

## The rise of direct-to-consumer telemedicine services in Australia: implications for primary care and future research


TO THE EDITOR: In the 16 October 2023 issue of the *Medical Journal of Australia*, Foo and colleagues<sup>1</sup> described the exponential rise of direct-to-consumer (DTC) telemedicine services operating outside of Medicare and listed a sample of almost 80 services. Criticisms of DTC telemedicine were flagged, including the potential to exacerbate health inequities, risks to quality and safety, and fragmentation of care. Important areas for future research were also identified, given gaps in evidence to inform policy and practice.

Here we highlight findings from three projects<sup>2-4</sup> conducted in 30 remote First Nations communities in Australia: one project assessed consumer and provider digital health care preferences and two projects determined consumer preferences for access to primary health care services.

A core issue identified by consumers was the importance of relationships, which enabled continuity of care; that is, seeing the same person over time who comes to understand the local social, cultural and economic context. In one First Nations community in Central Australia,<sup>4</sup> both consumers and providers strongly preferred telemedicine consultations to occur at their local clinic with a local health professional present. The important reasons for this preference were that the presence of a local health professional who has a long term relationship with the patient helped them feel comfortable and supported, and reduced cultural, language and health literacy barriers.

Long term trusting relationships between consumers and their doctors are at the heart of general practice. Although Foo and colleagues<sup>1</sup> acknowledged that DTC telemedicine patients often do not have an existing relationship with providers and the anecdotal nature of the relevant evidence, the authors failed to adequately address continuity of care in their recommendations. We therefore propose that future DTC telemedicine research should investigate impacts on continuity of care and on existing general practitioner workforce maldistribution and general practitioner shortages,<sup>5</sup>

including unintended workforce consequences (DTC telemedicine could reduce the effectiveness of medical workforce redistribution policies, such as section 19AB of the *Health Insurance Act 1973*, as opportunities for doctors to work outside of Medicare expand). This future research includes exploring numbers, work patterns and effectiveness of the DTC telemedicine workforce to adequately inform medical workforce planning and ensure that face-to-face services are available where they are needed most.

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