

14 November 2023

Georgia Combe
Assistant Director – MBS Clinical Policy Section
Australian Government Department of Health and Aged Care

By email: Georgia.COMBE@Health.gov.au

Dear Georgia,

Re: Medicare Benefits Schedule (MBS) items for psychiatry inpatient telehealth

Thank you for inviting the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide our view on the appropriateness and need for telehealth in hospital. The provision of telehealth through the Medicare system improves access to psychiatrists and the RANZCP welcomes efforts to ensure the right balance between access, quality and safety.

The RANZCP is supportive of telehealth as an option for inpatient care, including for admission consultations, acknowledging that due consideration is given to the clinical and practical appropriateness of telehealth for each patient. When considering the use of telehealth for an admission, the psychiatrist should liaise with the hospital staff to discuss the needs of the patient and any safety issues in the context of that proposed admission, including whether telehealth is appropriate.

To support the delivery of best-practice and consumer-focused telehealth, the RANZCP has developed [Professional Practice Guideline 19: Telehealth in psychiatry](#). Face-to-face delivery remains best practice with telehealth as an option in instances where it enhances inpatient care rather than replaces face-to-face services.

The RANZCP recognises the value of telehealth when it is not possible for a psychiatrist to perform an admission assessment or ongoing face-to-face care owing to non-availability. This would be valuable when continuity of the therapeutic relationship could be maintained (e.g., if the admitting psychiatrist is the same as the patient's outpatient psychiatrist, or the psychiatrist providing ongoing treatment was unable to attend the hospital that day).

Assessment of the clinical and practical circumstances, and patient needs will determine when telehealth is appropriate and the degree it is used for any given patient episode of care. It is an individualised decision as to whether telehealth is appropriate for a patient. In-person psychiatry consultations will still be the preferred mode of practice for many patients and their psychiatrists, as is the case for outpatient consultations.

The RANZCP additionally notes that psychiatrists are key members of multidisciplinary treatment teams which benefit from their presence and active involvement in the ongoing care provided in-hospital. While management of a multidisciplinary team is not necessarily the domain of the psychiatrist, clinical authority is vested in the psychiatrist by virtue of training and experience and the psychiatrist is an essential contributor to the multidisciplinary team. It is therefore strongly recommended by the RANZCP that psychiatrists continue to be regularly present in-hospital to engage in mutual support and education with their colleagues.

The RANZCP supports that allowing telehealth psychiatry inpatient consultations would relieve pressure on the psychiatry workforce, which can assist in reducing burnout and increasing retention. Consequently, access and availability of services for inpatients could be improved.

The RANZCP advocated for the implementation of MBS item numbers for inpatient consultations in September 2021 in response to the Covid-19 pandemic and would be pleased to discuss how these items could be adapted and reintroduced on a permanent basis to best support quality service delivery in inpatient settings.

If you would like to discuss this further, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research via nicola.wright@ranzcp.org or on (03) 9236 9103.

Yours sincerely



Dr Elizabeth Moore
President

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