



Unlocking economic productivity through health-tech

A submission to the
Senate Select Committee on Productivity in
Australia

Montu Group

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Preface

Successive Australian governments have played pivotal roles in shaping the modern Australian economy. From the post-war nation-building era, through the sweeping economic reforms of the 1980s and 1990s, to more recent investments in innovation, digital capability and health system modernisation. Each period of leadership has contributed to lifting Australia's productivity, competitiveness, and economic resilience. As we enter a new era, Australia must leverage the opportunities of our next economic transition.

At Montu, we believe this next economic transition must be built on harnessing emerging technologies, driving efficiency across the care economy, unlocking human capital, and utilising technology to optimise processes. Montu is at the vanguard of this shift; we are an Australian born health-technology company focused on improving the way healthcare is delivered. Montu is helping unlock the underutilised human capital of our patients, developing more efficient processes for doctors and nurses, and optimising the process of medicine dispensing and delivery.

About Montu and the Work We Do.

Founded in 2019, Montu, through our clinic Alternaleaf, is one of the nation's largest telehealth providers and Australia's largest company focused on medicinal cannabis treatments. Our 750+ Australian staff include experts in patient care, research and science, technology and process optimisation, logistics and distribution, and clinical education. Montu's operations are underpinned by our four key brands:

- **Alternaleaf:** A patient-centric telehealth clinic;
- **UMeds:** the interface between customers and pharmacists, which supports pharmacists to dispense medicine and have it delivered to patients.
- **Leafio:** A comprehensive distribution network supplying over half of Australia's pharmacies with medicinal cannabis and related products, and;
- **SAGED:** A clinical education platform designed to equip healthcare professionals, doctors, nurses, and pharmacists, with the latest knowledge on cannabis therapies.

Having cared for over 250,000 Australians, Montu is committed to addressing barriers to access, affordability, and awareness. To that end, Montu is working across three core public policy foci, including ensuring high standards of care in telehealth delivery and lifting the quality of care across the industry, ensuring patients can continue to access the medicines they need, and developing further research into medicinal cannabis, including filling existing research gaps.



Driving efficiency across the care economy

With an aging population¹ and an increase in the number of people requiring care², Australia's care economy is set to continue to grow. However, the care sector continues to lack innovation and remains, for the most part, deeply inefficient. As AI is replacing IT, the care sector continues to live in the analog, with fax machines commonplace and paper forms still used. At Montu, we sought to improve productivity across two core areas: unlocking human capital and creating a more efficient model of care.

Unlocking the human capital of people with chronic disease

As Australia emerged from the COVID-19 pandemic and associated economic upheavals, our economy slowed, inflation grew, and wages increased with demand for labour, but productivity remained relatively flat³. This has been further exacerbated by medical and disability related productivity losses. Chronic disease remains a major barrier to economic participation. People with chronic disease are 60% more likely to not participate in the labour force⁴ and nearly half (47%) of Australians are estimated to have one or more chronic diseases. Furthermore, with 80% of Australians aged over 65 estimated to have one or more chronic diseases⁵ the pool of unpaid labour, grandparents and spouses acting as caregivers is further diminished.

The Australian Institute of Health and Welfare's (AIHW) analysis of the 2022 National Health Survey conducted by the Australian Bureau of Statistics found that anxiety and back problems were the most prevalent selected long-term (chronic) health conditions. 2.1 million Australian males live with back problems compared to 1.9 million females, whereas 2.9 million females live with anxiety compared to 1.9 million males⁶. The prevalence of these conditions is represented in presentations to our clinic, Alternaleaf. In a recent review of a random sample of 62,000 Alternaleaf patients, chronic pain was the most prevalent presentation, accounting for 35.72% of all clinic presentations, followed by anxiety at 30.26% of presentations.⁷

¹ Australian Bureau of Statistics - Twenty years of population change - 2020 - Available at <https://www.abs.gov.au/articles/twenty-years-population-change>

² Australian Institute of Health and Welfare - Aged Care - Accessed January 2025 - Available at <https://www.aihw.gov.au/reports/older-people/older-australians/contents/aged-care>

³ Productivity Commission - Annual Productivity Bulletin 2024 - Available at <https://www.pc.gov.au/ongoing/productivity-insights/bulletins/bulletin-2024/productivity-bulletin-2024.pdf>

⁴ Australian Institute of Health and Welfare - Chronic disease and participation in work - 2009 - Available at <https://www.aihw.gov.au/reports/chronic-disease/chronic-disease-participation-work/summary>

⁵ Australian Prevention Partnership Centre - What is the burden of chronic disease - 2024 - Available at <https://preventioncentre.org.au/about-prevention/what-is-the-burden-of-chronic-disease/>

⁶ Australian Institute of Health and Welfare - Chronic conditions - 2024 - Available at <https://www.aihw.gov.au/reports/australias-health/chronic-conditions>

⁷ Alternaleaf Australia - Analysis of Patient Presentations January - 2025 - Available upon request



Many people with chronic conditions would work if it were not for their condition or its symptoms. In a 2024 survey of over 400 medicinal cannabis patients⁸ at the Alternaleaf UK clinic, 60 per cent said that using medicinal cannabis has enabled them to work. 85 per cent of patients said that medicinal cannabis made them more motivated; over 80 per cent of patients say that using medicinal cannabis has enabled them to achieve more; and 96.6 per cent agreed that medicinal cannabis has improved their well-being and happiness.

Unfortunately, the inverse of this represents a significant loss of human capital and an unharnessed economic opportunity. The economic impact of this lost human capital is compounded by the estimated 1 in 5 working-age Australians with chronic conditions who are recipients of a government pension or allowance as their main source of income⁹.

Case Study: Jessica*

Jessica is an Alternaleaf patient from Brisbane. She had lifelong chronic pain stemming from a muscular disability that prevented her from working.

Jessica's doctor had prescribed her progressively stronger opioids, however, they decreased her quality of life. Every day she had to make the decision between level 8 (out of 10) pain or taking a high dose of opioids.

After being prescribed medicinal cannabis, Jessica's pain score has decreased to 2/10, and she noted her pain has stayed at a tolerable level for longer.

This decrease in pain has been transformative for Jessica; she is now able to participate in society and has begun working. This has given her social and economic independence and a newfound sense of purpose.

*Name changed to protect patient privacy.

Stories like Jessica's demonstrate that through proper management of symptoms, medicines, including medicinal cannabis, have the ability to provide patients with chronic conditions with a more full life. For Jessica, this meant joining the workforce and having the sense of purpose and economic independence that comes with having a job. Jessica's experience is not an uncommon story at the Alternaleaf clinic; many other patients with chronic conditions have reported returning to a more "normal" life, including returning to work.

⁸ Alternaleaf UK - 2024 patient survey - Available upon request

⁹ Australian Institute of Health and Welfare - Life and work experiences of Australians with chronic conditions - 2021 - Available at <https://www.aihw.gov.au/getmedia/605046ad-f18b-4773-badc-a9256b6f7c7c/aihw-phe-291-infocus.pdf?v=20230605184357&inline=true>



Unlocking human capital through the use of telehealth

Seeing the doctor in person remains one of the most inefficient elements of our daily lives. Many processes still hark back to a time of hardcopy questionnaires, medical secretaries, filing cabinets, and fax machines. For many patients, the time taken travelling to a medical centre, sitting in a waiting room, and filling out paper forms, represents a significant productivity loss. Fortunately, telehealth can minimise, and sometimes even remove, these inefficiencies. While telehealth offers obvious benefits for those who are physically limited, either by distance or disability, there are also productivity benefits for other patient cohorts. For patients with busy lives, for those facing stigma in treatment, and for those who are hesitant to seek healthcare, telehealth can unlock new care opportunities.

For many regional and rural patients, access to a clinician may require significant travel, taking them away from work and other commitments. Patients in Modified Monash levels 4-7 often face significantly greater barriers to accessing care¹⁰. These can include the absence of, or intermittent access to, a local clinician. For many regional and rural patients, telehealth significantly increases their access to healthcare, the ability to meet with a doctor virtually allows patients to receive the care they need without the time and effort taken to travel to major centres. Moreover, for Governments, access and travel assistance programs for regional and rural patients can be costly. In the 2022-23 NSW Budget, an additional \$149.5 million was required to run the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)¹¹.

For working Australians, juggling healthcare and work can be challenging. Through more traditional care channels, a regular doctor appointment could mean taking half a day off work. Through telehealth, this same appointment can be transformed into sitting at your desk and clicking “join meeting”. This same benefit is also seen for people in unpaid care roles, be it parents or carers, taking several hours for a personal doctor appointment can often mean taking the person or people you care for with you to the appointment or seeking an alternative carer; further exacerbating the productivity loss.

By embracing telehealth as a vital care pathway, we have the opportunity to drive productivity across a broad range of patient cohorts. Improved access to telehealth can have a direct improvement on the productivity of those seeking care.

¹⁰Department of Health and Aged Care - Modified Monash Model - Nov 2024 - Available at: <https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>

¹¹ NSW Department of Treasury - 149 million to reduce costs for regional patients 2022, Available at: <https://www.treasury.nsw.gov.au/news/more-149-million-reduce-costs-regional-patients>



Benefits of telehealth for diverse communities

While the benefits of telehealth for the broader community are clear, it also presents a significant opportunity for diverse communities. These can include care in a language you better understand, care for people with disabilities, and care for people who face stigma.

23% of Australians speak a language other than English in the home, and unfortunately, people with low English proficiency continue to face higher rates of chronic disease¹². This is made more challenging by the unavailability of doctors who provide care in languages other than English. Telehealth can be a useful tool for both CALD communities and the doctors caring for them. The ability to utilise closed captions or to have a translator join the call can ensure that the communication between doctor and patient is clear and understood.

Unfortunately, not all medications, conditions, and individuals are perceived equally by our society, and many patients continue to face stigma. In a traditional brick-and-mortar setting, some patients face stigma, both perceived and real, when entering a clinic and sitting in the waiting rooms. For some patients, this can lead to clinical hesitance, the conscious decision to avoid healthcare in the hope that their condition may improve without intervention. This, in turn, can lead to worsening health outcomes and larger productivity losses. Through the use of telehealth, patients can connect with their doctors in settings where they are more comfortable and do not have to face the stigma that they otherwise might face.

For patients with accessibility needs, such as a disability, telehealth can do more than just remove physical barriers to care; it can enable other accessibility adjustments in healthcare delivery. Many telehealth platforms now offer closed captions or can provide care in a low-sensory environment, allowing patients to engage with a clinician in a way that is better suited to their individual needs.

While in each of these communities, the health benefits of telehealth are clear, the productivity benefit is less obvious. In these cases, the productivity gain (or avoidance of a loss) is the product of improved overall health. Improved access to care often results in earlier treatment, which, in turn, can result in conditions improving and productivity being regained, not worsening and being admitted to the hospital. Furthermore, accessible care via telehealth can assist patients in seeing 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 productivity losses.

¹² Australian Institute of Health and Welfare - Culturally and Linguistically Diverse Australians - Accessed January 2024 - Available at <https://www.aihw.gov.au/reports-data/population-groups/cald-australians/overview>



Improving the productivity of clinics and doctors

Getting in to see a doctor is becoming increasingly challenging; many doctors have appointments booked out for days or even weeks. In 2023, Australia had 39,449 GPs who provided primary care services through Medicare. From 2018 to 2023, we saw an increase of 2,533 GPs.¹³ We have also recently seen the creation of urgent care clinics, the expansion of pharmacists' scope of practice, and the introduction of nurse prescribing. Despite these changes, Australia continues to have a clinician deficit, placing strain on both the health system and our current clinical workforce. This all results in the understanding that a doctor's time is a valuable resource and not one to be inefficiently used.

Within our telehealth clinic, Alternaleaf, we have improved efficiency by analysing the role doctors play in our patients' clinical journey. We found that the greatest bottleneck to care was the amount of time doctors spend on non-clinical tasks rather than patient care. As such, our process seeks to ease those bottlenecks as much as possible by freeing up doctors from time-intensive administrative tasks and allowing them to focus on providing care, diagnosing their patients, and developing treatment plans. Our process drives efficiency across four key interactions:

1. Our efficient approach begins with patients utilising a digital intake form to provide basic information such as name, age, sex, emergency contacts, and other germane information. In a traditional setting, this is often a paper form completed in a doctor's waiting room and manually entered into the doctor's patient management system. However, our health-tech approach utilises a web form, allowing patients to quickly enter their data, which is often more accurate and, thus, easier for clinicians to review.
2. The patient then meets with a nurse, via telehealth, to compile the necessary information for their appointment with the doctor. The nurse also utilises digitised patient information, including My Health Record, to determine a patient's eligibility for treatments, and to ensure when the patient goes to see the doctor, the doctor has the information needed to provide care. These nurses remove approximately 8% of patients who would be ineligible for treatment, and direct approximately 46% of patients to gather further information before they can proceed to see a doctor¹⁴. In more traditional environments, this is often undertaken within the doctor consultation and can take up a large portion of the consultation time. This is the step that results in the greatest productivity gain, by ensuring the right person, at the right level, is doing the right work, nurses work to their

¹³ Department of Health and Aged Care - Supply and Demand Study General Practitioners in Australia - 2024 - Available at <https://hwd.health.gov.au/resources/primary/gp-supply-and-demand-study-compendium-august-2024.pdf>

¹⁴ Alternaleaf - Data on file 2025, available upon request.



scope of practice, and doctors are freed to focus on diagnosing, clinical care, developing treatment plans and follow-up.

3. Once the pre-consultation documentation is in order, the patient then sees the doctor, again, via telehealth. As the doctor already has the background information they need in a consistent, easy-to-analyse format, they can proceed directly to asking key diagnostic questions and developing a treatment plan. Our health-tech approach ensures doctor's time is spent on clinical tasks, rather than administrative tasks.
4. The doctor then schedules a brief follow-up call with the patients. This ensures that any arising clinical needs continue to be met and gives the patient the opportunity to raise any other matters with their doctor.

Through reviewing processes and taking a health-tech approach, our clinic has provided a high standard of care to over 200,000 patients. This approach has ensured our doctors are providing care efficiently, our nurses are empowered, and most importantly, our patients are receiving fast and complete care. While this methodology is enhanced by telehealth, it is not reliant upon it, and we would encourage greater uptake of practice optimisation.

Conclusion

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 million¹⁵. Concerningly, if we stay the course, by 2048, Australia will need over 41,000 general practitioners, yet we are expected to have a shortfall of 8,600. If our economy does not evolve to embrace new models of care, to unlock missing productivity, and to harness new technologies, we are heading 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. Businesses, like Montu, are being established and are working on both transforming the way Australians receive care, as well as advocating for the policy shifts needed to make these transformational approaches commonplace.

However, we must not be complacent or allow the economy to revert to "how it's always been done." Australia's history shows that meaningful economic reform has never occurred without thoughtful, forward-looking leadership. Decades of microeconomic reforms across both sides of politics have strengthened our national competitiveness, improved efficiency, and positioned Australia to adapt to global change.

¹⁵ Australian Bureau of Statistics - Population Projections - Accessed Jan 25 - Available at <https://www.abs.gov.au/statistics/people/population/population-projections-australia/latest-release>



As the Treasurer noted in his 2024 National Press Club address, “the great reformers of previous generations weren’t successful because they looked backwards or relied on solutions designed for a different era. They succeeded because they recognised that times were changing, and they chose to be strategic rather than nostalgic”. That same mindset is essential today as Australia prepares for the next wave of economic transformation.

We implore the Committee to wholeheartedly adopt this future-focused approach as it prepares recommendations for improving productivity across all facets of the economy.

Further Information

Should the Committee wish to hear from Montu, we would warmly welcome the opportunity. For further information on the economic impacts of health tech, telehealth, or chronic conditions, please do not hesitate to contact Edward Strong, Head of Government Relations at Montu, via edward.s@montu.com.au or mobile on 0437 629 884.