

Telehealth Post-Implementation Review
MBS Review Advisory Committee (MRAC)
November 2023

Improve the mental health of communities

About the Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The 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 is the peak body representing psychiatrists in Australia and New Zealand.

The RANZCP has more than 8000 members, including around 5800 qualified 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

The RANZCP welcomes the opportunity to provide feedback on draft report from the Medicare Benefits Schedule (MBS) Review Advisory Committee (MRAC) Telehealth Post-Implementation Review which reviews the appropriateness of current settings for video and telephone consultations.

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. Informed by feedback from a range of members of the RANZCP's expert committees, including our Section of Private Practice Psychiatry and Section of Rural Psychiatry, the submission provides our response to the draft report.

RANZCP Submission

The RANZCP recognises that the MBS Telehealth Principles within the report provide a framework for treatment via telehealth in the MBS. The RANZCP has developed its [Professional Practice Guideline for the use of Telehealth in Psychiatry](#), which broadly aligns with the proposed revised MBS Telehealth Principles. A key aspect to successful implementation of these principles requires that they be interpreted with clinical discretion.

MBS item numbers for telehealth are needed to adequately support people who face issues of affordable access to treatment, including in regional and rural areas.

The RANZCP welcomes the recognition of the benefits of telehealth within the report, but strongly urges reconsideration of some aspects within the draft report.

RANZCP recommendations

Recommendation 1: Do not progress MRAC draft report recommendation 9.

Recommendation 2: Reinstate expired psychiatry MBS telephone items.

Recommendation 3: Appoint a psychiatrist to the MRAC.

Initial consultations face-to-face

Recommendation 1: Do not progress MRAC draft report recommendation 9.

The RANZCP strongly disagrees with recommendation 9 with the report which states: *'For initial consultations, make specialist MBS items available only face-to-face, with subsequent consultations available through telephone or video at the clinician's discretion'*. If implemented this will have significant detrimental impacts regarding accessibility for people requiring psychiatry services, particularly in rural and remote areas where face-to-face consultations may not be practicable or possible.

The RANZCP notes that the [membership of MRAC](#) is broad and engages many professional and medical disciplines. The absence of a psychiatrist in on the committee is likely to have meant that many of the considerations regarding the essentiality of telehealth services in providing access to psychiatry assessments and ongoing care have been overlooked.

Advantages of telehealth in psychiatry

Since the introduction of telehealth in psychiatry, advantages of the use of the telehealth MBS item numbers have been highlighted, including increased accessibility for consumers, improved consumer wellbeing and engagement, increased engagement with hard-to-reach consumers and increased service availability. Consumer feedback received by psychiatrists in relation to the use of telehealth for their psychiatry consultations has also been positive.[1]

Psychiatry is a speciality that hugely benefits from telehealth, with services (including initial consultations) having been available since 2002. Most recently, the reintroduction of psychiatry MBS item 294 on 1 November 2022 recognised the value in psychiatry telehealth service provision specifically, as the only speciality to receive additional reimbursements for telehealth. It appears that recommendation 9 has been based largely on the need for consistent policy to align initial non-GP specialist consultations with GP requirements, which must fulfil the 1-in-12 rule, rather than considering the broader need for flexibility based on personalised care and preferences which are particularly relevant in mental health care – and recognised as such in other areas of the MRAC draft report with regard to General Practice provision of mental health care.

Supporting quality telehealth provision

The RANZCP [Professional Practice Guideline for the use of Telehealth in Psychiatry](#) (2023), and the Medical Board of Australia's guidelines [Telehealth consultations for patients](#) (2023) do not preclude the use of telehealth for initial consultations. Requiring the use of face-to-face under the MBS for initial consultations is not therefore in line with these recommended best practice principles. For psychiatry consultations, in particular initial assessments, it is recognised that safe and adequate psychiatric assessment generally requires that the patient can be visually observed by the psychiatrist. Accordingly, psychiatrists are advised to consider the suitability of using telehealth for a consultation in partnership with the referrer, patient and, where appropriate, their carer(s) or guardians. The RANZCP therefore supports clinician discretion in determining whether an initial consultation via telehealth is appropriate.

The RANZCP recognises and supports the need to deliver high-quality, equitable and safe telehealth consultations. It is therefore suggested that any inappropriate practice could be managed through alternative pathways, including Medicare compliance initiatives, rather than implementing a universal requirement for face-to-face for initial consultations.

Equity of access to psychiatry consultations

Workforce shortages in psychiatry present a major problem. There is a national undersupply of psychiatrists, as outlined in the [National Medical Workforce Strategy 2021-31](#). Increased access to timely care will only be achieved by building the mental health workforce as outlined in the [National Mental Health Workforce Strategy](#) released October 2023.

Telehealth provision is critical to ensuring that psychiatry assessments can be provided in a timely manner to people with mental illness who have particular vulnerabilities. From 1 July 2022, access to a psychiatry initial consultations has been supported by permanent, ongoing MBS telehealth arrangements (see table

1). These items are highly valued by people requiring psychiatry services who may have difficulties attending an assessment face-to-face. This can be for multiple reasons including living in an area (particularly regional, rural or remote) where there is limited availability of psychiatrists, difficulties leaving the house owing to physical or mental illness, necessity to consult with a psychiatrist with knowledge and understanding of culture or language, or socio-economic circumstances. Flexible access to consultations should remain a priority as a means of providing person-centred care and minimise delays in accessing care.

There is a well-recognised maldistribution of psychiatrists, as outlined in the [RANZCP Position Statement on Rural Psychiatry](#). The requirement to hold an initial consultation face-to-face will therefore render it impossible for many people in rural and remote areas to access initial psychiatry consultations where the workforce simply does not exist. The continued provision of telehealth is therefore essential to complement ongoing initiatives to support access to psychiatric care in rural and remote communities, in line with rural workforce development strategies and adequately funded health services such as the Department of Health and Aged Care's [Stronger Rural Health Strategy](#).

Table 1 – use of face-to-face vs telehealth for initial psychiatry consultations

Item number	Service use July 2022 – June 2023	
Initial patient consultation		
296 (face-to-face)	122,912	80.4%
92437 (telehealth)	29,903	19.6%
Referred patient assessment and management plan		
291 (face-to-face)	30,550	56.1%
92435 (telehealth)	23,903	43.9%

Psychiatry initial assessments are undertaken using telehealth item 92437 (item 296 face-to-face equivalent) and items 92435 and 92436 (291 and 293 face-to-face equivalents) which provide vital assessments and reviews to link the patient back to their general health team, especially their General Practitioner. Requiring items 92437 and 92435 to be face-to-face will have a significant impact on service availability.

Videos vs telephone modalities

Recommendation 2: Reinstate expired psychiatry MBS telephone items.

The RANZCP welcomes the acknowledgement in the draft report that that, although video is preferable or necessary in some circumstances, there are challenges in accessing video for both clinicians and patients, such as digital literacy, costs and internet access.

The RANZCP agrees that overall clinicians must balance patient needs and preferences with clinical safety and effectiveness and give clear guidance about when to offer a telehealth consultation and which modality to use.

The RANZCP therefore repeats its call for the reinstatement of expired MBS telephone items, including MBS 91840 (equivalent to items 306, 316 and 319 face-to-face, and 91830 for telehealth) for telephone consultations of between 45 and 75 minutes, and other MBS items for telephone-based consultations with a psychiatrist that expired on 1 July 2022. With telephone items more commonly used by people facing financial disadvantage, the lack of MBS items deprives those unable to afford access to a longer consultation with a psychiatrist. This is at times life-saving psychiatric telephone telehealth continuity of care and subspecialty medical psychotherapy treatments that are:

- often not available in the public mental health system

- not accessible to some patients via in-person or video-telehealth attendance
- not clinically appropriate for some patients to be offered only via in-person or video telehealth, and
- not able or appropriate to be offered in shorter duration telephone telehealth consultations.

The RANZCP notes the Strengthening Medicare Taskforce's commitment to 'providing universal health care and access for all through health care that is inclusive and reduces disadvantage'. To achieve this inclusivity, telephone items must be reinstated to ensure affordable access to a variety of consultations.

In line with the RANZCP [Professional Practice Guideline for the use of Telehealth in Psychiatry](#) psychiatrists providing telehealth consultations over the phone should aim to create a balance of face-to-face or video consults with phone consults where practicable. It further recognises that phone calls should only be used if video is unavailable and generally only for well-known patients where clinical risk is low, and justification for use of telephone over video is required.

Additional RANZCP Feedback – MRAC membership

Recommendation 3: Appoint a psychiatrist to the MRAC.

The RANZCP welcomes the establishment of the MRAC to support ongoing review of the MBS to ensure it remains contemporary and provides access services that best benefit patients. Appointing a psychiatrist to the MRAC would be invaluable at a time when mental ill health is at an all-time high in Australia and a holistic approach to care is critical.

We look forward to working with the Department of Health and Aged Care to ensure that the MBS remains a leading mechanism in delivering high quality, accessible and equitable health care to people in Australia.

References

1. Toll K, Spark L, Neo B, Norman R, Elliott S, Wells L, Nesbitt J, Freaan I, Robinson S. Consumer preferences, experiences, and attitudes towards telehealth: qualitative evidence from Australia. *PLoS One*. 2022 Aug 31;17(8):e0273935.
2. Totten AM, McDonagh MS, Wagner JH. The evidence base for telehealth: reassurance in the face of rapid expansion during the COVID-19 pandemic. White Paper Commentary Agency for Healthcare Research and Quality (US); 2020 May. Report No.: 20-EHC015