The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Australian National Audit Office's

Australian Department of Health Management of Telehealth Service Expansion

June 2022

Improve the mental health of communities

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7400 members including more than 5400 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to contribute to the Australian National Audit Office's (ANAO) performance audit of the Australian Government Department of Health's management of the expansion of telehealth services in response to the COVID-19 pandemic. In particular, the RANZCP welcomes the focus on the implementation of telehealth services as a permanent feature of Medicare as announced by the Minister for Health on 13 December 2021.

In response, the RANZCP has developed a submission, detailing members' perspective on the Department's management of the expansion of telehealth services between 2020 and 2022. This response continues the College's advocacy for an Australian telehealth system that delivers equitable, accessible, and affordable telepsychiatry.

Members from a range of RANZCP committees have informed the content of the document (below), which RANZCP sends in response to the audit and the provided discussion questions. The submission was submitted via the online contribution facility on ANAO's website.

Discussion Questions

1. **How has the expansion of telehealth impacted your organisation and members?**

The RANZCP supports the use of telehealth to improve equitable access to affordable psychiatry services, particularly in situations where telehealth is preferred, or face-to-face consultations are not practicable or possible. The expansion of telehealth to a permanent feature of the health system has improved:

Access

The flexibility of telehealth has allowed patients and clinicians to continue treatment through COVID-19 restrictions, for both outpatients and inpatients. The RANZCP members have also highlighted the flexibility and choice that telehealth offers, with more capacity to juggle caring responsibilities and offer patients increased access to care. This is pertinent in places with few psychiatrists (regional and remote areas), where face-to-face services are scarce and/or inaccessible due to associated stigma and specialised needs (psychiatrists' cultural background/language and/or subspeciality) Telehealth allows for a more efficient use of the wider medical workforce (particular pertinent in rural areas) in this regard.

Telehealth also improves continuity of care. Patients can maintain a therapeutic relationship with their psychiatrist in the event of moving location, whilst telehealth improves links with primary care or psychosocial support services where telehealth services are accessed from within their premises.

Affordability

Telehealth has also improved affordability for some patients, with incidental cost savings for patients and carers, particularly those facing financial disadvantage (such as childcare, transport costs, and lost income), associated with attending an appointment.

Equity

Telehealth services have allowed specific groups to overcome mobility and access barriers, such as anxiety triggers when leaving the house, physical disability, economic disadvantage, and language barriers for culturally and linguistically diverse (CALD) communities.

Certain gaps with the Department of Health's expansion of telehealth services have significantly impacted members of the RANZCP due to a range of issues that members have identified.

a) Removal of the COVID-19 telehealth items for inpatients

The RANZCP welcomed the extension until 30 June 2022. However, without further expansions psychiatrists and their patients will be adversely impacted. As COVID-19 continues, items which enable telehealth consultations for private inpatients should remain. These items support both the psychiatrist and patient to engage in consultations and maintain this clinical engagement, even when the patient is unwell.

b) Time limitation of MBS telephone consults

Telephone based items for consultations over 45 minutes are needed for patients who require longer appointments for complex needs but for whom videoconference is not suitable/possible. The RANZCP welcomed their extension until 30 June 2022, however, further expansion is required to avoid further impacting psychiatrists' ability to offer telephone consultations, and provide access to required treatment.

RANZCP members have advised that there are at-risk patients dependent on such intensive longer-term treatment, for a range of complex conditions such as trauma, depression, psychosis, psychosomatic disorders, personality disorder, complex trauma – and an increased potential for mental state destabilisation including psychotic breakdown, self-harming and suicidality.

c) Removal of MBS Item 288 (rural loading)

MBS item 288 has been an invaluable way to get specialist psychiatric services to rural Australia. The 50% loading for telehealth consultations provided under MBS Item 288 encouraged and supported psychiatrists to provide bulk-billed telehealth services. This helps people facing economic disadvantage access affordable services, as they do not have to pay a 'gap fee'.

However, the Department of Health withdraw item 288 with two weeks' notice and without alternatives in place. This is contrary to the MBS Review Taskforce recommendations, that changes should be implemented alongside transition arrangements. The change limits patients' ability to receive equitable, accessible and affordable psychiatric care, including Aboriginal and Torres Strait Islander patients.

The lack of item 288 compounds existing economic inequalities by burdening patients with unaffordable out-of-pocket costs. Medicare data from 2018-19 has indicated the most popular used items:

- Item 288 + 306. In 2022, Item 306 now has an additional cost of $82.45
- Item 288 + 304. In 2022, Item 304 now has an additional cost of $59.73
- Item 288 + 291. In 2022, Item 291 now has an additional cost of $203.16

This also financially impacts psychiatrists themselves, unable to take on new rural/regional telehealth patients due to financial unviability (on other Medicare rebates), worsening access for rural patients and further burdening the public system.

2. **What engagement has your organisation had with the Department as telehealth services were introduced and adjusted? Who was your point of contact?**

To convey the concerns of the RANZCP members, President Associate Professor Vinay Lakra has written to:

- Former Minister for Health and Aged Care, Greg Hunt
- Former Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, David Coleman
- Former Minister for Regional Health, Dr David Gillespie

Former Minister Hunt responded to the RANZCP's correspondence and we welcomed the Minister's meetings with President Lakra to discuss the RANZCP perspective. Alongside this, between 2020 and 2022, the RANZCP appreciated regular (approximately fortnightly) meetings with senior position holders at the DoH, to discuss telehealth issues.

We also welcomed meeting with Emma McBride, now Assistant Minister for Mental Health to discuss similar concerns.

Whilst the RANZCP is grateful for such engagement, a more open and formal process would have allowed for greater accountability and transparency, allowing psychiatrists to convey their concerns regarding the details of telehealth's expansion before the announcement was made.

3. **What opinions, advice or feedback have you provided to the Department on the expansion of telehealth services?**

The RANZCP has consistently and strongly affirmed the need to develop alternative options to address the complexity of managing patient care, and to ensure that the Medicare system is accessible and affordable for all Australians.

Within RANZCP's correspondence with the Department of Health (see question 2), we reiterated our support of the Government's announcement to reinstate certain COVID-19 telehealth items until 30 June 2022. The RANZCP also urged the Department of Health to consider extending these temporary COVID-19 telehealth items until the end of 2022 to support patients and psychiatrists as they continue to manage the effects of COVID-19. This advocacy is informed by our Community Collaboration Committee, who raised concerns for patient wellbeing.

We acknowledge telehealth items were introduced on a temporary measure, but the RANZCP would highlight the need for longer term timeframes rather than the repeated expiration and reinstatement of MBS items across 2020-2022, to provide psychiatrists and patients (particularly those with complex needs) with certainty. This consistency also allows for stronger data collection and more informed decision making in the future.

The RANZCP has also proposed that a bulk billing incentive should be available to psychiatrists to bulk bill socially disadvantaged patients as private psychiatric care is unaffordable for socially disadvantaged patients. The Department of Health was therefore asked to address the consequences of the removal of MBS telehealth item 288 (rural loading) from permanent telehealth arrangement, with limited notice to patients and psychiatrists. It was emphasised that MBS item 288 recognised the complexity of managing and coordinating patient care in rural and regional settings, enabling psychiatric consultations for rural communities. Its removal impacts those who experience geographic and financial disadvantage (see question 1).

The RANZCP also offered the Department potential solutions to ensure that patients that are disadvantaged, socio-economically or geographically, can access affordable services. These include:

- Incentivising clinicians to bulk bill those with concession cards and/or who are financially disadvantaged.

This will provide support to those patients who are financially disadvantaged. It has already been introduced for Rapid Antigen Tests, ensuring access and affordability to those who need it most.

- Increasing the Medicare bulk billing rate to 100% of the schedule fee for psychiatry services.

This will provide equity in the context of patient care and multidisciplinary case management, with both GPs and psychiatrists contributing clinical expertise and providing care to patients with mental health conditions.

- Reinstate MBS Item 288 until an alternative solution is introduced.

This will minimise service disruption, providing time to identify new solutions and address any potential unintended consequences.

- Improving the safety net thresholds

This will reduce the financial impact for people who struggle to afford gap payments and/or travel costs to private psychiatry and support people to complete treatment

4. **What support and guidance has been available to your organisation and members to adopt and maintain telehealth arrangements?**

Outside of the MBS factsheets and Australian Government Department of Health privacy checklist for telehealth services, the Department can improve the level of support and guidance made available to RANZCP and its members, in relation to adopting and maintaining telehealth arrangements.

The RANZCP has developed its own resources for our members, sourcing appropriate MBS item numbers and costs, alongside clinical guidance. Members also reported the need to do their own research as to security/appropriateness of various telehealth/video health platforms for their patients and clinic.

5. **What are your views on the Department's monitoring of compliance with new telehealth items?**

The RANZCP calls for strengthening compliance and monitoring process for new telehealth items and is willing to collaborate with the DoH to inform system improvements. This entails formal guidance and process for ensuring the transparency of records, and the consistency of approach, rules for providers (avoiding unintended pitfalls or loopholes), criteria for measurement and response to emerging issues.

For further information surrounding considerations when conducting telehealth, please see Position Statement 98: Benefits of e-mental health treatments and interventions.

6. **Other Comments**

The RANZCP welcomes further dialogue with the Department of Health to develop and implement practical solutions to ensure that telehealth delivers equitable, affordable and accessible care for all patients across the country. Our advocacy is informed by the experience of psychiatrists and their patients, demonstrated in the following resources:

- RANZCP: Telehealth Member Survey Report
- Lived Experience Australia: Telehealth Psychiatry Consultation National Survey Report