

## Overview of telehealth through COVID-19

*Prepared by ASHM members of the Taskforce*

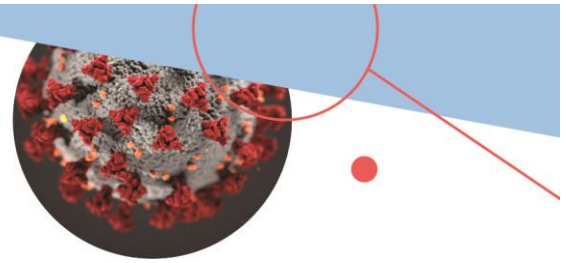
### Key Milestones

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|-------------------------|---|
| <b>29 March 2020</b>    | Temporary expansion of telehealth services to all Australian Services including GP and other health practitioners (e.g. medical specialists nurse practitioners, mental health treatment, chronic disease management, and after-hours consultations). Face to face consultation must be retained for patients with conditions that can't be treated through telehealth. |
| <b>20 April 2020</b>    | Telehealth services reach 4 million health and medical services delivered<br><br>Additional 28 telehealth items for specialists and allied health professionals bringing the total to 274 MBS telehealth items  |
| <b>20 July 2020</b>     | Telehealth services restricted to patients who had an existing relationship with the GP or practice in the previous 12 months (except in Victoria)  |
| <b>9 September 2020</b> | Telehealth services reach 29.6 million consultations and 10.5 million patients  |
| <b>1 October 2020</b>   | Telehealth services, including mental health and home delivery medicine services, extended to 31 March 2021. GPs can revert to their usual fee schedule and bulk-billing no longer required for <b>all</b> patients.  |

### Background

Until the advent of the COVID-19 pandemic, telehealth services had mostly been confined to people in rural and remote locations. It did, however, cover a range of clinical specialties depending on jurisdictional guidelines and administration with all states and territories offering varying levels of telehealth since the mid to late 1990s. Although there had been different versions of telehealth in place for 25 years, it was not until August 2017[1] that Council of Australian Governments (COAG) Health Council approved Australia's National Digital Health strategy (2018-2022) [2]. However, the National Strategy was more focussed on delivering technology to manage and share health information (e.g. My Health Record, My Aged Care) than extending or providing telehealth consultations beyond the rural and remote location based criteria then in place despite over 45% respondents to a survey indicating difficulties accessing healthcare when they needed it [page 18 National Digital Health Strategy].

As part of the Government COVID-19 response, on 29 March 2020 Professor Michael Kidd Principle Medical Advisor, announced the temporary expansion of [Medicare-subsidised telehealth services](#) to all Australians[3]. It was hoped the move would limit unnecessary exposure of patients and health



care workers to COVID-19 where health services could be delivered safely by phone or videoconferencing. It was thought that telehealth services would remove pressure on hospitals and emergency departments by allowing Australians to access care from their own homes and the service would support self-isolation and quarantine requirements and reduce the risk of exposure to and the spread of COVID-19.

## Success of Telehealth Services

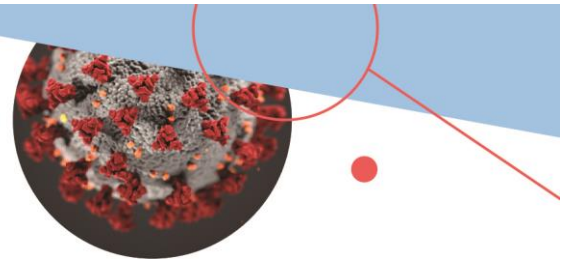
Telehealth services were enthusiastically adopted by health services and patients alike. By 20 April 2020, there had already been more than [four million telehealth](#) consultations to three million patients. This finding was supported by research of 1100 GPs from RACGP in April that showed 99% of respondents were offering video or phone consultations. In July, the majority of GPs indicated that they would continue to offer telehealth services if the temporary Medicare-subsidised services were extended beyond 30 September 2020[4]. By 9 September, uptake had risen to 29.6 million Medicare-eligible telehealth services delivered to 10.4 million people.[5]

New research conducted in June 2020 at Sydney University, published as a preprint article in medRxiv on 11 September: *Lessons from the COVID-19 pandemic: People's experiences and satisfaction with telehealth during the COVID-19 pandemic in Australia*[6], indicates that whilst the majority of respondents (62%) rated their telehealth experience as "just as good" or "better" than traditional in-person consultations, the research suggests that about 34% rated the experience as 'poor' or 'not as good' as traditional in-person consultations. Concerningly, men and people with anxiety or depression were more likely to report a worse experience with telehealth compared to a face-to-face consultation. Reasons for this were varied but the most common theme was that "communication was not as effective as an in-person visit due to the lack of visual clues, eye contact and body language." The report authors argue their findings are in line with previous research on telehealth and mental health [7,8]. The concern being that as mental health issues rise during the pandemic, a negative experience with telehealth may result in people not accessing the care they need if face-to-face consultations are unavailable. Nevertheless, on the basis that most people reported a having good telehealth experience, the authors conclude that universal telehealth should be continued during the pandemic and into the future.

## Changes to Telehealth

Despite the ready take-up of telehealth services by both health services and patients, on 20 July 2020 access was changed to restrict telehealth services to patients who had an existing face to face relationship with the health service at least once in the previous 12 months.[9] This amendment, supported by the AMA[10] and RACGP[11], was made to encourage people to maintain a relationship with a GP who knows their medical history and needs. The amendments were not applicable to Victoria which at the time had new stricter movement restrictions in place, or to those under 12 months and the homeless.

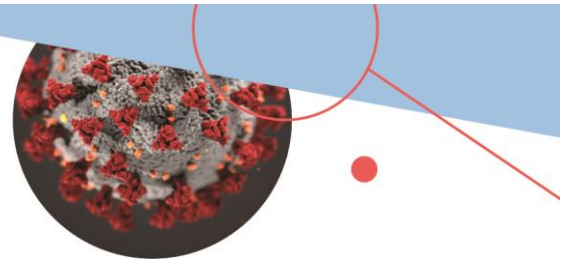
In an announcement on 14 September 2020, the Health Minister Mr Hunt released a national digital health skills and training plan for the health workforce in the use of technology to further transform health services to meet consumer demand [5].



Finally, on 18 September, during a report on the National Cabinet meeting, The Prime Minister announced that telehealth services would be extended to 31 March 2021 [12]. The change also removes the requirement for GPs and other doctors in general practice to bulk-bill for certain patients. Whilst bulk-billing will continue to be available, doctors and GPs can resume charging their usual fee schedule from 1 October when the changes take effect [13]. The financial incentives and support to offer telehealth services will be removed and schedule fees will return to the normal, pre-COVID-19 rates. The amended Medicare item effective 1 October 2020 can be found on the MBS website [October 2020 Downloads](#).

## References

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