

SUBMISSION 2: TO THE AUSTRALIAN MEDICAL BOARD

I have already provided one submission to the Medical Board concerning Asynchronous consultations and digital prescribing. As someone directly involved in this field I am naturally supportive of this model and believe it to be an important adjunct in an environment where there is a supply and demand mismatch for primary health services.

I offer this second submission to provide some background of the genesis of Instantscripts, an example of a digital health service that I helped create. I am a Fellow of the RACGP (FRACGP) and graduated from the University of Sydney Medical School with Honours in 2008. After graduating, I spent several years rotating through various fields of medicine at St Vincents Hospital and later Monash Hospital before deciding on a career in General Practice. I'll add here that I spent at least 6 months working in Emergency Medicine where I experienced first-hand the enormous strain placed on the Department and the often oppressive wait times patients were submitted to.

After finishing my General Practice training I commenced work in full time private practice. I enjoyed my work and found myself making a real difference to people's lives. I was, at times, frustrated with aspects of the Australian model. On many occasions, even with appropriate handover, patients were left frustrated while I was overseas or interstate. At times patients found themselves without their routine medication and had difficulty contacting the practice, particularly after hours. I started to think about improved models that would deal with this accessibility challenge.

Two new services caught my eye, [REDACTED] and [REDACTED]. Both these services used curated questionnaires to qualify an applicant for a certain medication. I was intrigued but also concerned. I noted that both services deployed questionnaires often bypassing even a verbal consultation. I appreciated the convenience and potential of these services but was sceptical about their reception both in the medical community and amongst the medical regulator. I could also see an opportunity to improve on these services, adding appropriate safeguards and limitations but I was reluctant to take on the challenge without getting a sense of how they were received by the regulator. More information was necessary before I was prepared to expend effort and resources building a robust platform bringing together high quality, well trained developers and partnering them with highly trained Australian GPs. To mitigate risk, I decided to write directly to the regulator expressing my concern about the two services above with special emphasis on the questionnaire led prescribing practices of both services. I submitted my complaint towards the end of 2015. I received a reply from the HCCC on the 27th of November 2015. It was not what I expected. I have attached the reply but will cite it directly below:

"I understand the main issue you had with [REDACTED] and [REDACTED] is that they offer an online script service to the public without a formal consultation on the basis of a written questionnaire;

The Commission has assessed your complaint and has decided not to take any further action with this matter for the following reasons:

- *The Commission has determined that there is insufficient evidence found to demonstrate that there is any breach of regulation or advertising guidelines.*

Whilst I understand your concerns, I hope the reasons I have outlined above explain the Commission's decision"

This was signed off by an [REDACTED], a team leader in the Assessment team. I was surprised to receive so unequivocal a response from the HCCC. **This was as strong an endorsement of this model of care as one could possibly get from a public regulator.** Encouraged by this response, I set about designing an improved and clinically more robust platform than my predecessors.

Thousands of hours and many millions of dollars later I am proud to be associated with a primary care platform that safely merges General Practice, Clinical Governance and the most up to date technology. 80+ GPs interfacing with a state of the art, encrypted, platform to deliver timely and safe prescriptions for members of the public at a time of need. Our express mission is to **NOT** replace or substitute a patient's GP and this is reflected in the very design of the service. There are no repeats given, there is a limit on use, and of course any medication that could be the subject of abuse is excluded completely. I have referenced these safeguards in my previous submission. New government health infrastructure has helped enhance the safety of the service, with IHI verifiers and e-prescriptions limiting the opportunity for identity fraud. Helping health technology services improve safety is one of the valuable dividends of the Australia Digital Health Agency (ADHA).

This is an important inflexion point in healthcare and a real opportunity to take progressive, not regressive, steps. An opportunity to leverage technology to design practical and safe solutions to real world problems. We saw this opportunity 8 years ago and consulted the regulator at the time. We received the green light and pressed on. Our service and similar services are only getting safer and more robust. Perhaps this explains why over 80 GPs feel comfortable working with our service. This is not a static space and there will be further refinements. With regulation acting as a guide, not a roadblock, we can all bring primary healthcare well into the 21st century.

Sincerely

[REDACTED]

Dr Asher Freilich MBBS (Hons) FRACGP

File No: 1504383

Dr Arthur Freilich

[REDACTED]

Private and Confidential

Dear Dr Freilich,

I am writing to advise you of the Commission's assessment decision concerning your complaint about the online services provided by [REDACTED] and [REDACTED]
[REDACTED]

I understand the main issue you had with [REDACTED] and [REDACTED]
[REDACTED] is that they offer an online script service to public without a formal consultation on the basis of a written questionnaire.

The Commission has assessed your complaint and has decided not to take any further action with this matter for the following reasons:

- The Commission has determined that there is insufficient evidence found to demonstrate that there is any breach of regulation or advertising guidelines.

Whilst I understand your concerns, I hope the reasons I have outlined above explain the Commission's decision.

You may request a review of this decision by writing to the Commission within 28 days of receiving this letter.

If you have any questions about this decision, please contact [REDACTED]
[REDACTED]

Yours sincerely

[REDACTED]

29/11/2015

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Page 1

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