Consultation: revised telehealth guidelines. Response from My Emergency Dr.

Medical Board of Australia AHPRA

medboardconsultation@ahpra.gov.au

16/02/2023

Re: Submission "Consultation: revised telehealth guidelines"

Connected Medical Solutions Limited (trading as My Emergency Doctor, "MED") is an online emergency doctor service established in 2016, staffed by Fellows of Australasian College for Emergency medicine (FACEMs). Our service has been functioning in partnership with a wide range of Australian Healthcare Institutions including Ambulance services, Primary Health Networks, regional hospitals and urgent Care centers, providing emergency telemedicine consultations Australia wide. The Medical Leadership Group oversees the governance of our service and wish to provide the below comments and recommendations for the draft revised telehealth guidelines.

Q1. Is the content and structure of the draft revised Guidelines: Telehealth consultations with patients helpful, clear, relevant, and workable?

We believe the content and structure of the revised Guidelines is largely clear, relevant, and workable.

We agree with the comment from Dr. Ruth Large about the term "Face-to-Face" (F2F) (which is used throughout the guidelines) being replaced by "in-person". This is due to the increasing frequency of video consultations, where, in fact, the patient and the physician are often virtually F2F, but are not physically F2F. Therefore, it may become more confusing to use this term as video consultations overtake the frequency of audio-only consultations.

In the **Background** section on page one, the second paragraph reads:

'The Board considers telehealth is generally most appropriate in the context of a continuing clinical relationship with a patient that also involves face-to-face consultations. A mix of face-to-face and telehealth consultations can provide good medical care.'

We acknowledge that in cases where in-person consultation (Face to face) is available,. even on a limited basis, care should be approached in a hybrid fashion rather than replaced by full telehealth consultations especially in a chronic care situation.

We suggest more emphasis be placed on the benefits of increasing real-time access in acute/emergency care needs of patients. Emergency Physicians largely see patients for the first (and potentially the only time) in our physical Emergency Departments. With the help of linked eMRs, MHR and good history taking, we manage to provide excellent emergency care to these patients with whom we have had no previous clinical relationship.

In recent times, with suboptimal acute medical coverage in rural and remote areas, often the only option for patients is an Emergency Telemedicine consultation with an Emergency Physician. We would all agree that this is by far a better option than having no Specialist Emergency Physician input. This is, unfortunately, becoming more common place, and we believe that this needs to be acknowledged in a stronger fashion in these guidelines.

We appreciate that there is a section titled **"In emergency situations"** on page 4, however this is too brief and could be expanded on to ensure that it is understood that this is now a viable, well-accepted and efficacious option for Emergency care for those in rural and remote areas, and that while not a subsitute for onsite clinicians a very real viable alternative where resourcing is scarce.

As highlighted in the recent Royal Flying Doctor Service's report **"Best for the Bush, Rural and Remote Health Base Line 2022":**

- Females in the bush die 19 years before their city counterparts
- Males in the bush die 14 years before their city counterparts
- The most notable barrier was the absence of primary healthcare services within a reasonable distance

While we agree that everything possible should be done to try to attract medical staff to these regions, we also believe that Emergency Telemedicine has a significant role to play, moving forward, in improving the care of patients, certainly as an interim solution before more staffing can be provided. It is essential we attempt to reduce these large disparities in health care outcomes.

Q2. Is there anything missing that needs to be added to the draft revised guidelines?

Greater detail describing how prevalent Emergency Telemedicine has become along with acknowledgment that Emergency Telemedicine will continue to play an increasingly prevalent role in delivering acute care to patients, be that in the emergency or urgent care setting, or to allow for appropriate short stay admissions to a local facility for that patient.

Q3. Do you have any other comments on the draft revised guidelines?

NO

Sincerely,

Medical Leadership Group for MED

Dr Audra Gedmintas (FACEM, FCICM)

Medical Director

A/Prof Richard Paoloni (FACEM)

Chief Medical Advisor

Dr Elissa Kennedy-Smith (FACEM)

Senior Medical Advisor

Dr Tatiana Lowe (FACEM)

Senior Medical Advisor

Dr Sheravika Leonny (FACEM)

Senior Medical Advisor