

18 May 2022

Medicare Benefits Schedule (MBS) Review Taskforce

By email: MBSReviews@health.gov.au

Dear Medicare Benefits Schedule (MBS) Review Taskforce,

**Request to transition temporary telehealth MBS item numbers to permanent item numbers**

Palliative Care Australia (PCA) and The Australian and New Zealand Society of Palliative Medicine (ANZSPM) wish to jointly advocate for the permanent establishment of several MBS telehealth item numbers that are due to expire on 30 June 2022. The item numbers used for palliative care that we are referring to are: 91832, 91834, 91835, 92431, 92432, 92144. While the funding extension to 30 June 2022 was welcomed, a temporary extension does not reflect real community needs for telehealth in palliative care. We wish to emphasise that the removal of these item numbers will be extremely disruptive to palliative patients, their families, and the services that support them.

PCA is the national peak body for palliative care and 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.

ANZSPM is a specialty medical society that facilitates professional development and support for its members. ANZSPM promotes the discipline and practice of palliative medicine to improve the quality of care delivered to patients and families living with life-limiting illnesses. Our members include palliative medicine specialists as well as primary health and other medical practitioners, who either practice or have an interest in palliative medicine.

While we acknowledge a heightened need for telehealth during the COVID-19 pandemic, the temporary MBS item numbers are still essential for the ongoing provision of equitable, quality palliative care. Firstly, telehealth is an important option for supporting patients who are either too unwell or live too far away to attend a face-to-face consultation. In palliative care, these situations arise most often when patients are in the terminal phase of an illness and nearing death, or in the rural sector where extended travelling times and distances make face-to-face consultation more challenging earlier in a patient's disease. Palliative patients will often be immunocompromised, meaning that telehealth is also an important option for protecting patients during flu seasons and future pandemics. Telehealth has also proven particularly useful for staying connected with patients in-between face-to-face consultations. For example, a telehealth appointment can be used to follow-up with a patient after altered medications, without the patient needing to travel. This flexibility is particularly important for providing comprehensive supportive care in the last weeks of life, where patients can be too unwell and unstable to attend any other form of consultation.

We wish to emphasise that the permanent videoconferencing item numbers are not an adequate substitute for the expiring telephone consultation item numbers. Videoconferencing can be difficult or completely inaccessible for patients and their families. Many rural and remote patients, for example, have limited internet access and rely on their landlines for communication. Older patients also often lack the necessary technology access and familiarity with

videoconferencing. Non-English-speaking patients may also find videoconferencing less accessible. The benefits of telephone consultations are reflected in the demand from patients for these appointments. ANZSPM members working in palliative care services report that telephone consultations are requested at a far greater rate than videoconferencing consultations, with videoconferencing being completely inaccessible for many patients. Given the current integration of telephone consultations in the provision of palliative care, removing these item numbers will only serve to increase the barriers to healthcare access already experienced by many patients and vulnerable groups.

We acknowledge that telephone consultation item numbers 91833 (specialist – subsequent attendance) and 91836 (consultant physician – minor attendance) will still be available after 30 June, however these billing options are not sufficient in the context of palliative care. The nature of palliative care means that consultations are often complex, involving sensitive conversations about dying and advance care planning. These conversations may occur at the initial consultation, but may also arise in subsequent conversations over the phone away from support people. Palliative medicine also involves the management of complex symptoms, psychosocial and spiritual needs that require time and the right platform to conduct appropriate assessments. Tiered telephone consultations (initial, subsequent, and minor) must therefore continue indefinitely to adequately support palliative patients.

While telehealth is a valuable tool for the provision of care, we recognise that it is not a complete substitute for face-to-face consulting. Rather, telehealth should be used as an adjunct to face-to-face consultation, to assist and facilitate ongoing care in a therapeutic relationship. This is exactly how the temporary telehealth item numbers are being used in palliative care services. Telephone consultations offer the easiest and quickest way to provide timely quality care to patients in many circumstances, including as an initial consultation in some cases. ANZSPM members report high levels of satisfaction from surveyed patients that utilise telehealth appointments in their services. Retaining telehealth billing options does not compromise the quality of care, but rather increases the capacity of palliative care services to support patients in an ongoing therapeutic relationship. Palliative care services want to keep offering these consultations, but they require sufficient billing options to make these practices viable. To guard against any inappropriate use or overuse of these items, we would support the addition of reasonable stipulations to ensure that telehealth is only used when appropriate to the patient and their circumstances.

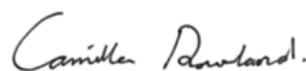
PCA and ANZSPM are deeply concerned about the removal of the temporary telehealth MBS item numbers after 30 June 2022. These item numbers have been effectively integrated into the provision of quality palliative care across Australia, and we predict that their removal will be extremely disruptive for palliative patients and their families. Transitioning these item numbers to permanent MBS item numbers should be considered as a matter of urgency.

We would like to request a meeting to discuss this matter further and provide additional information on the importance of these item numbers in the practice of palliative medicine. Please contact ANZSPM Chief Executive Officer, Janice Besch (ceo@anzspm.org.au) to arrange a time for this meeting.

Yours sincerely,



Christine Mott  
President  
Australian and New Zealand Society of Palliative Medicine



Camilla Rowland  
Chief Executive Officer  
Palliative Care Australia