



# Ongoing Telehealth – Strengthening Primary Care

## General Practitioners, Nurse Practitioners, Midwives, Practice Nurses and Allied Health Providers

The Australian Government's more than \$4 billion investment into the COVID-19 telehealth measure has supported universal access to quality healthcare. To date more than 85 million telehealth services have benefited more than 16 million patients, with close to 89,000 healthcare providers engaging with this type of service delivery.

From 1 January 2022, telehealth services introduced in response to COVID-19 will be ongoing. Eligible patients all around Australia will continue to have access to GP, nursing, midwifery and allied health services via telehealth where the health professional deems it clinically appropriate.

Further refinements to telehealth will be considered in the context of future primary health care reforms.

### From 1 January 2022:

- GP telehealth arrangements, including eligibility requirements and exemptions, will largely stay the same and arrangements for allied health will continue unchanged.
- Specific MBS items for GP telephone services for consultations longer than 20 minutes in remote and very remote regions will be reintroduced.
- The GP Level C (20+ minute) 'hotspot' telephone consultations that do not require an existing clinical relationship will cease, recognising Australia's high vaccination rates and move toward a 'COVID-normal' status. Patients in quarantine or isolation due to Public Health Orders can still access telehealth from any GP.

- Telehealth services will now be included in the calculation of Practice Incentives Program (PIP) and the Workforce Incentive Program - Practice Stream (WIP) payments. These programs will continue to provide funding for quality improvements and allied providers working in general practices, respectively.
- The pattern of practice '80/20 rule' that deters consistently high volumes of short duration services will now be inclusive of telehealth services. A new 30/20 telephone rule will be introduced to deter consistently high proportions of services provided by telephone only. These measures will help ensure patients continue to receive high quality and comprehensive Medicare services, including when provided by telehealth.
- Recognising the increased use of the new telehealth items and to avoid duplication on the MBS, pre-COVID telehealth items will be removed. Patient-end support services by GPs and other medical professionals that are linked to the pre-COVID specialist telehealth services will also be removed, but nurse, Aboriginal Health Worker and Optometrist patient-end support services will be retained.
- Medical specialist telehealth services introduced in response to COVID-19 will also continue, with refinements to better align with the changes made to GP telehealth services in July 2021.

## Eligibility for GP telehealth services

Patients will still need to have an existing clinical relationship with their GP telehealth provider to meet eligibility requirements. For each telehealth consultation, this means having had a face-to-face consultation with the same GP or another at the same practice in the past 12-months.

Limited exceptions that are currently available will continue to apply (refer [www.mbsonline.gov.au](http://www.mbsonline.gov.au))

Medicare funded telehealth is the next step in the modernisation of healthcare and ongoing primary health care reform. Continuing the linkage of GP telehealth to patients' known providers embeds continuity of care which is associated with better health outcomes, and recognises a patient's GP as their main care coordinator.

## Further Information

Detailed factsheets and supporting resources relating to ongoing telehealth arrangements will soon be made available on the MBS Online website ([www.mbsonline.gov.au](http://www.mbsonline.gov.au)), with more details outlining the changes from 1 January 2022.