From: Levitt, Michael
To: medboardconsultation
Subject: Draft consultation paper on telehealth
Date: Wednesday, 8 February 2023 2:43:02 PM
Attachments: image004.png

To whom it may concern

I wish to provide my input into this discussion. Although an employee of the [redacted], I do not speak on their behalf and provide this input in respect of my status as a colorectal surgeon, albeit now very part-time and close to the end of my clinical career. I am also a Director of the telehealth service delivery company InstantScripts and chair its Clinical Governance Committee; I can safely lay claim to having a deep understanding of the manner in which this company, at least, attends to issues of clinical governance

The uptake in telehealth services – including so-called "asynchronous" telehealth services - reflects the ease of access and perceived cost-effectiveness of those services, along with the reality "on the ground" in our country of the highly limited access to (and considerable costs of) face-to-face (F2F) primary health care. Moreover, this asynchronous telehealth is being delivered by properly trained primary care doctors, most of them College-trained GP Specialists, who regard this model of care to be both agreeable and safe.

The proposed Ahpra guidelines appear to assume - without any basis in fact - that:

- the standard of care being delivered by asynchronous providers is worse than that in F2F practice;
- the doctors delivering that care are somehow less mindful of the safety and quality (and the continuous improvement) of the services they deliver in asynchronous telehealth than they are in their F2F practices; and
- the patients accessing asynchronous telehealth services are somehow incapable of discerning the quality of the care they need and have received.

The IT systems that support asynchronous telehealth are vastly superior to those that support F2F primary practice and provide a level of assurance about the quality of the service and the ability to audit those services that is simply not available in traditional F2F practice. I contend that asynchronous telehealth has many aspects that are, in fact, safer than F2F; and that, notwithstanding its proposals, Ahpra has no meaningful evidence to suggest otherwise.

In my opinion, the advice guiding the Ahpra recommendations appears to be at once paternalistic and outdated. This paternalism, along with the outmoded thinking and the absence of evidence to underpin these recommendations, should sound alarm bells inside your organisation. It sounds like exactly the sort of reactionary protectionism we have spent decades trying to eradicate from medical decision-making.

To adopt the recommendations, as proposed, is to set us back many years in the optimal delivery of primary health care; and to acquiesce with the antediluvian, evidence-light mindset of those whose advice has helped create them. You might be well advised to consider the questions we clinicians ask ourselves, every day of our working lives:

1. What is the evidence to support our decisions?

2. What do our patients want?

I honestly believe that your recommendations are without evidence and that they reflect the wishes of certain elements of the profession ahead of the wishes of their patients.

Yours truly,

Michael Levitt

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"I respectfully acknowledge the past and present traditional owners of this land that we are working on."

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