



AUSTRALASIAN INSTITUTE
OF DIGITAL HEALTH

SUBMISSION

DRAFT REVISED GUIDELINES: TELEHEALTH CONSULTATIONS WITH PATIENTS

The Australasian Institute of Digital Health (AIDH) is pleased to provide input to the Medical Board of Australia's *Draft revised guidelines: Telehealth consultations with patients*.

The Institute represents a community of over 30,000 professionals working across all aspects of the healthcare sector and has more than 250 distinguished Fellows who are experts or pioneers in the field of digital health. The Institute has a rapidly growing membership of professionals comprised of doctors, health informaticians, nurses, midwives, administrators, and health technology business leaders.

The AIDH provides objective, non-partisan, and independent advice on health informatics and the digital enablement of healthcare to not only improve the health outcomes of Australians, but to solve our healthcare system's most pressing challenges.

The AIDH's unique composition and reach brings together an extensive network of Australia's leading digital health experts across the private, public and community sectors to advance our nation's transition to a digital health future.

General comments

The Australasian Institute of Digital Health (AIDH) agrees with the Board's decision to merge and revise the pre-existing existing *Guidelines for technology-based consultations* and the *Information sheet - Inter-jurisdictional technology-based patient consultations*, published in 2012 and 2013 respectively (Option 3 from page 5 of the consultation document).

Having two overlapping guidance documents can create confusion, therefore the proposal to combine these is appropriate and welcome.

The use of the term 'telehealth' does not appropriately capture virtual modalities of care, and does not align with states and territories

The AIDH welcomes the Board's decision to re-word the term 'technology-based medical care'. However, the AIDH does not believe that 'telehealth' accurately describes this modality of medical care.

The AIDH holds the view that Virtual Care is more appropriate term for capture the broad range of technologies that could be used to enable the provision of medical care and is better aligned with terminology used by some states and territories.

The Victorian Government for example, has begun moving away from the term 'Telehealth' and has begun using 'Virtual Care' and 'Virtual Health' instead, to include telephone-enabled medical consultations, (telemedicine, tele-education, teletherapy, and telemonitoring), as well as video-enabled consultations.

The AIDH would suggest that at the very least, the Board include the word "virtual" in the definition (or a clarifying footnote) since the term virtual health is being widely used and this would avoid any doubt that virtual care is also captured by the definition of telehealth.

Further, the draft guidelines use the term "face-to-face consultation(s)". This has the potential to cause confusion because a consultation using video consultation can be considered a face-to-face consultation. To avoid this ambiguity the term "in-person consultations" is more suitable than "face-to-face consultations".

Recommendation: That the Board considers replacing the term '*Telehealth*' with '*Virtual Care*' or '*Virtual Health*'; and replacing '*face-to-face consultations*' with '*in-person consultations*'

The current definition in the Guidelines is too restricted in scope

The AIDH believes that by focusing specifically on consultations, the Guidelines are too restricted in their application and miss an opportunity to:

- safeguard patients receiving medical care virtually; and
- advise medical practitioners on appropriate use of virtual care.

The definition of telehealth provided in the consultation document on the Guidelines is:

“Telehealth is a method of delivering healthcare that involves the use of information and communications technologies (ICT) to transmit audio, video, images and/or data between a patient and a healthcare provider. Telehealth can be used to provide, diagnosis, treatment, preventive and curative aspects of healthcare services.”

The definition on the Board currently relies on references the Department of Health and relates to the Medicare Benefits Scheme, rather than considering telehealth from a position of fundamental principle. This results in second sentence of the Board’s definition being too restrictive as it does not encompass important aspects of medical care provided by the medical professions the Board regulates.

Firstly, diagnostic tests provided by medical practitioners in medical specialties such as pathology and radiology, which the Board regulates. In both cases sensitive patient data is generated, analysed and interpreted by medical specialists who send a report back to the original referring practitioner, who tends to confirm the diagnosis. It is routine for diagnostic tests to be reported remotely, evidenced by terminology of “teleradiology” and “telepathology” and associated standards and guidelines from those medical colleges.^{1,2}

Secondly, other aspects of a patient’s treatment and medical care may be provided remotely and safely beyond the confines of a consultation such as planning or re-planning for radiation therapy. RANZCR’s Faculty of Radiation Oncology has published telehealth guidelines to capture such scenarios.³

Recommendation: That the Board consider the adoption of a broader definition of virtual care and revise the Guidelines to encompass the delivery of remote medical care via technology by all of the Board’s registrants.

The Medical Council of New Zealand’s (MCNZ) Statement on Telehealth achieves this by having three distinct definitions of “in-person”, “telehealth” and “telehealth consultations”, the latter being a subset of the broader term of telehealth.

“In-person: *Where you and your patient are physically present in the same location.*

Telehealth: *Telehealth is the use of information or communication technology to deliver medical care when patients and doctors are not in the same physical location. This may include the use of digital technologies like videoconferencing and telephone conferencing.*

Telehealth consultation: *Includes text/secure messaging, telephone and video consultations. It is where the doctor and patient communicate with each other and exchange information without being physically present in the same location. Telehealth consultations can be conducted between a doctor*

¹ RANZCR (2020a) Standards of Practice for Clinical Radiology version 11.2 (see Section 8 Teleradiology), available at: <https://www.ranzcr.com/search/standards-of-practice-for-clinical-radiology>

² RCPA (2022) Position Statement on Telepathology, available at: <https://www.rcpa.edu.au/library/College-Policies/Position-Statements/Telepathology>

³ RANZCR (2020) Radiation Oncology Telehealth Principles, available at: <https://www.ranzcr.com/fellows/rad-onc/professional-documents/radiation-oncology-telehealth-principles>

*and patient in the presence of a local health practitioner, or they can be conducted with no medical support at the patient's end (p.1 MCNZ (2020))."*⁴

The AIDH believes that a broader and more encompassing definition of telehealth (including the concept of virtual health) is important to ensure that patients are adequately protected when receiving care from medical practitioners via emerging models of care.

Should the Board agree to broaden the definition of telehealth to cover delivery of all types of medical care, the AIDH feels that further content needs to be added to the Board's Guidelines ensure that in all circumstances where care is provided virtually, a patients' privacy is protected, data and systems are secure, practitioners have appropriate skills, and the responsibilities of all parties (including employers) are understood.

The AIDH also believes it would be appropriate to cross-reference the existence of standards and guidelines from Australian professional bodies which apply to certain registrants practising in those areas of medicine, much like the MCNZ does in its Statement of Telehealth.⁴

The section on international virtual care (international telehealth) is inadequate

The AIDH believes that the section of the Guidelines on international telehealth is also inadequate to protect patients. Firstly, as has been outlined above, the Guidelines only cover consultations and not the breadth of medical care provided by the Board's registrants.

Secondly, as a general principle, the AIDH believes that a medical practitioner providing care for patients should hold registration in the jurisdiction in which the patient attends for care. As technologies continue to advance, medical care across borders will become more commonplace. The current version of the Guidelines places the onus on the medical practitioner to establish whether they are required to be registered by a medical regulator in the country where the patient is located (according to page 11 of the consultation document).

The AIDH believes that the Board should reconsider this and set an explicit expectation that medical practitioners based in Australia and providing care in overseas jurisdictions should be registered where the patient attends for care. This is important to help ensure that a patient who receives care in another country from an Australian-based practitioner can raise a concern in the jurisdiction in which care was provided.

The guidelines must go further in addressing data sharing

The AIDH believes there needs to be more information on secure data sharing within the guidelines.

Additionally, the AIDH believes that information on data sharing within the guidelines should explicitly state that practitioners should use technology that adheres to health privacy policies and guidelines.

⁴ Medical Council of New Zealand (2020) *Statement on Telehealth*, available at: <https://www.mcnz.org.nz/assets/standards/c1a69ec6b5/Statement-on-telehealth.pdf>

The AIDH would also like to note that the Strengthening Medicare Taskforce final report indicates substantial investment into 'sharing by default' which would need to be further considered by the MBA to determine suitable guidelines as to when information through virtual health may be stored / transferred.

Further, with regard to data sharing in asynchronous care, the AIDH believes both practitioners and consumers would benefit from more detail regarding the use, transmission, sharing and storage of data in asynchronous modalities of care, such as digital photography and remote patient monitoring data, which could add future value to the guidelines⁵.

Recommendation: That the board consider the addition of point (e) below, within the guidelines under the section “What do I need to do?” (Page 9 of the draft guidelines):

2. Have access to secure, reliable technology and connectivity that:

a. is fit for clinical purpose

b. is not a personal account

c. allows for secure access to patients’ clinical records; and transmission and storage of prescriptions, referrals, investigation requests and photographs/ images

d. can include interpreters where required,

e. adheres to health privacy policies and guidelines, including the transmission and storage of patient data and images between patients and practitioners, as well as between and across different healthcare providers.

Response to consultation question number 1: Is the content and structure of the draft revised Guidelines: Telehealth consultations with patients helpful, clear, relevant, and workable?

Generally, the Guidelines are clear in relation to consultations. However, as outlined above, there are some notable gaps which need to be addressed in order for them to communicate relevant and workable information that will guide medical practitioners in their use of virtual care modalities to provide accessible, safe and high-quality healthcare now, and in coming years as technologies rapidly advance.

Specifically, the guidelines should include - at least - secure messaging, telephone and videocall modalities for both in-real-time patient care and the provision of asynchronous care - including care directly provided to patients, caregivers and via other clinicians, for example, during case conferencing.

⁵ Clarity within the guidelines on remote patient monitoring is required for both patients and practitioners, i.e., clarity regarding what process is required if readings are outside expected parameters (whose responsibility to escalate / whether data is monitored or whether the consumer needs to activate their own plan etc)

Ideally, they will include the need for further continuing education in effective clinical communication via electronic media, for those practitioners who have not been exposed to this in their formal education.

The AIDH strongly supports the inclusion of requirements for culturally safe care by telehealth, particularly relevant for consumers in rural and remote areas. The AIDH believes it would be helpful to expand on what is meant by culturally safe telehealth.

Response to consultation question number 2: Is there anything missing that needs to be added to the draft revised guidelines?

Yes. As noted above, the AIDH believes that it would be a major omission for the guidelines to regard medical care as not being broader than provision of consultations, and the Guidelines should be re-written to account for this. This is important to protect the public who receive medical care remotely that is enabled by technology. With advances in technology, it is now commonplace for meetings to be recorded. The guidelines are silent on recording of consultations; this must only be done with the consent of all parties.

The AIDH would also like to see a statement that links provision of telehealth to continuous professional development incorporated. Doctors have a responsibility to align CPD with their areas of areas of practice. For those using telehealth or virtual health, they should seek out and complete CPD to further their understanding of the technologies and best practice approaches to manage quality and safety when delivering care remotely.

Recommendation: The Board consider the inclusion of a statement requiring the medical practitioner to seek a patient's consent to record a consultation.

Further, while the Board aims to provide short, simple and clear guidance meaning that that the proposed guidelines cannot be comprehensive and must be applicable to a wide range of registrants, it would be useful to provide a bibliography which lists other more comprehensive and sometimes specialised guidelines on virtual care services developed by Australian medical professional associations.

Recommendation: The Board consider the inclusion of a bibliography of useful, more comprehensive and/or specialised guidelines for registrants to refer to, such as:

Standards Australia. (2022). AS ISO 13131:2022 Health informatics—Telehealth services—Quality planning guidelines. https://infostore.saiglobal.com/en-au/standards/as-iso-13131-2022-99279_saig_as_as_3177359/

Note this standard covers at a high level most of the issues addressed in the draft guidelines. This standard is intended to assist health organizations develop their own sets of guidelines for telehealth services. It is also useful to a sole practitioner who is not associated with a health organization.

Australian Commission on Safety and Quality in Health Care. (2020). National Safety and Quality Digital Mental Health Standards. <https://www.safetyandquality.gov.au/standards/national-safety-and-quality-digital-mental-health-standards>

Australian Digital Health Agency. (2020). Online Conferencing Technologies—Connected, secure consultations.pdf. <https://www.digitalhealth.gov.au/about-the-agency/digital-health-cyber-security-centre/online-conferencing-technologies-for-healthcare-providers/Online%20Conferencing%20Technologies%20-%20Connected,%20secure%20consultations.pdf>

Australian College of Rural and Remote Medicine. (2021). ACRRM Framework and Guidelines for Telehealth Services. https://www.acrrm.org.au/docs/default-source/all-files/telehealth-framework-and-guidelines.pdf?sfvrsn=ec0eda85_2

Australian Diabetes Society. (2020). Telehealth Guide during COVID-19. https://diabetessociety.com.au/downloads/20200429%20ADS_Telehealth_Guidelines_Updated_format_1_.pdf

[Royal Australian and New Zealand College of Radiologists \(RANZCR\)](#) (2020a) Standards of Practice for Clinical Radiology version 11.2 (see Section 8 Teleradiology), available at: <https://www.ranzcr.com/search/standards-of-practice-for-clinical-radiology>

RANZCR (2020b) Radiation Oncology Telehealth Principles, available at: <https://www.ranzcr.com/fellows/rad-onc/professional-documents/radiation-oncology-telehealth-principles>

Royal Australasian College of Physicians. (2012). Telehealth guidelines and practical tips. Royal Australasian College of Physicians (RACP). <https://www.racp.edu.au/docs/default-source/advocacy-library/telehealth-guidelines-and-practical-tips.pdf>

Royal Australian College of General Practitioners. (2013). Guidelines for interprofessional collaboration between general practitioners and other medical specialists providing video consultations. <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Technology/Vide%20consultations/Guidelines-for-interprofessional-collaboration-between-general-practitioners-and-other-medical-specialists-providing-video-consultations.pdf>

Royal Australian College of General Practitioners. (2014). Implementation guidelines for video consultations in general practice. RACGP. <https://www.racgp.org.au/running-a-practice/technology/telehealth/guidelines-and-standards/implementation-guidelines-for-video-consultations>

Royal College Pathologists of Australia (2022) Position Statement on Telepathology, available at: <https://www.rcpa.edu.au/library/College-Policies/Position-Statements/Telepathology>

Response to consultation question number 3: Do you have any other comments on the draft revised guidelines?

Please refer to the general comments section above. The AIDH's principal concerns are that the definition of telehealth is not adequately termed, is too narrow, and the section on international telehealth is inadequate to protect patients.

Further, the draft guidelines are focused on consultations, which are the only form of healthcare activity in Australia that currently receives financial support under the Medical Benefits Scheme. Other healthcare activities can be provided remotely using telehealth service such as provision of second opinions, shared care, and monitoring of a patient's health state using technology. Commonly these modes of health care are known as digital health care or virtual care.

At some point in the future a variety of digital health care or virtual care services may receive support from the Medical Benefits Scheme or other government funding initiatives.

This Medical Board draft guidance could to some extent be future proofed by removing the sole emphasis on consultations and making it clear that the requirements for other forms of healthcare activities provided by practitioners should also comply with the same requirements listed for "consultations".

Recommendation: That the Board consider adding a final paragraph in the section 'Background' which reads:

The Board understands that medical practitioners will increasingly have responsibility not only for remote consultations but will also manage the provision of shared care, and monitoring of a patient's health state using technology. The Board expects medical practitioners to apply the principles outlined in this guide when providing all forms of telehealth (including virtual care). Moreover, medical practitioner are expected to follow standards of practice in Good Medical Practice regardless of the circumstances in which they interact with a patient. The standard of care provided in all healthcare activities must be safe and as far as possible meet the same standards of care of an in-person consultation.

The AIDH requests an opportunity to meet with the Board to discuss these important matters further. To arrange this, please contact AIDH Director of Leadership and Policy, Khaled Chakli at

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