



The Royal Australasian
College of Physicians

30 April 2014

Ms Sue Cawcutt
Research Director
Health and Community Services Committee
Parliament House
George Street
BRISBANE QLD 4000

Via email: hcsc@parliament.qld.gov.au

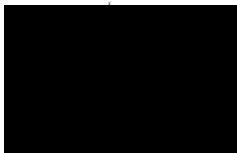
Dear Ms Cawcutt

Please find attached The Royal Australasian College of Physicians' (RACP) submission to the Health and Community Services Committee inquiry into telehealth services in Queensland.

The RACP welcomes the inquiry. The Queensland State Committee has surveyed our membership and collated their feedback and commentary into our attached submission.

Should you require further information, please contact Sonia Blinkhorn, Queensland Regional Policy Officer on (07) [REDACTED] or by email [REDACTED]

Yours sincerely



MICHAEL GABBETT FRACP
CHAIR
Queensland State Committee



Health and Community Services Committee Inquiry into Telehealth Services in Queensland

Submission by the Royal Australasian College of Physicians (RACP)

May 2014

Summary

The RACP accepts that Telehealth assists in the delivery of health services in circumstances involving separation in location and/or time, using information and communication technologies. In the context of the current Australian Medicare system, telehealth is currently limited to real time video consultations where a single specialist, consultant physician or psychiatrist attends to the patient, with the possible participation of another medical practitioner or other specified health care professional at the patient end.

Collectively, there has been an ambiguous response from physicians regarding how successful Telehealth services are in Queensland. Some physicians have commented very favourably about the telehealth services in their facilities whilst others do not accept it to be a dependable model of health service delivery.

Overall, feedback overwhelmingly supports the use of telehealth services for the purposes of follow up consultations. This has shown to be particularly useful where rural and remote patients are disadvantaged in accessing specialist health care and eliminates the necessity, expense and inconvenience to travel long distances to see a Specialist. It has also proven to be particularly useful for patients who require someone to assist them to travel to appointments. This is also advantageous for physicians for similar reasons.

Telehealth services have been beneficial for physicians in remote and isolated areas who require peer to peer advice and discussion and a cost effective model of service for specific consultations.

Findings

The College supports the use of telehealth services in principle, however would like to draw attention to the following issues that require improvement:

- **Initial appointments**

Physicians commented that Telehealth is not useful for seeing patients for the first

time and for an initial assessment (which could be separate appointments). It is important to build a rapport with a patient, obtain their complete medical history and conduct a thorough examination. Telehealth services are not always effective for these aspects of clinical care.

- **Administration support.**

A common theme in the feedback was in relation to the lack of administrative services, logistical and diary management challenges. There are difficulties in coordinating the timings of the consultation and there is generally a lack of administration support. Locating an appropriate room and laptop/computer was also a common complaint. Physicians in rural communities highlighted it was difficult to locate appropriate facilities in rural and remote areas. Issues were raised in regard to some clinicians who wished to utilise the service, however, their Hospital and Health Service (HHS) were reluctant to support and provide telehealth services and blocked these services. Some clinicians also experienced lack of acceptance of these services from other clinicians and ultimately the patient is disadvantaged.

- **Lack of appropriate technological resources and Information Technology (IT) support.**

Another common theme was the absence of suitable IT support and shortage of resources. Technical difficulties and connectivity issues featured highly in the commentary. In some instances, where technical issues with the service were experienced, it took longer to consult a patient via telehealth services than to see them face to face. This interfered with and expanded current waiting times. There was also mention of experiencing poor quality images. There was a suggestion too, of promoting the use of *Skype* to perform telehealth consultations. Buying expensive proprietary and commercial telehealth systems will price out private physicians from the Telehealth services market. Feedback suggests that this equipment is not cost effective. Those who viewed the service favourably commented that the telehealth infrastructure within Queensland Health facilities were world class.

- **Impact on local services**

There is growing concern that Telehealth services are being so aggressively promoted that the focus on improving and introducing local and community services will regress.

- **Billing issues**

There are some cases where a significant number of patients require ancillary services such as diabetes educators or a child psychologist and there is no funding for their consultations. It has been suggested that this is unfair for telehealth recipients as it does not allow for optimal patient management that would otherwise be readily available to patients in metropolitan areas. One physician indicated that it was difficult to justify a privately billed gap payment when the patient is not present. Another stated that bulk billing is not offered in their practice and that telehealth services would require him to bulk bill this service, therefore, was not prepared to

undertake telehealth medicine.

- **Activity Based Funding**

It is noted that Queensland Health plans to use activity based funding model for using telehealth services to discuss patients from peer to peer. It is suggested that robust policy and procedures are implemented and monitored to ensure use of this model is appropriate.

- **Telehealth coordination**

There has been a suggestion to appoint a central telehealth coordinator (in Queensland public health facilities) who, amongst other tasks, coordinates all telehealth appointments and logistical elements across Queensland and ensures that all mandatory documentation is complete, such as consent forms and Medicare documents.

About the RACP

The Royal Australasian College of Physicians (the RACP) trains educates and advocates on behalf of more than 13,500 physicians – often referred to as medical specialists – and 5,000 trainees, across Australia and New Zealand. The RACP represents more than 25 medical specialties including paediatrics & child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Acknowledgements

The RACP wishes to acknowledge the input of the Queensland State Committee, Queensland Fellowship and the staff in the Policy & Advocacy Unit.