

30 March 2021

The Hon Josh Frydenberg MP
Treasurer

By email to: josh.frydenberg.mp@aph.gov.au

Dear Treasurer

Re: Calling for COVID-19 MBS telehealth to be extended to the end of 2021

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the Prime Minister's [announcement on Sunday 14 March](#) that COVID-19 MBS telehealth whole-of-community telehealth will become a permanent part of the Australian Medicare system. While we note the Government plans to consult with peak doctors' group on the permanent post-pandemic telehealth arrangements, we have significant concerns that COVID-19 MBS telehealth items are to be extended only to the end of June 2021, due to cost concerns.

The RANZCP commends the Government's investment in mental health supports for the community during this challenging period and urges for COVID-MBS telehealth items to be extended at least to the end of 2021, in line with the national COVID-19 health response and suppression strategy.

The purpose of the COVID-19 telehealth items has been to increase access to psychiatry during the COVID-19 pandemic and therefore it was inevitable that there would be higher costs of telehealth. This highlights the benefits of telehealth including:

Many new patients can attend telehealth appointments that would not be accessible due to face-to-face wait lists, demographic, or logistical factors.

Many new and existing patients have developed an increased need for psychiatric services due to increased stresses caused by the pandemic and/or reduced access to usual social supports.

The RANZCP urges the Government to recognise that increasing patient access via telehealth is essential due to ongoing unmet demand whilst the pandemic resolves and the vaccination program is implemented. The RANZCP does not support that changes should apply purely to constrain costs.

It is the RANZCP's recommended approach that the current COVID-19 telehealth items, as well as all other existing items for telehealth in psychiatry, remain in place until at least the end of 2021. This would allow sufficient time to monitor utilisation trends and claiming practices as new data becomes available prior to making any definitive conclusions about the potential cost impact of telehealth long-term.

Throughout the pandemic we have commended the government's focus on mental health. Continuing telehealth does need to be considered to support better outcomes for those with mental illness. Continuing COVID-19 telehealth items will enable patients to continue using telehealth with their provider and avoid potentially harmful disruptions in their care.

While the RANZCP is supportive of the desire for telehealth consistency across all specialties, our position in discussions with the Department of Health is that many issues pertinent to psychiatry specifically (including increased demand due to the mental health impacts of the pandemic) do not apply across all speciality groups.

The RANZCP has proposed a set of options for ongoing discussion with the Department (please see attached). I wish to assure that the RANZCP is available to assist in every way to ensure that community needs continue to be met via COVID-19 MBS telehealth and welcomes discussion as to how this can be achieved.

I look forward to the RANZCP being of assistance and can be contacted via Ms Bronwen Evans, Manager Stakeholder Relations via Bronwen.evans@ranzcp.org or by phone on (03) 9601 4959.

Yours sincerely



Associate Professor John Allan
President

Ref: 2202

cc: The Hon Greg Hunt, MP, Minister Health

The Hon David Coleman MP, Assistant Minister to the Prime Minister – Mental Health and Suicide Prevention
Associate Professor Ruth Vine, Deputy Chief Medical Officer for Mental Health