

POSITION STATEMENT



**Allied Health
Professions
Australia**

Providing telehealth access to Medicare-funded allied health services

This position statement has been developed by Allied Health Professions Australia (AHPA) and its member associations to support the work of the Medicare Benefits Schedule (MBS) Review Allied Health Reference Group. We particularly acknowledge the work of the Dietitians Association of Australia (DAA) in the development of this statement.

1. Introduction

Telehealth is increasingly being recognised as an effective way to improve access to health services for people living in regions where access to certain services may be limited. A wide body of research has demonstrated that telehealth consultations can be equivalently effective for patients and improve continuity of care and overall patient outcomes.

2. Recommendations

AHPA recommends that consideration be given to expanding the eligibility of current Medicare allied health items covering Chronic Disease Management, Type 2 Diabetes items, and Autism and PPD so that telehealth service delivery is available as an alternative for face to face consultation for all items for patients living in rural and remote areas. We recommend that a similar definition is used as for other telehealth-based items with rural and remote defined as regions outside of a major city (RA1 using the Australian Standard Geographical Classification - Remoteness Area (RA) classification).

3. Rationale

One third of Australians live in rural and remote locationsⁱ. The Australian Bureau of Statistics reports that people living outside major cities in Australia were more likely to have long-term health conditions including arthritis, asthma, back problems, deafness, long-sightedness, diabetes, heart, stroke and vascular diseaseⁱⁱ. Allied health practitioners have a significant role to play in managing these and other health conditions.

Despite the greater burden of disease in rural and remote locations, access to health care is poorer and health needs are less likely to be met. Of additional concern is the difficulty in coordinating care, achieving continuity of care and monitoring health outcomes due to the intermittent delivery of serviceⁱⁱⁱ.

Telehealth has proven to be an efficient and effective response to these challenges. State funded health services and non-government organisations have been using telehealth for some time. Medicare provides limited access through MBS items such that:

- Medical practitioners, nurse practitioners, midwives, practice nurses, and Aboriginal health workers are able to utilise videoconferencing-based consultations.

- Medical practitioners can videoconference where the care recipient is in a residential aged care facility.

In 2017, the Federal Government announced that it had expanded the eligibility criteria of the Medicare Better Access to Mental Health items to allow mental health practitioners (psychologists, social workers and occupational therapists) to claim rebates for the delivery of mental health services via telehealth to people living in rural and remote Australia. In making the announcement, Ministers Hunt and Nash noted their goal of ensuring that people living in rural and remote regions of Australia will get the same access to care as those living in major cities.^{iv}

Despite the evidence of efficacy of telehealth, the MBS is currently failing to support increased access by patient groups with geographic or other access issues by requiring face-to-face consultation for allied health Chronic Disease Management items. Services must also be delivered in person for Type 2 Diabetes services (diabetes educators, dietitians, exercise physiologists) and for children with autism or pervasive developmental disorder services (audiologist, occupational therapist, optometrist, orthoptist, physiotherapist, psychologist, speech pathologist).

Telehealth efficacy

Telehealth is taken to mean patient consultations that use any form of technology, including but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face consultations. This paper considers telehealth in the context of rural and remote environments, but it is noted that multiple other applications have been demonstrated to improve access to care in a variety of locations, e.g. residential aged care or home, for frail older people, people with a disability, people with agoraphobia or people with caring responsibilities that make attending an appointment difficult.

Telehealth should not seek to replace existing services but to enhance access where no accessible services exist or where specific or specialised services are not available in an area e.g. specific expertise in paediatric interventions or eating disorders management.

Published trials and initiatives have shown that a wide range of allied health services such as dietetics, can be successfully delivered via telehealth. Telephone coaching for people with chronic conditions can improve health behaviour, self-efficacy and health status^v. A range of research has shown that dietetic telehealth interventions can support dietary behaviour change^{vi}, improved metabolic parameters in individuals with metabolic syndrome^{vii}, improved diet quality, improved systolic blood pressure, improved blood lipid values, weight loss^{viii,ix,x,x}. Similarly, other research shows that tele-rehabilitation can produce similar results for musculoskeletal injuries^{xi} and can provide an effective means of assessing dysphagia or treating patients with Parkinson's for speech pathologists^{xii, xiii}. Exercise physiology interventions delivered via telehealth result in increased physical activity levels^{xiv,xv}.

The use of telehealth for allied health professions enables:

- Similar outcomes in terms of chronic disease management for patients
- Improved access to services to reduce the risk of comorbidities and complications
- Reduced travel cost, time and inconvenience for patients
- Opportunities for new models of coordinated care in rural areas.

When consulting using telehealth, the treating allied health professional should be confident that the technical solution they choose is: capable of providing sufficient quality for the clinical service being provided; and sufficiently secure to ensure normal privacy requirements for health information are met. The treating allied health professional will need to be confident that the

technology used is able to satisfy the item descriptor and that software and hardware used meets the applicable laws for security and privacy^{xvi,xvii}.

4. Funding Considerations

AHPA does not have access to sufficient data to model the likely cost of this change. However, we believe that it should be relatively easy for the Department to access current usage data for these item groups and data detailing the uptake of the Better Access telehealth items to determine the likely financial impact. AHPA notes that additional investment in access for rural and remote consumers is likely to provide very significant health benefits for communities with the highest rates of chronic illness and reduce costs to the health system.

5. References

ⁱ Australian Bureau of Statistics. 4102.0 - Australian Social Trends, 2008.

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter3002008>

ⁱⁱ ABS (Australian Bureau of Statistics) 2015. National Health Survey: First Results, 2014–15. ABS cat. no. 4364.0.55.001. Canberra: ABS.

ⁱⁱⁱ Bradford NK, Caffery LJ, Smith AC. Telehealth services in rural and remote Australia: a systematic review of models of care and factors influencing success and sustainability. *Rural and Remote Health* 2016; 16: 3808. (Online) Available: <http://www.rrh.org.au>

^{iv} <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2017-hunt035.htm>

^v Dennis SM; Harris Mark, Lloyd J, Davies GP; Faruqi N, and Zwar N. Do people with existing chronic conditions benefit from telephone coaching? A rapid review [online]. *Australian Health Review* 2013; 37: 381-388.

^{vi} Eakin EG, Lawler SP, Vandelanotte C et al. Telephone interventions for physical activity and dietary behaviour change. *Am J Prev Med* 2007; 32: 419 – 434.

^{vii} Harris MF, Jayasinghe UW, Taggart JR et al. Multidisciplinary team care arrangements in the management of patients with chronic disease in Australian general practice. *Med J Aust* 2011; 194: 236 – 239.

^{viii} Kelly JT, Reidlinger DP, Hoffmann TC, Campbell KL. Telehealth methods to deliver dietary interventions in adults with chronic disease: a systematic review and meta-analysis. *Am J Clin Nutr* 2016; 104: 1693 – 1702

^{ix} Rollo ME et al. Video consultations and virtual nutrition care for weight management. *JAND* 2015; 115: 1213 – 1225 <http://dx.doi.org/10.1016/j.jand.2015.03.016>

^x Miller KE et al. Efficacy of a telephone-based medical nutrition program on blood lipid and lipoprotein metabolism: Results of Our Healthy Heart. *Nutr Diet* 2018; 75: 73 - 78

^{xi} Cotrell M. Real-time telerehabilitation for the treatment of musculoskeletal conditions is effective and comparable to standard practice: A systematic review and meta-analysis. *Clin Rehabil* 2016; 31: 625 – 638. sagepub.co.uk/journalsPermissions.nav

^{xii} Ward EC, Burns CL, Theodoros DG, Russell TG. Evaluation of a Clinical Service Model for Dysphagia Assessment via Telerehabilitation. 2013. *International Journal of Telemedicine and Applications*. Volume 2013, Article ID 918526. <http://dx.doi.org/10.1155/2013/918526>

^{xiii} Theodoros DG, Hill AJ, Russell TG. Clinical and Quality of Life Outcomes of Speech Treatment for Parkinson's Disease Delivered to the Home Via Telerehabilitation: A Noninferiority Randomized Controlled Trial. *Am J Speech Lang Pathol* 2016; 25: 214 – 32. Downloaded From: <http://ajslp.pubs.asha.org/>.

^{xiv} James EL, Ewald BD, Johnson NA, Stacey FG, Brown WJ, Holliday EG, Jones M, Yang F, Hespe C, Plotnikoff RC, "Referral for Expert Physical Activity Counseling: A Pragmatic RCT", *Am J Prev Med*. 2017 Oct;53(4):490-499. doi: 10.1016/j.amepre.2017.06.016. Epub 2017 Aug

^{xv} Ewald B, Stacey F, Johnson N, Plotnikoff RC, Holliday E, Brown W, James EL, "Physical activity coaching by

Australian Exercise Physiologists is cost effective for patients referred from general practice" Aust N Z J Public Health. 2018 Feb;42(1):12-15. doi: 10.1111/1753-6405.12733. Epub 2017 Nov 22.

^{xvi} Bennell KL, Nelligan R, Dobson F, et al. Effectiveness of an internet-delivered exercise and pain-coping skills training intervention for persons with chronic knee pain: A randomized trial. Ann Intern Med 2017;166:453-462

^{xvii} MBS Online: Information on video consultations and other telehealth programs.

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-clinicalpract>