

28 May 2021

Ms Bettina McMahon  
Chief Executive Officer  
Healthdirect Australia

Dear Ms McMahon,

Thank you for your recent invitation to comment on the *Healthdirect Australia 2021-24 Strategic Plan*. We offer the following feedback in response to your consultation questions.

**Considering other participants in the health sector, what products and services should Healthdirect provide?**

The RACGP believes that Healthdirect should aim to support and not duplicate or undermine existing health system infrastructure. For example, Healthdirect should aim to support general practice by encouraging Australians to maintain an ongoing relationship with a trusted GP/general practice and by sharing information with a patient's regular GP.

Failure to involve a patient's GP in all aspects of patient care risks disrupting continuity of care and compromises the provision of high-quality, cost-effective care. It potentially results in fragmentation of care and medical records, unclear lines of responsibility and duplication of patient services. Continuity of care can be supported by Healthdirect linking back to a patient's usual GPs. This will be especially important if the Government implements, as expected, a patient enrolment model for general practice and chronic disease management.

Healthdirect should encourage consumers to have a regular GP/general practice and when Healthdirect is engaging with consumers, consumers should be given the opportunity to nominate a usual GP (or practice) to receive relevant information about the encounter. For patients who do not nominate a usual GP, an upload of an Event Summary to My Health Record is recommended so patients can discuss this with a GP or emergency department that they may later engage. The RACGP maintains the position that the GP who has provided the most recent Shared Health Summary could reasonably be assumed to be the patient's usual GP. The National Health Services Directory (NHSD) and having visibility of communication preferences through the Services Registration Assistant (SRA) will support this model.

**Which products, services or approaches would you like to see prioritised the strategic plan?**

Healthdirect has a valuable platform to help consumers navigate the Australian health landscape through the development, sharing and promotion of evidence-based consumer information and resources.

Resources developed by Healthdirect, such as consumer factsheets, are valuable for both healthcare consumers and GPs. The RACGP would like to see these promoted more widely to GPs and the broader community. A valuable addition for GPs, and one which supports existing workflows, would be the visibility of these resources through general practice clinical information systems (CIS) (or example through Healthshare Factsheets in Best Practice software) which would increase GP awareness, visibility, and access. Working with the RACGP on a consumer version of the RACGP's Red Book would also be a valuable undertaking.

The RACGP advocates for the use of secure messaging systems to transfer health information between providers because they are the safest, securest, and most efficient communication method. The NHSD is critical to supporting secure electronic communication and work to ensure the NHSD is up to date and effective should be a key priority for Healthdirect.

**How would you describe what success looks like for Healthdirect Australia?**

Success would be evident if Healthdirect is valued by consumers and healthcare providers alike. It would not be deemed successful if seen as a competitor that undermines existing services.

The RACGP believes success would be a service which provides quality, evidence-based health information and advice, which informs and encourages consumers on how to obtain ongoing healthcare appropriately within the Australian health system, such as through their usual GP or via ambulance or emergency services where required.

The provision of advice/care by Healthdirect must be localised, which poses a challenge for a national system. However, Healthdirect is a technology driven system and developments such as patient enrolment, NHSD, and the SRA will assist in referral to appropriate services in a certain area (such as deputising services already contracted to general practices; or general practices that provide their own after-hours service; or rural hospitals staffed by GPs and providing after-hours service to those communities).

**Do you have any other comments you would like to make in relation to the Healthdirect Australia Strategic Plan 2021-24?**

The RACGP has concerns about the impact any free telehealth service may have on the viability of existing GP services especially after-hours deputising services and GP afterhours home visits. These services are essential in providing face-to-face visits. There should be the consideration of Healthdirect linking in with these existing services when recommending patients be seen in person, rather than directing people to emergency departments (where appropriate), thus alleviating additional burden on the hospital system.

Advice from NURSE-ON-CALL has historically appeared to be very risk averse, with advice commonly being to attend an emergency department or general practice as soon as possible. Where a community does not have immediate access to these services, this can create unnecessary anxiety. Where services exist, this advice can unnecessarily overwhelm health services. The development of algorithms or flowcharts that underpin Healthdirect services would likely benefit from input from a broader array of experienced primary care clinicians, such as GPs, rather than primarily emergency orientated clinicians.

Thank you once again for the opportunity to comment. Please contact Stephan Groombridge, Manager, eHealth and Quality Care, at [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au) in the first instance if you wish to discuss the above.

Yours sincerely,

Dr Rob Hosking  
Chair, RACGP Expert Committee – Practice Technology and Management