

## INCREASING ACCESS TO ALLIED HEALTH TELEHEALTH SERVICES

AHPA and its members strongly believe that telehealth, also referred to as telepractice or telerehabilitation in the allied health context, is a key means of improving access to allied health services for people who may otherwise struggle to access care. AHPA acknowledges the work of the Minister for Regional Communications, Fiona Nash MP, and of the Minister for Health, Greg Hunt MP, in increasing access to mental health services via telehealth for people in rural and remote regions through changes to the criteria for Better Access to Mental Health Care Medicare rebates.

It is AHPA's position that extending the use of telehealth to a broader range of allied health professions and in a broader range of settings will be an essential way to manage workforce issues and access issues for consumers with disabilities, chronic illnesses and other health conditions. AHPA notes that access issues should not be seen as an issue only for people in rural and remote regions. Instead consumers in metropolitan regions such as frail-aged older people in residential aged care and people with disabilities may experience significant barriers to accessing services due to the difficulty, expense and physical impact of attending health consultations.

The AHPA position is underpinned by a strong evidence base showing that telehealth provides an effective alternative to direct treatment interventions and services delivered by a broad range of allied health professions. The accompanying reference pack developed by AHPA provides detailed examples highlighting the current state of knowledge about telehealth utilisation in allied health. A range of trials and initiatives have shown that a wide range of allied health services, covering diverse professions such as audiology, occupational therapy, pharmacy, physiotherapy, and speech pathology, can be successfully delivered via telehealth. AHPA further notes that telehealth not only improves access to services but also provides a demonstrated means of addressing workforce training issues.

AHPA believes that the timing is ideal for an expansion of the range of services that can access rebates for providing telehealth-based care. We recognise the strong growth in access to devices that enable telehealth among both consumers and practitioners, and the increased number of people using videoconferencing in their day-to-day lives. These factors means that the barriers to use of telehealth are smaller than ever before. However, AHPA notes that that there are still opportunities for the government to take a leadership role in addressing barriers and paving the way for funding of telehealth for allied health providers. A brief overview of the key barriers identified by AHPA is provided below.

### FUNDING

AHPA's position is that the primary barrier to uptake of telehealth is the restriction placed on funding by government and other funders of health services for the delivery of allied health services via telehealth. Currently allied health practitioners are ineligible for Medicare or DVA rebates for most services provided via telehealth. The recent Federal Government budget has expanded the eligibility criteria of Medicare Better Access to Mental Health items and will now allow mental health practitioners to claim rebates for the delivery of mental health services via telehealth to people living in rural and remote Australia. A similar expansion of eligibility criteria for government-funded allied health programs would represent an important step forward in terms of providing access to services for consumers. AHPA also notes that non-government funding, such as that provided by private health insurers, does not currently provide rebates for services provided via telehealth. AHPA recognises that the funding decisions made by private health insurers are outside of the control of the Australian government but believe that the government has an important role to play in advocating for increased recognition by both government and non-government funders that a wide range of health services can be provided effectively via telehealth.

## BROADBAND CONNECTIVITY

The most significant current technical barrier to use of telehealth by consumers and health practitioners is access to reliable broadband internet. A range of key health organisations, including the Australian Medical Association, have noted that connectivity in rural and remote regions remains a major barrier to the use of a wide range of digital health technology including telehealth and cloud-based health software. AHPA's engagement with allied health practitioners as part of the My Health Record participation trials in North Queensland and the Nepean Blue Mountains PHN regions showed that reliable internet connectivity was a major issue for many providers. While the National Broadband Network (NBN) is promising improvements to connectivity, the Telecommunications Industry Ombudsman 2015-16 Annual Report showed a high rate of complaints focused on the reliability of the NBN, with customers in rural and remote areas struggling with NBN satellite connections and sometimes experiencing prolonged outages as well as high overall costs. This suggests that there is a need for government intervention and greater engagement with rural health practitioners and providers of broadband services.

## CONSUMER AND PRACTITIONER TRAINING

The widespread availability of devices such as phones, tablets and computers with integrated webcams and the range of cheap, reliable video conferencing solutions means that the technological requirements for telehealth are no longer a significant barrier to entry for many consumers and practitioners. However, training is required for both practitioners and consumers to ensure that both are familiar with the types of technical solutions available and have an understanding of the differences between the options appropriate for private use and options that meet the technical and legislative requirements for use in health consultations. AHPA believes that this training is something that could be developed and driven by the Australian government and supported locally by Primary Health Networks. AHPA also believes that the allied health professional associations should be key partners in the development and dissemination of telehealth training materials.

## ABOUT ALLIED HEALTH PROFESSIONS AUSTRALIA

Allied Health Professions Australia (AHPA) consists of 22 national allied health professional association members\* and a further 7 associations with whom it is formally allied\*\*. The collective membership of these 22 national associations is almost 100,000 allied health practitioners, with almost 15,000 working in rural and remote localities in Australia. AHPA and its association members play a key role in promoting the role of allied health practitioners and in advocating for enhanced consumer access to their services.

Allied health professionals represent almost 20% of the health workforce, providing diagnosis, treatment and rehabilitation, often autonomously and across a variety of public, private and not-for-profit settings. Australia's 175,000 allied health professionals deliver an estimated 200 million health services annually. Allied health is considered one of the three pillars of health care provision in Australia along with medical and nursing services.

*\*Professions represented by association members:*

*Art Therapists; Audiologists, Chiropractors, Dietitians, Exercise Physiologists, Genetic Counsellors, Music Therapists, Occupational Therapists, Optometrists, Orthoptists, Orthotist/Prosthetists, Osteopaths, Pharmacists, Physiotherapists, Podiatrists, Perfusionists, Psychologists, Radiographers, Rehabilitation Counsellors, Social Workers, Sonographers and Speech Pathologists.*

*\*\*Professions represented by organisational friends:*

*Audiometrists, Diabetes Educators, Diversional Therapists, Hand Therapists, Myotherapists, Podotherapists and Practice Managers.*