Response to the Australian Government’s Discussion Paper

Connecting health services with the future: modernising Medicare by providing rebates for online consultation
SETTING THE CONTEXT

This response has been prepared by Rural Health West, the Fundholder in Western Australia for Outreach in the Outback which encompasses the range of measures funded by the Australian Government through the Medical Specialist Outreach Assistance Program (MSOAP).

Outreach in the Outback aims to improve access to medical specialists and multidisciplinary health teams for people living in rural and remote towns and communities in Western Australia. Outreach services are funded through the following programs:

- Outreach in the Outback - Specialist Services
- Outreach in the Outback - Indigenous Chronic Disease
- Urban Specialist Services
- Outreach in the Outback - Maternity Services
- Outreach in the Outback - Ophthalmology Services

The expansion of Medicare items to support greater utilisation of online consultations (telehealth) is strongly supported as it accords with the primary aim of Outreach in the Outback, to bring health services closer to home for Western Australians living in rural and remote towns and communities.

Outreach in the Outback currently utilises telehealth to deliver specialist consultative services across the specialties of Palliative Care, Rheumatology and Respiratory Medicine (Sleep Disorders) and is seeking to expand its engagement in telemedicine in 2011 through Telepsychiatry and the Maternity Services funding initiative.

The following commentary is offered within the context of the delivery of Outreach in the Outback services and from the perspective of the MSOAP Advisory Forum, which provides expert knowledge and advice on needs and priorities for MSOAP-supported services in Western Australia.
AVAILABLE INFRASTRUCTURE

The public health sector in Western Australia operates the most comprehensive telehealth system and offers the highest level of connectivity and technical support. Outreach in the Outback is reliant upon the public sector to deliver the majority of its telehealth specialist services.

Aboriginal Health Services and Divisions of General Practice also have videoconferencing technology of varying capacity and connectivity.

The Discussion Paper identifies that private practice “may face capital costs for the hardware, software and internet connection required to enable telehealth consultations, although many practices will have the necessary infrastructure in place.”

To ensure that the quality of the consultation is not compromised for the patient, it is recommended that consideration be given to identifying a minimum technical capacity/requirement for private practices to participate and access Medicare online consultation items.

One strategy to assess readiness of GPs to participate would be through a national audit of capability. This could be conducted through the Divisions of General Practice / Medicare Locals.
OPTIMAL PRACTICE MODELS

GP attendance at the telehealth consultation

The Discussion Paper proposes creating Medicare items so that the GP can attend the patient consultation with the Specialist. While this opportunity for the GP to be engaged in the telemedicine consultation it is strongly supported as an option, it is not current practice. To create a new paradigm wherein the expectation (both from the Government and the public) was that the GP would normally attend the consultation is not supported as this would place an additional burden on an already overworked sector.

However, it is recommended that Medicare telehealth items for GPs should include videoconferencing for a second opinion/discussion with peers prior to referral to specialist (as there are often long delays between GP referral and seeing specialist).

Virtual specialist outpatient clinics

The shortage of specialists in Western Australia would render the concept of ad hoc consultations unviable. The most likely model (as currently operates for Outreach in the Outback services) will be “virtual Outpatient clinics” – specialist sessions via telehealth instead of the traditional face-to-face Outpatient clinic appointments.

Other online models

The ACRRM\(^1\) models for Tele-Derm and Radiology Online provide good examples of how GPs can access information, education and specialist opinion. It is recommended that consideration be given to supporting the expansion of these online models into other specialties.

Recruitment

Western Australia has an ongoing shortage of specialists and it is always a challenge to recruit new local specialists to support expansions to Outreach in the Outback services. Specialists are already recruited from interstate for face-to-face services, but it may not be viable to utilise their services for expanded telehealth services if interstate systems / connectivity are not compatible.

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\(^1\) Australian College of Rural and Remote Medicine
Given the burden of chronic disease in Indigenous communities, which has been recognised by the Australia Government through the MSOAP Indigenous Chronic Disease initiative, it is strongly recommended that Aboriginal Health Workers be included in the list of clinical support staff. ²

² This group appear to be excluded from the list of authorised clinical support staff identified minutes from the first TAG meeting of 13 December 2010 (Page 2 – Settings and Support).
Outreach in the Outback has successfully utilised telemedicine for palliative care, rheumatology and respiratory medicine and will be expanding telemedicine services into psychiatry and maternity support in 2011. These are all discussion-based consultations as opposed to examining or procedural.

In 2009, the Remote and Rural Health Journal published an abstract of research undertaken on the telehealth priorities of rural and remote doctors and hospital administrators \(^3\). The results of the research indicated that:

- The top four telehealth priorities of health service managers in order were wound care, emergency, psychiatry and ophthalmology.
- The top four priorities of the doctors in order were psychiatry, wound care, emergency and ophthalmology.

The discussion from the research proposed that while the four top telehealth priority areas were similar for doctors and managers, the managers selected wound care as first priority, probably because it represents a common inpatient hospital problem. In contrast, doctors selected psychiatry as first priority as mental disorders comprise the third main burden of disease in WA and the second leading cause of disease in remote areas of Australia.

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\(^3\) Bahaadini K, Yogesan K, Wootton R. Health staff priorities for the future development of telehealth in Western Australia \textit{Rural and Remote Health} 9: 1164. (Online), 2009 Available from: http://www.rrh.org.au
FUNDING MODELS AND FINANCIAL INCENTIVES

The broader roll out of telemedicine needs to recognise the infrastructure, coordination and support required to make these interventions successful.

Most specialist services for rural patients in Western Australia are accessed in the public sector and in the North West of Western Australia, the public sector and Aboriginal Medical Services ARE the primary care sector. Thus funding models need to ensure appropriate access to the new online items so as not to create disincentives and patient disadvantage.

The Outreach in the Outback experience has been that Medicare billing is not viable for specialist consultations in many rural towns and communities in Western Australia which have small and highly dispersed rural populations. From an equity and health disadvantage point of view, these populations are high priorities for services but the diseconomies of scale caused by low patient numbers and the long distances that specialists must travel to service towns and communities, means that patient numbers are inadequate over a session or day to engender a reasonable income via Medicare billing.

Thus across Outreach in the Outback services in Western Australia, more than 52% of services (81/157 services) are delivered with the specialist receiving a workforce payment from Outreach in the Outback instead of billing Medicare. Of these, 100% of telehealth services have a workforce component as there is currently no other option to pay specialists.

While it is recognised that the rates for the new Medicare telehealth items cannot be so high as to create perverse incentives, consideration needs to be given as to how high need / low volume services could be supported, otherwise current inequities in access to services for small populations in remote communities will persist.
MANAGING REFERRALS

Managing referrals and scheduling patients for telehealth consultations are critical to the success of this initiative. While the initiative provides funding for the consultation itself, the real costs associated in coordinating the patient referral, arranging the booking across the GP/specialist interface and ensuring that the patient’s documentation/results are available for the consultation need to be addressed.

The Discussion Paper proposes that “this is an area where existing networks and support mechanisms within the medical profession will be particularly useful.” While this is true and where telehealth substitutes for face-to-face consultations the costs should be able to be absorbed, utilisation of telehealth may incur new and different administrative costs (see Appropriate Settings for Consultations below).

There could also be opportunities to leverage off existing WA Health telehealth technology, HR and established services.

Other internet based strategies that could assist in ensuring timely information sharing and reduce the administrative burden that the update will inevitably engender are:

- Online booking system linked to electronic referrals from GP to Specialist.
- Development of an electronic information bank - general warehousing facility - to which GP post patient results for the Specialist to access.
- Utilisation of MMEX for electronic information sharing for individual patients.
APPROPRIATE SETTINGS FOR CONSULTATIONS

The Telehealth Advisory Group minutes of 13 December 2010 identify suitable patient-end telehealth venues as being restricted to general medical practices, Aboriginal Medical Services and residential aged care facilities.

This is supported, because these facilities are sufficiently private environments, can manage infection control and have the capacity to provide the add-on supports considered critical to a patient-centred approach that offers:

- Meet and greet person
- Capacity to resolve technical issues
- Access to patient records
- Assist with access to local health services or health care interventions

For Western Australia approved patient-end telehealth venues should also include WA Country Health Service facilities as they are key providers of primary care services in rural and remote areas (and in the North West of WA they are the default primary care providers in many towns where no private practices exist).
TRAINING AND SUPPORT

The use of internet technology and videoconferencing for training and support is well utilised to support clinical staff in rural and remote areas of Western Australia. For example, Rural Health West provides regular Rural Doctors Broadcasts which can be heard live and on DVD and the WA Health Service provides significant training through the telehealth modality.

To support the implementation and ongoing delivery of this initiative, it is recommended that there dedicated training and support services are made available for users, which could potentially be delivered through Medicare itself or the emerging Medicare Locals.
CURRENT AND PROPOSED TELEHEALTH SERVICES

Outreach in the Outback has utilised telehealth for a number of years. The table below summarises those services that will be delivered via telehealth in 2011.

<table>
<thead>
<tr>
<th>Telehealth Health Specialty</th>
<th>Locations</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care</td>
<td>Broome, Kununurra</td>
<td>12</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Narrogin</td>
<td>4</td>
</tr>
<tr>
<td>Respiratory (Sleep Disorder)</td>
<td>Albany</td>
<td>34</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Albany</td>
<td>16</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

Key elements of these telehealth services are:

Payments to Specialists

All Specialists receive a workforce payment as this is the only available payment option. This may still be required even with the introduction of Medicare telehealth item numbers, due to low patient numbers in WA which has rendered the use of Medicare billing for more than 50% of Outreach in the Outback services unviable.

Telehealth infrastructure

The majority of these telehealth services are delivered utilising the public health system telehealth technology, for which Outreach in the Outback pays the State Department of Health a facility fee.

The Respiratory service to Albany utilises State Department of Health link in Perth for the specialist and a private facility in Albany that has the capability to link in to the State Department of Health network. This is made possible because the Specialist is a State Department of Health employee.

Utilisation of MMEX

It has been identified by the WA Health Cancer & Palliative Care Network that one of the reasons that telehealth works so well in the Kimberley is because they utilise the MMEX system. This enables the Specialist to access patient files from his office here in Perth via MMEX. Utilisation of the mix of telehealth and MMEX to support telemedicine consultations enabled a huge increase in patient consultations when the transition from face-to-face visits to telehealth occurred.

It is recommended that the utilisation of MMEX in conjunction with telehealth be considered as a secure and viable means for GPs and Specialists to share critical patient information.
Outreach in the Outback will also expand its engagement in telemedicine in 2011 through:

1. Conversion of most of the current approved palliative care services to a telehealth model of service delivery. This will be achieved through contractual arrangements with the Cancer & Palliative Care Network. The move to telehealth will increase access to services as well as service efficiency. Removing the need for travelling across large distances, service delivery via telehealth will enable the Specialist Anil to link in with patients across the region in a single session. This means accessing more patients, in less time at a significantly reduced cost when compared to the previous visiting service model.

2. Implementation of a new telepsychiatry service to Kununurra in the Kimberley region. This is a new service located at the Ord River Valley Aboriginal Health Service (OVAHS) and applies a blended model of face-to-face specialist visits and telehealth. OVAHS has installed non-standard teleconferencing equipment which is more expensive to operate and this means that the facility costs are higher for Outreach in the Outback as the funder.

3. It is also planned to deliver some of the services of the new Maternity Services funding initiative through telehealth. It is proposed that multidisciplinary teams will provide face-to-face diagnostic services in rural and remote areas in collaboration with local GPs, with backup to specialists in Perth via telehealth.
FUTURE TELEHEALTH PILOTS

Outreach in the Outback has developed expertise in working with specialists and telehealth network providers to establish viable telehealth services and would be keen to participate in future pilot services development and implementation.