

**Australian Medical Association Limited**

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604  
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
 Website : <http://www.ama.com.au/>



**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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CONTACT:     John Flannery       02 6270 5477 / 0419 494 761  
                  Maria Hawthorne     02 6270 5478 / 0427 209 753

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