

Health Consumers Queensland submission

Draft revised guidelines: Telehealth consultations with patients

17 February 2023

To: medboardconsultation@ahpra.gov.au

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About us

Health Consumers Queensland is the peak organisation representing the interests of health consumers and carers in the state. Health Consumers Queensland is a not-for-profit organisation and a registered health promotion charity, and we believe in improving health outcomes for people in Queensland.

Consumers are people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organizations of consumers, consumer representatives or communities.

Our priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. We achieve this through listening to and amplifying the voices of diverse Queenslanders, our Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system.

Consumer engagement is when health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels.

STRATEGIC DIRECTION 2022 – 2025



MISSION

Health Consumers Queensland enables and empowers consumers to influence, lead and drive better health outcomes

VISION

Consumers and community partnering with the health system for consumer-centred health care for all Queenslanders

VALUES

Leadership
Positive Impact
Fairness
Innovation
Partnership
Zing and Zest

STRATEGIC OBJECTIVES

Objective 1: Leadership, advocacy, and representation of consumers at all levels of the health system

As the peak body for consumers, we provide an informed, collective consumer voice. We are a leader in contemporary approaches to consumer engagement and participation. We provide strategic advice to all levels of the health system and Government on issues of consumer concern and consumer-identified solutions. We advocate for meaningful consumer representation to be embedded in decision making and oversight mechanisms at all levels of the health system. We are a conduit to ensure diverse consumer voices and experience shape the delivery of health services. We act to position the voices and visibility of First Nation consumers to ensure that what is important to Aboriginal and Torres Strait Islander people is central in health system reforms; service improvements, and health justice and equity responses.

Objective 2: Enabling consumers and the health system to work together to ensure safe, equitable and accessible healthcare

HCQ builds consumer, staff, and system capacity to co-design an equitable and accessible health system through collaborative, integrated and consumer-centred approaches. We drive uptake to these approaches in the health system by providing support, strategic advice, training, and advocacy.

Objective 3: Facilitating the central role of consumers in innovation, technology and research that delivers a healthy future

We ensure consumers are active contributors to innovation, technology and research policy and projects. We actively promote co-design approaches so that new technologies and delivery models are fit for purpose and to the benefit of all Queenslanders. We harness and utilise evidence-based approaches to inform decision-making and policy advocacy.

Objective 4: Supporting consumers to be active participants in their healthcare

We enable consumer confidence and encourage them to be informed so they:

- Understand their healthcare rights
- Know where to access reliable health information
- Make informed decisions about their health
- Understand the consumer-clinician capacity for shared decision making

We support the health system to partner with consumers to create tools and resources to support this.

Health Consumers Queensland Submission

Telehealth and digital healthcare more broadly are important issues for health consumers because consumers want easy, affordable and timely access to safe and quality health care. Health Consumers Queensland are listed in your consultation document but the Medical Board or Ahpra did not notify us directly about this consultation.

Given the impact this could have on consumers across Queensland to easily access telehealth care, and guide doctors' practices, we urge you to pause on its implementation and do targeted consumer consultations with key consumers including:

- First Nations consumers
- Rural and remote consumers
- Consumers who live with a disability, chronic condition or mental health condition
- Digitally competent consumers and those who are not
- Culturally and linguistically diverse consumers
- Young and old consumers
- LGBTIQ consumers
- And many others, including people who identify across a number of these groups

By understanding the needs, wishes, preferences and cultural and communication needs of these specific groups, you will be able to ensure the guidelines support improved access to healthcare that is safe, inclusive, and meet the needs of all consumers especially those with specific health and communication needs.

We also encourage you to consider how the User Guides meets the principles of digital healthcare against the Digital Health Consumer Charter. You can view the charter here: <https://www.hcq.org.au/qdhcc/>

Health Consumers Queensland in 2019 launched Australia's only (and maybe the only one in the world) Digital Health Consumer Charter and this is endorsed by Queensland Health. More than 300 consumers across Queensland were involved in the process which identified the following principles:

- Security
- Choice and control
- Privacy and transparency
- Accuracy
- User-friendliness
- Equity of access
- Designing together

In particular, we draw your attention to the final 2 statements in the below graphic:

CHOICE AND CONTROL

I own my health information

I control who has access to my health information and what they use it for

I am informed about my choices regarding what digital health technology I can access, and I am able to make the best decision to support my healthcare

If I choose not to receive my care using digital health technology, I am informed of all my other options and always supported to make this care accessible.

The User Guide does not offer any guidance in the journey leading up to the telehealth appointment – and the informed decision making process the health professionals need to follow to ensure the consumer understands the options of care available to them (telehealth, face to face or other), the benefits, risks of each; and given the time to make an informed decision about what they'd like (in addition to the informed financial decision making that is mentioned in the User Guide which is good).

We are concerned that consumer choice is minimised in the guidance; it is important the user guide describes the need for the health professional to fully understand from the consumer's perspective, why they would like that choice of a telehealth appointment or face to face (is it their disability, their chronic health condition, access to transport, money, family commitments) so this informs their clinical decision making to ensure the best needs of the consumer is being put at the front and centre of this decision-making. The User Guide needs to place the consumer at the centre, to ensure consumer-centred practices rather than doctor-centred practices are supported.

Consumers, regardless of their choices, should have equity of access to healthcare and should not be unnecessarily penalised for their choices or being the victim of the digital divide growing. We do not want consumers who can't afford devices or data, or who just don't live in an area that has poor accessibility to data/ reception to face worse health outcomes.

There is limited to no mention of how doctors/ health care providers must support consumers with specific communication and physical needs e.g. by ensuring the ICT technology and systems they use are inclusive and user friendly for people with specific needs (voice to text, captioned, etc).