Position

The RACGP is Australia’s largest professional general practice organisation, representing more than 35,000 members working in or towards a career in general practice in urban and rural areas. It is the national leader in setting and maintaining the standards for quality clinical practice, education and research in general practice.

Quality general practice contributes to an effective and efficient healthcare system by providing person-centred, continuing, comprehensive and integrated care. Telehealth services are valuable in facilitating patient access to their usual general practitioner (GP) or general practice. Online services from doctors other than GPs in the patient’s usual general practice offering prescriptions, referrals and/or medical certificates present numerous risks to patients.

The RACGP does not support emerging business models set up for the provision of prescriptions, referrals and/or medical certificates through online systems that risk patient safety by:

- fragmenting patient care
- providing patients with prescriptions, referrals or medical certificates without sufficient understanding of their medical history and social context
- removing the opportunity for physical examination.

This position statement has been developed in response to the increasing prevalence of online services that fragment care and do not provide continuous, comprehensive general practice care to patients.

Background

Support for existing GP-patient relationships via telehealth services

The RACGP supports existing relationships between patients and their usual GP and the extension of these relationships through the use of telehealth, as outlined in the RACGP’s On-demand telehealth services position statement. GPs are the leaders of multidisciplinary healthcare teams. All medical services, including online or eHealth services, should be provided or coordinated by a patient’s usual GP or practice wherever possible.

Telehealth services present an opportunity for existing practices to improve patient access and flexibility in service delivery. There is increasing demand from patients to use telehealth services to receive healthcare in more timely and convenient ways.

Practices need to be supported to provide online prescription, referral and medical certificate services to their usual patients – increasing access, and saving time and cost while maintaining continuity of care.

Telehealth revenue for practices

There are currently no MBS rebates available to patients for online prescription, referral and medical certificate services. However, there is scope for introducing MBS rebates to better support access to these kind of services. Offering online prescription, referral and medical certificate services can provide practices with an additional revenue stream and the absence of MBS patient rebates should not deter general practices and GPs from offering these services in the meantime.
Types of online services

Online services addressed in this position statement include:

- prescription services, where a patient can access prescriptions online by choosing medications from a website and completing a survey for assessment. Some surveys may result in a doctor contacting the patient for more information. Medications prescribed by these services may be delivered to the patient’s home.
- referral services, where a patient can access a referral to a medical consultant (ie other medical specialists) by completing a survey online.
- medical certificate services, where a patient can be provided a medical certificate (eg for days absent at work) by completing a survey online.

Patients can access some of these services without speaking to a doctor, and are charged a fee for the service (eg $20 for a referral to a medical consultant).

Online prescription, referral and medical certificate services provide single-event services and can be accessed by anyone regardless of their medical history. Prescriptions, referrals and medical certificates may be provided by doctors who:

- have no previous knowledge of the patient
- have received minimal information by way of an online questionnaire
- require no subsequent consultation with the patient.

Using an online referral service, patients are able to nominate a medical consultant and have a referral emailed to them for a range of medical services. While Medicare Benefits Schedule (MBS) patient rebates are unavailable for online referral services, patients can access MBS rebates when they see the medical consultant with a referral.

Issues

The RACGP has identified a number of issues regarding online prescription, referral and medical certificate services.

1. Online prescription, referral and medical certificate services do not support continuity of care

Patients who maintain strong relationships with a usual GP or practice team experience better health outcomes.1–5 Having a usual GP or practice allows patients to build trust. This continuity also increases the practitioner’s knowledge of the patient, resulting in improved patient satisfaction and health outcomes.

GPs are best placed to manage chronic health conditions and coordinate care across medical disciplines as they know their patients’ medical history and social context. In circumstances where a patient’s usual GP is unavailable, another GP or practice nurse at the patient’s usual practice is best suited to provide care.

Continuity of care is eroded when care is provided outside of a patient’s usual general practice by a doctor who has no prior knowledge of a patient. Online prescription, referral and medical certificate services fragment care by:

- undermining the usual GP-patient relationship
- providing episodic care instead of continuous care
- pairing patients to unknown providers
- creating multiple medical records that may not be synchronised
- not passing on patient notes to the patient’s usual GP.
2. **Online prescription services risk patient safety**

Patient safety is compromised when a doctor prescribes medication for a patient about whom they have no prior knowledge. Online prescription services may allow patients to access medication without physical consultation. Completing requests via an online survey allows patients to easily enter false or misleading answers, or to omit information about previous medications and care, when requesting medications. Without access to treating GPs’ notes the doctor has no means of otherwise confirming the information provided.

In addition to not having a patient’s medical history when an online service provider prescribes, there is no guarantee that a patient’s usual GP or practice will be informed following a patient accessing an online service. This leads to partial or fragmented medical records that may cause further risk to the patient in the future. The discontinuity of care, especially when a patient’s medical record is not shared between providers, can increase polypharmacy and ‘doctor or prescription shopping’.

3. **Online prescription, referral and medical certificate services compromise quality of care**

Assessment of a patient, including medical history and physical examination, allows a GP to appropriately prescribe medications, refer a patient to a medical consultant, or write a medical certificate.

Online prescription, referral and medical certificate service delivery models put doctors in the difficult position of making clinical decisions without an understanding of the patient’s medical history and social context.

Online prescription, referral and medical certificate services also remove the opportunity to conduct a physical examination. This includes the use of physical instruments and resources to ensure that appropriate clinical decisions are made, or making the physical observations possible during telehealth consultation held using videoconferencing equipment.

This may result in increased risk of misdiagnosis or delayed diagnosis of a serious issue, or missed opportunities for preventive care that physical presentations provide.

4. **Online prescription, referral and medical certificate services increase complexity, inefficiency and cost**

Services that provide online prescription, referral and medical certificate services are likely to:

- increase the health system’s complexity and access points
- duplicate patient services (eg medications)
- make inappropriate and unnecessary referrals to other healthcare professionals / services
- increase waiting times for referred services
- increase flow-on costs throughout the healthcare system.

5. **Online prescription, referral and medical certificate services may be used predominantly as a profit-driven tool**

Online prescription, referral and medical certificate services provide an administrative service, not high-quality medical consultation. As such, these online services could be viewed as self-serving in generating payment for prescriptions, referrals and medical certificates – a profit-driven tool instead of a medically relevant and safe service.

Patients who seek a medical certificate from an online service may risk receiving a document unacceptable to their employer.
6. The qualifications of doctors providing general practice-style online prescription, referral and medical certificate services are unclear

There is no guarantee that doctors providing prescriptions, referrals and medical certificates via online services have an appropriate level of education and clinical competency, as per the FRACGP qualification.

Regardless of the setting in which they are provided, general practice type services should only be delivered by Specialist General Practitioners, general practice registrars with appropriate supervision, medical practitioners on a pathway to Fellowship with the RACGP, or non-VR General Practitioners who graduated and commenced working in general practice prior to 1996.

Conclusion

Maintaining continuity of care is essential. Online prescription, referral and medical certificate services provide episodic, fragmented care and do not facilitate existing relationships between a patient and their usual GP. There is value in patients using telehealth services with their usual GP; however, online prescription, referral and medical certificate services that pair patients with unknown providers comprise quality and safety of care.

Other resources

- RACGP Position statement – On-demand telehealth services
- RACGP Clinical guidelines – Prescribing drugs of dependence in general practice

References

1 Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. BMJ. 2017;356.


