Delivering quality care more efficiently inquiry

Questionnaire response 84

Name: Montu Group Pty Ltd

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an organisation that provides or coordinates care services

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   To a great extent

2. What are the reasons for your answer?

   Differences in quality and safety regulations across jurisdictions create significant complexity for digital health providers such as Montu. As a national telehealth provider, we face inconsistent requirements across states and territories in areas such as prescribing, record-keeping, and practitioner registration. These discrepancies result in increased administrative burden and legal uncertainty.

   For example, while the Therapeutic Goods Administration (TGA) provides a national regulatory framework, each state and territory maintains its own rules regarding the prescribing and dispensing of medicinal cannabis as a Schedule 8 medicine. In particular, Tasmania and Western Australia have additional requirements to the ones required by the TGA. This regulatory fragmentation creates confusion for some healthcare providers and patients, potentially delaying access to care and reducing the consistency of treatment delivery.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   Aligning quality and safety regulations across jurisdictions would remove barriers to delivering consistent, high-quality care on a larger scale. National providers like Montu face duplication in compliance processes, especially when navigating multiple approval pathways for the same treatment or service.

Greater consistency in areas such as digital health record integration and prescriber authority would reduce administrative overhead and enable faster, safer access to care. Alignment also supports workforce mobility and clearer communication with patients, without undermining the role of state-based oversight.

A coordinated national approach supported by shared digital infrastructure and agreed-upon minimum standards would improve system efficiency without compromising accountability.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

One of the key challenges facing greater investment in prevention across the care economy is the difficulty in quantifying what has been avoided, such as the escalation of care needs, delayed disease onset, or lost productivity averted. In addition, indirect costs may not be captured, such as caregiver productivity losses, which are important considerations for inclusion in cost-benefit analyses of programs. Preventative activities, particularly in primary and community care, are often excluded from core funding streams or treated as discretionary. This makes it harder to sustain investment in proven models that reduce long-term health burdens and support workforce participation.

Chronic disease remains a major barrier to economic participation. However, technology solutions that support symptom management and earlier intervention, such as telehealth, are still underutilised by aspects of the health industry.

Telehealth should be recognised as a key preventative intervention. By enabling earlier and more regular access to care, telehealth reduces the risk of conditions escalating or deteriorating and requiring hospitalisation.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Telehealth enables earlier access to care, which helps prevent the escalation of health conditions and reduces the need for emergency department presentations. Improved access to care often leads to earlier diagnosis and treatment, allowing conditions to stabilise or improve rather than deteriorate and require hospital admission.

Furthermore, accessible care via telehealth can assist patients to consult with a clinician more regularly, allowing that clinician to disseminate other public health messages, such as the benefits of diet and exercise on cardiovascular health, again avoiding future health complications and productivity losses.

Services such as 1800MEDICARE are a great example of a prevention program, reducing pressure on hospital emergency departments, and ensuring free, urgent care is available to all Australians. These benefits extend beyond health outcomes. By enabling earlier recovery, telehealth helps individuals return to work sooner, reducing reliance on social welfare and overall budgetary outcomes.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

Over the next 40 years, Australia's population is expected to exceed 40 million, our over-65 population will come close to 10 million, and our over-85 population will come close to 2 million. If our economy does not evolve to embrace new models of care, unlock missing productivity, and harness new technologies, we will head towards a care crisis.

Fortunately, these new models of care are already emerging, the new technologies are gaining a footing, and we are beginning to unlock Australia's missing productivity.

Governments can better support investment in prevention activities by backing integrated care models that embed prevention into routine care. Health-tech solutions such as telehealth are key to improving access and ensuring equitable access to early treatment.

By fostering a healthcare system that supports emerging and innovative models of care, governments can unlock human capital and reduce chronic disease burden. This approach will create a more efficient model of care that improves health outcomes and supports workforce participation for all Australians.