Submission

Modernising Medicare by Providing Rebates for Online Consultations

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27 January 2011
Introduction

The Australian Psychological Society (APS) supports the need to modernise the Medicare Benefits Schedule (MBS) to include rebates for online consultations. As the Discussion Paper states, the readiness of Australians to adopt modern technology and the wide distribution of its population mean that rebates for online services is a logical and necessary step in the evolution of the MBS.

The term “online consultations” can be interpreted differently by different people and is not defined in the Discussion Paper. In reading the Discussion Paper, it appears that the following three forms of online consultation are of interest:

1. One-to-one consultations for therapies and treatment interventions between patients and health care providers over the telephone, with or without the internet for video interface (e.g. videoconferencing, Skype);
2. Case conferencing with the patient, their GP and a specialist provider over the telephone, with or without the internet for video interface; and
3. Secondary consultation between a GP and a specialist provider regarding patient care without the patient’s presence, again, over the telephone, with or without the internet for video interface.

In addition to online consultations, the focus of the four parts of the current telehealth initiative outlined in the Discussion Paper, many health care providers are offering online programs (online therapies) in lieu of, or in addition to, face-to-face therapies, may also include SMS and voice messaging components. Such online programs may be assisted or facilitated by a health provider, or, they may be unassisted. This submission will focus on online consultation outlined in the Discussion Paper. However, other online programs will be discussed at the conclusion of this submission, as there is strong evidence of their effectiveness, including from Australia.

This submission will contend that extension of online consultations for psychologists will have a positive impact on patient outcomes through increasing access to evidence-based psychological therapies and enhancing multidisciplinary care between health care providers. In addition, current financial incentives for telehealth offered to GPs should be extended to all health care providers in order to facilitate uptake of telehealth services.

Current MBS programs for patients accessing psychologists

The MBS was established as a remuneration model for doctors as part of the Medicare system. Over time, it has evolved into a complex system and provides rebates for a range of services provided by medical and other health professionals. A number of current programs provide rebates for professional services provided by eligible psychologists (and other allied health providers), including Chronic Disease Management (CDM), Better Access to Mental Health (Better Access), Helping Children with Autism Spectrum Disorders (ASD), pregnancy support counselling, and soon, the Better Start for Children with Disability initiative. These programs allow psychologists to assess, diagnose and provide interventions for eligible people in specific program areas. Many of these services can be effectively provided online or enhanced through online consultations.
While, like all other Medicare services, those services provided by psychologists must be “in person”, there are some significant differences when compared with those provided by general GPs. Psychologists are considered in the same manner as medical specialists in many ways: patients must have valid referrals from a GP; there is no access to incentives to bulk bill their patients and no access to incentives to upgrade their practices to enable telehealth. As specialist providers, psychologists offer their services in a range of areas of practice and not just in mental health. These include a range of evidence-based assessment and treatments for:

- children with intellectual and developmental delays;
- people with acquired brain injuries (motor accidents, stroke etc);
- a range of chronic medical conditions such as diabetes (with support and counselling).

Therefore, in context of this Discussion Paper, psychologists and other allied health providers are best considered as part of the specialist provider community.

**Strong evidence on e-therapies**

There is now strong evidence that psychological therapies, especially cognitive behavioural therapy (CBT), are both clinically effective and cost efficient. Studies have also demonstrated that CBT is effective in a variety of modes of delivery including via the internet, videoconference or telephone, with varying levels of contact or support from a psychologist.

Briefly, there are three modes of psychological services that currently exist in the virtual sphere: psychological therapy (typically CBT) mediated by the internet without a psychologist's direct involvement; psychological therapy with some contact from a psychologist (e.g. weekly e-mail, real-time online therapy or telephone calls); and direct and ongoing psychological therapy provided via video conferencing. Due to its model of service provision, and its similarity to the face-to-face services currently being provided, psychological therapy provided via telephone or video conferencing facilities has the most relevance for the current discussion regarding MBS items for treatment of mental health conditions. In contrast to the widespread use of video conferencing by psychiatry, this model for providing psychological therapy is underutilised and relatively under-developed in Australia. As will be argued later in this submission, strong evidence on online programs, particularly from Australia, provides avenues for further consideration by the Australian Government in its next phase of modernising Medicare.

As specialist providers, psychologists are particularly well suited to provide online and videoconferencing consultations due to their focus on talk-based therapies and interventions rather than physical examination. While acknowledging the technological considerations, for the most part, the provision of psychological therapy via videoconferencing mimics the face-to-face experience which is currently funded by Medicare, and in some cases, facilitates as good outcomes and prolongs supportive engagement, beyond that which might have been achieved in a face-to-face setting.

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1 There is a large body of evidence supporting the efficacy of psychological interventions provided via the internet without direct involvement from a psychologist. However, programs such as MoodGym are suitable for people for people with only mild to moderate symptoms of depression and are not suitable for people at risk of suicide.
A recent review summarising many of the key findings of the current tele-mental health literature (Richardson et al., 2009) identifies two important findings: firstly, that psychological therapy (including assessment and diagnosis) provided by a psychologist via the telephone and or videoconferencing facilities is as effective as face-to-face therapy; and, second, that there is strong support for the reliability of clinical assessments performed online including neuropsychological testing, clinical interviews and mental status exams (Egede et al., 2009). Additionally, savings of travel time, decreased lost work time, shorter waiting times to access services, a greater sense of personal control over sessions and acceptability of the mode of therapy have been consistently reported. Richardson et al. stress that the cost efficiency of tele-mental health services has increased significantly in the last five years as the cost of technology has decreased and the use of the services increased (in America and Canada)^2. As the planned National Broadband Network is rolled out, the costs associated with videoconferencing and online services is expected to fall.

While there is much evidence supporting the efficacy of tele-mental health and tele-psychology services in general, further development of the infrastructure to enable stable, secure real time communication, service evaluation, and preferably, randomised controlled trials in Australia are required. The APS contends that any applications of tele-mental health and tele-psychology services by new service providers need to adhere to a set of minimum service standards, such as provisions for crisis scenarios, issues related to cultural, language and the environment or services relevant to the client groups serviced. As the use of tele-psychology becomes more widespread, the Australian Government may also wish to consult with stakeholders and develop national guidelines in order to promote best practice.

**Increase access to online psychological therapies**

Consistent with current evidence as outlined above, the APS contends that any expansion of MBS rebates for patients receiving online consultations must include those by psychologists, and patients should be able to claim MBS rebates for consultations provided by psychologists via the internet and over the telephone. This can apply under existing MBS programs of Better Access, CDM and ASD for initial and subsequent consultations. This arrangement will particularly benefit patients in rural and remote parts of Australia, where access to psychological therapies may be limited due to workforce shortages.

Particularly in the context of Western Australia, South Australia and Queensland, where there are large populations of transient workforces associated with the mining industry, the provision of tele-psychology could provide real economic and social benefits. Many workers are isolated from normal support structures and feel vulnerable to stigma if they access traditional psychological services while away from the relative anonymity of a metropolitan area. The capacity to access high quality tele-psychology health support services via their personal computers has obvious occupational health and safety benefits, as well as social justice and equity implications.

In addition, in many small towns, farming and indigenous communities, access to psychological services is limited. The inclusion of psychology services into Medicare funded telehealth services will provide access to these services for these communities.

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2 Most of the research related to the effectiveness of tele-mental health service provision has been conducted in America and Canada. Tele-mental health services within Australia are uncommon and relatively little research data is available.
Recommendation 1: That planned Medicare rebates for online therapies and treatment interventions be expanded to include psychological consultations under existing MBS funded programs (CDM, Better Access, Pregnancy Support and ASD).

GP collaboration with psychologists

For many GPs, the ability to consult and communicate with other health care providers is a critical factor in the overall management of their patients’ conditions. There are many examples of such collaboration between GPs and medical specialists, such as advice regarding drug interactions and dosage through to interpretation of test results and their implications for ongoing management of medical conditions. Similarly, GPs also consult with psychologists on behavioural and mental health issues where their input is beneficial for patients. One example is where a GP seeks advice on how to best manage a patient's anxiety and depression associated with a recent heart attack. The psychologist plays a consultative role, providing support to the GP in the overall patient management. The GP is then able to refer the patient to the psychologist should the patient’s anxiety and depression increase. Formal recognition of such efforts will enable providers to dedicate more time to collaborative care to the ultimate benefit of patients’ outcomes.

In addition to the provision of therapies and consultation online directly with patients, there is very strong evidence that interdisciplinary communication and care can improve patient outcomes, particularly for those with complex and chronic health conditions. The current Medicare programs of Better Access, CDM and ASD recognise the importance of case management and coordination, but with no recognition of the time (and therefore income) loss incurred by practitioners taking part in these processes. Therefore there is a logical and urgent need for inclusion of case review/conferencing with referring GP and/or medical specialists under the Better Access, CDM and ASD programs for psychologists.

The use of tele-psychology as a direct intervention tool, and as a professional consultative tool, means that treatment and intervention are provided in a collaborative and timely, and therefore ethically responsible, way. Collaboration, particularly between GP’s, psychiatrists and psychologists currently occurs in the form of written correspondence between professional groups; a slow and inefficient approach. The ability of psychologists offering their services online for patients as direct service providers and to GPs as consultants can deliver better health outcomes for the community. This is especially significant for people in rural and remote communities. Not only are patients provided with access to high quality psychological services, other health practitioners can access a vital resource to increase the capacity of their local workforces. Given the recent move to a National Registration Scheme for psychologists, the traditional barrier of providing services to patients “out of state” is no longer an issue.

Recommendation 2: That planned Medicare rebates for online consultations also include case conferencing between patients, GPs and other specialty providers (including participation from psychologists and other allied health professionals).

Secondary consultation between GP and psychologists

Research has demonstrated the benefits of collaborative care. The extension of secondary consultation between GPs and psychologists will benefit all patients and particularly patients
living in outer metropolitan, regional and remote locations, where access to appropriate health professionals can be difficult. This means that people in these locations will have greater access to specialist psychology services and at greatly reduced costs. For example, accessing psychologists or clinical psychologist for mental health reviews or educational and developmental psychologists for confirmation of an ASD diagnosis; these arrangements enhance the role played by GPs in non-metropolitan locations by assisting to direct treatment in local areas and achieve more positive health outcomes for patients.

The GP after hours helpline initiative provides an ideal avenue to introduce secondary consultation between GPs and psychologists. Given the evidence provided above and the successful uptake of the initiative between GPs and psychiatrists, the extension to include psychologists is a logical one.

**Recommendation 3: That planned Medicare rebates for online consultations also include secondary consultations between GPs and psychologists.**

**Recommendation 4: The expansion of the GP after hours helpline to include psychologists to provide online support and advice.**

**Invest in infrastructure to support online consultations**

As stated above, allied health professionals and medical specialists do not have access to current Government incentives to make their practices ready for telehealth and e-health; Practice Incentive Program (PIP) incentives have enabled the vast majority of GP practices to be ready for online consultations. This has exacerbated existing gaps in communication between GPs and other health care providers – a hindrance to effective multidisciplinary care. Investments in infrastructure support for allied health and medical specialists to facilitate their uptake of telehealth and e-health technologies will lead to better outcomes for patients through enabling timely communication with GPs and patients.

**Recommendation 5: That financial incentives for telehealth specifically include all Medicare providers to facilitate multidisciplinary care and enhanced patient outcomes.**

**Improving e-health literacy and supporting ongoing research**

The APS urges the Department of Health and Ageing to consider two further issues in the context of this discussion paper: e-health literacy and support for ongoing research into the evaluation of the effectiveness of online consultations. It is perhaps not surprising that, e-health literacy is poor among allied health and medical specialists compared with GPs, given their lack of comparative support over the years. This situation needs to be addressed urgently. The Department should give consideration to working collaboratively with professional peak bodies and other stakeholders, such as Medicare Australia, to raise e-health awareness and literacy among MBS providers.

The issue of ongoing research also requires long term support from the Department. Evaluation of the cost effectiveness of funded programs will complement existing research conducted by universities into the clinical effectiveness of the various modes of e-therapies and interventions.
Inclusion of at least one allied health representative on the Department of Health and Ageing’s planned external advisory group, in addition to nominations from other health care provider groups, will allow allied health to have a voice and provide their perspective on the proposed initiatives. This will allow the Department to gain further insight into the operations of allied health practices, and obtain feedback of any proposed measures to modernise MBS for online consultations. Allied Health Professions Australia (AHPA), the peak body representing allied health in Australia, is ideally placed to nominate suitable representatives.

**Recommendation 6:** That the membership of the planned external advisory group be expanded to include allied health representation.

**Future initiatives for online programs**

While this submission responded to the issues outlined in the Discussion Paper by providing feedback on online consultations, the Department should be aware of the broader issue of online therapy programs. As mentioned at the beginning of this submission, Australian psychology practice is leading the world in providing evidence based online programs, which includes online as well as face-to-face therapies with additional support. Online therapies not only enable access to specialist psychology services for patients, there is evidence demonstrating their cost efficiency and clinical effectiveness. Several such programs are already in existence, including from university clinics based at Australian National University, Swinburne University (Melbourne) and Queensland University of Technology.

Any ongoing modernisation of the MBS system will need to take a broader perspective and examine the role that technology can play in assisting with the system’s efficiency and efficacy. Where there is evidence, structural adjustments need to be made to funding mechanisms to enable patients to access such online programs. This may even require the development of a new funding mechanism. The APS would be happy to work with the Department to progress this issue in the near future.

**About the APS**

The Australian Psychological Society (APS) is the peak body representing psychologists in Australia, with over 19,000 members. The APS is the largest of all non-medical health professional associations in Australia and has 40 State and Regional branches across Australia.

The APS aims to raise the profile of psychology and enhance its standing, both as a discipline and a profession through the support of high standards for the profession, the advancement of psychology as a science and its contribution to community wellbeing. APS psychologists work in a diverse range of employment settings and specialisations. The APS provides essential professional support in areas ranging from advice on best practice, ethics and workplace relations to professional development and media liaison. The wide ranging practice and research areas of psychology are recognised and supported by the APS through nine specialist Colleges, employment setting Divisions, a range of Interest Groups and an annual calendar of professional development activities and conferences.
References:
