From: Russell Dalton
To: medboardconsultation
Subject: Consultation: revised telehealth guidelines
Date: Saturday, 7 January 2023 2:29:10 PM
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Dear Board members,

I write to provide a submission on the *draft revised Guidelines: Telehealth consultations with patients, In particular the new section on :*

Prescribing or providing healthcare for a patient with whom a doctor has never consulted, (the new section).

I am a regionally based Specialist Obstetrician Gynaecologist, with a special interest in Infertility, IVF, and treatment of endometriosis. Telehealth services and consultations are a significant component of the services we provide, and as stated in the draft, are of immense value to patients who live in remote locations, or who live large distances from our clinic in other cities and states.
A number of the treatments we provide are for ovulation induction, and these are ostensibly algorithm driven, based on particular aspects of a person's history, and the results of investigations which are undertaken during the initial assessment processes. Based on these assessments, we are then able to establish a diagnosis, prescribe treatments, monitor responses, provide follow up advice, and review the patient using a number of technological media as needed.

We have, over a number of years, developed a complex and sophisticated software algorithm, which will now allow a patient, or a referring doctor, on their behalf, to reach out to our service. Using this innovative software, we commence a risk managed assessment process, which will lead to a diagnosis by a specialist, and the subsequent prescription of treatment, which may include medications, for their condition.
This algorithm also involves communication with the patient's GP, and provides options for video telehealth consultations at any stage.
To complete the treatment cycle, we then provide connection between the patient and their closest specialist provider as needed if further face to face treatment is required.

It is important to state that as part of providing ease of access to our service, especially for regional and remote women, many of those who use our service will not have had a direct consultation with a doctor, unless they request, or we require it.
They will, however, within the confines of safety and suitability, be taken through the key steps of history, investigations, formulation of a diagnosis, monitored treatment and review.
It is my view that with its strong emphasis on risk management , the standard of care with our software will in fact be better than the services provided conventionally by other doctors in this field.
I am of the firm belief that our service model meets the requirements of Good Medical Practice

With regard to "the new section", I am aware of the reasons for it, in the context of provision of online prescriptions to patients as the primary reason for the service, without a consultation.
There is reference in the new section to patient's not having consultations as a major concern.
However, I suggest that the key concern to be addressed is that the patients have been provided with prescriptions without an adequate diagnosis, not that they did not have a consultation with a doctor.

One could envisage that a provider could satisfy the requirements in the new section of having a "consultation" by providing a one minute contact episode with a patient and proceed to prescribing anything they want, still without having established a diagnosis.

As a result of the current and ongoing stress on the health system, there is a requirement to explore new ways of providing high quality, high value care, and sometimes simple, quick episodes, such as online prescription access. I have personal experience in using one of these services when I found myself out of medications when on holidays, and had no access to getting to a GP in a distant location. The service worked perfectly well for me. Other situations when online prescription access is highly valuable is where a patient knows the diagnosis, for example a UTI, ,has a flare of gout, has menorrhagia, or is in need or emergency contraception. In these examples, online access to prescriptions is highly beneficial to patients, and is cost effective for the system. Patients are highly health literate, and essentially depriving them of them of access to an online prescription service has a paternalistic undercurrent, and harkens back to the 1960's and 1970's where "Doctor knows best"

My practice's innovative service will not be the last of its kind. Health providers and services are continuing to acknowledge and develop e health and virtual health care models. I am very confident that in the future, many patients will engage sophisticated software based services such as ours, with some of these products functioning virtually independently with artificial intelligence in the Software as a Medical device (SaMD) classification.

Referencing the above, the following may be considered;

Prescribing or providing healthcare for a patient with whom a doctor <u>has never acknowledged, or provided with a diagnosis.</u>

The key relationship between establishing a diagnosis and providing treatment must be preserved.

This means that there must be evidence that the doctor has established a diagnosis to the standard required (Good Medical Practice)

The telehealth interaction should function such that a diagnosis can be reasonably made.

This means that it may be acceptable to acknowledge that a patient knows what the diagnosis is, and subject to this being confirmed, to a reasonable standard, a prescription can be provided.

There must be some sort of follow up of the treatment episode if it is made in the context of telehealth

This could take the form of :

- Communication with the primary provider.
- Treatment outcome review by the telehealth provider
- Follow up referral of the patient to a local face provider

There must be continuous opportunity for the patient to escalate the treatment process by conversion to video telehealth, or to face to face treatment if requested or required.

Providers must provide telehealth in the context of a Quality Management System, and have undertaken full risk assessment of their service.

Thanks for your consideration of this submission.
I will be happy to respond to any further questions as needed

Regards
Russell Dalton
CEO, Medical Director, [redacted] IVF