

NEUROLOGICAL ALLIANCE AUSTRALIA



Continuation of expanded Telehealth for all Australians – post COVID-19 pandemic response

June 2020

Executive Summary

Neurological Alliance Australia (NAA) is a collective of national not-for-profit peak organisations representing over 850,000 adults and children living with progressive neurological or neuro-muscular conditions in Australia.

NAA calls on the Australian Government to permanently extend the amendments made to MBS telehealth items introduced in response to the COVID-19 pandemic. These supports are currently scheduled to cease after 30 September 2020. Telehealth offers the health system, both public and private, the opportunity to provide enhanced options for safe care for this vulnerable population and new models of efficient care for the whole population.

Background

Research shows that telehealth can enhance quality of primary, allied and specialist care by better supporting chronic disease management, applying best practices, improving knowledge and skill development in local care providers and increasing care coordination. The availability of telehealth has demonstrated improvements in timeliness of care, leading to improved outcomes¹.

Until mid-March 2020, telehealth services in Australia were generally limited to indigenous and aged care services where patients were more than 15km from their general practitioner. Over the months of March and April 2020, the Australian Government introduced a range of measures to help reduce the risk of community transmission from COVID-19 and provide protection for patients and health care providers. The NAA believes the Government should seize the opportunity to permanently embed these measures into the MBS to maintain improved accessibility, flexibility and safety in the health care system for the most vulnerable.

Progressive neurological and neuromuscular diseases are complex and disabling conditions. While this broad group contains conditions with various characteristics, different disease trajectories and life expectancies, all are degenerative and incurable. Unfortunately, this places many people with

¹ Canada Health Infoway, Telehealth Benefits and Adoption-Connecting People and Providers Across Canada, May 2011, page 10

NEUROLOGICAL ALLIANCE AUSTRALIA



degenerative neurological conditions in the heightened risk group for COVID-19. For example, people living with neurological conditions often have difficulty with swallowing, breathing and coughing due to muscle weakness and are therefore at risk of developing serious complications if they become infected with COVID-19, regardless of their age.

It is anticipated that all Australians will need to change the way they interact for the foreseeable future including continuing to maintain some social distancing measures. Unfortunately for many people with neurological and neuromuscular conditions, greater levels of social distancing will be required beyond those being practiced by most people.

This risk to this community will not be fully mitigated until either a vaccine or suitable treatment is found. In addition to the risks imposed by COVID-19, the risk for this group of people will continue to be greater as these groups are more vulnerable to other communicable diseases such as the flu.

Finally, many people in regional, rural and remote areas do not experience the same access to the health system as their city counterparts. There are fewer services and many people are forced to travel to access health care. Many of our community are regularly required to travel long distances to obtain specialist advice. This presents a considerable challenge due to their condition and they often require the need for a support person to accompany them.

Benefits of maintaining amended telehealth in the MBS

Telehealth is an important inclusion in an efficient and effective Australian health care system and the continuation of the expanded telehealth MBS items offers the opportunity for a range of options to be used by both the health care provider and the consumer.

Australians are embracing health care technology. According to the Accenture 2018 Consumer Survey on Digital Health in Australia; "Australian healthcare consumers placed greater significance on technology for managing their health than they did in 2016", with 47% using mobile/tablet health apps, 27% utilising wearables to understand, engage and monitor health and 65% being willing to use Artificial Intelligence².

In a survey conducted by Australia's Health Panel in March and April 2020, 82% of respondents found the quality of telehealth consultations to be excellent or good. Most respondents (68%) thought the quality of the consultation was as good or better than a face-to-face consultation. Respondents noted multiple reasons in favour of using telehealth. These included: convenience e.g. easier appointment times and no need to travel to the doctor, improved accessibility e.g. access to new

² Donoghue, L. and Manovel, I. (2018). *PATIENTS + DOCTORS + MACHINES Accenture 2018 Consumer Survey on Digital Health in Australia*. [online] Available at: https://www.accenture.com/_acnmedia/PDF-84/Accenture-Health-Meet-Todays-Healthcare-Team-Patients-Doctors-Machines.pdf#zoom=50

NEUROLOGICAL ALLIANCE AUSTRALIA



types of health services and access from remote/regional locations, and personal health and safety e.g. not having to spend time in the waiting room with other sick people³.

Telehealth is not and never likely to be a complete substitute for face to face visits to the healthcare provider, but does provide a convenient and highly appropriate option that can supplement visits to the practice in person. It is vitally important that people continue to be provided with flexible options for accessing health services, including specialist health and allied health services, irrespective of where they live or the way in which they access a service, either via telehealth or in a face-to-face consultation.

The provision of telehealth in regional, rural and remote Australia should not reduce access to face-to-face services but instead provide greater options particularly for those with limited mobility and communication difficulties. Face-to-face consultations need to remain an available option as they provide greater opportunity to observe non-verbal cues such as body language and demeanour and allow for broader conversations and are more appropriate for conveying diagnoses that may be distressing.

Wherever possible, patients should be able to access their regular health care provider. This ensures that patients and their providers maintain continuity of comprehensive care. If a patient cannot see their regular provider, permission should be sought to provide the records from the consultation to their regular provider.

Additional support for effective telehealth

There are many new applications or patient monitoring/self-assessment tools that can support a telehealth consultation. Wireless monitoring devices are becoming smaller, more intuitive and sophisticated. Whilst their efficacy should be analysed on a case by case basis, their use has been proven to be invaluable, particularly for those who cannot present to a face to face consultation⁴. The provision of these products/tools should be supported by the Australian Government.

The variability of internet services across Australia is a key concern with many remote/regional areas still without a reliable internet service. It has been proven that some patients are prepared to try telehealth if appropriately supported and continued use is more likely to occur if telehealth is effective at the first consultation. For regional, rural and remote patients, Australian Government support may provide greater access through improving connectivity. This could consist of establishing specific sites that contain the requisite equipment and communication support for telehealth consultations.

Conclusion

The changes to the MBS (as at 20 April 2020) should be permanently embedded into the health system to maintain improved accessibility, flexibility and safety in the health care system for the

³ What Australia's Health Panel said about Telehealth - March/April 2020 <https://chf.org.au/ahptelehealth>

⁴ Litan RE (2008). Vital signs via broadband: remote health monitoring transmits savings, enhances lives.

NEUROLOGICAL ALLIANCE AUSTRALIA



most vulnerable. Access to MBS supported telehealth items 'on demand' for nurse practitioners, participating midwives and allied health providers, general practitioners, and medical practitioners should therefore remain. Bulk billing of telehealth should remain for concession card holders, the vulnerable, and children under 16 years of age. Bulk billing of telehealth for concession card holders and children under 16 should be extended to allied health. The rebates under the MBS must be sufficient to ensure that allied health practitioners remain financially sustainable if they bulk bill, particularly for those operating in regional, rural and remote areas.

The fast implementation of these reforms and extended access to include nursing and allied health demonstrated the capacity of the health system to alter service provision rapidly to help those who are vulnerable. After the permanent embedding of these changes, a post implementation review should be conducted by the Government to evaluate the uptake and benefits of telehealth by people with a Neurological condition to determine if any further changes are necessary.

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The Neurological Alliance Australia is an alliance of not-for-profit peak organisations representing adults and children living with progressive neurological or muscular diseases in Australia. The Alliance was established to promote improved quality of life for people living with these conditions and funding to support research. Members of the Alliance include Dementia Australia, Brain Injury Australia, Huntington's Australia, Motor Neurone Disease (MND) Australia, MJD Foundation, MS Australia, Muscular Dystrophy Australia, Muscular Dystrophy Foundation Australia, Parkinson's Australia, Spinal Muscular Atrophy Australia, Leukodystrophy Australia and Polio Australia.