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Ref: Joint submission by InstantScripts and Australian Patients Association on
Revised Telehealth Guidelines

Dear Medical Board of Australia,

The draft revised guidelines for Telehealth Consultations with Patients states that the Medical Board of Australia does not support prescribing of medication by text, email or online where the practitioner has never spoken with the patient. We refer to this in our submission as asynchronous healthcare.

We are providing a joint submission from the Australian Patients Association and InstantScripts. Our submission contends the Medical Board of Australia should not adopt the revised guidelines on asynchronous healthcare for the following reasons:

1. Significant detrimental impact on Australian patients

Over one million asynchronous healthcare consultations occurred in Australia in 2022. The scale of asynchronous healthcare in Australia today makes it an imperative for the Medical Board to consider the direct impact for patients more carefully and the flow-on impacts for other health services.

The Medical Board should recognise that asynchronous healthcare:

- a) ***Provides access to healthcare when Australians need it.*** 69% of patients surveyed¹ by InstantScripts said they use the service because they are unable to get an appointment with their regular doctor. Common scenarios include patients running out of prescription medication unexpectedly, requiring a prescription for urgent health management when their GP clinic is closed or needing their prescription medication when they are away from home.
- b) ***Does not replace a patient's relationships with their regular doctor.*** 78% of patients who use asynchronous services have a regular doctor. Services like InstantScripts proactively encourage patients to permit InstantScripts to forward the results of their consultation directly to their regular doctor through a secure messaging service.
- c) ***Improves health outcomes for Australian patients.*** 91% of patients said they are more likely to be able to maintain their medication regime through access to asynchronous healthcare. About half of InstantScripts patients said there would be occasions where they would have to stop taking their regular medication if access to asynchronous healthcare were not available.
- d) ***Offers a highly affordable healthcare option for Australians.*** Typical costs for online prescriptions are between \$19 to \$25 and are not subsidised by Medicare. If the Medical Board's recommendation were adopted by online healthcare providers, it will require many of these consultations to become telehealth consultations with increased costs and reduced convenience passed onto Australian patients.
- e) ***Relevant for all Australians who need primary care.*** The highest volume of consultations for asynchronous healthcare occurs in the week between Christmas Day and New Year's Day when access to primary care in many communities is not available. The alternative for many Australians

¹ [Patient Survey](#) conducted on 11 January 2023 with 814 survey responses were received.

is to present at an emergency department of a public hospital for access to primary care, or to wait weeks for treatment which may exacerbate existing health conditions.

- f) **Most important for vulnerable groups.** Patients with mental health conditions are the largest group and account for 35% of patients. As one survey respondent said:

"I suffer from mental health challenges. Being able to access a prescription online for a medication I have taken for 20 years (contraception) when I'm not up to going to a doctor prevents my mental health from spiralling"

Other vulnerable groups include patients from regional and rural communities (29% of patients) and patients with disabilities (15% of patients) who access asynchronous healthcare because no other convenient and affordable options are readily available to them.

The impact of denying asynchronous healthcare will result in increased costs and decreased convenience to Australian patients without any proven uplift in safety or quality of healthcare. If this recommendation is adopted, the one million asynchronous consultations that occurred in 2022 will be funded as more costly consultations from patients or Medicare or public hospital emergency department presentations.

2. Lack of evidence to support the Medical Board's proposal

- a) **The Medical Board have not provided an evidence-based rationale to support this process.** The consultation paper produced by the Medical Board provides no evidence that any research, analysis or investigation into asynchronous healthcare in Australia has been undertaken to support its proposed revised guidelines. No statement on the number of adverse consequences from asynchronous healthcare has been provided. If the Medical Board does have relevant evidence of this type that has not been released, we kindly request this be shared for industry and community review and the consultation period be extended accordingly.
- b) **The Medical Board have not consulted with industry or practitioners.** The Australian Patients Association is the largest patient association in Australia and InstantScripts is the largest provider of asynchronous health consultations in the country. However, they were not consulted prior to the Medical Board releasing its draft revised guidelines for telehealth consultations. It is further apparent from the consultation paper and discussions with peer organisations that no known engagement occurred with any other industry participants, patients, carers and peer workers. We kindly request the Medical Board to address this issue by engaging directly with key industry participants in its ongoing consideration of its proposal.
- c) **Significant data on asynchronous healthcare is available for the Medical Board to review.** Asynchronous healthcare is not new to Australia. It has been operating successfully in Australia for at least five years. During this time, the Medical Board have not identified any major issues for patients or doctors to address. Industry participants have significant volumes of data on the usage of asynchronous healthcare that could support an evidence-based recommendation. The Australian Patients Association also has the potential to survey their patients for further understanding of how this service is used in Australia today. We recommend that the Medical Board should thoroughly analyse all relevant data from industry participants, associations and patients to ensure its consideration of its proposal occurs in a balanced manner.
- d) **The Medical Board have not examined the use of asynchronous healthcare adopted in the US and UK.** While asynchronous healthcare appears novel in Australia, it is not novel in other western democracies such as the US and UK. We are not aware of any independent investigations the Medical Board have undertaken into the use of asynchronous healthcare in other jurisdictions before forming their recommendations. As a result, the Medical Board is potentially overlooking valuable insights and case studies from other advanced primary healthcare systems where telehealth plays an increasingly important and complementary role in the patient care ecosystem.

3. The Medical Board should define safeguards and limitations, not abolish access to asynchronous healthcare.

a) ***The Medical Board should provide clear, consistent safeguards for the industry to adopt, which incorporate existing safeguards adopted by industry participants.*** We agree that sensible, evidence-based safeguards must be consistently applied and implemented across the industry. We recommend that the Medical Board's considerations include review of the following safeguards:

- Identity verification – Require identity verification through Medicare Card / IHI Numbers or other identification to protect against fraud or false usage
- Age Limits – Restrict asynchronous health care to patients over 18 years of age
- Declarations – Mandate comprehensive consent forms requiring a patient's signature
- Monitoring – Ensure doctors always monitor patient submissions and manually approve or reject requests as clinically appropriate. Those doctors should also be available to that patient, if necessary, to provide appropriate access to live medical advice if a patient seeks further details.
- Governance – Regular reviews of the clinical pathways for each medication and continuing professional education for practitioners
- Continuity of Care – Digital notes must be sent to patient's regular doctor at the instruction of a patient.

b) ***The Medical Board should define the scope of asynchronous healthcare.*** We agree that limitations should exist for how asynchronous healthcare is used in Australia. Categories of medication that are frequently abused or drugs of addiction should be excluded from model. Examples include:

- Opioids
- Benzodiazepines
- Gabapentinoids
- Schedule 8 medications

c) ***The Medical Board should define limitation on the use of asynchronous healthcare.*** A responsible asynchronous platform should not provide a substitute for a patient's regular doctor. Therefore, patients should be advised to consult with their regular doctor through asynchronous healthcare platforms. Furthermore, no repeats should be provided in asynchronous prescribing. The purpose of asynchronous care as outlined above is to serve as a stop-gap measure, not a substitute for their routine care.

Guidelines for usage of asynchronous healthcare should be developed by the Medical Board working in conjunction with an industry forum of stakeholders and informed by international trends and case studies.

We are thankful for the Medical Board providing the community the opportunity to provide feedback on this important topic. We hope that this feedback can assist in developing the best recommendation on telehealth for Australian patients, doctors and government stakeholders.

Yours sincerely,



Stephen Mason
Chief Executive Officer
Australian Patients Association

Yours sincerely,



Richard Skimin
Chief Operating Officer
InstantScripts Pty Ltd