From: Geoffrey Pearce
To: medboardconsultation
Cc: [redacted]
Subject: Consultation - Draft Revised Guidelines: Telehealth consultations with patients
Date: Friday, 17 February 2023 11:32:40 AM

Dr David Wood MBChB (Hons) FRACP PEM FACEM AFRACMA

Current Positions:
Clinical Director Children's Emergency Department, [redacted]
Co-Founder & Co-Medical Director of CubCare - Virtual Urgent Care Paediatric service (Australia-wide)

Dr Geoff Pearce BSc. LLB (Hons) FRACP PEM AFRACMA

Current Positions:
Deputy Director Children's Emergency Department, [redacted]
Co-Founder & Co-Medical Director of CubCare - Virtual Urgent Care Paediatric service (Australia-wide)

Dear Sir/Madam,

Re: Draft Revised Guidelines: Telehealth consultations with patients

We are both Senior Staff Specialists and senior managers in public Children's emergency departments. In these roles we provide face-to-face consultations to children on a day to day basis in busy public paediatric emergency departments. We also co-founded CubCare which is a videoconsult based Paediatric urgent care service seeing children throughout Australia. We believe this background gives us significant insight and experience in virtual care and how this compares to traditional face-to-face care and thank you for the opportunity to provide feedback on the revised Telehealth guidelines.

Please find our comments below:

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

A. Within the summary statement & introduction

"The revised guidelines recognise that telehealth provides great opportunities for access to, and delivery of healthcare, but that it is not appropriate for all medical consultations and should not be considered as a substitute for face-to-face consultations."

Suggesting that telehealth can't ever be considered a valid substitute for a face-to-face consultation is an oversimplification and is simply false in an era of significant technological advancement. Whilst we agree it is not appropriate for all medical consultations there are numerous reasons why specifically video telehealth is an effective substitute, and in many instances could even be considered a superior option, to face-to-face consultation both from a health economics and patient care and safety perspective.

For example, being able to see and treat a child safely at home with repeat reviews over time to check on their clinical progress without them needing to be exposed to the infectious diseases in an emergency department waiting room is beneficial to both the child and the parents (and other families in the waiting room).

Providing a child and family with an experienced specialist clinicians undivided and uninterrupted clinical attention for 20 minutes often compares favourably to the divided attention of a senior clinician on a busy emergency department floor.

Additionally., and potentially most valuably, the video consult medium allows such expertise to be provided to regional and remote families for whom such a level of specialist health care review and advice would otherwise never be available.

The use of video telehealth as a substitute to attendance to after-hours emergency facilities also offers significant health economic benefits in terms of reducing ED overcrowding and costs associated with unnecessary ED attendance.

Many illnesses in children can effectively be assessed, diagnosed and treated safely without the requirement for face-to-face treatment hence helping patients and the overall system.

Additionally, any guidelines in this area should acknowledge that there have been significant technological advances and that with access to appropriate devices significant and relevant aspects of physical examination can, are, and will be able to be provided into the future, further reducing the number of instances where virtual care is clearly not appropriate.

A more useful position statement would reflect that the core elements of a thorough medical assessment are still required for an effective and safe medical consultation, whether performed face-to-face or by Telehealth. A thorough professional history taken via video consultation, combined with that physicians observation of the patient by video, and accompanied by relevant and available aspects of physical examination with documentation of the physicians impression, differential and a medical plan that includes discussion of relevant limitations of the assessment medium can and does constitute good clinical care.

B. If you have not consulted the patient section

"Prescribing or providing healthcare for a patient with whom you have never consulted, whether face- to-face, via video or telephone is not good practice and is not supported by the Board."

This statement is not clear and could be misinterpreted. Specifically “with whom you have never consulted”. If the statement is referring to patients who are being provided healthcare/prescriptions based on a form and no physical or virtual consultation is taking place then we completely agree. If that's the case then the statement needs to be made much clearer and specific as it could be easily misinterpreted as we may have.

If the statement refers to needing an existing face-to face relationship before prescribing or providing healthcare via telehealth then this is a very strong statement which is not valid for the acute/emergency setting where seeing a patient who a clinician has not seen before is the normal standard of care.

While a firm proponent of the medical home model of healthcare with general practice at the core, to say that highly qualified clinicians can't provide high quality care to patients who they have not seen before is prejudicial, invalid and professionally denigrating. It's not clear to us that this statement is valid at all times for other non-acute presentations either particularly when it is a simple problem or does not involve a chronic condition.

C. In the Emergency situations section the content is potentially outdated, not valid and damaging to innovative models of care which have been shown to be effective and safe.

"In an emergency, it may not be possible or appropriate to practise according to these guidelines. If an alternative is not available, a telehealth consultation should be as thorough as possible and be followed up with more suitable arrangements for the continuing care and follow up of the patient."

Whilst this statement goes some way to address the acute/emergent setting we do not believe it is clear enough. There are always alternatives available, however

these alternatives are often a worse option than being seen promptly through telehealth. Having to drive many hours to be seen in person and then wait in an overcrowded waiting room with transmissible infections everywhere is not better. A thorough video telehealth assessment can be the best and most appropriate option for patients/families to have an initial assessment with direction to be seen face-to-face if it is felt clinically indicated and otherwise suitable along with thorough safety netting advice.

What does "more suitable arrangements" actually mean? If referring to face-to-face then we would not always agree with this either. Follow up can be done by telehealth if an expert clinician deems this appropriate. They should have "suitable follow up" which is at the discretion of the treating clinician and to the satisfaction of the patient and might include face-face, video or telehealth options.

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

See above statements.

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

We believe that there should be some acknowledgement that models of care are evolving and virtual care is one of the key innovations that is driving improvements in care across the country currently. This is evident by the number of public virtual emergency and non-emergency services that are being developed with great success both at a patient safety and patient satisfaction level. Whilst we support trying to minimise the chance of rogue operators providing clearly substandard clinical services for financial gain this needs to be balanced by supporting innovative, safe and effective models of virtual/telehealth care which are the future of healthcare.

We are more than happy to be contacted for further discussion/clarification or indeed to put you in touch with any of the over 6000 families our virtual service has provided safe and effective care to for while saving unnecessary and expensive presentations to public emergency departments. We believe it speaks volumes that many of these families themselves have medical parents.

Thank you once again for the opportunity to provide feedback.

Yours faithfully,

Dr David Wood & Dr Geoff Pearce