GP2U TELEHEALTH

Bridging the gaps

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The world is changing, and new technologies offer innovative and exciting opportunities for the medical profession to deliver care in more efficient and patient centric ways. Every day we see examples of our medical system in crisis: waiting list blowouts, prolonged waits in emergency departments, and patients simply not being able to get into the GP when they need to.

We really can't afford to do more of the same in a system that is currently unsustainable. It just won't work.

Telehealth is where doctors see their patients via the internet using video conferencing technologies like Skype. <u>GP2U</u> is an Australian company that has been deeply involved in delivering Specialist centric Telehealth to a geographically limited subset of Australian patients in line with the Medicare funding model put in place by the Federal Government on July 1st 2011.

We believe this focus on Specialist care needs to change. For far too long the immense contribution of Australian GPs to public health and wellbeing has played second fiddle to increasingly complex and expensive acute care.

GP2U's <u>Skype2doctor</u> platform extends our Specialist Telehealth service to GPs, and provides a mechanism for any Australian GP to deliver Telehealth care to any patient. It is, by its very nature, an inclusive, not an exclusive system.

Our model neither mandates nor precludes continuity of care. Doctors are free to offer appointments and patients can search for clinicians by name, location, sex, languages spoken, and areas of clinical interest. This presents the unique opportunity for patients to find a clinician ideally suited to their particular needs.

Nothing about <u>Skype2doctor</u> prevents a patient from seeing their regular GP in person, their regular GP online, or from seeing their regular online doctor. Patients retain complete and absolute choice about how their care is delivered. Similarly GPs retain complete and absolute choice about what care they choose to deliver via Telehealth.

When a patient first sees a doctor both are unknown to each other. Telehealth is a perfectly viable mechanism for a doctor to establish the patient's history and, if the patient seeks a consultation from within their own home, a far more effective mechanism of establishing that patient's social context than a consultation that takes place within a GP surgery.

<u>Skype2doctor</u> represents a large managed general practice and as such clinicians using the system can see the notes taken by their colleagues. The notes themselves are stored behind a Defence Signals Directorate (DSD) Gateway. This is widely acknowledged as being the most secure environment available and used by agencies such as the ATO, Defence Force and Australian Federal Police for storing sensitive data. Access to these notes is controlled in the same way, and with the same level of security, as patient access to their PCEHR.

In a profession where part time practice is increasingly the norm, Telehealth offers a practical solution to issues around continuity of care. A part time GP could for example review selected patients from home, rather than have them followed up by another doctor. Such an arrangement would benefit both doctor and patient.

Consider palliative care, where a daily GP home visit would be ideal to address issues around adequate analgesia, continence, and family psychological distress. Telehealth visits offer a realistic alternative that could well assist patients dying with dignity in their own home environment. We know that with our current system many of these patients spend their final days in our acute care system where they may have to endure unnecessary and painful procedures.

We have been staggered by patient demand for our service, as evidenced by the recent Telegraph poll demonstrating a 33% yes vote. <u>http://www.dailytelegraph.com.au/news/online-doctor-booking-service-unites-with-terry-white-pharmacies/story-e6freuy9-1226537641334</u> To put those results in context a similar poll at the dawn of Internet Banking achieved only a 5% yes rate.

We are also encouraged by the many positive responses from GPs keen to participate in this service.

Accepting that face to face care, is, and will remain, the Gold Standard should not preclude us from exploring the opportunity Telehealth offers to enhance patient care. Just because Telehealth can't do everything doesn't mean it shouldn't do something. What is better no care, delayed care, Telehealth care?

In any new initiative there are both risks and rewards. We completely agree with the RACGP that we need to effectively manage these risks if we are to successfully reap the rewards. The potential rewards to our health system are just too great to ignore. Consider the following:

In the UK Nick Chapman, NHS Direct's Chief Executive has responded positively to the headline findings of the Department of Health's Whole Systems Demonstrator (WSD) Programme which was set up to understand the benefits Telehealth can bring to patients suffering from diabetes, chronic obstructive pulmonary disease (COPD) and coronary heart disease.

The WSD Programme has found that "if used correctly Telehealth can deliver a 15% reduction in A&E visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates."

http://www.nhsdirect.nhs.uk/en/Commissioners/NewsDirect/NewsDirectArchive/NewsDirect2012/NewsDirectJan2 012/TeleBenefits

We note that both the AMA and the RACGP are on the record stating that GPs should be able to provide direct patient Telehealth care. <u>Skype2doctor</u> presents a viable platform for GPs to exactly that.

http://www.australianageingagenda.com.au/2012/09/25/article/New-telehealth-guide-for-GPs/MPDDLVBDWN https://ama.com.au/e-health-1

We look forward to working closely with the RACGP to ensure that the highest professional standards are maintained and would like to invite all Australian GPs to explore <u>Skype2doctor</u> in person and see if it can help them enhance the care they currently provide to their patients.

Dr James Freeman 20th December 2012