

RACGP submission to the Senate Select Committee on Financial Technology and Regulatory Technology

1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Select Committee on Financial Technology and Regulatory Technology for the opportunity to provide a submission on telehealth and electronic prescribing.

The RACGP is fully supportive of initiatives which seek to move towards a more digitised and coordinated healthcare system and commends the government for its rapid support and implementation of telehealth and prescriptions via telehealth following the COVID-19 outbreak. The RACGP looks forward to working with government on future and longer term telehealth and electronic prescribing care models and systems.

2. Telehealth

The introduction of temporary COVID-19 Medicare Benefits Schedule (MBS) telehealth items to support telephone and video consultations in general practice was a critically important development. Telehealth offers numerous benefits and has demonstrated that care can be equally effective when delivered remotely, challenging traditional conceptions of face-to-face consultations as the only effective medium to support patient care. A recent RACGP survey found 99% of practices are facilitating telehealth consultations.

2.1. Positive aspects of service delivery via telehealth

Feedback from general practitioners (GPs) indicates that MBS telehealth services have:

- enabled GPs to continue providing essential care while minimising the risk of COVID-19 infection
- ensured practices can continue to provide patients services while protecting both staff and patients
- provided opportunities for GPs to connect with and support patients through an incredibly stressful time that otherwise would not have been possible
- given patients a range of options to access care safely and remotely due to the availability of different telehealth platforms (eg by phone or video)
- reduced waiting and travel time for patients
- provided flexibility for GPs with childcare responsibilities or in high risk population groups to continue providing care to their patients
- enabled older GPs and those at greater risk of COVID-19 infection to continue working and earning an income
- been beneficial for patients with mental health issues, particularly mild to moderate anxiety/stress
- helped to equalise access to healthcare between urban and rural/remote communities.

2.2. Future of telehealth services

Our members report extending access to telehealth services beyond COVID-19 would allow time to gradually alleviate patient concerns about the safety of receiving face-to-face care. In the absence of a COVID-19 vaccine, the continuation of telehealth could also form part of an ongoing strategy to reduce the risk of infection in the community.

Rural, regional and remote areas

Members report patients in rural, regional and remote areas require ongoing access to telehealth services to ensure parity of health outcomes with their metropolitan counterparts. Patients in these areas often have to travel long distances to access vital care.

On demand telehealth services

The expansion of telehealth MBS items has seen a surge in models and businesses operating models of care where quality and patient safety may be compromised.

The RACGP raised significant concerns about on demand telehealth services that bypass a patient's usual general practice, thus creating fragmentation and risking continuity of care. Additional concerns were also raised with privacy and, at times, the inappropriate and unapproved use of patient data, both during and after a consultation.

Some of these services have taken advantage of understandable anxieties in the community about contracting COVID-19 by expanding their own business models with public funding through the MBS. This poses considerable risks to the health and wellbeing of the community and the viability and reputation of high-quality and patient-focussed general practice care.

The RACGP therefore welcomed the recent government announcement that telehealth service provision must be linked to a patient's usual practice. This will limit the increase in on demand telehealth services and rather, facilitate the delivery of higher quality primary healthcare by GPs/practices that have an existing relationship with a patient and knowledge of their medical history. It may also lead to a reduction in overall healthcare costs by reducing service and care duplication and increasing the capacity for GPs/practices to provide more complex and comprehensive care.

Mandatory bulk billing of telehealth services

From 20 April 2020, other medical specialists and allied health professionals were permitted to privately bill all COVID-19 telehealth consultations. However, the legislative requirement that telehealth services provided by GPs be bulk billed for Commonwealth concession card holders, children under 16 years old and patients who are more vulnerable to COVID-19 remains.

The RACGP has received numerous enquiries from concerned GPs and practice staff who have described this decision as inequitable and detrimental to the viability of their practices, impacting their ability to provide care for their patients. During these challenging times, GPs should be trusted to apply their usual billing practices and exercise discretion where necessary (eg if patients are clearly unable to afford a gap fee).

Telehealth research

To support optimal delivery of health services via telehealth now and into the future, the RACGP calls on governments to commit to funding research into:

- effective models to ensure the provision of high-quality care via telehealth for the treatment and management of a range of health conditions
- the impacts of a large-scale adoption of telehealth on general practices (during and post pandemic) to assist with the allocation of future funding
- the role of telehealth in different contexts, including Aboriginal and Torres Strait Islander primary healthcare.

2.3. Recommendations

The RACGP recommends:

- all Australians continue to have access to Medicare-funded telehealth services beyond 30 September 2020 through their usual general practice (when the temporary COVID-19 MBS telehealth items are scheduled to expire)
- GPs be permitted to apply their usual billing practices to MBS telehealth services to maintain practice viability and ensure ongoing access to high-quality care for patients
- funding be provided for research into the efficacy of care delivered via telehealth.

3. Electronic prescribing

The RACGP welcomed the interim arrangements established by the federal government following the COVID-19 outbreak for prescriptions via telehealth. These interim arrangements enabled prescribers to create and send an image of the patient's prescription to the patient's pharmacy of choice via email, text message or fax. Prescribers were afforded the flexibility to then retain the paper prescription for a period of two years, reducing the administrative and financial burden of sending these to pharmacies.

The RACGP worked closely with government to create this viable, temporary workaround system and supported our members to implement the new interim arrangements. This was an important measure aimed at reducing the spread of COVID-19 by limiting movement of vulnerable people in the community and lessening the burden on general practices of patients presenting for face-to-face appointments for prescriptions.

However, the move to interim prescription via telehealth measures created some legislative challenges. Difficulties with national implementation of this process arose out of the reluctance of some states to make the necessary legislative changes in a timely manner. This demonstrates the need for a consistent national approach when changes are made, either temporary or permanent, regarding healthcare systems and processes.

The government is currently working to fast-track the roll out of its planned electronic prescribing initiative, which the RACGP broadly supports. However, it is not anticipated there will be a significant uptake given the success and adoption of telehealth image-based prescribing, which has utilised and adapted existing technologies and processes. The electronic prescribing initiative will introduce new technologies and systems, which at this time, will be challenging for general practice and the pharmacy sector to implement. Like with telehealth, the rapid shift undertaken by providers in implementing a temporary workaround system for prescriptions gives solid impetus to move forward with a fully integrated and permanent electronic prescribing solution for the Australian healthcare system. However, the RACGP recommends this is undertaken in a measured and planned way to ensure general practices and pharmacies have sufficient time, resources and education to implement and adapt to the changes effectively.

It is important that governments recognise the additional costs for general practices in maintaining electronic prescribing (such as the costs of sending prescription tokens via SMS) which may be unsustainable. Further, the RACGP encourages governments to address the potential risk of monopolisation of prescription exchange services (PES) with the roll out of electronic prescribing. It is important for general practices to be afforded choice when selecting the best clinical information system and PES to suit their practice's needs.

The rapid shift to telehealth consultations following the COVID-19 outbreak also highlighted the lack of electronic pathology and imaging services requests, as well as an inability to safely and securely handle other documents electronically, such as medical certificates, medical reports and other communications with patients and other interested persons. The issue of pathology and imaging requesting could be addressed through the development of a centralised exchange server, similar to those used for prescriptions. This could prevent proprietary systems for each individual company, with patient access restricted to those companies. The RACGP recommends this body of work be led by the Australian Digital Health Agency.

3.1. Recommendations

The RACGP recommends:

- a consistent national approach be implemented to ensure consistency between jurisdictions when changes are made to healthcare systems and processes
- a centralised exchange server be developed by the Australian Digital Health Agency for the purposes of pathology and imaging requesting
- the implementation of electronic prescribing be undertaken in a measured and planned way to ensure general practices and pharmacies are able to adequately prepare for and adapt to any changes.

4. Conclusion

The RACGP thanks the Committee for the opportunity to make a submission regarding telehealth and electronic prescribing and looks forward to continuing work and consultation with governments on the future of these key primary healthcare delivery functions. If you would like to discuss the RACGP's submission further, please contact Joanne Hereward, Program Manager, Practice Technology and Management at joanne.hereward@racgp.org.au or on 03 8699 0338.