PalliativeCare AUSTRALIA

His Excellency General the Honourable David John Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia, and Her Excellency Mrs Linda Hurley, Patrons

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9 April 2020

Dr Andrew Simpson
Assistant Secretary
Primary Care Implementation Response (COVID-19 response)
Department of Health
By email: surgicalservices@health.gov.au; andrew.simpson@health.gov.au

Dear Dr Simpson

MBS telehealth Items to support palliative care patients

Thank you for the work you are undertaking within the Department to better enable the Medicare Benefits Schedule (MBS) to optimally support ongoing care for Australians during the COVID19 pandemic.

On behalf of Palliative Care Australia (PCA), I would like to draw your attention to some issues that have been raised about access to MBS telehealth items that hinder our full capacity to support palliative care patients during the COVID-19 pandemic.

PCA represents those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote palliative care.

Last week, PCA provided a response to your request for advice on the current scope of COVID-19 phone and/or telehealth MBS items for patients receiving care and treatment from specialists. A copy of the PCA response is attached to this letter. We are pleased to note that since that response process, MBS Items 132 and 133 now have equivalent telehealth items.

PCA has also received representations from other health professionals working in palliative care about how the MBS could better provide care to palliative care patients at this time through expanding telehealth options.

The full interdisciplinary team of palliative medicine and nurse practitioners, in partnership with allied health colleagues are important in the surge response for COVID-19 patients in hospitals, the community and in residential aged care facilities (RACFs). Palliative care health professionals also keep the clinical plans and management for vulnerable patients (without COVID-19 but of high risk) in place and conducted in a manner that keeps the patient safe, minimises risk of COVID-19 and minimises unnecessary acute care services.

In the COVID-19 environment providing as many consultations as possible by telehealth balances optimising clinical care and minimising risk for vulnerable patients. Telehealth/phone consultations can allow increased coverage especially given the projected increase in patient

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numbers and acuity of the clinical issues when deterioration or COVID 19 infection occurs, in regional and remote areas, or where workforce shortage occurs due to illness. PCA raises the following additional points.

Inequity for Palliative Medicine Specialists:

In the attached submission PCA raised the inequitable access for Fellows of the Australasian Chapter of Palliative Medicine (FAChPM) in comparison with Fellows of the Royal Australasian College of Physicians (FRACP). In addition there has been a number of reports that FAChPM Palliative Medicine Specialists have been advised by Medicare that the new items for 104 and 105 are not claimable by them (which is contrary to the intention of the changes to the telehealth items). Your advice about the eligibility for claiming items 104 and 105 would be appreciated. We hope further consideration of the items 3005, 3010 and 3014 occurs to ensure that Palliative Medicine Specialists also are able to contribute to the much needed workforce via telehealth mechanisms.

Support for Palliative Care Nurse Practitioners with telehealth capacity:

While PCA welcomes the changes that were made to allow additional Nurse Practitioner telehealth MBS billing as part of the COVID-19 response, the feedback PCA has received suggests that the billing requirements are too limited. For example, the nature of goals of care discussions and complex discharge planning together with medication management and communicating with family members are being undertaken over the phone but the time taken is often far longer that the billing requirements provide.

This is of particular importance for older people in the community and in RACFs that are experiencing a reducing amount of visiting palliative care nurse practitioners and doctors, and therefore a reduced capacity to provide palliative care planning and interventions for palliative care patients. This service can be augmented by the extension of the MBS telehealth billing to help this patient cohort with palliative care needs and reduce admissions to the acute and emergency hospital settings.

Further consideration could also be given to alternative funding mechanisms for specialist palliative care nurses who may also be undertaking telehealth type consultations with palliative care patients during the COVID-19 pandemic.

Allied Health and palliative care:

Many palliative care patients at home and in RACFs will also be finding that essential allied health support and care has been restricted because of COVID-19.

Many allied health professions can contribute to the non-pharmacological management/treatment of common symptoms such as pain, irritability, dyspnoea,

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fatigue/insomnia, secretions, and constipation; and also the prescription of equipment and aids to optimise care at home. There are a variety of settings of allied health practice in palliative care: home, inpatient/outpatient and sub-acute services, hospices, private practices, specialist clinics, RACFs and residential organisations for people living with severe mental illness or severe disabilities.

Patients with life-limiting conditions who have access to allied health services, are more likely to maintain their function, wellbeing and quality of life for longer, with less need for costly admissions and interventions from the health system.[1]

The model for allied health telehealth MBS items covering mental health could be replicated for palliative care. Most palliative care patients in the community will be feeling the impact of social isolation and allied health support from a specialist palliative care service provided by telehealth could assist to manage a range of symptoms and enable palliative care patients to stay in their location of choice.

Aboriginal Health Workers:

Similarly, Aboriginal and Torres Strait Islander people who require palliative care are a particularly vulnerable group at this time. Aboriginal Health Workers provide valuable palliative care services and support to people in the community. Telehealth options would provide a means of ensuring Indigenous people in need of palliative care are able to receive it without putting them and Aboriginal Health Workers at risk of COVID-19 transmission.

Thank you for consideration of these issues. Please do not hesitate to contact myself or PCA National Policy Manager, Margaret Deerain (margaret.deerain@palliativecare.org.au) if you would like to clarify any of the issues raised or discuss further.

Yours sincerely

Rohan Greenland
Chief Executive Officer
Palliative Care Australia

[1] See https://www.caresearch.com.au/caresearch/Portals/0/Engagement-Project/Allied-health-in-Australia-and-its-role-in-palliative-care.pdf)

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ATTACHMENT

Feedback Template: Phase 5 – Feedback on MBS specialist services for possible expansion to phone and/or telehealth

This template has been developed to enable organisations to identify and provide feedback on additional MBS specialist services which may be appropriate to expand to phone and/or telehealth as part of the ongoing work to support Australians impacted by COVID-19.

The Department requests your organisation identify and provide comments on the specialist items which could be added to the current list of COVID-19 items. The current list of COVID-19 is published on the factsheets page of the MBS online website at: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Current

As you may be aware, other specialist services have already been expanded to telehealth as part of previous phases to list new COVID-19 items.

In nominating any further specialist items, please address the following as part of your feedback:

- Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why?
- Why is it clinically appropriate to provide the service by phone and/or telehealth?

Feedback is sought by **COB 1 April 2020** and can be submitted to **surgicalservices@health.gov.au**

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MBS item number	Specialist Service	Feedback • Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why? • Why is it clinically appropriate to provide the service by phone and/or telehealth?
3005, 3010, 3014	Palliative Care Items	While palliative care consultations by Palliative Medicine Specialists can be provided under items 104 and 105, existing palliative care MBS items (3004, 3010 and 3014) should have equivalent MBS telehealth items as part of providing critical care during this COVID19 pandemic to reflect the emerging need to meet complex clinical needs of palliative care patients (rapidly growing COVID-19 population and to maintain safety of existing non COVID-19 palliative care population) in the community and residential aged care. The palliative care patient group is highly vulnerable and at-risk. Palliative Medicine Specialists are required to maintain patients' ongoing care together with keeping those vulnerable patients out of hospitals and as much as possible safely managed in the community. Palliative Medicine Specialists will be assisting existing palliative care patients together with managing the care of those people who contract COVID19 and require palliative care. In the COVID-19 environment providing these by telehealth balances optimising clinical care and minimising risk for vulnerable patients, and can allow increased coverage especially given the projected increase in patient numbers and acuity of the clinical issues when deterioration or COVID 19 infection occurs, in regional and remote areas, or where palliative medicine workforce shortage occurs due to illness/quarantine requirements.

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MBS item number	Specialist Service	Feedback • Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why? • Why is it clinically appropriate to provide the service by phone and/or telehealth?
		Important clinical activities which can be delivered by a telehealth mechanism include: i. Assessing and managing symptoms ii. Assessing and managing psychological distress iii. Providing carer support and carer training (medication management, crisis management) iv. Goals of care discussion and advance care planning v. Adjusting clinical management of the palliative diagnosis and comorbidities vi. End of life care There is a significant issue (which has been referred to the Medicare Benefits Taskforce as part of its Review) which is the discrepancy and payment inequity between those practicing palliative medicine as physicians (Fellows of the Royal Australasian College of Physicians (FRACP)) and those who are Fellows of the Australasian Chapter of Palliative Medicine (FAChPM). Palliative Care Physicians are able to access COVID-19 telehealth items (existing item 110 – and COVID-19 telehealth/telephone items - 91824/91834, and 116 (telehealth/telephone items – 91825/91835). These new telehealth MBS Items are significantly higher than what Palliative Medicine Specialists are able to claim under MBS item 104 (COVID-19

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		telehealth/telephone items 91822/91832) and MBS Item 105 (COVID-19 telehealth/telephone items 91823/91833). We also have had advice from Palliative Medicine Specialists (FAChPM) that they have been provided advice directly from Medicare that they are not eligible to utilise 104 and 105 so this requires urgent clarification. The discrepancy in the MBS Item rates for Consulting Physicians and Palliative Medicine Specialists is inequitable. It does not recognise the critical nature of palliative care generally, the urgent need for organisational surge capacity in palliative medicine with equal capacity of contributions from all trained Palliative Medicine Specialists and consultant physicians; particularly at this time when people will be requiring palliative care as they near the end of life including patients dying from COVID-19. The current palliative care items for Palliative Medicine Specialists (MBS Items 3005, 3010 and 3014) should have an equivalent MBS Telehealth items equitable to the items that can by claimed by Consulting Physicians.
132	Referred Patient Consultant Physician Treatment and Management Plan	This MBS item is currently not covered in the existing telehealth COVID-19 items. Palliative Care Consultant Physicians use this item for managing patients with complex needs associated with their life-limiting illness. These consultations require a considerable

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		amount of time discussing goals of care and emotional, psychosocial and spiritual concerns associated with a diagnosis or progression of a life-limiting illness. Prolonged consultations are often needed to manage complex medication and pain and symptom relief for patients. The current specialist and consultant physician telehealth attendance items do not account for the more prolonged consultations for patients with multiple co-morbidities and complex treatment plans. These consultations are primarily 'cognitive' and do not involve procedural medicine. Moreover many of these patients will be at high risk for COVID-19 due to their co-morbidities. Important clinical activities which can be delivered by a complex care telehealth mechanism include: i. Assessing and managing symptoms ii. Assessing and managing psychological distress iii. Providing carer support and carer training (medication management, crisis management) iv. Goals of care discussion and advance care planning v. Adjusting clinical management of the palliative diagnosis and comorbidities vi. End of life care

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MBS item number	Specialist Service	Feedback • Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why? • Why is it clinically appropriate to provide the service by phone and/or telehealth?
		The risk of contracting COVID-19 is much higher for patients already living with a life-limiting diagnosis. Similarly patients who contract COVID19 and it is likely to be the cause of their death will need longer and prolonged consultations to deal with the urgent demand for support that they will need. The ability to provide phone consultations at this time is critical to reduce the risk of infection of staff and families. In supporting a telehealth equivalent for Item 132, PCA does make the point that there is an inherent inequity in the current MBS Item 132 as it is only available to palliative care physicians and not Palliative Medicine Specialists who undertake equal complex care consultations with their palliative care patients.
133	Referred Patient Consultant Physician Treatment and Management Plan	This MBS item is currently not covered in the existing telehealth COVID-19 items. Palliative Care Physicians use this item for managing patients with complex needs particularly noting the increased complexity for patients nearing the end of life and often with comorbidities. These consultations require a considerable amount of time discussing goals of care and emotional, psychosocial and spiritual concerns associated with a

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