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MBS Review Advisory Committee

Dear MBS Review Advisory Committee

Re: Telehealth Post Implementation Review Draft Report

I refer to the post implementation review of MBS telehealth items and the recently published MRAC draft Report.

ACRRM provided feedback on the draft principles in July of this year, and we are pleased to note the amendment of Principle 1 to delete reference to geographical location, and the amendment of Principle 6 to allow clinician participation at both ends of the consultation.

Telehealth can improve health outcomes by facilitating timely access to essential specialist services and advice. It can further extend the scope of practice of Rural Generalists (RGs) to provide comprehensive care for patients in the local community in consultation with other specialists if required. There is value for both patients and practitioners in shared care arrangements which facilitate quality models of care involving the patient-end clinicians (RGs) and remote-end specialists/consultants. It can also improve the professional relationship and mutual respect between rural practitioners and their urban-based colleagues and promote communication and collaboration to achieve high-quality patient care.

While telehealth consultations can improve access to healthcare, they can never replace high quality, in-person care arrangements. Both patients and providers have shown strong preference to have both these options available to them, and to be able to make use their local, continuous, in person healthcare services as well as any telehealth opportunities. We support the recommendations in the report highlighting the need for more research in comparing the quality and outcomes from in-person and telehealth consultations, and comparing modalities, be they telephone, video, text-based services, or online chats.

However, the College has some concerns regarding Recommendation 9, which may lead to diminished access to services for Australia's most rural and remote communities.

Recommendation 9: For initial consultations, make non-GP specialist MBS items available only face-to-face with subsequent consultations available through telephone or video at the clinician's discretion.

We are concerned that this recommendation could further diminish access to care in Australia's rural and remote areas, when the people in these communities are already experiencing extreme inequity of access to primary, emergency, and secondary care services.

For rural and remote communities, which are already experiencing a decline in the provision of in-person visiting specialist services, the ability to access a specialist via telehealth is vital. The removal of

specialist MBS items for anything other than face to face, in person consultations will have potentially detrimental consequences.

The College considers the proposed restriction over-reaching and potentially leading to perverse outcomes for people living in rural and remote communities, including restricted access to services. In rural and remote communities equity of access to GPs and Specialists simply cannot be aligned due to there being almost no non-GP Specialists working in rural and remote locations. It is worth noting that over 2020 to 2021, people in remote and very remote areas recorded receiving 59% fewer non-GP MBS services that people in major cities.[1]The College would recommend an exemption is applied to patients residing in MMM4 to MMM7 locations.

The College has advocated that use or expansion of telehealth services must be done within a policy context that recognises that telehealth should complement rather than replace in-person care; support high quality continuity of care with the patient's usual GP or practice; and minimise the potential for telehealth services to undermine both the quality of care and overall sustainability of rural and remote practices and primary care services in particular.

We would also stress the necessity that these consultations are referred through a local GP with the definition of "local" being nuanced to incorporate an appropriate accessible geographic range from the patients' residence. No matter what services may be available via telehealth there will still be value and need in being able to access medical care locally and these arrangements must support and not undermine the viability of these services.

Digital health policies will be most effective where they can be rurally-targeted. There is a substantial difference in the impacts of policies designed to subsidise or provide telehealth and other digitally based services to people who do not otherwise have access to such services compared to policies designed for people who prefer the convenience. For this reason, it is important that policy related to digital health can target and prioritise remote and other physically isolated people rather than taking a catch all approach.

Thank you for your consideration of the above feedback we would welcome the opportunity to further discuss any of the issues raised.

Yours sincerely

Marita Cowie, AM
Chief Executive Officer

[1] AIHW (2021) *Medicare-subsidised GP, allied health and specialist healthcare across local areas: 2019-20 – 2020-21. Retrieved from: https://aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2021-22/contents/about*