with patients.

nib is an ASX-listed health fund and travel insurer that provides coverage for more than 1.8 million lives across the group and has a controlling equity stake in a telehealth and script-to-door provider.

Proximity to members, many of whom are young entrants into PHI, and telehealth service patients, allows us insights that are germane to issues of access to care. Many Australians live outside our city centres, or in remote or isolated parts of Australia, that are typically under-serviced, chronically under-resourced and economically disadvantaged, often by the cost of travel to access appropriate care. These obstacles become even more pronounced for individuals living with disabilities.

Minister for Health and Aged Care, the Hon. Mark Butler's key messages from the Government's Strengthening Medicare Taskforce report are clear: *"The first message is we need to improve access to general practice and primary care."*[1] Mr Butler added sustainable models for access in rural and isolated areas remains at the 'pointy end' of the crisis in general practice.

It is antithetical to nib's purpose and values and contrary to Minister Butler's messages to restrict modalities that provide access to care where it would be otherwise unavailable. Our aim is supporting quality care; the way it's delivered is determined by the needs of the patient and the clinical judgement of the treating doctor.

COVID-19's dragnet forced Australians out of the drift of complacency into a new paradigm. It's imperative we keep hold of what we have learnt from the pandemic to help us face the future.

Submission Response

Given the pace of change in technology and broad adoption of telehealth as a modality, nib Health Funds Limited (nib) supports the Medical Board of Australia's (Medical Board) recommendation to revise the current guideline published in 2012, rather than withdraw completely or rely upon the existing guidelines as they stand.

[1] Mark Butler, press conference, Feb 3 2023, Canberra,

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The revised guidelines should align with the foundational principles of medical practice described in 'Good medical practice: A code of conduct for doctors in Australia' (good Medical Practice), adding specific detail for telehealth.

The guidelines should also be reviewed regularly to ensure they remain contemporary, promote quality, continual care and achieve the right balance between patient safety, access to care for remote and regional Australians and convenience.

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

The draft guidelines published provide additional detail for telehealth in specific areas such as Informed Consent, Continuity of Care and Safety and Quality.

Providing additional detail is beneficial, but it also places an additional burden on Medical Practitioners (doctors) who must remain across multiple sets of guidelines pertaining to good clinical care. This should be acknowledged.

nib believes the key tenet to good guidelines is flexibility, supporting a doctor's autonomy to decide the most appropriate modality of care.

nib does not believe the guidelines take into account the changing needs of patients and healthcare providers; these needs may be urgent; take place in towns where gaining access to a face to face or real-time appointment with a doctor can be exceedingly difficult or impractical. nib, through its part-owned subsidiary, Midnight Health, knows that ease of access to care in remote and regional parts of Australia is key to whether care is provided or not, or at best delayed, until a real-time appointment is available or a GP visits remote towns.

nib recommends:

- the guidelines, specifically the background section, be revised to reflect the role of telehealth more accurately in medical practice
- guidelines should state that telehealth "should not be considered a substitute for <u>all</u> face-to-face consultations", acknowledging the potential for telehealth to be appropriate, while emphasising the importance of in-person consultations, where necessary.

Prescriptions

The guideline around 'prescribing without a consultation' is too restrictive.

The proposed restrictions don't reflect international best practice; they are naïve to modern and advancing telehealth capabilities and introduce a barrier to innovation. An asynchronous assessment, properly structured, can provide a more complete medical history than a rushed real-time consultation with a doctor. Requiring both real-time and asynchronous assessment would provide minimal extra benefit in most circumstances at great cost to decreased efficiency. Instead, doctors should be allowed to use their judgement to determine if further real-time interaction is necessary, rather than being limited by arbitrary restrictions. A hurried real-time conversation with a doctor would likely result in a less thorough medical history.

nib believes that faced with obstacles, Australia risks falling behind international norms, missing opportunities for better and improved access to quality care, reduced wait times, and a loss of significant convenience for patients and doctors.

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In a country where rural and remote communities routinely struggle with access to everyday care, it seems antithetical and careless to introduce arbitrary obstacles that limit medical care because a face-to-face, video or telephone consult could not be provided.

nib recommends:

- best standards of care for patients, families, and communities, all of which will thrive when we adopt the best delivery for the patient, determined by the practitioner
- removal of rigid guidelines that fail to reflect current healthcare needs
- the Board focus on reviewing instances of unsafe or low-quality care, which fails patients.

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

A patient with a long-term, complex condition, in need of integrated care, is more common in this century than ever before.

The notion that a patient will have one primary doctor is outdated, often impractical and inefficient, particularly with advancements in telehealth and health data sharing. Continuity of care should focus on the smooth transfer of care and health data between healthcare providers, ensuring the most appropriate, convenient, and efficient care possible.

Key to achieving better wholistic healthcare is data interoperability across doctors and practices. The guidelines do not fully recognise the benefits of asynchronous, well-structured assessment in obtaining a comprehensive clinical history which when combined with seamless data interoperability creates opportunity for efficiency, timely intervention and improved continuity of care.

nib recommends:

- the guidelines place a stronger emphasis on the benefits of convenient asynchronous assessment in streamlining the doctor assessment, promoting efficiency and freeing them to focus on applying their clinical judgement
- this better aligns the guidelines with the goal of providing high-quality, patient-focused healthcare.

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

Patient autonomy and informed choice, along with the doctor's judgement, play a crucial role in delivering high-quality health care. However, the current proposed guidelines from the Board do not adequately consider the needs of patients when deciding if an always-on asynchronous evaluation is suitable. It is important to recognise the vital role that doctors play in determining the most effective method of consultation.

The draft guidelines state that "prescribing or providing healthcare without first consulting the patient, whether in-person, via video, or over the phone, is not considered good practice and is not supported by the Board." However, the definition of 'good practice' appears to be arbitrary and not based on evidence or international norms. The RACGP describes good prescribing practice as 'involve(ing) careful and considered diagnosis, clear therapeutic goals, the use of non-drug therapies where suitable, prescribing appropriate types, formulations and amounts of medication, explaining the effects of medications and any risk

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of dependence, and implementing regular medication reviews.' These steps can all be accomplished through a well-structured asynchronous evaluation and prescription.

Restricting the autonomy of doctors to determine the best course of treatment for their patients may limit access to appropriate care. Patients should have the right to make informed decisions about their own health care, and the guidelines should reflect this.

In conclusion, nib believes health needs have changed. We deal with chronic disease management in complex community and societal settings, with access to an ever-broadening array of highly trained specialists. Yet last year was the first year since World War 2 that Australians' average life expectancy fell. As we change, we need to be open to better ways of delivering care and cannot rely on what we have always done.

The draft guidelines must aim to improve patients' experiences of care, embrace doctors' autonomy, and allow an already fiscally stretched health system to benefit from advances in technology, specifically, asynchronous telehealth.

If you have any questions or would like to discuss our response to the consultation in more detail, please do not hesitate to contact Dr Robert McGrath on [redacted]

Yours sincerely,

[redacted]

Dr Robert McGrath

Group Chief Medical Officer