Australian Government

Department of Health, Disability and Ageing

Secretary

Committee Secretary
Joint Committee of Public Accounts and Audit
PO Box 6021
Parliament House
Canberra ACT 2600

Dear Committee Secretary

I am writing in relation to the Joint Committee of Public Accounts and Audit (JCPAA) *Report 505: Inquiry into Policy and Program Design and Implementation*, Recommendation 10:

> *The Committee requests that the Department of Health and Aged Care reports back on improvements to performance and impact measuring related to the telehealth expansion MBS items within 12 months of the date of this report.*

The department continues to implement amendments to Medicare Benefits Schedule (MBS) telehealth items to align with contemporary clinical evidence and research. It should be noted that these amendments are part of a much broader program of work and legislative amendments to ensure that the MBS remains clinically appropriate and up to date. The MBS establishes rebates for more than 6000 clinical services, which require monitoring and impact measurement. Given the volume of services, this is usually managed at an outcome and program level, rather than 'project' level.

An independent post-implementation review of MBS telehealth services was conducted as part of the MBS Continuous Review program. The MBS Review Advisory Committee (MRAC) conducted the review. The MRAC considered the efficacy, performance, and impact of MBS telehealth services. This included independent reviews of published research, and both targeted stakeholder and public consultation.

Phone: (02) 6289 8400 **Email:** Blair.Comley@health.gov.au
Yaradhang Building, 23 Furzer Street, Woden ACT 2606 - GPO Box 9848 Canberra ACT 2601 - **www.health.gov.au**

The MRAC final report, published on 7 June 2024, included ten recommendations. It broadly affirmed current MBS policies in relation to the balance of access to services (including equity of access to services) and quality of services, and identified opportunities for improvement. As of 1 November 2025, 8 of 10 MRAC recommendations relating to telehealth services have been implemented in full, and two partially implemented.

Implementing MRAC telehealth recommendations has increased the range of MBS telehealth services to improve flexibility and equitable access. Amendments to eligibility criteria emphasise continuity of care, particularly for non-referred telehealth consultations.

The alignment of MBS items with evidence-based clinical practice supports clinicians to determine the most appropriate care for their patients. Choosing whether telehealth services are suitable is a clinician's responsibility.

As noted in the Executive Minute response to Report 505 - Recommendation 10, MBS telehealth items are included in published MBS data, and core measures of MBS performance and impact. These are included in the Department of Health, Disability and Ageing Portfolio Budget Statement performance measures for Outcome 2.1, Medical Benefits.

There is no recommended target number or proportion of telehealth services, and the MRAC has affirmed that in-person care remains the preferred standard. It is important to note that patient outcomes cannot be directly attributed to specific MBS items or service types, as the Medicare program does not collect data at that level of granularity.

Yours sincerely

[redacted]

Blair Comley PSM

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