

20 January 2023

Re: Medical Board of Australia 'Consultation: revised telehealth guidelines'

Amplar Health, formerly Medibank Health Solutions, is a fully owned subsidiary of Medibank Private, and delivers a range of health services including telehealth nurse triage and GP services funded by Health Direct. Amplar also delivers hospital substitution services including hospital in the home and rehab in the home, nursing and allied health in community and residential aged care, and chronic disease management programs. Amplar played a strong role in the provision of Covid support programs in partnership with a number of state jurisdictions, which included telehealth and virtual health components.

We welcome the opportunity to provide a response to the current Medical Board consultation on proposed revised guidelines for doctors undertaking telehealth. As our response will indicate, we are supportive of a number of the principles and guidance outlined in the document. We have also shared our experience of the value of telehealth GP services in supporting consumers with acute episodic medical issues which can be safely and effectively managed by telehealth. We believe it is important that the guidelines do not discourage doctors from delivering telehealth services where there is demonstrated quality and safety, and which meets consumers needs.

We trust that our submission makes a positive contribution to the Medical Board's deliberations on this matter and would welcome further opportunities to contribute

Yours sincerely,



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Amplar Health is a business of
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Respondent: Amplar Health - a fully owned subsidiary of Medibank Private

Background

Amplar Health (formerly Medibank Health Solutions) is a fully owned subsidiary of Medibank Private Health Insurance. Amplar delivers a range of clinical services to public and private payors, including the delivery of the Afterhours telehealth GP service on behalf of Health Direct, and the delivery of the Covid Care at Home program to a number of state health departments which includes general practice consultations via telehealth. As such, Amplar has considerable experience in the delivery of telehealth services in the context of providing acute episodic care. We welcome the opportunity to provide feedback on the draft guidelines.

General Comments

Amplar Health supports the principles outlined in the draft guidelines, in particular the importance of real time interactions with patients, in order to enable the delivery of health care, including prescribing.

While there is general support for the principle that telehealth consultations should be facilitated in the context of an ongoing relationship with the patient, our experience is that for acute episodic presentations, it is not always possible for patients to access care with their regular doctor or practice in a clinically safe timeframe. This issue has been exemplified by GP workforce shortages, increased demand for general practice services, and broad-sector decreases in bulk-billing rates. Whilst these guidelines have a positive intent to facilitate continuity of care, there is a risk that the current draft guidelines may discourage the provision of telehealth in these circumstances which may lead to patients experiencing delays in their care, as well as unnecessary presentations to higher acuity services such as Emergency Departments and Urgent Care Centres. Furthermore, this may also drive increased use of ambulance services.

As such we would ask the Board to consider an explicit statement in support of the use of telehealth in the management of acute presentations where patients cannot access their usual doctor, and the consultation meets the other requirements outlined in this document.

We also recognise that the delivery of clinical care can be underpinned by a range of information, some of which is gathered during a consultation, and other information that is received asynchronously, either from the patient themselves or from other providers. Provided that information is used to inform a consultation, or used to deliver ongoing care to a known patient with whom the doctor has previously consulted, we believe that such information can form an important part of the overall clinical picture and should not be inadvertently discouraged by these guidelines.

Specific feedback to the questions posed:

Please see below the content of the draft document with comments added.

Introduction

These guidelines inform registered medical practitioners and the community about the Medical Board of Australia's (the Board) expectations of medical practitioners who participate in telehealth consultations with patients.

Definition of telehealth

Telehealth is a method of delivering healthcare that involves the use of information and communications technologies (ICT) to transmit audio, video, images and/or data between a patient and a healthcare provider. Telehealth can be used to provide, diagnosis, treatment, preventive and curative aspects of healthcare services¹.

Comment The difference between treatment and curative aspects of care in this context requires further elucidation. We would recommend adding triage services as one of the domains of healthcare services as telehealth consultations can be useful to determine the level of care a patient requires which may be inclusive of self-care measures; we would recommend adding the provision of patient education and advice.

Telehealth consultations use technology as an alternative to face-to-face consultations² and can include video, internet or telephone consultations, digital photography, remote patient monitoring and online prescribing. Telehealth does not refer to the use of technology during a face-to-face consultation.

Comment: the term online prescribing requires clarification. Does this refer to electronic prescribing, or does it refer to any prescribing that involves the transmission of a prescription by any means to the patient or the pharmacy eg email a hard copy script and then post original to the pharmacy?

Background

Telehealth provides great opportunities for access to, and delivery of healthcare. However, it is not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations. The standard of care provided in telehealth consultations may be limited by the lack of face-to-face, person to person interaction and capacity to undertake physical examinations.

Comment: the use of the term substitute is not clear in this context; telehealth is an alternative to face-to-face consultations in certain circumstances

The Board considers telehealth is generally most appropriate in the context of a continuing clinical relationship with a patient that also involves face-to-face consultations. A mix of face-to-face and telehealth consultations can provide good medical care.

Comment: While this principle is generally supported for the management of preventive health care and ongoing chronic disease management, patients with conditions requiring acute episodic care cannot always access the care they need in the required timeframe. In this circumstance, the ability to provide a form of telehealth general practice care in the absence of a pre-existing clinical relationship is imperative to ensuring patients can access timely care and avoid unnecessary emergency department presentations.

These guidelines complement Good medical practice: A code of conduct for doctors in Australia (Good medical practice) and provide specific guidance on telehealth consultations with patients.

¹ Adapted from Department of Health. Telehealth. 2015 at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/e-health-telehealth>

² Face-to-face consultations refers to consultations where the medical practitioner and the patient are in the same room during the consultation

Good medical practice describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical, culturally safe and professional conduct expected of doctors by their professional peers and the community. The application of *Good medical practice* will vary according to individual circumstances, but the principles should not be compromised.

The Board expects all medical practitioners to follow *Good medical practice* regardless of the circumstances in which they consult a patient. The standard of care provided in a telehealth consultation must be safe and as far as possible meet the same standards of care provided in a face-to-face consultation.

What do I need to do?

When I provide telehealth consultations with patients

Before a telehealth consultation

You should:

1. Have a consultation space that is quiet and free from distractions and does not allow others to hear any audio or view the consultation on screen.
2. Have access to secure, reliable technology and connectivity that:
 - a. is fit for clinical purpose
 - b. is not a personal account
 - c. allows for secure access to patients' clinical records; and transmission and storage of prescriptions, referrals, investigation requests and photographs/ images
 - d. can include interpreters where required³.
3. Ensure steps have been taken to confirm your patient:
 - a. has access to the necessary technology and connectivity and can use the equipment to participate in the consultation
 - b. is aware what to do if the technology fails
 - c. is informed they can have support persons at the consultation and consents to them being present. This includes family members, friends, other health practitioners and interpreter services
 - d. has had the billing arrangements explained to them and that they have provided their financial consent. This includes whether they will be able to access Medicare rebates, whether they will be accessing a bulk billed Medicare rebate for the consultation and any gap payments.
 - e. is aware that your clinical judgement, rather than their preference, will determine if the consultation occurs using telehealth or face-to-face and that this may change during the consultation. A patient cannot insist you provide a telehealth consultation to them if you consider it inappropriate to do so.

Comment: In addition to the steps outlined above, we would also suggest that the doctor recommend to the patient that they undertake the consultation in a quiet and private space, free of distractions, that accords them their preferred level of confidentiality to the extent possible

Be aware that there is an important role for telehealth in the context of rural and regional healthcare, particularly to ensure access to specialist care and that it may be impractical for a face-to-face consultation to occur in the context of a continuing clinical relationship.

³ It is possible to include interpreters in telephone and video consultations. The Commonwealth Government provides interpreting services free of charge through TIS National, to non-English speaking Australian citizens and permanent residents when communicating with service providers. For example, when private medical practitioners provide Medicare-rebateable services, and their staff arrange appointments and provide test results. Interpreting services for practitioners working in state-funded healthcare services are funded by the relevant state government.

Comment: Similarly we believe there is an important role for telehealth in the context of acute presentations where face to face care can't be accessed either with the usual treating doctor or another face to face doctor. Recent events such as natural disaster (flooding) as well as the closure of major providers of rural health services (such as Tristar) have radically altered patient access to health services. It is our experience that many acute presentations can be safely assessed via telehealth, with advice and treatment provided which ensures timely care and avoids unnecessary presentations to emergency departments.

During the consultation

You should:

4. Tell your patient who you are and explain your specialty (if relevant) and role in relation to their health care. This is particularly important for new patients.
5. Confirm to the best of your ability the identity of the patient and any other persons present at each consultation.
6. Ensure the patient understands the process involved in the telehealth consultation, particularly if it is their first experience of a telehealth consultation.
7. Apply the usual principles for obtaining your patient's informed consent and protect their rights to privacy, confidentiality and culturally safe care.
8. Ensure the telehealth consultation is culturally safe, maintains professional boundaries, is clinically appropriate and as far as possible meets the same standards of care provided in a face-to-face consultation.
9. Continuously assess the appropriateness of using telehealth for the consultation and have appropriate arrangements for the patient to be seen face-to-face if necessary.
10. Accept responsibility for evaluating information used in assessment and treatment, irrespective of its source. This applies to information gathered by a third party who may have taken a history from or examined the patient or provided an opinion about the medical condition or treatment of the patient.

Follow-up and record keeping

You should:

11. Make appropriate follow up arrangements with the patient when clinically indicated.
12. With the patient's consent, inform the patient's general practitioner or other relevant practitioners of the treatment provided, including any medications prescribed if you are not the patient's usual general practitioner.
13. In addition to the information that would be documented in a face-to-face consultation, keep a record of:
 - a. the type of technology used during the consultation
 - b. the patient's consent to the telehealth consultation and details of any support persons present
 - c. any technical issues experienced during the consultation
 - d. consent from all participants if the consultation is recorded and/or when information is uploaded to digital health infrastructure.

Prescribing

During a telehealth consultation

You should:

14. Be aware of, and comply with relevant state, territory and jurisdictional legislative requirements when prescribing medicines.
15. Be aware of, and where applicable use, government real-time prescription monitoring service (RTMS) or equivalent.

If you have not consulted with the patient

Prescribing or providing healthcare for a patient with whom you have never consulted, whether face-to-face, via video or telephone is not good practice and is not supported by the Board.

Comment: This statement could be misunderstood. We understand the statement to mean that once a doctor has consulted with a patient in real time via any means including telehealth, they can then provide healthcare including prescribing as part of that initial consultation, or as part of a subsequent consultation. The current wording could be misunderstood as a doctor not being able to deliver health care or prescribe to a patient that they are seeing for the first time.

This includes requests for medication communicated by text, email or online that do not take place in real-time and are based on the patient completing a health questionnaire but where the practitioner has never spoken with the patient.

Comment: we strongly support this statement and we would submit that this principle be broadened to include the provision of referrals, and request forms for diagnostic services. The emphasis on care provision without a real time consultation, either at the time of the request or sometime previously, should be highlighted as we understand that to be the intent of this section.

Any practitioner who prescribes for patients in these circumstances must be able to explain how the prescribing and management of the patient was appropriate and necessary in the circumstances.

In emergency situations

In an emergency, it may not be possible or appropriate to practise according to these guidelines. If an alternative is not available, a telehealth consultation should be as thorough as possible and be followed up with more suitable arrangements for the continuing care and follow up of the patient.

International telehealth

Technology has broken down traditional geographical barriers and it is now possible for you to consult with patients when you are outside of Australia or for patients to be located outside of Australia. The following guidance is in addition to the general guidance about telehealth above.

If you are consulting with patients who are in Australia, regardless of your location, the Board expects that you will be registered with the Board and will meet all the relevant registration standards including for recency of practice, continuing professional development and professional indemnity insurance. You may also need to meet any requirements of the medical regulator in the jurisdiction you are based.

If you are in Australia and consulting with patients who are located outside of Australia, you should be registered in Australia and establish whether you are required to be registered by the medical regulator in the country where your patient is located and comply with legislative requirements in that jurisdiction, including for prescribing and professional indemnity insurance,

You should also be aware, and inform your patients, of Medicare billing rules for telehealth where you or your patient are located outside of Australia.

What these guidelines do not cover

These guidelines focus on good professional practice in relation to telehealth. There are additional regulations and legislations that impact on the practice of telehealth, including in relation to Medicare billing, that are not detailed in these guidelines. Practitioners who participate in telehealth need to be aware of and comply with relevant regulations and legislation.

Authority

These guidelines have been developed by the Medical Board of Australia under section 39 of the Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory.

Review

These guidelines replace 'Guidelines for technology-based patient consultations' issued on 16 January 2012 and information contained in the 'Information sheet: Inter-jurisdictional technology based patient consultations' issued on 15 August 2013.

This guideline will be reviewed from time to time as required. This will generally be at least every five years.