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AMA submission to the Senate Select Committee on Financial Technology and Regulatory Technology

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Thank you for inviting the AMA to provide feedback on telehealth, electronic prescriptions (ePrescriptions) and other relevant issues that have emerged during the COVID-19 pandemic. The AMA has long advocated for broader access to telehealth and ePrescriptions and welcome their introduction and fast tacking in response to the pandemic.

Telehealth

The AMA played a significant role in brokering the breakthrough agreement with the Federal Government for expanded telehealth access to general practitioners and other medical specialists that allowed for continuation of normal patient care and reduced the need for scarce personal protective equipment (PPE).

The \$669 million agreement for new telehealth arrangements allowed even more patients to have consultations with GPs and some other medical specialists without leaving home. The AMA welcomed this announcement, which ensures that telehealth is widely available so that patients can access care without the risk of exposure to or spread of the coronavirus.

The telehealth arrangements support patient consultations that do not require a physical examination. In the context of a pandemic and physical isolation measures, telehealth encourages and supports patients to maintain their home isolation. Importantly, it means that doctors can conduct telehealth consultations from their practices or while they themselves may be in home isolation. Telehealth measures reduced public hospital presentations that could have occurred without this initiative.

Critically, the telehealth announcement also reduced avoidable use of PPE. Prior to the telehealth agreement, doctors required PPE for any patient with symptoms suggesting potential COVID-19. Because telehealth consultations require no PPE, this freed the scarce supply for use elsewhere in the health system.

While the Federal Government adopted a staged approach to the introduction of telehealth, it was obvious from very early on that patients needed to be given broad access to telehealth services. The AMA also had to work to address concerns over mandated bulk-billing requirements for telehealth which, in some cases, threatened the viability of some medical practices.

The Government's reforms have supported both telephone and video access to health care. Telephone has been the dominant medium and there are many good reasons for this including the speed at which telehealth has been rolled out, practice workflows, and the infrastructure capability of patients and practitioners alike. Both mediums can support high quality care, with doctors able to make clinical judgements about the most appropriate option to utilise.

During the pandemic, we have seen the emergence of pop up GP telehealth services, often linked to the major pharmacy chains. These fragment patient care and, where they are linked to pharmacy, raise significant concerns over potential conflicts of interest. The AMA has stressed the need for the relevant Medicare GP item numbers to be strengthened by linking them to a patient's usual GP or general practice.

Overall, patients are overwhelmingly embracing telehealth as an important part of their health care management, making a strong case for the Federal Government to make the COVID-19 telehealth reforms a permanent feature of our health system – noting the AMA's call for relevant MBS item arrangements to be strengthened.

ePrescriptions

The Federal Government has [announced](#) that it will fast-track the implementation of ePrescriptions by mid-2020. ePrescriptions enable patients to share their prescription electronically with the pharmacy. The AMA is working with the Federal Government throughout this process.

While ePrescriptions are not yet available, to reduce the risk of COVID-19 transmission a number of [special arrangements](#) were implemented to complement telehealth services.

Commonwealth legislation allowed prescribers to still write and sign a paper-based prescription, however a digital image or PDF of the entire prescription could be created to send via email, text, or fax. This would be sent directly to a pharmacy of the patient's choosing. The prescriber must keep the paper prescription on file for two years for audit and compliance purposes. Originally the requirement was for prescribers to send the original prescription to the pharmacist via mail following transmission of the electronic copy, however this was inefficient and administratively burdensome for prescribers and the AMA called for a change. Pharmaceutical benefits under Schedule 8 and under Schedule 4, Appendix D in the Poisons Standard are not covered under the Special Arrangement.

The AMA considers fast tracking ePrescribing and the Special Arrangement important steps to reduce the risk of COVID-19 transmission. Electronic methods of prescribing reduce the need for patients to come into a medical practice unnecessarily, and, in conjunction with telehealth and pharmacy home delivery services, reduce the need for vulnerable patients to leave their home to receive medication.

While the Commonwealth acted quickly, the Special Arrangements were dependent on changes to the legislation for each jurisdiction. [Some jurisdictions did not exactly reflect the Commonwealth policy](#), which caused delays and confusion in the medical profession. Queensland experienced significant delays in allowing digital image-based prescriptions. For quite some time,

this was not available for medical practitioners due to Queensland legislation not being aligned until 18 May, despite the changes made by the Commonwealth on 26 March. This caused confusion for Queensland practitioners who may have assumed they had access to the same electronic prescribing options as the rest of the nation. Fortunately, the Queensland legislation has been applied retrospectively from 26 March.

Finally, there is variation in which medicine Schedule (or specific medication) that can be prescribed via the Special Arrangement for all States and Territories. There was also variation in the type of electronic method that can be used (e.g. NSW prohibited text message and digital signatures). The AMA would suggest improved coordination of the jurisdictions to align with Commonwealth initiatives more quickly and consistently, especially when the changes are time-sensitive and are beneficial to the fight against COVID-19. The AMA recognises and supports the swift way in which the Commonwealth Department of Health acted to introduce this interim electronic prescribing option, while working on a permanent, integrated ePrescribing change.

General Comment

The introduction of telehealth services and ePrescriptions has led to many years of health care reforms being delivered in a matter of weeks and months. As such, it is fair that there have been some implementation issues. Nonetheless, the Government and the Federal Department of Health should be applauded for how promptly they have responded and for the consultative approach they have taken in introducing these measures.

The key challenge now is ensuring that we retain these reforms while refining them to ensure they support more flexible access to care for patients – within an appropriate quality framework.

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