MBS Review Advisory Committee (MRAC) Telehealth Post Implementation Review - MBS Review Taskforce Telehealth Principles

[Submitted 26 July 2023]

RACGP recommendations

The RACGP welcomes efforts to support GPs and other health professionals to deliver high-quality and safe telehealth consultations to their patients and recommends:

- barriers such as unnecessary administrative burden for GPs and their practice teams must be addressed to support the delivery of optimal patient-focused care via telehealth, including Medicare Benefit Scheme (MBS) complexity
- supporting the appropriate use of telehealth presents great benefits to GPs, general practice and patients regardless of their postcode such as efficient routine care and enhanced chronic disease management
- it is fundamental for telehealth consultations to be guided via centralised, current, evidence-based and best practice principles to facilitate patient safety
- telehealth principles must support and facilitate safe and quality services that demonstrate clinical efficacy for patients whilst ensuring adequate and contemporaneous records of services provided
- technology used must meet legislated clinical, privacy, safety, security and evidentiary standards, along with adhering the medico-legal implications of patient data transfer
- the telehealth principles should support and preference continuity of care between patient and practitioner, or with another practitioner from the same practice
- ensuring an appropriate level of skill and training for the after-hours workforce
- addressing concerns regarding opportunistic telehealth providers, as we believe these services have potential to undermine the therapeutic relationship between a patient and their regular GP as well as putting patients at risk
- shifting the preference of video over phone telehealth consultations – as either appears to provide equivalent clinical outcomes for many types of clinical encounters, and ensures equity of access for vulnerable populations
- for a commitment from the Australian Government of improved technology infrastructure in rural areas and the provision of robust digital health education and support for all patients
- for greater investment in general practice care provided through telehealth
- funding be provided for research into telehealth use in general practice to support optimal delivery of health services via telehealth, now and into the future.

RACGP response

Please note, the below response answers were provided for an online survey format.

Star ratings as referenced below:
[*1 star- strongly disagree, 2 stars- disagree, 3 stars- neutral, 4 stars- agree, 5 stars- strongly agree]

PRINCIPLE 1

1. **Should be patient-focused, and based on patient need, rather than geographical location.** Please rate Principle 1 from 1 star to 5 stars*.

   4 stars- agree.

2. If you could make any changes or amendments to Principle 1 what would they be?

   The benefits of telehealth have been clearly demonstrated, with significant uptake and strong demand for continued flexibility from patients and providers across the nation. Facilitating access to high-quality, affordable and continuous care from a patient's general practitioner (GP) via Medicare Benefits Schedule (MBS)-subsidised telehealth is essential to support the health of all Australians, regardless of where they live. Evidence suggests appropriate use of telehealth presents great benefits to GPs, general practice and patients regardless of their postcode such as efficient routine care and enhanced chronic disease management. The RACGP continues to support this 'whole of population' approach. While traditionally geographic location was the key driver for access, all patients must have access to patient-centred care when and where it is needed and deemed clinically appropriate. The RACGP would

like to see the wording *'rather than geographical location'* removed or revisited as this is no longer best practice and is widely understood.

Telehealth helps facilitate a person's access to their usual GP to more easily receive high-quality, personalised health services when and where it suits them and a patient-centred approach based on their needs. To ensure a patient's need is genuine and clinically appropriate for telehealth, the health practitioner and patient must work in partnership to define this. The RACGP suggests Principle 1 be re-worded to, *'Should be patient-focused, based on patient need and be deemed clinically appropriate by the patient's health practitioner'*.

To support the delivery of optimal patient-focused care via telehealth, barriers such as unnecessary administrative burden for GPs and their practice teams must be addressed. One issue which has recently caused concern is the way in which patients who are bulk billed for telehealth consultations assign their benefit to the GP as full payment for the service received. Currently, GPs are able to obtain consent from patients to assign their benefit for telehealth consultations verbally rather than via a physical signature. The RACGP's preference is for verbal consent to remain available for bulk billed telehealth consultations, with a solution to record consent for the assignment of benefit which minimises the administrative impact on GPs and practice teams.

Verbal consent is a temporary policy measure with no confirmed end date, however the RACGP understands the Department of Health and Aged Care is reviewing current arrangements.

A digital solution that is fully integrated with existing clinical information systems and utilises existing data from these systems is our preferred solution to support current clinical workflows and avoid an overly burdensome administrative process. Should a paper-based form be required to record patient consent, this will be seen as contentious and an additional burden which can distract from the delivery of high-quality and patient focused care.

PRINCIPLE 2

3. **Must support and facilitate safe and quality services that demonstrate clinical efficacy for patients.** Please rate Principle 2 from 1 star to 5 stars*.

   3 stars- neutral.

4. If you could make any changes or amendments to Principle 2 what would they be?

   The RACGP welcomes efforts to support GPs and other health professionals to deliver high-quality and safe telehealth consultations to their patients. It is fundamental these consultations follow centralised, evidence-based and best practice principles (as per Principle 9) to facilitate patient safety. However, we suggest this principle needs further clarification as it raises concerns regarding an overly specific approach that is linked to clinical outcome measures, such as those indicated in the MBS Review Taskforce Telehealth Recommendations Report (2020).[i]

   While GPs inherently understand the requirement of ensuring they maintain adequate and contemporaneous records, this should be stated within the principle to ensure all clinicians are accountable. The wording of Principle 3, *'Must support and facilitate safe and quality services that demonstrate clinical efficacy for patients'* could be expanded to include *'and ensure adequate and contemporaneous records of services provided'*. The suggested expansion of this Principle responds to the suggestion of patient-reported outcomes (PROMS) and patient-reported experience measures (PREMS) in order to assess value and whether the services underpin the Quadruple Aim, as referenced in the MBS Review Taskforce Telehealth Recommendations Report (2020).[ii]

   The MBS Review Taskforce Telehealth Recommendations Report, from which these principles are sourced mention also mention a compliance framework. The RACGP has expressed significant concerns with the telehealth compliance letter campaign undertaken in 2021 and its impacts on GPs and practice teams. The overall complexity of the MBS and the growing frequency of MBS changes, which have become more pronounced during and after the COVID-19 pandemic, is contributing to inadvertent billing errors and technical non-compliance. For example, the 'existing relationship rule', was the subject of the compliance letter campaign in 2021, which had a lack of clarity and ambiguity around exceptions to the existing relationship requirement.

   The RACGP has always supported ethical and responsible billing practices. However, Medicare compliance activities are having a disproportionately negative effect on access and affordability of care. Medicare compliance is a key concern for GPs – our 2022 *Health of the Nation report* found GPs are changing their billing behaviour due to fear of compliance activities and confusion around claiming rules. While only 23% of GPs reported that they had personally experienced the government's Medicare compliance activities, 47% of GPs indicated that they either avoided providing certain services or avoided claiming patient rebates despite providing the relevant services, out of fear of Medicare compliance ramifications. These issues highlight opportunities to improve the delivery of MBS telehealth services, including removing unnecessary barriers to access and simplifying the MBS telehealth items to

avoid any confusion. It is critically important to provide clear, consistent and timely information to support GPs to bill correctly.

With data security breaches on the rise globally, including in Australia, clinicians have a fundamental role to play in protecting the privacy of patient health information. We suggest creating an additional principle regarding the use of technology to ensure it meets *'legislated clinical, privacy, safety, security and evidentiary standards, along with adhering the medico-legal implications of patient data transfer'.* Privacy standards are fundamental to protecting patient safety as per the medico-legal implications of patient data transfer and adherence to the MBS Privacy Checklist for Telehealth Services.[iii] For example, those providing telehealth services without adequate software protection, such as a firewall, may risk unauthorised access to information shared through a platform. The RACGP's resource *Privacy and managing health information in general practice* provides guidance based on the *Privacy Act 1988.* This includes examples to support development of best practice systems and compliance with the 13 Australian Privacy Principles (APPs), as well as other relevant health records legislation within the general practice setting. Additionally, the RACGP's *Standards for general practices* outline privacy requirements as a benchmark for quality care and risk management in Australian general practices.

PRINCIPLE 3

5. **Should be provided in the context of continuity of care between patient and practitioner.** Please rate Principle 3 from 1 star to 5 stars.*

   4 stars- agree.

6. If you could make any changes or amendments to Principle 3 what would they be?

   Telehealth services should be provided by a patient's usual GP or general practice wherever possible[iv]. The RACGP supports the 12-month relationship rule for MBS telehealth, with appropriate exemptions. This is to ensure the delivery of safe, necessary and appropriate care. GPs providing care to known patients have access to consultation notes, medical history and awareness of individual circumstances and needs. We suggest alternate wording for Principle 3, *'Should support and preference continuity of care between patient and practitioner, or with another practitioner from the same practice'.* The addition *of 'or other practitioner from the same practice'* is important to note, as it is common for patients to have a regular practice, as opposed to a regular GP. This aligns with current Medicare rules. Under the existing relationship rule, the patient can see another GP or health professional at the same practice for a face-to-face consultation to qualify for telehealth rebates.

   The telehealth environment reinforces the need for continuity of care and to ensure an appropriate level of skill and training for the after-hours workforce. The RACGP recommends for models of highly skilled after-hours locum services that link in with a patient's regular practice to be recognised as a reasonable exception within Principle 3. After-hours care for urgent and non-urgent GP attendances should also be exempt from the 12-month rule of billing Medicare within the guidance of strict parameters to ensure they are not taken advantage of. The RACGP supports telehealth for use in the after-hours by medical deputising services providing access to care on behalf of the patient's usual practice.

   The RACGP has significant concerns regarding the proliferation of profit-driven, asynchronous, telehealth businesses that do not provide a link to a patient's usual general practice, which is essential for continuity of care. Many of these services are not eligible for accreditation against the RACGP's *Standards for general practices*, assuring their safety and the quality is a challenge. There are additional concerns with privacy and the inappropriate use of patient data, both during and after a consultation. Research shows the risks and limitations of telehealth are reduced when there is an existing relationship between the clinician and the patient.[v] [vi] Asynchronous requests for medication via text, email or online where a face-to-face or real-time telehealth consultation have not occurred prior, are not good practice and add to the fragmentation of care.

   The RACGP's *Vision for general practice and a sustainable healthcare system* highlights the importance of patients developing an ongoing therapeutic relationship with a usual GP to support continuity of care across their lifespan and prevent hospital presentations. In the future, voluntary patient enrolment may provide a mechanism to ensure telehealth use is available only for the patient's usual GP or practice.

PRINCIPLE 4

7. **Must not create unintended consequences or perverse incentives that undermine the role of face-to-face care.** Please rate Principle 4 from 1 star to 5 stars.*

   3 stars- neutral.

8. If you could make any changes or amendments to Principle 4 what would they be?

While telehealth is now an essential part of the healthcare landscape, face-to-face care is still the optimal mode of service delivery and provides greater opportunities to examine patients, diagnose and treat medical conditions. The RACGP considers telehealth to be complementary to, rather than a substitute for, face-to-face care.[vii] However, there has also been a surge in entrepreneurial, profit-driven telehealth models and businesses which offer cursory medical services, both in-hours and after-hours (as mentioned in our response to Principle 3). These types of telehealth services are typically not linked to a regular GP or general practice. Generalist whole-person care requires personal commitment and wise professional skills[viii] in order to navigate complex patient concerns. The RACGP has raised concerns about opportunistic telehealth providers as we believe these services have potential to undermine the therapeutic relationship between a patient and their regular GP as well as providing a service that may put the patient at risk. Additional unintended consequences created from online prescribing service models may include:

- compromised patient safety and quality of care, such as polypharmacy and off-label use of popular medications for weight loss
- further fragmentation of care
- potentially undermining general practice and decreasing its viability
- an increased risk of duplicate or unnecessary medical tests and investigations being ordered
- lack of regulation in training and qualifications of health professionals providing services.

To address this issue, the RACGP suggests the inclusion *of 'and do not undermine the therapeutic relationship between a patient and their regular clinician'* at the end of Principle 4.

PRINCIPLE 5

9. **Should prefer video over phone, as video offers richer information transfer, with fewer limited exceptions being allowed over time.** Please rate Principle 5 from 1 star to 5 stars.*

1 star- strongly disagree.

10. If you could make any changes or amendments to Principle 5 what would they be?

We would like to see the removal of Principle 5 as it is not underpinned by strong evidence and the RACGP is concerned it may remove MBS telehealth access for many Australians. As per the systematic review of telehealth in primary care conducted by Bond University[ix], commissioned by the Department of Health and Aged Care, telehealth – by either video consultation or phone consultation – appears to provide equivalent clinical outcomes for many types of clinical encounters, particularly for ongoing clinical care.[x] While we acknowledge this is an emerging space and there is literature that highlights the benefits of video consultations[xi] [xii], there is a lack of literature comparing video and phone consultations. The option of telehealth phone consultations has likely improved access for vulnerable populations who might otherwise not access care, and to restrict this to video risks adverse outcomes for these groups.

Telehealth use in Australia is largely phone-based and we have seen a great uptake of telehealth in recent years, both during and since the COVID pandemic. In 2021-22, most GP telehealth consultations took place via phone - 94% compared to only 6% via video over this time[xiii]. Given telehealth use in Australia is overwhelmingly phone-based, enabling continued access will improve access to care for many Australians, along with expanding patient choice.

Although a video consultation is sometimes considered the 'gold standard' of telehealth due to the perceived benefits of having visual cues, research has found that health outcomes and patient satisfaction are generally comparable between video and telephone consultations.[xiv] However, unlike phone consultations, video consultations are associated with infrastructure and accessibility issues that make them unsuitable for many people, leading researchers to recommend that decision-makers refrain from rolling out videoconferencing in mainstream healthcare until these issues are addressed.[xv] For example, there is a significant 'digital divide' between metropolitan and regional areas. It is vital that the gains achieved in improving patient access through telehealth are not compromised by restricting access to a video-only telehealth model. Allowing patients multiple ways to access their regular GP considers a person's preferences and life circumstances, including where they live, their level of comfort with technology, access to technological devices and data, and socioeconomic status.

Telephone is regarded as an easy and accessible platform. The majority of those who responded to an RACGP survey on video consultations reported no added benefit when consulting via video. In some cases, patients did not have the equipment to support video consultations, or reverted to a phone call after experiencing connection problems in an attempted video consultation.[xvi] General practice staff have reported that patients often require considerable support setting up their devices and connecting to video appointments.[xvii] Furthermore, GPs often work in buildings and rooms without windows, resulting in poor reception when on a video call. RACGP members report that enforcing video use for telehealth is detrimental for several specific groups, including Aboriginal and Torres

Strait Islander people, elderly people, people with disability, people experiencing financial disadvantage, and rural populations. For example:

- many people have pay-as-you-go data subscriptions and cannot afford data on their phone plans to support video consultations
- people living in crowded housing may have to sit in their car when on a video call
- people who have experienced violence may be unable to speak privately with a GP via videoconference inside their home
- videoconferencing equipment is expensive and unaffordable for many
- patients have described feeling intruded upon in some cases as they did not want their GP to see inside their home.

The RACGP supports MBS telehealth phone consultations into the future as phasing these out over time has the potential to create inequities in accessing health care. Already, we have seen access removed to longer phone consults for most patients while chronic disease management and mental health phone items are also limited. We request further clarification as the statement *'with fewer exceptions being allowed over time'* is ambiguous.

Future research is required on the benefit of telehealth phone consultations before including this as a Principle, as most research is based on video consultations alone, with few exceptions [xviii], along with a commitment from the Australian Government of improved technology infrastructure in rural areas and the provision of robust digital health education and support for all patients.

PRINCIPLE 6

11. **Support optimal clinical engagement with the patient by allowing clinician participation at both ends of the MBS telehealth consultation.** Please rate Principle 6 from 1 star to 5 stars.*

    2 stars- disagree.

12. If you could make any changes or amendments to Principle 6 what would they be?

    All people across Australia deserve access to a quality, comprehensive and connected primary care sector coordinated through general practice by the GP who knows them best. GPs are stewards of the health system and provide effective care coordination for their patients across multidisciplinary teams, including with other specialists and with hospitals. The RACGP supports Principle 6 and suggests alternative wording to improve the principle's clarity: '*Support optimal clinical engagement with the patient by acknowledging clinicians at each end of the MBS telehealth consultation as participants'.*

PRINCIPLE 7

13. **Should be implemented and modified through time-limited transition arrangements.** Please rate Principle 7 from 1 star to 5 stars.*

    2 stars- disagree.

14. If you could make any changes or amendments to Principle 7 what would they be?

    While GPs have been early adopters of new technologies, further support and funding are required to ensure adequate education and training of clinicians on telehealth and related emerging technologies. The RACGP is reluctant to support Principle 7 as the intention is unclear. For example, we are concerned with the case study example on the endorsed reduction in phone telehealth by the Psychiatry Clinical Committee within the MBS Review Taskforce Telehealth Recommendations Report (2020). A gradual reduction in financial loading, if applied to essential GP MBS telehealth phone consultation items, would be unfavourable and a step backward for improving access to quality healthcare for Australians.

    Another important consideration is the time and resources required for a telehealth consultation are largely the same as a face-to-face consultation. The Medicare Benefits Schedule for consultations is already time based, and it is vital the rebate remains time-based and at the same remuneration level, to protect against perverse financial incentives in the system which may encourage telehealth vs face-to-face consultations based purely on financial considerations.

    While the RACGP recognised the need for telehealth to be flexible and adaptable during a rapidly changing pandemic environment, abrupt changes in MBS item numbers, descriptors and interpretation have been a persistent feature of the telehealth expansion. This has resulted in widespread confusion and additional administrative work for GPs and practice teams whose workloads increased significantly during the pandemic. One solution to simplify the requirements and reduce the administrative burden on modifications is the removal of separate MBS items that

differentiate between phone and video and merge these into general telehealth item numbers. GPs would then determine whether the consultation is best conducted by phone or videoconference.

Any changes must be phased appropriately, involve robust consultation with clinicians and be accompanied by clear communications to reduce confusion. We agree with the MBS Review Taskforce Telehealth Recommendations regarding the benefit of a phased approach to also 'encourage the incorporation of digital mediums including My Health Record, secure messaging and ePrescribing to improve provider workflows and productivity'[xix].

The RACGP recommends amendments to the wording of Principle 7 and would like to see the following sentence included - '*Should be implemented and supported via a phased approach with meaningful consultation with patients and providers'*.

PRINCIPLE 8

15. **Support different funding models consistent with patients' needs, clinical specialty and purpose.** Please rate Principle 8 from 1 star to 5 stars.*

    4 stars- agree.

16. If you could make any changes or amendments to Principle 8 what would they be?

    The RACGP supports greater investment in general practice care provided through telehealth via Principle 8. However, any funded models must be integrated with the existing fee-for-service model, allowing GPs, their practice teams and other health professionals to work together, delivering the care people need via telehealth.

    General practice billing models can vary depending on their business structures, and this principle supports business sustainability by allowing a GP to charge their own fees without being constrained by mandated bulk billing.

PRINCIPLE 9

17. **Should be guided by existing relevant guidelines and principles.** Please rate Principle 9 from 1 star to 5 stars.*

    3 stars- neutral.

18. If you could make any changes or amendments to Principle 9 what would they be?

    As some guidelines may require updating, the RACGP suggest the following wording be included - '*Should be guided by relevant guidelines and principles that are current and evidence-based'*. The RACGP has produced the *Guide to providing telephone and video consultations in general practice* which provides advice on privacy and other considerations when delivering telehealth consultations. In addition, the Medical Board of Australia has revised its *Telehealth guidelines* which will take effect on 1 September 2023. To ensure the MBS Telehealth Principles remain relevant it is critical to note key updates. Without inclusion of key policy and guideline updates, the principles do not reflect the current post-pandemic telehealth environment, with telehealth now a permanent part of Medicare. These new standards 'close the gap between some online prescribing business models and good medical practice' and must be considered.[xx]

PRINCIPLE 10

19. **Require ongoing data collection, research and evaluation into outcomes and utility.** Please rate Principle 10 from 1 star to 5 stars.*

    4 stars- agree.

20. If you could make any changes or amendments to Principle 10 what would they be?

    While telehealth is now an essential part of the healthcare landscape, further research is required to further understand best practice principles in an Australian context. To support optimal delivery of health services via telehealth, now and into the future, the RACGP recommends funding be provided for research into:
    - how to ensure the provision of high-quality care via telehealth for the treatment and management of a range of health conditions
    - the impacts of a large-scale adoption of telehealth on general practices (during and post-pandemic) to assist with the allocation of future funding
    - the experiences of GPs and patients using video and phone consultations during COVID-19 and major natural disasters
    - the role of telehealth in Aboriginal and Torres Strait Islander primary healthcare.

However, the RACGP cautions data collected for research purposes must not be used for compliance activities that compromise the viability of general practice (as stated in our response to Principle 2).

We note overall, the star rating system for each of the principles may risk being overly reductive, depending on how the results are utilised and recommend exercising caution in their interpretation.

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