

From: David Krolikowski
To: [medboardconsultation](#)
Subject: Public Consultation Telehealth consultations guidelines
Date: Thursday, 2 February 2023 10:13:20 PM
Attachments: [REDACTED]

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Dear Board Members,

No doubt there are many factors to take into consideration in setting out guidelines for telehealth consultation. My comments are limited to circumstances where the consultation involves a straightforward case, for example, where a patient is seeking a prescription or treatment that that patient seeks on a regular basis for an ongoing illness or condition.

In my view, the availability of telehealth consultations for appropriate circumstances appropriately expands the level of medical care available in Australia. It does this by providing an alternative consultation option.

It can often be difficult to obtain an appointment at convenient times at a general practitioners' surgery. This means that patients are either forced to take time off work or away from family and other duties, in order to secure and physically attend an appointment. Further, as many Australians have experienced, even when an agreed appointment time is set, it is often the case that the appointment will be delayed because earlier appointments ran over time. In the meantime, patients gather together in waiting room, potentially increasing the risk of spreading illness or disease.

Telehealth allows practitioners to contact patients at flexible times, without the patient having to make an appointment for a particular time and physically attend. Practitioners are not forced to wait until a pre-selected time to see a patient, nor are they forced to rush through an appointment because the next patient is waiting. This can increase efficiency, as a practitioner can move smoothly from one appointment to the next, with appointments taking up the amount of time actually needed.

Such a system also ensures that those who require repeat treatment for ongoing conditions that do not need a face-to-face appointment, are not "competing" for appointment times with those who need to visit a doctor in person.

My own experience of telehealth has been very positive. I am healthy but need to take a prescription medicine for a condition I experience. I have been taking the same tablets for many years, but the tablets may not be prescribed in significant doses. This means I need to obtain a new prescription from a doctor every few months. Taking 1-2 hours out of my day to secure an appointment, travel to the doctor, wait in the surgery, see the doctor, request a prescription and then return to my work, has significant negative impacts upon my productivity that day. The cost is significantly more than the cost of the appointment, in terms of the lost business time I experience. By contrast, a telehealth appointment, whereby I make an online appointment, and then receive a call in a particular time window saves me significant valuable time, and in the circumstances, does not negatively affect the care given. In this manner, telehealth is as much a valuable option for people living in cities as it is valuable for those in more remote locations.

I continue to visit my local general practitioners for other matters, where physical attendance is necessary – such as for injections and ailments where a physical assessment is preferable.

I see no reason to limit telehealth appointments, or what a general practitioner can prescribe as part of a telehealth appointment, where the practitioner, relying upon their skill and experience, considers that a physical appointment is not necessary. In fact, I believe that telehealth is an excellent supplement to the existing general practitioner landscape.

Further, it is my view that the quality of care offered by a practitioner is more a function of the quality of the practitioner than the method via which the consultation takes place.

The guidelines impose a greater obligation upon a practitioner providing telehealth services than those that exist upon a general practitioner providing standard services. While this may be appropriate in some cases (particularly for first time users), it seems to me that those obligations can be relaxed once a person has used telehealth on multiple occasions. Further, given telehealth appointments are often made online, it seems easy to direct a patient to the relevant information online prior to or following confirmation of an appointment, and valuable consultation time should not need to be taken up verifying that the telehealth guidelines have been fulfilled.

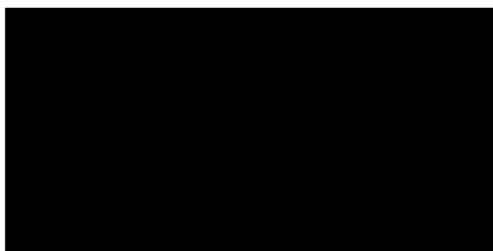
My first experiences of telehealth occurred during COVID-19. I had [REDACTED]. My first few appointments required hospital visits and some physical inspections and [REDACTED]. That was appropriate. However later, as [REDACTED] healed, I was able to hold appointments with a physiotherapist via videoconference, instead of the appointment absorbing virtually half my day. Others in family have also taken advantage of telehealth and videohealth appointments, particularly where the relevant doctor or health care specialist already has formed a relationship and understanding with those family members. This has been exceedingly convenient and helpful and cost-effective in our busy lifestyles.

Although these experiences may be anecdotal, I have little doubt that others have had similar positive experiences, and that telehealth is simply a new way of providing quality and efficient health care, and I strongly support the expansion of telehealth services where appropriate.

It may be useful if patients can elect for notes and records from telehealth consultations to be automatically available to subsequent telehealth practitioners. I expect this will may increase efficiency and quality of care. I do not know if this is currently the case. Moreover,

I consent to this submission be published, provided my full personal details are not included.

Regards,



[REDACTED] rolikowski
[REDACTED]
[REDACTED]
[REDACTED]

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