

## MBD input: Joint Standing Committee on the National Broadband Network – public hearing

8 September 2020

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### Key facts and figures on Medicare telehealth services

#### COVID-19 telehealth services

Since 13 March 2020, 283 new temporary MBS telehealth and telephone services have been established, mirroring existing face to face services. These items were added to assist in reducing the spread of COVID-19 and protecting the vulnerable, while maintaining patient access to essential health services.

Since implementation to 31 August 2020, approximately 28.0 million COVID-19 telehealth services have been provided to 10.15 million patients by 76,400 providers.<sup>1</sup>

Of these services, approximately 23.4 million (83.6%) were provided by GPs, 3.1 million (11.1%) by specialists and 1.2 million (4.3%) by allied health providers.

The distribution of COVID-19 telehealth services by region shows a similar trend to MBS overall, with proportionately better access in major cities (Table 1). Approximately 76.5% of the COVID-19 telehealth services were provided in metropolitan areas, although proportionately more telehealth services have also been delivered in Modified Monash 3-5 regions compared to the MBS overall. Provision of telehealth in Modified Monash 6-7 regions is similar to the whole of MBS.

*Table 1 Distribution of MBS services by Modified Monash Region and Year (Jan- Aug)*

	MM1	MM2	MM3	MM4	MM5	MM6	MM7	Unkn
2018	81.4%	7.6%	5.5%	2.5%	2.2%	0.4%	0.3%	0.8%
2019	81.6%	7.6%	5.4%	2.4%	2.2%	0.4%	0.3%	0.1%
2020	81.2%	7.9%	5.5%	2.5%	2.3%	0.4%	0.3%	0.1%
COVID-19 only	76.5%	8.0%	7.2%	3.9%	3.7%	0.4%	0.2%	0.1%
Population distribution <sup>2</sup>	70.5%	8.9%	6.2%	4.0%	8.1%	1.2%	1.0%	0.0%

Specific mental health services follow a similar trend, with proportionately more services delivered in metropolitan areas (85%).

#### Proportion COVID-19 telehealth by phone or video conference

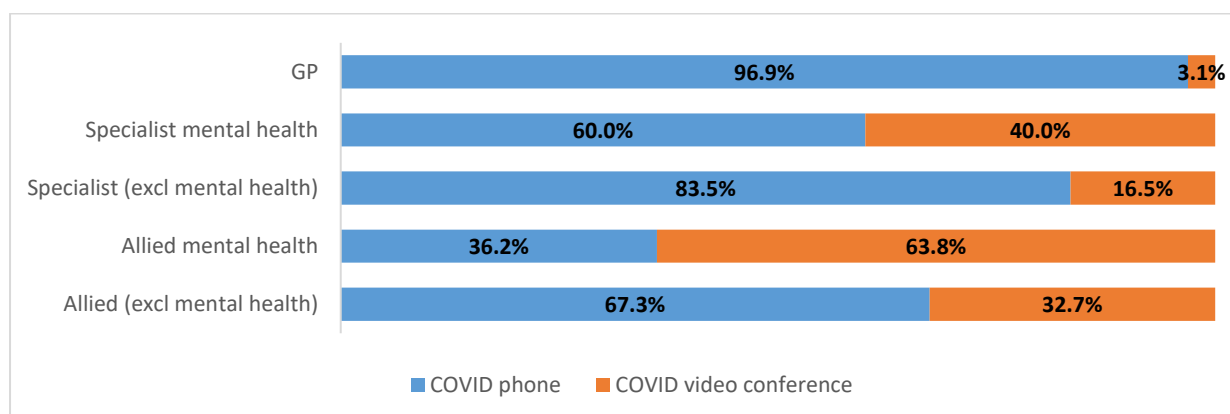
Since introduction of the COVID-19 telehealth MBS items to 31 August 2020, GPs provided 96.9% of COVID-19 telehealth services via telephone and only 3.1% via video conference.

Specialist and allied mental health providers demonstrate significantly greater use of video conference over the same period, with only 60.0% and 36.2% of COVID-19 services provided via telephone (Figure 1).

<sup>1</sup> Department of Health analysis of unpublished MBS data

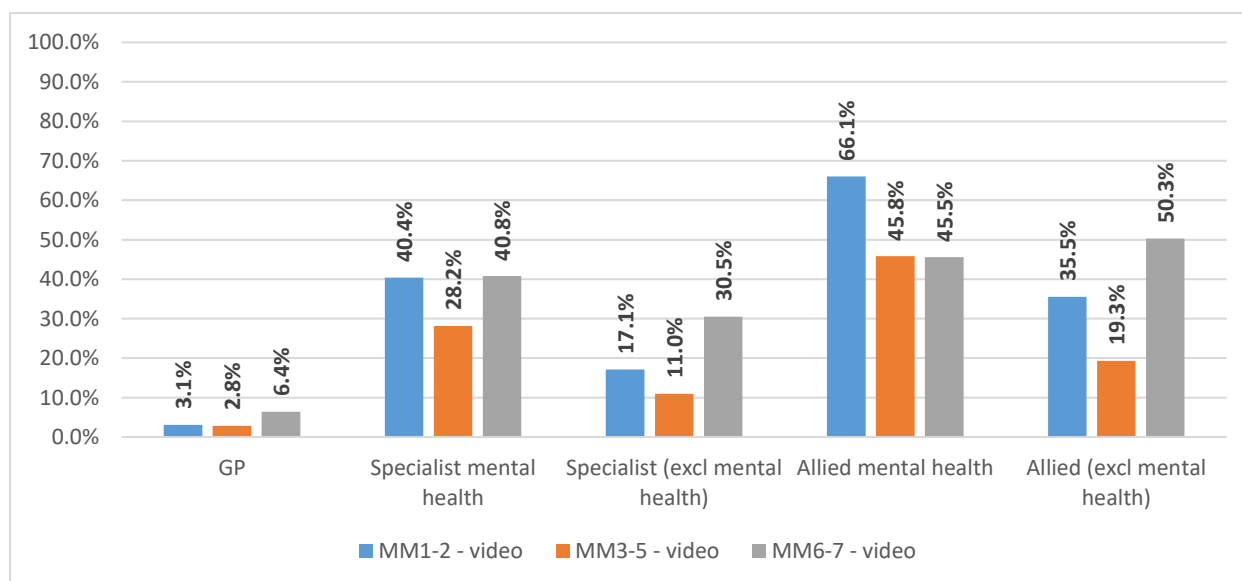
<sup>2</sup> Based on 2016 census

Figure 1: COVID-19 telehealth MBS services by modality and provider (March to August 2020)



While video consultations represent a lower proportion of telehealth services overall, proportionately more video services are provided in MM6-7 regions by most provider groups (Figure 2). This is the case for GPs, specialist, and allied health but not allied mental health. Video consultations represent the majority of telehealth services for MBS psychological therapy and focused psychological services items in MM1-2 regions.

Figure 2: Percentage of COVID-19 telehealth services provided by video



### Substitution of regular GP services with COVID-19 telehealth

Between 1 April and 31 August 2020, GPs transitioned approximately 30.9% of their services to COVID-19 telehealth services. In comparison 38.4% and 35.6% of mental health MBS services were provided via COVID-19 telehealth items, for allied health providers and specialists respectively. Only 3.0% and 20.5% of non-mental health services provided by allied health providers and specialists respectively were delivered via COVID-19 telehealth items.

The proportion of services delivered using COVID-19 telehealth items also varies by region, and by jurisdiction. Between 1 April and 31 August 2020, a higher proportion of services in rural and remote communities remain face to face (Table 2).

*Table 2: GP services – Number and type (April to August 2020)*

<b>Region</b>	<b>Total GP services</b>	<b>Face to Face</b>	<b>Video</b>	<b>Phone</b>
<b>1. Metropolitan</b>	53,672,487	68.8%	0.9%	30.3%
<b>2. Regional Centres</b>	6,084,440	69.9%	0.8%	29.3%
<b>3. Large Rural Towns</b>	4,993,468	66.7%	0.9%	32.4%
<b>4. Medium Rural Towns</b>	3,149,400	69.6%	0.7%	29.7%
<b>5. Small Rural Towns</b>	3,459,158	72.9%	0.7%	26.4%
<b>6. Remote Communities</b>	501,985	79.3%	0.8%	19.9%
<b>7. Very Remote Communities</b>	290,799	84.3%	1.9%	13.8%
<b>Unknown</b>	88,298	68.7%	0.8%	30.4%

The increase in community transmission in Victoria since July has correspondence with an increase in the proportion of telehealth services. This contrasts with jurisdictions where the burden of COVID-19 is lower, although this may be one of many factors that affect providers' and patients' use of telehealth services. Since July, 50.2% GP services in Victoria have been provided by telehealth compared to 27.2% in New South Wales and 17.0% in WA.

#### Pre-COVID-19 telehealth items on the MBS

Medicare telehealth services have been available since 2011, with the recent COVID-19 response expanding the range of services and eligible populations. Pre-COVID-19 telehealth services include:

- video consultations by specialists, consultant physicians and psychiatrists - for eligible patients who do not live in a metropolitan area;
- attendance by a range of health care providers to provide clinical support to patients who do not live in a metropolitan area, during video consultations with specialists or consultant physicians; and
- GP and allied mental health services for patients who live in regional, rural, remote and very remote locations.

Claims for services using these MBS items have increased every year since their introduction. Increases in these services are larger in 2019-20 than in recent years, with an increase of 62% when compared to the previous financial year (384,300 in 2019-20 compared to 236,910 in 2018-19).

The increase in the use of these services aligns with the COVID-19 response. This corresponds with notable increases in the number of providers claiming these services. Allied mental health services demonstrated the most significant increase (260%), with total service volume of 40,926 for the financial year 2019-2020.