CONNECTING HEALTH SERVICES WITH THE FUTURE: MODERNISING MEDICARE BY PROVIDING REBATES FOR ONLINE CONSULTATIONS

A DISCUSSION PAPER FROM THE AUSTRALIAN GOVERNMENT

Introduction

The purpose of this paper is to provide a basis for discussion between the Department of Health and Ageing, representatives of the medical profession, consumers and other stakeholders on the implementation of the Australian Government's initiative, Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations. The Government is determined that the medical profession is closely involved in the design and roll-out of this initiative.

As part of its 2010 Federal election platform, the Government committed to providing, from 1 July 2011, Medicare rebates for online consultations across a range of medical specialties. The initiative is intended to address some of the barriers to access to medical services, and specialist services in particular, for Australians in rural, remote and outer metropolitan areas.

The use of online consultations will, in many cases, provide patients in these areas with access to specialists sooner than would otherwise be the case, and without the time and expense involved in travelling to major cities.

Telehealth facilities located in general practices, aged care facilities, Aboriginal Medical Services and certain other, non-medical facilities, will be able to videolink patients in rural, remote and outer metropolitan areas with specialists in cities or major regional centres. The patient may be accompanied by their GP or a nurse practitioner, midwife, Aboriginal health worker or practice nurse. Should this be the case, a benefit of this approach will be the enhancement of continuity and overall quality of care through the participation of the patient's usual health care providers in the specialist consultation.

The broader telehealth initiative brings funding of $402.2 million over four years to provide:

1. Medicare rebates for online consultations across a range of specialties, providing around 495,000 services over four years to patients in rural, remote and outer metropolitan areas.
2. Financial incentives for specialists, GPs and other health professionals to participate in delivering online services.
3. $50 million to expand the GP after hours helpline and include the capacity for the helpline to provide online triage and basic medical advice via videoconferencing.
4. Training and supervision for health professionals using online technologies.

It is anticipated that discussions and consultations over the coming months will focus on the following issues, among others:

<u>Optimal practice models</u>—to consider practice models best suited to the online format, including whether there will always be a need for the patient to be 'accompanied' by a health care provider, appropriate settings for consultations, and mechanisms to 'connect' GPs and specialists.

<u>Optimal specialties</u>—to consider which specialties, or types of consultations within broad specialties, are particularly suited to the online format.

Remuneration models—to develop remuneration models for online consultations, including the development of appropriate Medicare item structures.

Financial incentives—to develop options for the effective allocation of financial incentives, with regard to the need to promote both initial uptake of online consultations and ongoing participation.

Training and support—to identify priority areas requiring training and ongoing support.

Technical issues—to consider technical issues to ensure the connectivity and interoperability of systems.

Limitations to uptake of telehealth (other than technological or financial)—to promote the adoption of online consultations by identifying and addressing the concerns of doctors *and patients* on matters of appropriate clinical standards, and issues in relation to the practice of specialties which may make certain specialities more or less suitable for online consultations.

This list is not intended to be exhaustive, and the suggestion of additional issues is of course welcome. The issues listed here are expanded on below.

Background

Given Australia's special circumstances in terms of its vast area and the distribution of its population, many medical practitioners and professional bodies have long argued for the utilisation of modern technology to improve access to health services in rural, remote and outer metropolitan areas. These arguments generally recognise—as the Government recognises—that consultations provided at a distance can and will not always be a totally adequate substitute for all types of consultations. However, the current and projected state of online technology means that consultations which largely involve the exchange of information (as opposed to, for example, physical examination) can be satisfactorily carried out over the internet.

Despite the strength of the case for telehealth, its adoption in Australia has to date been limited. While there are some outstanding examples of the application of this technology, many areas in need of these kinds of services continue to go without.

There are two main reasons for this: one technological and one financial. A lack of adequate infrastructure to support videoconferencing and the high-speed transmission of data and images has been a major obstacle. It is understandable that doctors have been reluctant to adopt a mode of medical practice which may compromise appropriate standards of clinical care through simple technical deficiencies.

These concerns should be allayed to a significant degree by planned improvements in infrastructure, especially the development of the National Broadband Network, and the provision under this initiative of funding for practitioners and practices to acquire suitable equipment for reliable and rapid internet access.

The widespread adoption of telehealth by doctors has also been inhibited by the absence of remuneration mechanisms which recognise and address the particular costs and administrative issues associated with conducting telehealth consultations. While there are currently a small number of Medicare items for telepsychiatry and teleradiology services, these enable only the specialist participating in the consultation to bill Medicare.

Under the new arrangements, Medicare rebates will also be available for the GP, nurse practitioner, midwife, Aboriginal health worker or practice nurse attending the patient at that 'end' of the consultation where clinically necessary. In addition, financial incentives will be made available during the initiative's roll-out to augment this Medicare revenue.

Issues for consideration

Optimal practice models

The typical model envisaged for online consultations under this initiative involves a GP or other health professional and the patient in the GP's rooms in a rural, remote or outer metropolitan area, videolinked to a specialist in his or her rooms. In most cases the specialist will be in a city or major regional centre. However, the Department is keen to explore the full range of viable models, including appropriate settings for online consultations.

The Department acknowledges, for example, that it will not always be clinically relevant or the best use of available resources and expertise for a GP to personally attend on every online consultation, when a practice nurse or Aboriginal health worker can perform this function satisfactorily. There may also be occasions when the presence of the patient and the specialist is sufficient.

On a broader scale, it will not always be the best use of resources for every general practice in a given area to have online consultation facilities, when a centrally located facility could service all practices adequately. These central facilities could be located in buildings not usually used for patient care, such as a community centre or pharmacy, and could provide services such as the scheduling of consultations.

This initiative also offers opportunities for the engagement of facilities such as aged care facilities and Aboriginal Medical Services. These facilities' client groups, and their relatively substantial presence in rural, remote and outer-metropolitan areas, makes them ideally suited for a leadership role in the uptake of telehealth services. The Department will discuss with stakeholders effective approaches to making these services available in these facilities, as a matter of priority.

Consideration of practice models will also need to address ways of linking medical practices with specialists and scheduling joint online consultations. This is an area where existing networks and support mechanisms within the medical profession will be particularly useful.

Optimal specialties

The Government's election announcement noted that telehealth services may be especially beneficial for patients of consultant physicians, surgeons, endocrinologists, dermatologists, ophthalmologists and psychiatrists. Because of impediments to travel related to their age, mobility and independence, patients of paediatricians and geriatricians would also find remote consultations of particular value.

Consultations will further explore which specialties are most readily adaptable to online consultations, and which patient groups stand to benefit most from online access to specialists.

Remuneration models

There are two broad approaches to the structure of MBS items for online consultations. One involves the development of unique items for use solely on these consultations, by GPs and other health professionals attending the patient. The other allows the use of existing GP and specialist consultation items in conjunction with 'add-on' telehealth items for use with online consultations. In both cases, consideration would also need to be given to appropriate remuneration for a facility hosting the patient component of the consultation.

There are distinctive elements in the delivery of telehealth services which mean that proposed remuneration arrangements may require some changes to the relevant Medicare regulations. These elements include the participation of two practitioners in a single service and the payment to the patient of more than one Medicare benefit for a single service. These issues will be worked through during the implementation of this initiative.

Other issues to be considered will include the consistency of the new arrangements with existing telehealth items, fee relativities across specialties and other professional groups, and administrative simplicity for practices.

Financial incentives

The purpose of the financial incentives available under the initiative is twofold: they are intended to encourage and facilitate both initial uptake of telehealth services and ongoing participation. It is anticipated that this will be achieved through at least two different payment mechanisms, targeted at specific issues. These mechanisms will need to reflect a balance between addressing the legitimate needs of participating health professionals and practices, and the responsible management of public funds.

In terms of initial uptake, it is recognised that practices may face capital costs for the hardware, software and internet connection required to enable telehealth consultations, although many practices will already have the necessary infrastructure in place. One option may be that, in certain cases, practices or other facilities could be assisted with these costs through one-off payments. Similarly, facilities providing central hosting services could be provided with ongoing funding for the costs associated with this function. Another approach which could address both initial and ongoing infrastructure costs and ongoing participation might involve a payment for each MBS telehealth service provided.

These payments would assist in maintaining momentum in the use of telehealth services through the early phases following their introduction until the point at which they become routine medical practice. It is expected that the benchmarks on which these payments depend would be adaptable to a range of practice circumstances.

Training and support

Under the initiative, funding is available to support the delivery of clinical teaching and training projects for health professionals using new technologies, including technical training in the use of broadband to deliver telehealth services. The Department recognises that the specific areas in which technical training is required will in many cases only become apparent over time in the light of experience, and in response to the emergence of new technologies. However, the Department would welcome any suggestions as to areas which could be targeted prior to the initiative's commencement.

Technical issues

Recognising that many practices do or could conduct online consultations with the technology they already have, it is not anticipated that the initiative will include prescriptive requirements for the equipment used. However, a reasonable assurance will be required that a GP and specialist participating in a consultation for the first time will be able to connect promptly and conduct the consultation with no technical interference. Discussions will be necessary about the approaches required to give a high degree of confidence in this area.

One key issue will be the different technical demands of different specialties. For example, certain specialties may require a higher level of video resolution than others, while yet others will require higher data transmission capacities. The Department will obviously rely on advice from professional groups on these matters.

The Department is engaging a consultant to conduct research into the implementation of telehealth services, with a particular focus on technical issues relevant to the provision of video consultations. A report on this work is expected to be completed in January 2011 and will inform deliberations and recommendations on technical standards for MBS telehealth services

Limitations to uptake of telehealth

Discussions around past limitations to the uptake of telehealth generally centre on the absence of appropriate technological resources or adequate remuneration arrangements for doctors. As part of this process, the Department is keen to broaden the discussion to include other concerns doctors and health professions may have in relation to issues of, for example, appropriate clinical practice, professional indemnity and workload. It is also important to consider the primary focus of the consultation–the patient–and look at possible causes of resistance by patients to telehealth services.

Next steps

The Department is very keen to obtain initial feedback on these issues, and the initiative in general, as soon as possible. We are particularly keen to receive advice on suitable early initiatives. As a matter of priority, the Department is convening an external advisory group and has sought nominations from peak stakeholder groups. This group will include specialists, general practitioners, rural doctors, consumers and others. Informed by discussions with this group, more detailed options will be developed around the issues discussed here, and others identified over time.

Submissions/feedback should be sent to:

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