



The Royal
Australian &
New Zealand
College of
Psychiatrists



Results of RANZCP member survey on telehealth in psychiatry in Australia

September 2020

Improve the mental health of communities

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Executive Summary

In July 2020, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) conducted a survey on the use of telehealth in psychiatry in Australia during the COVID-19 pandemic. The central objectives of the survey were to explore attitudes of psychiatrists towards telehealth and to investigate psychiatrists' experiences of using telehealth during COVID-19.

There was a total of 1,079 responses to the survey out of 4,010 psychiatrist members, equating to a response rate of 27%. The significant number of responses received highlights the importance of this issue to the RANZCP membership in providing continuity of care and increased choice for patients.

Analysis of the survey results found that psychiatrists are overwhelmingly in favour of the continued expansion of telehealth Medicare Benefit Schedule (MBS) item numbers. Psychiatrists highlighted a number of advantages to the use of the new telehealth item numbers, including but not limited to increased accessibility for patients, improved patient wellbeing and engagement during COVID-19, the ability for patients to maintain a higher frequency of appointments, increased engagement with hard-to-reach patients and increased service availability. Patient feedback received by psychiatrists in relation to the use of telehealth for psychiatry consultations is also reported as being positive.

Whilst overall feedback in relation to the use of telehealth in psychiatry during the COVID-19 pandemic has been very positive, some psychiatrists noted areas in which improvements could be made. In particular, issues were reported with access to technology and internet, and poor internet connectivity. Psychiatrists urged that the continued expansion of telehealth in metropolitan areas should also complement ongoing initiatives to support access to psychiatric care in rural and remote communities, such as rural workforce development strategies and adequately funded telehealth services.

The survey results show there are some specific patient presentations and consultations that psychiatrists consider are more suitable for telehealth. This reinforces the need for MBS telehealth item descriptors to allow for psychiatrists to exercise clinical judgement to determine when telehealth is appropriate.

It is clear that an extension of the current MBS COVID-19 telehealth item numbers for at least six months is strongly supported by psychiatrists. The results of this survey further show that by enabling the continuation of telehealth as an adjunct to face-to-face consultations beyond COVID-19, there is the significant potential to further enhance Australia's mental health service system.

Recommendations

- The expansion of telehealth in psychiatry should urgently be extended as a complement to face-to-face consultations.
- The continued expansion of telehealth in metropolitan areas should complement ongoing initiatives to support access to psychiatric care in rural and remote communities.
- Psychiatrists should have flexibility to make clinical decisions as to when telehealth is appropriate. Patient choice should also be paramount.
- Greater consideration should be given as to how telehealth can be used to support multidisciplinary practice, for example clinician-to-clinician consultation.
- Additional funding should be allocated for videoconferencing technology packages for selected households to ensure equitable access to telehealth.
- Patient views and preferences should inform the continued development of telehealth.

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 has over 6900 members including more than 5100 qualified psychiatrists and around 1800 members who are training to qualify as 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

In July 2020, the RANZCP conducted a survey on the use of telehealth in psychiatry in Australia during the COVID-19 pandemic. The central objectives of the survey were to explore attitudes of psychiatrists towards telehealth and to investigate psychiatrists' experiences of using telehealth during COVID-19. The survey was conducted under the guidance of the RANZCP Telehealth Advocacy Steering Group, chaired by RANZCP President Elect, Dr Vinay Lakra. The term 'telehealth' was used throughout the survey to refer to the use of videoconferencing and telephone for health care consultations.

The voluntary survey was open to RANZCP psychiatrists in Australia for a total of 13 days from 8 July to 20 July 2020. The survey comprised of 25 questions and, on average, took eight minutes to complete with a completion rate of 94%. There was a total of 1,079 responses to the survey out of 4,010 psychiatrists, equating to a response rate of 27%. The RANZCP would like to acknowledge the Telehealth Advocacy Steering Group for driving the development of the survey and extend our sincere thanks to members who were able to complete it, with the large number of responses received highlighting the significance of telehealth to the RANZCP membership.

Background

On 11 March 2020 Australia's Prime Minister announced a health care package to protect all people living in Australia from COVID-19, including the development of new time-limited COVID-19 MBS telehealth item numbers in order to reduce face-to-face consultations. The RANZCP will use the survey results to engage with the Commonwealth Department of Health to determine how the expanded use of telehealth in psychiatry can continue both during and beyond COVID-19.

Key findings

- Psychiatrists are overwhelmingly in favour of the continued expansion of telehealth MBS item numbers. 93% of psychiatrists who had used the COVID-19 MBS telehealth item numbers supported the retention of telehealth item numbers post-COVID-19.
- There have been a number of reported advantages to the use of the new telehealth MBS item numbers, with 92% of psychiatrists noting increased accessibility for patients as a key advantage. Other notable benefits highlighted by psychiatrists included patient wellbeing and engagement during COVID-19, increased engagement with hard-to-reach patients and increased service availability.
- Patient feedback received by psychiatrists in relation to the use of telehealth for psychiatry consultations is positive.
- The majority of psychiatrists indicated the need for future telehealth item number descriptors to safeguard flexibility for psychiatrists to make decisions as to when telehealth is an appropriate option.
- Psychiatrists noted poor internet connectivity (64.6%) and technology challenges (62.4%) as areas in which the use of telehealth could be improved. Other noted opportunities for development included the use of telephone for consultations and guidance for the use of telehealth in psychiatry.

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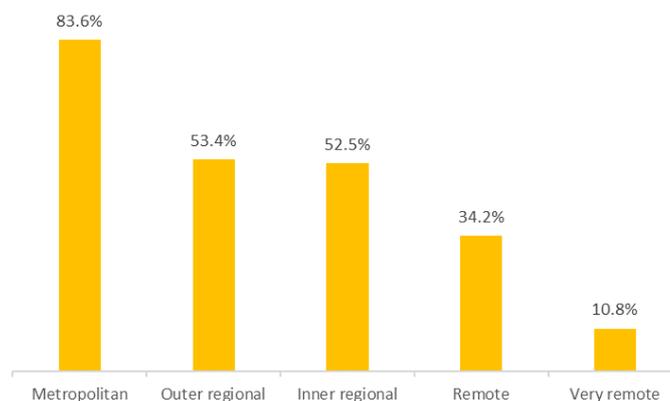
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1. Demographics of respondents

Of the 1,079 psychiatrists who responded to the RANZCP survey on the use of telehealth in psychiatry, the vast majority (95.2%) were using or had used telehealth during the COVID-19 pandemic. Around half of the psychiatrists had used telehealth before the COVID-19 pandemic (47.3%), further highlighting that psychiatrists are well-placed to continue to engage and provide clinical leadership when consulting via telehealth.

Almost half of the psychiatrists who had used telehealth or were using telehealth during COVID-19 (47%) worked solely in private practice followed by 27.3% who worked in a mixture of public and private settings and 12.6% who worked solely in public practice. For consultations that were provided via telehealth, most psychiatrists worked with patients who were adults (59.3%) followed by a mixture of age groups (25.3%), children and adolescents (9.5%) and older adults (5.9%). A majority of psychiatrists provided telehealth services to patients who lived in metropolitan locations (83.6%), while only 10.7% used telehealth with patients in very remote areas. For further details on the location of psychiatrists, please see *Figure 1* below.

Figure 1. Locations of patients where consultations were undertaken via video or telephone



A total of 52 out of 1,079 psychiatrists did not use or were not using telehealth during the COVID-19 pandemic. Of those who responded to a question on the reasons they did not use telehealth, 12 out of 45 (26.7%) indicated it was inappropriate to use with their patients and 10 out of 35 (22.2%) indicated that there were technological challenges (22.2%). However, 32 of those 45 psychiatrists (71.1%) indicated that they would like to use telehealth in the future.

2. Views on the continued expansion of MBS item numbers for telehealth in psychiatry

Of the 800 psychiatrists who completed the survey who had used the COVID-19 MBS telehealth item numbers, 744 (93%) supported the retention of the expanded item numbers, with almost 80% strongly supporting it. Over half (53.4%) of psychiatrists reported that, should the item numbers be retained in metropolitan areas, they would always (8.9%) or frequently (44.5%) use them. Around 40% noted that they would sometimes use the items.

2.1 Access to psychiatric care in rural and regional areas

Analysis showed psychiatrists strongly felt that increased access in metropolitan areas should not be at the detriment of people accessing telehealth in rural and regional areas. Psychiatrists noted that there was additional complexity in building relationships with local health services and communities when using telehealth in rural and regional areas compared to metropolitan areas, and that this should be recognised. Psychiatrists also noted the benefits of increased uptake of telehealth in metropolitan areas

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for people in remote and rural communities, by increasing the telehealth skills of psychiatrists who otherwise may not have adopted the use of telehealth for patients in these areas of particular need.

2.2 Telehealth supporting multidisciplinary care

Almost all psychiatrists (95.5%) who had used the COVID-19 MBS telehealth item numbers indicated their support for the introduction of telehealth item numbers that allow for clinician-to-clinician consultations, reflecting the importance of integrating services, which during COVID-19 is more vital than ever to ensure high-quality multidisciplinary patient care. A number of psychiatrists took the opportunity to provide additional comments on the usefulness of such item numbers to improve multidisciplinary practice and further enhance patient outcomes.

2.3 Safeguards required for telehealth MBS item numbers

In terms of safeguards needed in relation to future telehealth item numbers to ensure the effective use of telehealth in psychiatry, the vast majority (85.9%) of psychiatrists indicated that flexibility for clinical decisions as to when telehealth is appropriate is needed. Psychiatrists also identified ensuring flexibility for patients to be involved in the decision-making process as important.

2.4 Consultations and patient presentations suited to telehealth

Psychiatrists indicated ongoing consultations (91.1%), medication review (73.4%), short consultations (70.3%) and average length consultations (68%) as the most well-suited consultations to telehealth. Medicolegal assessments and psychotherapy sessions were also noted as being well-suited for telehealth by psychiatrists who specified 'other'. For further details in relation to consultations suited to telehealth please see *Figure 2*.

In response to a question on patient presentations or characteristics that may present challenges to developing and upholding a therapeutic relationship with patients via telehealth, the most selected answer was acute confusion/delirium (73%), followed closely by active/acute psychotic symptoms (71.4%). This further highlights the need for MBS telehealth item number descriptors to allow for psychiatrists to exercise clinical judgement and assess the appropriateness of using telehealth with patients on a case-by-case basis.

Figure 2. Psychiatric consultations well suited to occur via telehealth



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3. Advantages for patients

Psychiatrists highlighted a number of advantages to the use of the new telehealth item numbers, including but not limited to:

- increased accessibility for patients
- patient wellbeing and engagement during COVID-19
- increased engagement with hard-to-reach patients
- increased service availability.

3.1 Patient wellbeing and engagement during COVID-19

Most psychiatrists selected minimising the risk of spreading COVID-19 (93.9%) as a key advantage of using telehealth during the COVID-19 pandemic, as well as minimising increased patient anxieties due to COVID-19 (78.2%). The capacity to offer continuity of care to patients during COVID-19 was also a key theme of the survey responses. Psychiatrists commonly noted the huge benefits of telehealth in enabling ongoing support during what has been a particularly challenging period for some of their patients.

3.2 Increased accessibility

A high proportion (92%) of psychiatrists highlighted increased accessibility for patients as a key advantage of using telehealth during the COVID-19 pandemic. Almost 60% also noted reductions in non-attendance and around 60% noted the ability for patients to maintain higher frequency of appointments, further indicating improved access to psychiatric consultations. Further to this, increased accessibility emerged as the most common theme from the RANZCP's qualitative analysis of the survey results, as well as reduced travel required, reduced time off work and, as a result, reduced patient costs when using telehealth for psychiatric consultations.

In terms of enabling greater access to psychiatric consultations for patients from disadvantaged groups, a significant group of psychiatrists (78.6%) believed that the COVID-19 telehealth item numbers had enabled greater access, and just over half (53.6%) noted that there had been greater engagement from hard-to-reach clients. Psychiatrists noted that the use of telehealth had improved accessibility particularly for parents and carers, people with disabilities, people living in rural and remote areas and people with mental health issues that compromised their ability to access face-to-face psychiatric care.

3.3 Increased flexibility and service availability

Increased flexibility and service availability were other themes identified by the RANZCP's qualitative analysis of the survey. Greater work-related flexibility and time efficiency were noted by a number of psychiatrists as leading to an increased capacity to offer psychiatric care, therefore leading to greater service availability.

3.4 Positive patient outcomes

In response to a question on whether the use of telehealth for psychiatric consultations during the COVID-19 pandemic led to better, similar or worse outcomes for patients, the vast majority of psychiatrists (86.3%) reported that, in their view, the use of telehealth had led to better or similar outcomes. A slightly higher proportion reported better outcomes (43.6%) compared to those who reported similar outcomes (42.7%). It is important to acknowledge that psychiatrists may have answered this question by comparing the outcomes that have emerged with the poor outcomes that are likely to

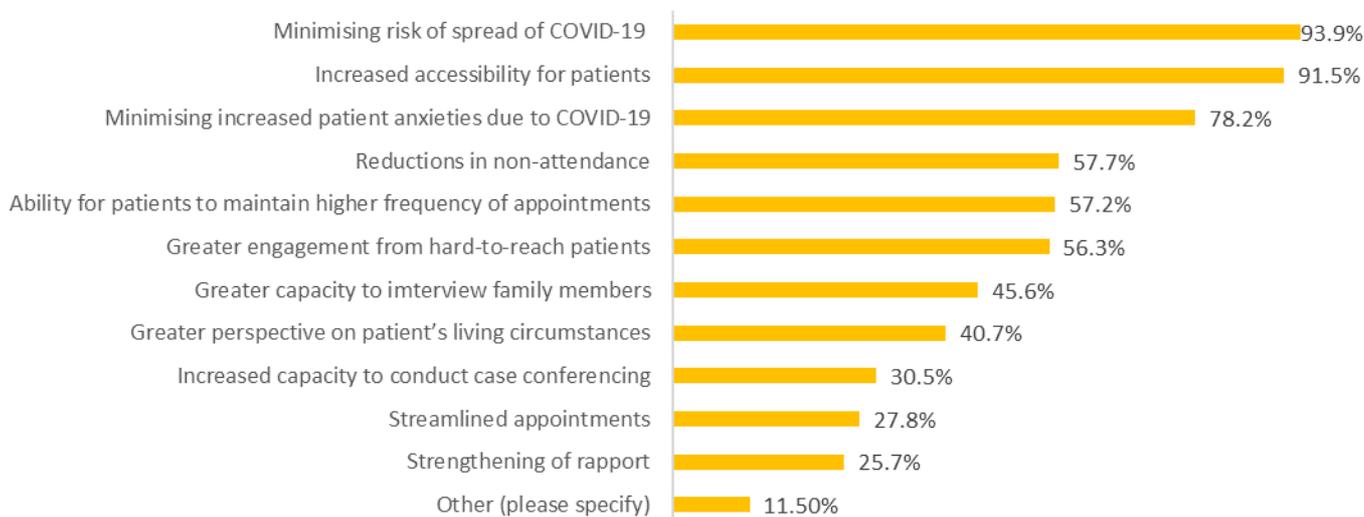
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have arisen if MBS COVID-19 telehealth item numbers had not been introduced during this period, as opposed to comparing clinical outcomes of telehealth consultations with clinical outcomes of face-to-face consultations.

In terms of feedback from patients in relation to the use of telehealth during COVID-19, 65.2% of psychiatrists described feedback as either very positive (29.5%) or positive (35.7%). Almost one-third (31.3%) described feedback as both positive and negative, while only 1.6% described feedback as negative and only 0.1% of psychiatrists selected very negative. Feedback from patients to further inform the future use of telehealth would be valuable. For further details on the advantages to using telehealth in psychiatry during COVID-19, please see *Figure 4*.

Figure 4. Key advantages to using telehealth during COVID-19



4. Opportunities for development

While overall feedback in relation to the use of telehealth in psychiatry during the COVID-19 pandemic was positive, some psychiatrists took the opportunity to note opportunities to improve the use of telehealth. It is noted that a number of the issues discussed below could be mitigated by enabling the continuation of telehealth as a complement to face-to-face consultations beyond COVID-19.

4.1 Access to equipment and internet connectivity

In response to a question regarding the key barriers to the use of telehealth during the COVID-19 pandemic, the most identified barriers were poor internet connectivity (64.6%) and technology challenges (62.4%), both experienced on the part of psychiatrists and patients. These were reinforced as central concerns throughout the survey responses.

4.2 Use of telephone

The COVID-19 MBS item numbers specify that video consultation is preferable where possible, with telephone able to be used where videoconference is unavailable. Of the 806 psychiatrists who had used the COVID-19 MBS telehealth item numbers, lack of patient access to the required equipment (72.3%), poor internet connectivity experienced by patients (65.9%) and technology failure (62%) were also

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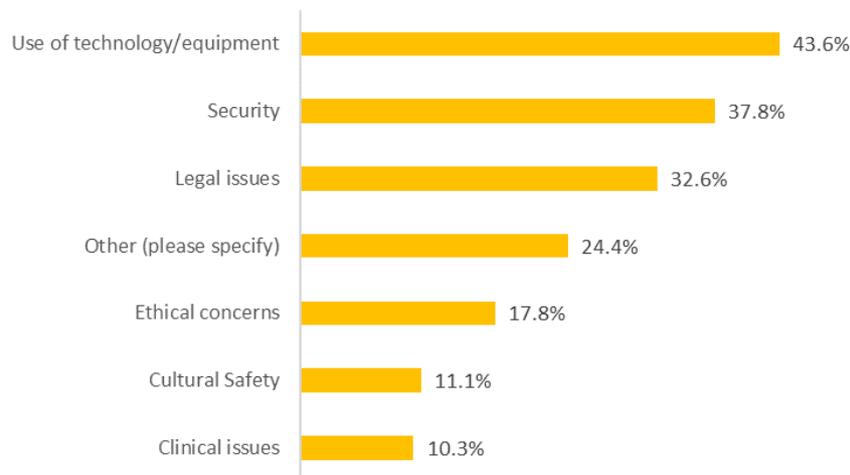
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selected as key reasons that psychiatrists needed or opted to use telephone consultation over a video consultation. Analysis showed that psychiatrists prefer video consultations over the use of telephone.

4.3 Increased guidance

Of the areas of telehealth that psychiatrists felt they needed increased support with, 43.6% indicated use of technology/equipment, 37.8% indicated security and 32.6% indicated legal issues. Please see *Figure 5* for further information.

Figure 5. Areas of telehealth identified by psychiatrists as requiring further support



Non-health care specific IT platforms proved most popular for use in consultations amongst the psychiatrists. Zoom was used by 67.3% of psychiatrists. The next most popular platforms were Skype for Business (42.8%) and FaceTime (32.5%). In terms of health care platforms, HealthDirect was used by 16.5% of psychiatrists, CoviU was used by 12.1% and BlueJeans was only used by 3%. 'Other' IT platforms identified include Doxy, Jabber, Pexip and WebEx.

Conclusion

The RANZCP would like to emphasise that the duration of the COVID-19 pandemic remains unknown, highlighted by current significant efforts that are underway to contain outbreaks in a number of states within Australia. To account for this, we urge that the MBS COVID-19 telehealth item numbers be extended for at least six months to ensure ongoing care for patients throughout this challenging period.

In addition, by enabling the continuation of telehealth as an adjunct to face-to-face consultations beyond COVID-19, the RANZCP identifies that there is a significant opportunity to enhance Australia's mental health service system in the longer term. This is particularly pertinent given that the economic and social impacts of the pandemic are likely to be long-lasting and far-reaching, with the mental health consequences expected to be present for longer and peak later than the actual pandemic therefore placing significant pressure on our mental health system. [2] The RANZCP acknowledges there will be varying patient and psychiatrist preferences for the appropriate use of telehealth. MBS telehealth item numbers should therefore allow for psychiatrists to exercise clinical judgement and assess the appropriateness of using telehealth on a case-by-case basis while considering the preferences of patients.

The RANZCP urges that the continued expansion of telehealth in metropolitan areas does not occur at the expense of the availability of psychiatric support in rural and remote communities. In addition, the

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RANZCP strongly recommends that solutions are sought to address issues with access to technology and internet connectivity to ensure those who are most at-risk can also benefit from the introduction of telehealth. One way in which this could be achieved is through the provision of additional government funding for videoconferencing technology packages for selected households to ensure equitable access to telehealth.

The COVID-19 pandemic represents a challenge to the mental health system. By introducing the telehealth changes the Australian government has shown a strong commitment to ensuring all Australians can access the mental health services they need to stay well. It is critical that these changes are extended for the duration of the pandemic, so psychiatrists can continue to provide high-quality mental health care throughout Australia.

Should you wish to discuss the findings of the survey further, please contact Ms Rosie Forster, Executive Manager, Practice, Policy and Partnerships by phone on (03) 9601 4943 or at rosie.forster@ranzcp.org.

References

1. Brain and Mind Centre, the University of Sydney. Road to Recovery: Restoring Australia's Mental Wealth [internet]. Sydney NSW: University of Sydney; 2020 [cited 2020 Aug 8]. Available from https://www.sydney.edu.au/content/dam/corporate/documents/brain-and-mind-centre/road-to-recovery_brain-and-mind-centre.pdf