Australian
Private Hospitals
Association

Draft C.A.R.E. Telehealth Principles

CONSULTATION SUBMISSION

July 2025

Contents

Introduction

Executive Summary

The Australian Private Hospitals Association (APHA) welcomes the opportunity to provide a submission to the Telehealth Working Group consultation process on the 'C.A.R.E. Telehealth Principles' (the telehealth principles).

APHA is supportive of efforts to make healthcare more accessible for Australians across the country, including in rural, remote, or underserved communities and believes that the advantages of telehealth to this cannot be overstated. We also note the importance of telehealth services during natural disasters, health epidemics, and other events that disrupt how Australians work and engage with each other. But we are also cognisant of the need to better delineate the various clinical, safety, commercial, and legal aspects of providing telehealth services and where appropriate, set guardrails.

APHA Submission

SUBMISSION

APHA makes the following submission in relation to the proposed telehealth principles:

- **Principle 1(a)**
  - APHA supports and endorses principle 1(a). Patients are at the very heart of what private hospitals do, are who we serve, and they whose interests and health are paramount in the delivery of care.
  - The application of existing standards such as those developed under the Australian Commission on Safety and Quality in Health Care, the International Standards Organisation (ISO), and the Australian Health Practitioner Regulation Agency (AHPRA) code of conduct is appropriate and necessary.
  - We encourage the Working Group to develop a set of guidelines in a standard format for communicating relevant information to patients on the benefits, limitations and costs to patients, of care options.
  - We further encourage the Working Group to seek legal advice on an appropriate and legally sound form of obtaining informed consent for telehealth services as this will mitigate legal risk to service providers and provide patients with the confidence that the process of obtaining their consent meets all legal and ethical requirements.
- **Principle 1(b)**
  - APHA supports and endorses principle 1(b). Telehealth services must be accessible to all that seek it or require it regardless of location, socio-economic status, digital literacy, or ability.
  - We encourage the Working Group to engage with members from different communities to better tailor a model that meets their needs and abilities.
- **Principle 1(c)**
  - APHA supports and endorses principle 1(c). APHA has been a vocal advocate for the need for continuity of care guaranteed by appropriate and consistent funding models and non-volatile regulatory settings.
  - We support the integration of telehealth into the broader private hospital digital framework to support interoperability and continuity of care.
- **Principle 2(a)**
  - APHA supports and endorses principle 2(a).
  - Repeatable and consistent clinical governance and quality assurance procedures and reporting is important to make the delivery of telehealth services reliable and accountable.
  - The Working Group must, however, be careful to ensure that any reporting burdens that may arise out of this principle are proportionate and do not add further administrative costs to private hospitals.
  - Moreover, insurance is a key component of clinical governance and quality assurance. It ensures that both organisations and practitioners are protected against risk, supports accountability, and safeguards patient safety.
  - APHA encourages the Working Group to also address insurance requirements and accountability to provide a more robust framework for managing risk and maintaining high standards of care.

- This principle touches on the implementation of clinical governance and quality management systems to ensure patient safety, but is lacking detail on complaint handling and incident management following an adverse event.

- **Principle 2(b)**
  - APHA supports and endorses principle 2(b).
  - APHA encourages the Working Group to, however, further elaborate on the need to ensure patient data privacy and highlight applicable data protection and privacy requirements under Australian Law, including the relevant provisions of the *Privacy Act 1988* (Cth).
- **Principle 2(c)**
  - APHA generally supports principle 2(c) but notes that systems, standard operating protocols, and administrative abilities vary across the private hospital sector. While every attempt to update systems and clinicians in response to regulatory changes is made, the transition period to adopt these changes can vary.
  - There should be an emphasis on Australian governments to provide stakeholders easy-to-understand, regular updates with reasonable lead times.
- **Principle 2(d)**
  - APHA supports principle 2(d) with a significant exception.
  - APHA supports the need for telehealth providers to have appropriate policies in place that enable clinical escalation to emergency services.
  - APHA strongly objects to the statement that "Telehealth is not appropriate for hospital admissions".
    - The mobilisation of telehealth for admissions is unrelated to a telehealth provider's responsiveness to and preparedness for serious threats to patients.
    - Admitting a patient to a hospital via telehealth still dictates that the patient receive inpatient care in-person at a hospital, all hospitals of which have the structures and protocols for serious clinical escalation.
    - Private hospitals are cognisant of their responsibilities to provide care in line with accepted clinical, ethical and legal standards.
    - Telehealth allows for continuity of care while supporting monitoring and necessary escalation pathways.
  - The blanket statement that telehealth is not appropriate for hospital admissions may overlook specific, clinically justified scenarios where telehealth has been successfully used to facilitate admissions. For example:
    - During the COVID-19 pandemic, telehealth MBS items were introduced to support hospital admissions when in-person attendance by a clinician was not possible due to infection risk.
    - In November 2024, psychiatric telehealth items were introduced for a 2-year trial. *The Explanatory Note for inpatient telehealth psychiatry Medicare Benefits Schedule (MBS) items*[1] states that,

      > *"Psychiatrists are able to use items 92478 to 92482 for initial video consultations (which may be admission consultations) for patients who are not new to the psychiatrist)."*

    - The note also states, under *Considerations for appropriate care*, that,

[1] https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.8.1&qt=noteID

"Particularly, psychiatrists should consider: ...that the items are expected to be used for emergency and acute admissions and are not intended for elective admissions."

- This suggests that principle 2(d), as currently worded, may contradict existing MBS policy and its implementation through the decisions of the Medical Services Advisory Committee (MSAC).

- The statement could undermine the operational advantages of telehealth, especially in rural, remote, or emergency contexts where an in-person patient consultation is delayed or unavailable. Removing the option for telehealth-facilitated admissions could:
  - Delay critical care resulting in deterioration of the patient's condition
  - Disincentivise innovation in virtual care pathways
- The statement does not distinguish between:
  - Elective vs emergency admissions
  - Different clinical specialties (e.g., psychiatry vs surgery)
  - Patient familiarity with the provider, which is a key safeguard in current MBS telepsychiatry guidelines

  This lack of nuance could lead to rigid interpretations that stifle appropriate clinical judgment.

- Telehealth services are rarely used for admission, but when they are, they offer extremely high value to psychiatrists, patients and hospitals in relation to better health outcomes and timeliness of admission to a hospital.
- **Recommendation:**
  - Deletion of "Telehealth is not appropriate for hospital admissions" from Principle 2(d).

- **Principle 3(a)**
  - APHA supports and endorses principle 3(a) but notes that placing sole responsibility on telehealth providers to ensure that all clinical and non-clinical staff involved in the provision of telehealth services be subject to continuous workforce development and quality improvement may be burdensome. Instead, we encourage the consideration of telehealth training under the continuous professional development (CPD) requirements of staff.
  - Additionally, we encourage the Working Group to clarify what is meant by 'all clinical and non-clinical staff involved in the provision of telehealth services' as the scope can be very wide. In addition, the threshold for whether someone is involved in the provision of telehealth services is unclear.
  - The guideline states, "Providers must have supervision structures and processes in place to support continuous workforce development and quality improvement." It would benefit from the addition of detail on clinical supervision, that is, on formalised clinical supervision arrangements, case reviews and support structures in telehealth environments.
  - The need for 'accreditation', proper, to deliver telehealth services is not currently recognised within MBS policy or AHPRA's considerations on accreditation of tertiary institutions delivering training programs for professions regulated within the National Registration and Accreditation Scheme.[2]

[2] https://www.ahpra.gov.au/About-Ahpra/What-We-Do/The-National-Registration-and-Accreditation-Scheme.aspx

        - Its introduction represents a regulatory barrier to service delivery rather than a guardrail against unsafe or ineffective care in a telehealth environment.
    - The requirement for accreditation to deliver telehealth services may increase costs and limit scalability, while failing to impact patient outcomes positively.
    - **Recommendation:**
        - It is sufficient that personnel receive training and continuous workforce development, without the requirement for formal credentials specifically authorising participation in telehealth service delivery.
- **Principle 3(b)**
    - APHA supports and endorses principle 3(b).
    - However, referral pathways should be multidirectional with telehealth providers ensuring structured referral pathways to a patient's GP, specialist or local health system and vice versa.
- **Principle 3(c)**
    - APHA supports and endorses principle 3(c) but encourages the Working Group to change '…and accommodate patient preferences for how services are delivered' to '…and accommodate patient preferences for how services are delivered to the extent it is feasible, appropriate, and in line with clinical guidelines and best practice.'
    - Consideration must be given to the use of AI-enabled technologies, and the related guardrails, in the provision of telehealth services.
- **Principle 4(a)**
    - APHA supports principle 4(a), affirming that private hospitals prioritise the provision of high-quality care in line with clinical guidelines, regulation, and best practice.
    - Further clarification is required on what is meant by 'Providers must have clear structural and contractual separation between clinical and commercial operations'.
- **Principle 4(b)**
    - APHA supports and endorses principle 4(b) but encourages the Working Group to provide further guidance on how telehealth providers 'must demonstrate' that their clinicians deliver care aligned with best practice, and ethical and legal obligations.
    - This demonstration of compliance must not add further burdensome compliance processes to private hospital administration.
- **Principle 4(c)**
    - APHA supports and endorses principle 4(c).
    - However, the use of Artificial Intelligence (AI) in telehealth impacts this principle.
    - AI raises concerns about data security, patient privacy, and informed consent. Telehealth providers must ensure AI technologies comply with privacy laws, protect sensitive patient information, and obtain clear, informed, and revocable consent for their use.
- **Principle 4(d)**
    - APHA supports and endorses principle 4(d).
    - We encourage further elaboration on what is meant by 'staying informed about emerging technologies'.
    - Telehealth providers have an ethical obligation to adopt technologies, including AI, that demonstrably improve patient access, enhance care quality, and promote equitable access. However, they must be used responsibly, align with best practices, and support patient-centred care.

END OF DOCUMENT