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RACP Submission

Australian National Audit Office's Audit of Expansion of Telehealth Services

July 2022

About The Royal Australasian College of Physicians (RACP)

We connect, train and represent over 28,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, infectious diseases, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Submission

Thank you for this opportunity to contribute a submission to inform the Australian National Audit Office's (ANAO) Audit of Expansion of Telehealth Services.

Telehealth has been a lifeline during the pandemic.

The expansion of telehealth since March 2020 has been a lifeline: it has increased access to and equitability of specialist care for many patients. It has kept patients, physicians and the broader community safer by helping to reduce the spread of COVID-19.

From the start of the pandemic, the RACP has advocated strongly for expanded access to telehealth consultations by phone and video to allow doctors to continue to provide specialist care where face to face contact is not possible, or where infection control protocols recommend reduction of face-to-face consultation. Prior to the pandemic, telehealth was strictly limited to patients living outside of major cities and telephone consultations were not supported by the Medicare Benefits Schedule, with only video consultations supported in these limited circumstances. These arrangements put a handbrake on access to specialist care for people who were unable to attend face to face consultations, or who could not afford to access specialist care without the Medicare rebate.

The Government and the Department of Health responded swiftly to these early calls from the RACP and the health sector in a major expansion of telehealth services; these efforts have been widely recognised and commended by the sector and the community alike. However, since then, there have been many rapid changes to the rules for MBS telehealth items and physicians and patients have faced challenges in navigating the rapidly changing system.

For example, initially, access to telehealth consultations was restricted to patients with COVID-19 and to vulnerable patients and doctors. These restrictions were lifted following advocacy from the RACP and other medical organisations which stressed the importance of allowing all patients to safely access specialist care via telehealth at a time when hospitals were under increasing pressure due to COVID-19.

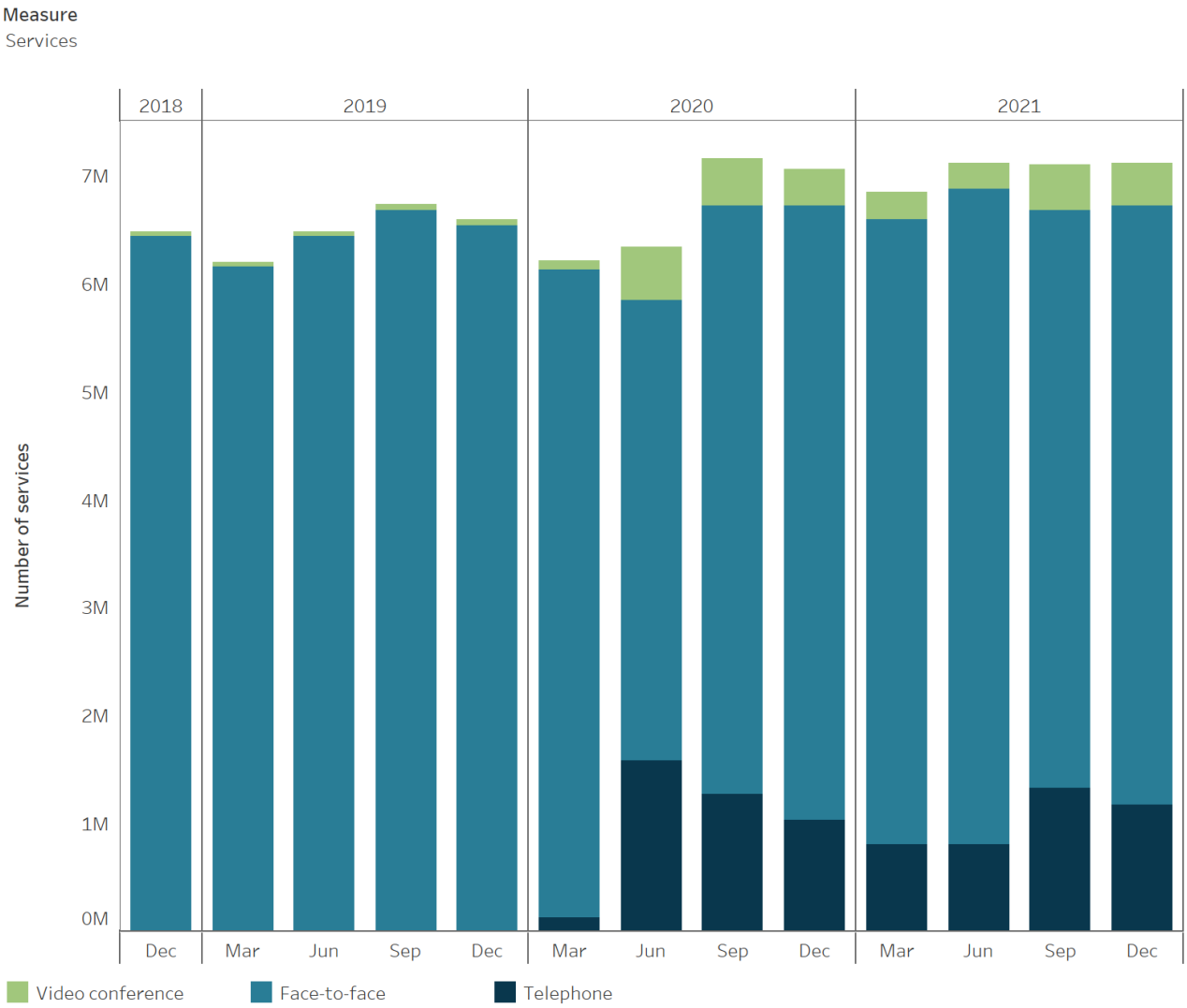
Had these restrictions on telehealth consultations remained in place, many more practices would have had to shut their doors and many more patients would have experienced delays in or entirely missed out on vital appointments, further exacerbating the ongoing pressures on the health system.

Telehealth by phone and video is supported by patients and doctors as an effective way to access specialist care.

There is strong support for telehealth amongst patients and doctors alike. The figure below shows recently released data from the Australian Institute of Health and Welfare (AIHW)[1] which demonstrate the key role telehealth consultations by phone and video played in enabling patients to attend specialist appointments during the pandemic. The report notes that in 2020–21, 32 per cent of people had at least one Medicare-subsidised referred medical specialist consultation in a non-hospital setting. There has also been a seven-fold increase in video services while phone services increased by 4.1 million.

[1] AIHW 7 July 2022 "Referred specialist medical attendances" in report Australia's Health 2022, https://www.aihw.gov.au/reports/medical-specialists/referred-medical-specialist-attendances

Figure 3: Specialist attendances by mode of delivery, October 2018 to December 2021



Note:This figure includes non-hospital Medicare-subsidised services only.
Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health.
http://www.aihw.gov.au/

Research conducted by the Consumers Health Forum of Australia (CHF), Australia's leading consumer advocacy organisation, indicated that Australians are aware of telehealth as a healthcare option and are eager to embrace its use.[2]

These findings are reflected in the feedback the RACP has received from our members which also highlights that the availability of telehealth has improved access to specialist care, increased practice capacity, reduced health inequities, supported patient-centred care and generally improved patient attendance and experience. Examples of member feedback are provided for ANAO's consideration (unless otherwise attributed, these come from individual physicians):

> *"Telehealth has been a fantastic tool for following up children and families with developmental challenges and families really appreciate the opportunity to use telehealth.*

[2] Consumers Health Forum of Australia (CHF) (2020, What Australia's Health Panel said about Telehealth – March/April 2020. https://chf.org.au/ahptelehealth [last accessed 07/07/22]

Consults via telehealth reduce distress to the child by reducing the disruption to their routine of waiting in the waiting room and then the consult itself. (…) Using telehealth during and post pandemic has assisted in reducing some of the barriers our families have faced in attending physical appointments. This has had the added advantage of addressing health inequities. We care for many disadvantaged families and being able to bulkbill for a short telehealth review means they are less disrupted by visits. This approach has also eliminated cost and travel time for appointments as families often need to attend multiple appointments with allied health and other professionals.": Neurodevelopmental and Behavioural Paediatric Society of Australasia

"The expansion of the telehealth MBS schedule to include the current item numbers has allowed a combination of in-person and technology-based consultations to support patient-centred health care for all patients."

"Telehealth has allowed me to offer more appointments in a timely manner to patients who might not otherwise have been able to see me e.g., poor mobility, isolating due to COVID, have childcare responsibilities, work responsibilities, are from country areas or held up by unanticipated exigencies."

"Telehealth has been fantastic for our service that provides primary and specialist health care to remote Aboriginal communities. Capacity has increased enormously, together with recruitment and retention of staff. Travel time is reduced: we can service every community every day, rather than dividing time up between different communities."

"It has given me and my patients more flexibility to deal with clinically urgent appointments."

"Telehealth has meant I now have a secure platform through which I can provide clinical reviews. This enabled ongoing regular review of patients during the pandemic, including when patients (or the clinician) needed to isolate."

"Telehealth is viewed as highly desirable and convenient by patients. Patients who have consistently failed to attend clinic in person will generally engage in telehealth. A balance of both telehealth and in-person clinic reviews would be desirable. Telehealth helps streamline clinics and maintain patient safety in the pandemic and flu epidemic."

"Using telehealth, the AOD (Alcohol and Other Drug) service I work for was also able to implement a home-based withdrawal service to support people to have safe substance withdrawal management in the home setting whilst isolating."

Our members and their patients have welcomed the expansion of telehealth by phone and video during the pandemic and beyond. This option is critical for patients who find it a challenge to attend appointments in person such as those with mobility issues, immune-suppressed patients, those living in rural and remote areas and those Aboriginal and Torres Strait Islander patients who feel more culturally safe attending appointments in their own environment.

The RACP welcomed permanent telehealth arrangements but some significant changes to MBS telehealth items were made without adequate lead time or regard to expert advice.

The RACP welcomed permanent telehealth MBS arrangements when the announcement was made in December 2021.[3] However, we were disappointed that the permanent arrangements did not

[3] Media release by the then Minister for Health, The Hon Greg Hunt, 13 December 2021, *Permanent telehealth to strengthen universal Medicare*. Online: https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/permanent-telehealth-to-strengthen-universal-medicare [last accessed 07/07/22]

include a range of telephone-based telehealth items for specialist care. These changes were made with very short notice and little consultation by the previous Government.

In mid-December 2021, specialist physicians were given two weeks' notice of these changes coming into effect on 1 January 2022. This short timeframe for implementation which also coincided with the end of year holidays did not give sufficient lead time for specialist physicians and patients to make alternative arrangements where required.

Prior to the announcement, the RACP had been given limited opportunities to provide feedback on the proposed arrangements to the Department of Health. We expressed concerns about the plan to restrict phone items and argued that it risked impacting negatively on access and equity of care, particularly for underserviced or priority populations, including the elderly, those with less advanced technical knowledge, some Aboriginal and Torres Strait Islander people, some people living with disability, and people in rural and remote locations. We also stressed the need for the Government to invest in equitable access to internet technology through digital support packages to allow all patients who want to use telehealth via video to do so.

Following advocacy from the RACP and other health organisations and in light of another wave of COVID, these restrictions were temporarily reversed in mid-January 2022 to enable patients to regain access to all types of consultations by phone and for inpatients to receive consultations with their specialist until 30 June 2022. Since then, we have advocated strongly for the permanent reinstatement of these items as the option to use phone for a range of consultations remains essential to equitable access to care in a context where 1 in 4 Australians are still "digitally excluded.[4] Member feedback on the importance of retaining phone items states:

> *"I have had a lot of feedback from our members as well as personal experience about the requirement now to do telehealth via video - many of our rural/regional patients have found it technically very challenging with bandwidth issues and moreover many of our patients from lower socioeconomic groups do not have the data plans and/or devices to support video calls. We are also finding our elderly patients often having issues".*
>
> *"For rural and remote patients, (phone) has obvious and clear logistic benefits. To organise (video) is significantly more time consuming for both administrative staff and clinicians with additional cost implications. Also, many patients and families do not have sufficient technological knowledge or internet connection to allow telehealth (by video)."*
>
> *"Many metropolitan based patients have benefited from the phone consult option to discuss results and make minor adjustments to management plans. Having this option means patients may have less travel time with less impact on work productivity, in addition to reducing the carbon footprint of travel."*
>
> *"We are in the middle of further waves of the Covid pandemic and the elderly and the poorer patients, the ones who are the most at risk of Covid and the ones most likely to have land lines only, are being seriously disadvantaged and put at risk by not having options of telehealth."*
>
> *"While video-based consultations offer some additional benefits, the addition of an alternative with Medicare rebates for phone consults for emergencies/urgent care/those with mobility issues has been of significant benefit to those with rheumatic diseases, for example, when they are acutely unwell and unable to travel but would benefit from an assessment."*

[4] Australian Digital Inclusion Index website: https://www.digitalinclusionindex.org.au/ [last accessed 07/07/22]

On 30 June 2022, the new Australian Government announced that it would not alter the previous Government's decision to remove several specialist telephone items from the MBS on 1 July 2022. This is a disappointing decision at a time when COVID-19, flu and other respiratory illnesses are increasing and the measures to keep vulnerable patients away from exposure to these illnesses should be bolstered, not decreased.

Data from the recently released AIHW report[5] indicates that access to specialist services was increased overall by the availability of telehealth, and so reducing access to telehealth phone consultations will likely reduce access options. There is also a notable disparity in availability of specialist services between inner metropolitan areas and remote areas that indicates that people are unable to access specialist medical services face to face in these areas. Telehealth can help to address this and should be available to ensure that people receive the medical care they need, when they need it.

The decision to remove these items will also put more pressure on the healthcare system and health workforce which are already under significant strain.

Having a choice between quality telehealth, including phone telehealth, and face-to-face consultations improved healthcare accessibility.

The push for video-based telehealth consultations tends to disregard varying patient circumstances and preferences. Patient-specific circumstances play a large part in patient preference; as already stated, these include but are not limited to older age, fragility, some disabilities, less advanced technology skills, low bandwidth, geographical barriers and inability to access in-person care.

The best option for consultation length and modality (i.e., face-to-face, telehealth by phone or video) should always be decided by the patient and the doctor and based on what type of care is clinically appropriate. The restrictions that have been applied to telephone telehealth items are short-sighted and will lead to some patients deferring or foregoing care, leading to increased demand for acute care services. 'One size fits all' approach to telehealth is not appropriate as there are significant differences between specialties and patient groups, as highlighted in this comment:

> *"Draconian and inflexible 'one size fits all' approach does not work because different specialities operate very differently. I, as a neurologist, and many of my colleagues, continued to see most patients face to face during the lockdown for initial assessment because physical examination is integral part of neurological assessment and cannot be replicated via telehealth. This is not necessarily the case for other specialties. I felt that the Department should have taken time to ask clinicians about how different specialties utilise telehealth before providing these hard lines, which should differ from one specialty to another (and) could be detrimental to clinical care."*

Telehealth arrangements should reflect these circumstances by including exemptions for certain medical conditions or in some circumstances so as not to unfairly disadvantage priority populations and underserviced patients. This should also be reflected in the Department's compliance mechanisms. For example, the threshold for the 30/20 rule (to come into effect in October 2022) will be too low based on the current volume of services for several specialties, such as palliative medicine and oncology; specialty-specific thresholds should be considered by the Department.

[5] AIHW 7 July 2022 "Referred specialist medical attendances" in report Australia's Health 2022, https://www.aihw.gov.au/reports/medical-specialists/referred-medical-specialist-attendances

Conclusion

We strongly welcome the recent and ongoing expansion of telehealth. Telehealth by phone and video has brought about a range of benefits including improving access to much-needed specialist and allied health care for the priority and underserved populations in remote, rural and urban communities who might otherwise be excluded or limited in care use because of geography, mobility, technology or preference factors. Telehealth has been embraced by patients and medical practitioners across Australia as a key option in the expanding toolkit for provision of equitable and accessible health care.

We also want to acknowledge the Department of Health's work to expand telehealth services in a truly challenging time. The rapid and effective expansion of telehealth at the beginning of the pandemic deserves appreciation of physicians and patients alike.

Our experience with telehealth services has continued to grow over the past 2 years.

The recent restrictions that have been applied to telephone telehealth items risk increasing health inequities and do not take into account varying patient circumstances which include but are not limited to older age, fragility, some disabilities, less advanced technology skills, low bandwidth, geographical barriers and inability to access in-person care. They may lead to some patients deferring or foregoing care altogether, leading to increased demand for acute care services.

We need to recognise that at present not all patients can access video-based telehealth consultations or face-to-face consultations and that in this context, enabling patients to access care by phone is an important measure to improve health equity and access for all Australians.

The best option for consultation length and modality (i.e., face-to-face, telehealth by phone or video) should be decided jointly by the patient and the doctor based on what type of care is clinically appropriate and practically achievable. While we understand the arguments in favour of video consultations, we need to recognise that some patients will not be able or comfortable to use this option; in the best interests of our patients and the health system at large, the Government must allow patients and physicians to use the modality of their choice.

The RACP and its members welcome the opportunity to work collaboratively with the Department and the Government to ensure telehealth MBS items are fit for purpose and enable all Australians to access quality care in a timely and equitable manner.

Thank you again for this opportunity to inform the ANAO's Audit of Expansion of Telehealth Services. Should you require any further information about this submission, please contact Ms Claire Celia, Senior Policy and Advocacy Officer via Claire.Celia@racp.edu.au.