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OPENING REMARKS – AMA President, Dr Tony Bartone
AMA Submission to the Senate Select Committee on Financial Technology and Regulatory Technology
Parliament House, Canberra, 10.55am, Wednesday 1 July 2020

The AMA appreciates the opportunity to appear before the Committee today, with our submission addressing two key areas that we think are of significance to your Inquiry – telehealth and e-prescribing.

The AMA has been calling on governments to support the provision of telehealth by doctors for several years.

Telehealth complements face-to-face care, supporting the provision of high-quality medical care for patients

It is convenient for patients and often less costly for them as they do not need to leave their home or workplace.

It can make medical care more accessible and support improved productivity in medical practices.

Prior to COVID-19, Australians had very little access to MBS funded telehealth – with MBS arrangements largely based on geography.

COVID-19 has been a proving ground for telehealth, with the MBS being reformed to support phone and video consultations where it is clinically appropriate.

Since March, around 20 per cent of all GP services have been delivered over the phone or video, as well as just under 20 per cent of non-GP specialist services.

COVID19 has shown that telehealth works in the Australian context. It has been embraced by patients and doctors alike. It works for both GPs and non-GP specialists.

We have also learnt some importance lessons about telehealth over the last few months.

With the emergence of ‘pop-up’ GP telehealth services and the opportunistic promotion of GP telehealth services linked to pharmacy, it is critical that appropriate frameworks are in place to ensure continuity of care for patients.

We are working with the Government to get the model of care right.

We want telehealth arrangements that support well-coordinated and continuous care – built around the role of a patient’s usual GP or referral to a non-GP specialist.

The COVID-19 MBS telehealth items are due to conclude at the end of September.

While they were introduced in the context of an emergency, the case has been made to make telehealth a permanent part of the health care landscape in Australia, widely accessible for patients and no longer based on geography.

Equally, it is important to recognise the positive impact that e-prescribing can have for patients, practitioners, and pharmacy alike – and not just during a pandemic.

While we do not currently have a full e-prescribing solution in place, the Government has announced an intention to fast track its introduction, and the AMA strongly supports this move.

COVID-19 has demonstrated the benefits of e-prescribing and shown that it works. In the absence of a full e-prescribing solution, stakeholders have worked with governments to implement interim measures, including providing digital copies of prescriptions.

State and Territory Governments are supporting the move away from paper-based prescribing, with legislative changes having been implemented in several jurisdictions.

This has left us very well positioned to take the next step forward in supporting improved patient care. This is a long overdue and protracted development.

The implementation of a full e-prescribing solution will do away with the need to print and store paper scripts. Once implemented into practice software, it will become part of our normal workflows.

It will give patients choice of pharmacy and they will no longer have to worry about losing their script. It has the potential to reduce medication errors and the associated harms.

E-prescribing will be yet another brick in the road towards a more digital-enabled health system.

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