

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Consultation: revised telehealth guidelines
Date: Friday, 3 February 2023 4:31:51 PM

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To the Medical Board of Australia,

RE: Changes to Telehealth Consultation Guidelines

My name is Dr. [REDACTED] and I am writing as an individual telehealth practitioner working for the Men's Health platform, MOSH.

As I will discuss below, I believe the proposed change specifying that asynchronous telehealth cannot be considered first-line consultation with a patient would be a distinctive step backwards for healthcare in Australia. In summary this change would lead to a significant reduction in patient access to healthcare resulting in an increase in avoidable, negative health outcomes.

I would like to preface by saying I understand not all telehealth organisations operate to the same standards however I can only speak on behalf of my experience at MOSH.

The Men's health platform MOSH utilises asynchronous telehealth via patient questionnaires as a first port of contact between patient and doctor. Initially, like many practitioners who have grown up with the historic ways of healthcare being purely in-person assessments, I was sceptical of this form of patient care. However as I worked in the field and experienced firsthand this form of patient interaction over the past year, I can undoubtedly say it has resulted in overwhelmingly positive patient outcomes. This form of telehealth provides an easy and comfortable way to access care which has been a distinctive roadblock for many Australians, notoriously men who fail to make contact with their GP on a regular basis (or ever), those in remote communities, and those who wish not to discuss sensitive topics in person. It has proven a remarkable way to enable conversations to be started about healthcare with thousands of patients who would have otherwise not seen a doctor nor had this opportunity.

Via these initial consultations we are able to treat conditions not requiring in-person contact (e.g. male pattern hair loss) thus helping reduce the burden on our already overwhelmed healthcare system/general practitioner community. It provides a ground for us to discuss other health issues and refer these patients to their usual doctors or specialists when telehealth is not appropriate. This is a very important benefit which would not be possible if the patient hadn't initiated contact with us via the questionnaire. It is this initial barrier to healthcare which is broken down via asynchronous consultations on the

patient's own time which has proved vitally important. Good medical care involves patient choice in how and where they access care. The more choice they have, the larger the buy-in to healthcare and the more people we can access to provide medical care.

I understand telehealth is an evolving form of healthcare and with this comes organisations who may not have all the checks and balances in place. MOSH is an exceptionally well-run and safe platform which prioritises patient safety and good clinical care above all else. Experts in the fields we treat are involved at all steps along the way and are contactable at any stage. The initial health questionnaire is purely a means to gather information and to start the conversation with patients. These documents are frequently reviewed based on feedback from doctors on the Mosh platform, patients, and changes in clinical practice/knowledge. This initial information provided by the patient is expanded upon with discussions/clarifications between patients and the medical practitioner. Either patient or doctor can choose to utilise telephone or video calls as required. It is not simply a renewal of a prescription, or a prescription being provided without consultation. Furthermore, MOSH doctors are not incentivised to provide prescriptions as they are paid on a per hour rate irrespective of whether a medication is supplied. Patients are followed up regularly via our nurse practitioners and doctors at any stage the patient wishes, and at distinctive intervals based on the therapy being received.

I agree that asynchronous telehealth needs supervision, guidance and restrictions. A certain consideration may be that businesses (including MOSH) require accreditation allowing them to participate in such telehealth or the practitioners may need specific asynchronous telehealth training. However, a blanket cancelling of first-line asynchronous telehealth is dangerous to patient care and a step backwards in healthcare in Australia.

In summary, the MOSH model of care allows patients to safely and comfortably access healthcare that they would not otherwise be receiving. The changes to these telehealth guidelines will restrict access to health care for patients across Australia, not just via MOSH, but via other well-established telehealth organisations.

Thank you very much for considering the points of view of practitioners like myself who experience this field of medicine daily, and who understand the benefit that it has on healthcare in Australia. Please do not hesitate to contact me if further discussion is required.

--

Kind Regards,

