

25 June 2020

The Hon Greg Hunt MP
Minister for Health

By email to: Minister.Hunt@health.gov.au

Dear Minister

Re: Telehealth in psychiatry under the Medicare Benefits Schedule (MBS)

Thank you for your letter dated 10 May 2020 in regard to the implementation of MBS item numbers for the delivery of psychiatry services by telehealth during the COVID-19 pandemic. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) again commends the Department of Health for its rapid introduction of these new item numbers that has allowed for the continuation of services during the COVID-19 pandemic. We understand that the Department of Health is monitoring and reviewing the use and impact of these expanded telehealth services. We look forward to working alongside the Department as they consider how best to transform telehealth services beyond 30 September to address the needs of 3community.

The RANZCP strongly supports the ongoing use of telehealth in psychiatry after COVID-19 as a complement to face-to-face consultations, acknowledging that patients and practitioners will have varying preferences for its use dependent on a range of factors including technological adeptness and availability, patient profile and disorder, and personal choice.

The RANZCP is in the process of consulting further with members to ascertain how and why telehealth (including telephone) has, or has not, been used by patients and psychiatrists during the COVID-19 pandemic, as well as determining attitudes towards using telehealth in the future. The RANZCP looks forward to sharing the results with the Department of Health when available. In the meantime, when considering the role for ongoing telehealth in psychiatry after COVID-19, we suggest that the following factors be taken into consideration:

- The ongoing work of the MBS Review Taskforce ('Taskforce') and Productivity Commission Inquiry into Mental Health: the Taskforce Psychiatry Clinical Committee recommended that people in major cities with severe disabilities, or mental health disorders or psychosocial stress that prevent them from attending face-to-face sessions, should be able to utilise telehealth consultations. In addition, the draft report from the Productivity Commission Inquiry into Mental Health recommended that MBS items 291 and 293 for psychiatry be allowed to take place via telehealth regardless of patient or status location. These recommendations were strongly supported by the RANZCP. [1,2]
- Psychiatry is particularly well suited to telehealth given that patients do not generally require regular physical examination, and there is an ongoing therapeutic relationship. Psychiatrists use their clinical discretion as to whether telehealth is appropriate, with data available from Services Australia for April 2020 showing that, of the total number of psychiatry consultations that were eligible for delivery by telehealth using the temporary COVID-19 item numbers, 46.4% took place face-to-face, 20.3% took place by telehealth, and 33.3% took place by telephone. Consultations that mostly took place face-to-face included consultations with new patients (291, 296), non-patients (348, 350, 352), and group therapy (342, 344, 346).

- With the introduction of the COVID-19 item numbers, initial feedback from members is that their patients greatly value the telehealth service, which is supported by consumer surveys [3], recognising that it may improve productivity as the need for travel is reduced. People with severe mental disorders frequently face socio-economic challenges and require support from carers. For many, telehealth is more convenient and flexible compared to navigating crowded, complex and expensive transport systems, as well as being able to connect more regularly with their psychiatrist, and with greater support from their carers. The strong uptake of telehealth psychiatry services in rural and remote communities further demonstrates increased confidence in using this technology. Feedback from patients to further inform this view would be valuable.
- The need for professional practice models to ensure that high-quality psychiatrist services continue to be provided. Some of the issues with regard to professional practice in respect of telehealth and how these could be addressed in future practice have been outlined in a recent *Australasian Psychiatry* article [4]. The RANZCP further plans to review its own professional practice guidelines on the use of telehealth in the context of recent developments.
- Consideration as to how telehealth can be used to support multidisciplinary practice, including new MBS items for psychiatrists to provide advice to a GP over the phone on diagnosis and management issues (as recommended by the Productivity Commission), as well as potential expansion to include specialist-to-specialist consultation. Ensuring that public mental health services are adequately resourced to deliver telehealth services, particularly where patients receive a mix of public and private mental health services, is also important.
- How the MBS can be structured in a way that allows psychiatrists to provide affordable services to those in underserved regional, rural and remote areas (either face-to-face or via telehealth).

The RANZCP looks forward to continuing to work with the Department of Health in determining the most appropriate use of telehealth in psychiatry. For any queries on the points raised, please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

Yours sincerely



Associate Professor John Allan
President

Ref: 1814

Cc: Ms Mary Warner, MBS Policy and Specialist Services Branch, Mary.warner@health.gov.au

References

1. [RANZCP submission to MBS Review Taskforce Consultation Paper](#), November 2015
2. [RANZCP submission in response to the Draft Report from the MBS Review Taskforce Psychiatry Clinical Committee](#), December 2019
3. [Consumer Health Forum Australia's Health Panel survey on Telehealth services in Australia](#), May 2020
4. Looi JC, Pring W. Private metropolitan telepsychiatry in Australia during Covid-19: current practice and future developments. *Australasian Psychiatry*. 2020 Jun 2:1039856220930675.