The Royal Australian & New Zealand College of Psychiatrists

Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations

Submission to the Australian Government Department of Health and Ageing, January 2011

working with the community

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Executive Summary

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to have the opportunity to comment on the discussion paper *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations.* The RANZCP welcomes the focus that the Australian government is putting on service accessibility through the commitment of $402.2 million over four years to fund Medicare rebates and financial incentives for health professionals to participate in delivering online consultations and associated support.

Telepsychiatry Medicare Benefits Schedule (MBS) item numbers were first introduced in 2002. Members of the RANZCP already have experience in the use of online consultations as a way of delivering services to rural and remote populations. The RANZCP endorses the ongoing development of telehealth, including adequate resource-based funding and infrastructure support. Videoconferencing however should not be advocated as a means of replacing visiting of resident specialists.

Since the introduction of telepsychiatry item numbers, uptake has been very low. Barriers identified include: lack of funding for GP or clinician time to facilitate patient consultations in rural areas; lack of patient awareness; lack of facilities; and insufficient incentives and information for psychiatrists. The RANCZP is optimistic that many of these can addressed as part of this most recent government initiative, and is pleased that the need to fund for clinician time for organising and/or participating in online consultations has recognised, as well as appropriate financial incentives for set up.

The RANZCP is keen to see telehealth implemented in a way that will translate to outcomes that will maximise patient benefit. Key messages for ensuring the successful implementation of online consultations, and increasing accessibility to consumers using this service include:

- All services should be available through online consultations if clinically appropriate
- Funding for clinician to clinician interaction as part of telehealth and face-to-face consultations should be funded under the MBS
- Facilities should be available for consumers to engage in online consultations in GP surgeries, other appropriate health settings, home-based settings, and hospitals settings
- Service/software with appropriate standards of information safety , encryption, and interoperability, that is not excessively burdensome in regard to technological skill and cost, to be developed and made readily available
- Technological support available at a local level to assist with trouble shooting and advancements
- Telephone consultations to be recognised for funding under the MBS, under specific circumstances and conditions.
- Those not residing in rural or remote areas may also benefit from online telehealth services; difficulty obtaining reasonable access should be the criterion.
- Clinicians, and consumers need to be familiar and comfortable with the practice
- Increased patient awareness of telehealth services

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3. Facilities should be available for consumers to engage in online consultations in GP surgeries, other appropriate health settings, home-based settings, and hospitals settings.
4. All services currently available under current MBS item numbers should be made available via online consultation if clinically appropriate.
5. That there is no limitation on the number of telehealth consultations that can be held each year when compared to face-to-face consultations.
6. Reimbursement is made through MBS item numbers for telephone consultations
7. Funding for clinician interaction as part of telehealth and face-to-face consultations should be funded under the MBS.
8. That local organisations be encouraged to collaborate in the development of online infrastructure to ensure services are compatible and developed in a cost-effective manner.
9. Requirement for those accessing telehealth services to be residing within RRMA area 3-7 be removed, and other requirements developed in terms of limitations of ready access.
10. That carer involvement in the provision of telehealth be encouraged.
11. A new telehealth item in each MBS item group be included to allow all services currently reimbursed face-to-face to be done so via online consultation.
12. That a substantial one-off payment be made to locally based services to assist with infrastructure costs of preparing for online consultations.
13. Financial incentives for equipment set-up and purchase should be developed in addition to the funding of specialist time in undertaking the consultation.
14. That a ‘telehealth handbook’ be developed and distributed to GPs, other health professionals, and specialists to help reduce day-to-day difficulties that may be faced when conducting online consultations - this should issue clear and simple advice.
15. That a service/software with appropriate standards of information safety, encryption, and interoperability, that is not excessively burdensome in regard to technological skill and cost, is developed and made readily available.
16. Funds provided for the employment of a central coordinating technical manger to support clinicians in the ongoing provision of online consultations.
17. Patient awareness be increased through promotion by consumer and carer focused organisations.
18. Users must be fully aware of the areas of risk management required for the use of online consultations and provided appropriate advice and support to manage these risks.

1. About the RANZCP

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners. There are approximately 3000 Fellows of the RANZCP who account for approximately eighty-five per cent of all practicing psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand. There are branches of the RANZCP in each state of Australia, the ACT and New Zealand.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at a regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

The RANZCP is a leader amongst Australasian medical colleges in developing partnerships with consumers and family and other carers in respect to excellence of service provision. The Board of Practice and Partnerships includes consumer and carer representatives from a variety of backgrounds who contribute extensively to the development and management of RANZCP programs and activities. The RANZCP also has a community representative who sits on its overarching governing body, the General Council.

The RANZCP has consulted a range of members in developing this response by eliciting the views of its Board of Practice and Partnerships, Rural Special Interest Group, and Private Practitioners Network.

2. Enhancing psychiatry provision through online consultations

The use of online consultations is not novel in psychiatry. Telepsychiatry is the use of communications technology to provide psychiatric services from a distance. In November 2002, Telepsychiatry MBS Item numbers 353-358 and 364-370 were introduced to enable psychiatrists to receive a rebate for the provision of telepsychiatry consultations.

The introduction of telepsychiatry item numbers was important element of addressing several workforce and access issues currently facing the mental health sector. Australia was, and still is, experiencing an overall shortage of psychiatrists and a mal-distribution of the psychiatric workforce with the shortages particularly severe in rural and remote areas; for 85.3% of psychiatrists, the main place of work is a major city. The discrepancy between the available psychiatric workforce and the mental health needs of the population, particularly outside the major cities, led to review of the use of specialist resources aimed at formulating new models of psychiatric service delivery, including options for telepsychiatry.

Telepsychiatry has been demonstrated as an effective means of improving rural and remote communities' access to specialist psychiatric resources [1, 2, 3, 4] by facilitating timely, cost effective and responsive psychiatry services. Telepsychiatry options enable support to be provided to mental health workers and general practitioners caring for psychiatric patients in their local community [5, 6]. Research

has demonstrated that the psychiatric interviews conducted over videoconferencing are reliable for diagnostic assessment and treatment recommendations [7], and is as effective as face-to-face consultations in achieving improved health outcomes [8]. Patient and referrer satisfaction has consistently shown that this mode of clinical service delivery is widely accepted [9, 10]. Furthermore, telepsychiatry decreases unnecessary referrals, reduces the need for patient transfer, and increases opportunities for local treatment and/or early release.

2.1 Barriers to the uptake of telepsychiatry

Despite the potential of telepsychiatry to improve rural and remote mental health services, uptake of the telepsychiatry item numbers to date has been poor. In February 2006, a project was undertaken to outline the key barriers to the uptake of the Telepsychiatry MBS Item numbers, these included: lack of patient awareness; difficulties with the item numbers; and inadequate technology and infrastructure support. In response to addressing the key barriers a number of changes were introduced to the telepsychiatry item numbers in May 2007. These included:

- Remove geographical restriction on location of the provider, enabling all eligible providers to offer telepsychiatry services to rural and remote patients and to restore the 15% rebate differential between telepsychiatry and face-to-face consultation items.
- Item 361 (referred initial consultation via telepsychiatry on a new patient) was introduced to improve access to psychiatric services by encouraging an increase in the number of new patients seen by each psychiatrist.
- Removal of the mandatory face to face consultation after every fourth telepsychiatry services.

Examination of the data subsequent to this change highlighted that, whilst there was some slight increase in the uptake of the telepsychiatry items, uptake remains slow. A search of MBS numbers suggest that about 1300 claims were made over the 12 months from July 2009. A paper developed by the RANZCP, and funded by the Department of Health and Ageing, in 2008 identified ongoing issues with the uptake of telepsychiatry item numbers. The RANZCP believes that the most recent injection of funds from the government will be helpful in addressing some of these ongoing issues.

2.2 Successful provision of telehealth

Several projects in operation around Australia demonstrate the effectiveness of telemedicine in action. These projects demonstrate that, once the investment is made in telecommunication networks and practitioner based technology, the facilities can have additional benefits in their application to a range of functions, including: education; continued professional development; and staff supervision. The RANZCP has identified some of the successful projects and highlighted these in box 1 for information.

Box 1: Successful provision of telehealth

New South Wales telehealth
The New South Wales Telehealth Network extends to over 160 public health service facilities across NSW, connecting patients, carers, specialists and public health service providers across the state. Telehealth uses digital technology and telecommunication to transfer images, voice and information across distance between health services, and includes videoconferencing.

Services include paediatric, adolescent and adult mental health services, such as the Child and Adolescent Psychiatry Telemedicine Outreach Service (CAPTOS). CAPTOS has been in operation since 1996, and has led to long-term clinical relationships and a statewide service between the Department of Psychological Medicine at The Children's Hospital at Westmead and regional clinicians. Through the NSW Telehealth network, specialists at the hospital can connect with their rural colleagues to provide consultations. During a CAPTOS consultation the child, along with the local child mental health clinician and the child's family, are connected via videoconferencing with a specialist at The Children's Hospital in Westmead.

CAPTOS enables children to receive expert mental health advice from their own town rather than travelling long distances for treatment, and/or allows children to maintain a relationship with their hospital-based specialist once they return home [(13)].

Eastern Goldfields Regional Reference Site (EGRRS)
EGRRS, as part of the Australian Government's *National Broadband Strategy (NBS),* was implemented in 2005 to test, measure and demonstrate the benefits to health care providers of having high-speed, continuous, higher-quality broadband connectivity:

- across metro-like, rural and remote conditions;
- across a community of health provider and organisations; using a variety of connectivity technologies; and
- using a variety of hosted applications [(14)].

The Reference Site is in the areas serviced by the Eastern Goldfields Medical Division of General Practice and Goldfields South East Health Region in Western Australia.

Participants have included general practitioners, local specialists, Aboriginal medical services, radiology, pathology, the local division of general practice, and regional and district hospitals. All participants within the Reference Site have been provided access to a secure broadband connectivity with facilities including desktop videoconferencing capability and associated software, enabling practitioners to conduct remote consultations, undertake education, and attend professional meetings without the need to travel.

Western Australia Statewide Clinical and Services Enhancement Program (SCSEP)
This program provides a variety of services via videoconferencing across WA, notably clinical service provision, regular supervision and a training program for Child and Adolescent mental health clinicians.

Support Scheme for Rural Specialists
The Support Scheme for Rural Specialists is a program aimed at improving access to Continuing Professional Development (CPD) activities for specialist medical practitioners living and working in regional, rural and remote Australia. Several participating specialist medical colleges have successfully used videoconferencing to facilitate elements of their CPD programs.

3. Issues for consideration from the discussion paper

3.1 Optimal practice models

3.1(a) Addressing workforce shortages

Workforce shortage in rural areas remains a key issue; there is an overall shortage of psychiatrists and a mal-distribution of the psychiatric workforce with the shortages particularly severe in rural and remote areas. Whilst initiatives that endeavour to improve access to psychiatric opinion and advice are always supported, it is the view of the RANZCP that online consultations should not act as a substitute for face-to-face consultation time. Incentives for psychiatrists, and other health professionals, are still required to encourage clinicians to live and work in rural and remote areas.

It is also important that the introduction of e-consultations does not disrupt currently available services. Consideration should be given to the conflicting time commitments that may arise with introduction of online consultations; even with funding, there may not be sufficient time for clinicians to sit in on e-consultations and continue with every day practice.

Recommendation:

1. Online consultations should not remove the need for face-to-face consultation time. Incentives for psychiatrists, and other health professionals, are still required to encourage clinicians to live and work in rural and remote areas.

3.1(b) Funding for clinician time

A key challenge to the uptake of the MBS items is the funding available to general practitioners in facilitating and participating in telepsychiatry consultations alongside patients. Funding for clinician time whether it is for organising or participating in the telepsychiatry session is essential and the RANZCP is pleased that the funding of clinician time has been identified as a key priority under the telehealth initiative and strongly supports this. The RANZCP also supports the funding of clinician time, other than general practitioners, including nurses.

It should be noted that clinician time actually sitting with the patient in the consultation is not always necessary. With appropriate preparation, consultations can replicate current outpatient/office consultations, with the major priority being the doctor-patient interaction, with involvement of others (health practitioners, carers) where this will assist the patient.

Recommendation:

2. Funding for clinician time for organising and/or participating in online consultations session is essential.

3.1(c) Location of support services

The RANZCP agrees that telehealth infrastructure and supports for the consumer undertaking the consultation should be located in GP surgeries or other appropriate health setting – i.e. nursing homes,

Aboriginal health services – with clinician support provided during the consultation as required. It is noted that clinicians may not always need to be present during such consultations but infrastructure should be available for those times when it is clinically indicated.

The RANZCP also supports the use of home-based services where this is appropriate and technology is adequate. Not all patients will require assistance and many will be capable and willing to do this from the comfort of their own home. Consultations to hospitals are also supported, as a way of providing connections with in-patient services to allow discharge planning and other liaison services. Specialist consultations to rural and remote government services (e.g. child and adolescent mental health services), where such consultations are not locally available would also be supported. It is acknowledged that it may be necessary to prioritise development and the RANZCP would support establishment in local health care settings first.

A pre-requisite for any consultation should be the ready availability of a responsible person (equivalent to the front office staff) on-site if at home, and the ready availability of a Dr/others (police, ambulance) at short notice for emergencies, as at present.

Recommendation:

3. Facilities should be available for consumers to engage in online consultations in GP surgeries, other appropriate health settings, home-based settings, and hospitals settings.

3.1(d) What services should be provided via online consultations

For psychiatry, most services associated with current MBS item numbers could be provided via telepsychiatry. It would be for the clinicians at both end of the consultation to determine the circumstances under which such care would not be appropriate – for example it may be difficult to assess patients who are disturbed, agitated or suffering from akathisia.

Recommendation:

4. All services currently available under current MBS item numbers should be made available via online consultation if clinically appropriate.

3.1(e) Removing limitations on number of consultations

Current MBS Items 353–358 may only for claimed for up to a maximum of 12 consultations in aggregate for each patient in a calendar year. This is found by practising psychiatrists to have a negative impact on the management of patients, particularly for those with limited personal means who are unable to meet the costs of holding such consultations privately or attending consultations in person.

The RANZCP believes it is important to ensure that patients are able to access treatment that enables their condition to be managed optimally to allow them to benefit from improved health outcomes both in the short and longer terms. Facilitating patient access to additional telepsychiatry consultations would play a significant role in preventing complications or the development of other health problems. In turn this could be expected to help contain health costs in the longer term.

Recommendation:

5. That there is no limitation on the number of telehealth consultations that can be held each year when compared to face-to-face consultations.

3.1(f) Supporting patients using telephone consultations

The RANZCP supports the reimbursement of telephone consultations through the Medicare reimbursement rebates. Although it is accepted that this is less clinically desirable than a face-to-face or teleconference, the RANZCP believes that the advantage terms of access would be invaluable. This is considered particularly important in areas where internet technology and infrastructure may be of poor quality and where some contact is infinitely better than none. However specific criteria should be developed; as the service is inferior, but very much easier to use, it is more open to inappropriate use.

Recommendation:

6. Reimbursement is made through MBS item numbers for telephone consultations

3.1(g) Clinician interaction

Where it is clinically appropriate to have a clinician is in the room with the patient at the remote site. To help facilitate this engagement the specialist and locally based clinician should both have prior access to written reports and clinical summaries, time to talk to each other before and after the consultation with the patient (if clinically required), and maintain an ongoing relationship.

Medicare currently does not fund clinician to clinician communication, with the exception of some specific types. The RANZCP recognises that funding for clinician interaction is outside the scope of this project but strongly supports that consideration be given to this as future Department of Health and Ageing initiatives, both for face-to-face and online consultations.

Recommendation:

7. Funding for clinician interaction as part of telehealth and face-to-face consultations should be funded under the MBS.

3.1(h) Collaboration

When setting up infrastructure for online consultations, there is a need to combine costs between departments and other local infrastructure including Centrelink, outreach services, Indigenous/cultural centres, schools etc. Costs of equipment could be negotiated at a cheaper price if services collaborate. As part of this it would be useful to determine the number of clinicians who are interested (both in the cities and rural areas) in using this service to ensure the necessary equipment is provided. In economic terms this would also ensure the system is more viable. A good example is the Eastern Goldfields Regional Reference Site.

Recommendation:

8. That local organisations be encouraged to collaborate in the development of online infrastructure to ensure services are compatible and developed in a cost-effective manner.

3.1(i) Use of telemedicine for those outside rural and remote areas

Current telepsychiatry MBS items 353–361 can only be used when a referred patient is located in a regionally, rural or remote area, classified as a RRMA 3–7 area under the Rural Remote Metropolitan Areas (RRMA) classification system. This excludes a significant section of the population which the

RANZCP believes could benefit from telemedicine services. Particularly for those with mental illness, travelling by public transport can be difficult and sometimes impossible due to disabling anxiety. There are many patients living in suburbs of large cities who face travel times of over an hour to see their psychiatrist. The RANZCP advocates that these groups should be able to access telepsychiatry services too and requests that the government give consideration to removing the requirement for those accessing services to reside within a RRMA area 3-7. Difficulty obtaining reasonable access should be the criterion.

Recommendation:

9. Requirement for those accessing telehealth services to be residing within RRMA area 3-7 be removed, and other requirements developed in terms of limitations of ready access.

3.1(j) Provision for carer involvement

Carer involvement is important, particularly in the case of those with mental illness. Research demonstrates that engaging carers in treatment processes greatly improves outcomes for consumers. Carers must be engaged and included, as clinically appropriate, in all stages of mental health care, in an appropriate manner, and have a right to timely information, support and inclusion as well as the right to give information to assist in assessment, treatment and ongoing care. In terms of online consultations it is suggested that provision be made for carers to be present with the consumer who is undergoing an online consultation when considered appropriate. This support would be valuable both to the consumer, and potentially relieve some pressure from the host service in terms of necessary support.

Recommendation:

10. That carer involvement in the provision of telehealth be encouraged.

3.2 Optimal specialties

The RANCP supports the expansion of online health consultations to specialties as a way of delivering improved access to health services for rural and remote communities. The appropriateness of service delivery in this manner should be discussed with the appropriate Medical College.

3.3 Remuneration models

3.3(a) Specialist consultation time

The RANZCP supports the introduction of a simple remuneration model to fund specialist time. To enable this, the RANZCP would support a new telehealth item in each of the MBS item groups, to enable a derived fee to be billed with an existing attendance time. This would ensure that all services currently provided face-to-face could be provided via e-consultation as appropriate. For example, the lack of an equivalent item number to 291 that would allow a psychiatrist to facilitate a Referred Patient Assessment and Management Plan via teleconference has been commonly cited as a barrier by members. For those items for which e-consultation was not appropriate, exclusions could be added.

For psychiatry, most current item numbers could be provided via telepsychiatry with appropriate clinician support at the patient-end. The RANZCP strongly supports that the new item should provide for an

additional rebate to be commensurate with the service being provided. As psychiatry services are time tiered, the RANZCP is comfortable with this fee being linked but would request that the fee commence at a reasonable rate to cover the necessary overheads and set-up time. The current 15% loading included in the telepsychiatry item numbers appears to be insufficient. The RANZCP would support additional financial incentives (see section 3.4 below).

Recommendation:

11. A new telehealth item in each MBS item group be included to allow all services currently reimbursed face-to-face to be done so via online consultation.

3.3(b) Funding locally based personnel to be available for the patient

Funding for locally based personnel should be available for the patient, and this should apply regardless of whether this was GP, nurse, midwife etc. The system for how this payment should apply should be determined in consultation with relevant professional associations.

3.4 Financial incentives

A critical factor of a telepsychiatry service, no matter what type or model of service, is the provision of adequate support for the daily operational requirements. These include:

- fault management, including contingency planning
- fault or incident reporting
- equipment maintenance
- risk management
- scheduling - including coordination of videoconference activity, and organisation of support able to transport a patient to a therapist or a hospital if the need arises.

The integrity of a telepsychiatry service depends on reliable accessibility of service that ensures continuity of care. This in turn is dependent on the maintenance of high standards of infrastructure support. This requires funding for initial set up.

3.4(a) Incentive payments for locally based services

The RANZCP proposes that in addition to the reimbursement for GP or health professional time through amendment to the MBS Item numbers, the Department of Health and Ageing offer incentives to commence participation in telepsychiatry consultations. Assistance with funding for initial set up of equipment would also be an aid to provision of telemedicine. The RANZCP would suggest therefore that a single-service adjunct payment model would be a preferable incentive (a substantial one-off payment made following the first service claimed followed by a smaller payment made for each subsequent claim).

The RANZCP also supports the use of target payments to services located in facilities other than GP rooms, such as aged care homes and Aboriginal Medical Services. The RANZCP supports the use of targeted payments for hosting the service, even when there is no clinical support during the consultation.

Recommendation:

12. That a substantial one-off payment be made to locally based services to assist with infrastructure costs of preparing for online consultations.

3.4(b) Funding for technology and infrastructure support for specialists

Uptake of online consultations, and the success of its provision, is largely dependent on participating medical practitioners having:

- access to the technology required to run the consultations;
- access to a network with interconnectivity, and
- support required to maintain an efficient service.

The current 15% loading included in the telepsychiatry tem numbers appears insufficient. Additional funding is required to cover the cost of:

- establishing the hardware and software required to run the consultation;
- accessing the network(s) available in the area, which could include provider send signal capabilities, and a quality of service device guaranteeing rate of delivery of broadband signals;
- system maintenance; and
- remuneration of support staff involved in supporting the daily operational requirements of the service.

Recommendation:

13. Financial incentives for equipment set-up and purchase should be developed in addition to the funding of specialist time in undertaking the consultation.

3.5 Training and support

Training and support is essential to the effective delivery of telepsychiatry services. The RANZCP has developed a position statement on the telepsychiatry that serves as training and support guide for psychiatrists in undertaking telepsychiatry. This also refers to, and supports, the Joint Medical Boards Advisory Committee National Policy for Technology-Based Consultations. Copies of these documents are included as appendices to this document for reference.

If telehealth is to be a success, there is a need for practitioners to be familiar and comfortable with the practice. It is therefore suggested that that specific and basic advice be provided to all participating practitioners. This could be developed as part of existing initiatives (i.e. through the National E-Health Transition Authority) or commissioned separately.

3.5(a) Handbook of videoconferencing for practitioners

Increasing practitioners' telecommunications technology and literacy would assist greatly in the uptake and practice of telepsychiatry. The RANZCP proposes development of a 'Telehealth Handbook' to be distributed to GPs, other health professionals, and specialists to help reduce day-to-day difficulties they may currently face when conducting online consultations. Specifically, the handbook should include:

- The base specifications for the network capabilities and equipment required
- Instructions on how to set up videoconference equipment
- Advice regarding the most efficient way to organise an online consultation
- Instructions on how to use videoconference equipment
- Advice on what to tell the patient about consulting by videoconference (including allaying any fear the patient may have)

- Instructions on how to best set up a room for a telepsychiatry consultation (including lighting and sound proofing)
- Advice on videoconference etiquette.

Recommendation:

14. That a 'telehealth handbook' be developed and distributed to GPs, other health professionals, and specialists to help reduce day-to-day difficulties that may be faced when conducting online consultations - this should issue clear and simple advice.

3.5(b) Continuing professional development

Until 2009 it was a requirement for consultant psychiatrists to have completed the online telepsychiatry certification module. This requirement was removed in light of the evolution of technology that left the online module outdated, and to reflect the fact that such a formal educational requirement was superfluous. The RANZCP supports that formal CPD requirement is not necessary, but agrees that all users should have access to, and be familiar with, clear guidelines.

3.5(c) Developing cultural competencies

Those residing in rural or remote areas may be culturally diverse and it is important to ensure that specialists using online consultations, who may not be familiar with providing services in such areas previously, understand any relevant complex cultural issues and situations. Indigenous and refugee communities require particular attention.

3.6 Technical issues

As telemedicine services are largely unregulated, it is currently the responsibility of individual clinicians involved in the delivery of consultations to ensure that the delivery systems are of adequate quality and to acquire the hardware necessary to run consultations by videoconference.
Software and hardware requirements for telepsychiatry include:

- CODEC (Coder/DECoder) that both codes and decodes the transmitted video and aural information
- Monitor, either a PC monitor or television monitor
- Camera, including remote camera operator
- Microphone
- Software for an electronic whiteboard facility
- Software for automatic image tracking
- Network access: Broadband Internet, satellite transmission, microwave transmission [(15)].

Whilst software programs such as Skype may offer a more affordable alternative, Skype only communicates with other Skype users. Moreover, this software does not comply with International Telecommunications Union Standards required of providers. The RANZCP suggests that a service like Skype would have merit in the delivery of home-based consultations and notes that the restrictions in the use of services like this is limitation to access. Urgent consideration needs to be given to development of an easy to use service to ensure the success of the project. Alternatively, consideration needs to be given to the risks and limitations of using this service with appropriate patient consent.

As there are currently no base specifications for the hardware or software, practitioners currently purchase software equipment and network membership without any guidance. This can result in

inappropriate equipment being purchased and wasted time and money. In relation to network access: broadband Internet often does not provide video of sufficient quality for telepsychiatry; the ADSL footprint is limited, especially in rural and remote areas; and satellite transmission without government assistance is cost prohibitive. Accordingly, the inability to source appropriate equipment and network capability has proven a huge disincentive to practitioner uptake of telepsychiatry. The RANZCP accepts that some of these issues may be addressed by the introduction of the National Broadband network.

3.6(a) Interoperability and encryption

Interoperability is a key issue to ensure that services can be used interchangeably between private and public services. Interoperability is also essential between facilities set up by health services for specialists' use, and those services used by GPs. A standard system for encryption of data is also essential. These issues are critical to the successful delivery of online health services.

3.6(b) Burdensome technology issues and concerns

Feedback from psychiatrists who use, or wish to use, telepsychiatry services has reported concern in regard to the technology necessary to undertake such consultations. Services that are familiar to the majority of psychiatrists, such as Skype, do not meet the necessary communication and encryption standards to undertake online consultations. The technology that is required is often expensive and difficult to set up, particularly for individual psychiatrists working in private practice. This acts as a significant deterrent to may psychiatrists who are otherwise extremely keen to provide this type of service. The RANZCP is constantly asked about the use of Skype for such consultations and has found significant confusion among members about appropriateness of use.

Recommendation:

15. That a service/software with appropriate standards of information safety, encryption, and interoperability, that is not excessively burdensome in regard to technological skill and cost, is developed and made readily available.

3.6(c) Technical support and trouble shooting

A severe limitation to the uptake of telepsychiatry services has been the lack of available technical support to ensure that services via teleconference are delivered effectively without technical 'hitches'. Vital to the success of telepsychiatry services is good infrastructure, technical support and trouble shooting. It is strongly recommended that funds are provided for the employment of a central coordinating technical manager (either centrally or in each state/territory) to provide a central point for advice and support for those using videoconferencing services. This central point should also be available to provide advice on technological advancements and purchase of new software/equipment.

Recommendation:

16. Funds provided for the employment of a central coordinating technical manger to support clinicians in the ongoing provision of online consultations.

3.7 Limitations to uptake of telehealth

3.7(a) Patient awareness

Telepsychiatry is not a resource that patients are necessarily familiar with, or even aware exists. However, when patients do use telepsychiatry they have been found to:

- be satisfied with the service;
- be happy to use telepsychiatry again;
- prefer telepsychiatry to travelling to a larger centre for face-to-face consultations [16].

These findings point to the importance of increasing patient awareness of telepsychiatry services, for example through consumer and carer focused organisations.

Improving patient awareness and interest in telepsychiatry is an important component to enhance the results of any strategy employed to improve uptake of telepsychiatry by practitioners. As recommended by the Australian Mental Health Consumer Network, delivery of telepsychiatry needs to ensure that consumers feel comfortable with participating in consultations by videoconference. Specifically, allaying anxieties regarding confidentiality, and communication using Internet technology would be particularly important.

Recommendation:

17. Patient awareness be increased through promotion by consumer and carer focused organisations.

3.7(b) Promotion to health professionals and GPs

To date, there has been a lack of promotion to GPs and specialists of the availability of consultations available by videoconferencing, and so there is limited awareness of this service option. Further promotion of the item number to GPs and health professionals would improve awareness of the option of online health consultations, and may improve its uptake.

3.7(c) Risk management

As well as addressing the practical issues involved in providing online services, practitioners must manage the risks associated with providing a medical service with videoconferencing technology. In particular, when providing online services, it is important for participating medical staff to:

- remember that the legal and ethical obligations of confidentiality for telehealth are the same as any other medical care;
- manage patient expectations;
- be aware of the limitations and extra requirements for patient care, when using telepsychiatry
- ensure there is informed consent from the patient, including for any additional people who may be in attendance during the consultations, and if the practitioner wishes to record any part of a consultation; and
- ensure that the patient has adequate support on site including transport to a specialist and/or the hospital if required [17]
- Prior assessment of, and planning for risk with the referring/usual treating GP

Risk management is a concern for many who may be interested in undertaking this work. As telemedicine becomes more popular and services evolve, the legal and ethical implications for the

practice will become clearer, however it is currently an issue that may be acting as a barrier to uptake. It is therefore important for users to review the relevant literature and stay up to date with clinical, technological and medico-legal developments.

Recommendation:

18. Users must be fully aware of the areas of risk management required for the use of online consultations and provided appropriate advice and support to manage these risks.

4. Conclusion

The RANZCP endorses the ongoing development of telehealth, including adequate resource-based funding and infrastructure support. Videoconferencing however should not be advocated as a means of replacing visiting or resident specialists, but rather provide an adjunctive to the face-to-face consultations for those unable to easily access such services. Key priorities for the successful implementation of this initiative requires sufficient funding to support both clinician time and infrastructure, as well as clear guidelines and information on technology available to deliver such services. Equipment should be easy to purchase and easy to use, and support should be available to clinicians using this services in an ongoing manner. With good infrastructure available, the RANZCP supports the delivery of all psychiatry services via teleconference where clinically appropriate.

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