

Andrew Simpson
Assistant Secretary
Primary Care Response Team
Australian Department of Health
surgicalservices@health.gov.au

Dear Mr Simpson

Thank you for the opportunity for the Australian Private Hospitals Association (APHA) to respond to Stage 5 of the critical work of transforming the Medical Benefits Schedule (MBS) to support Australians impacted by COVID-19. The APHA feedback on Stage 5 has been included in the feedback framework provided, however, there are some additional overarching comments the APHA wishes to make regarding the COVID-19 telehealth MBS items, detailed below.

These comments are also likely in our view to apply to items from stages 1–4 which were not provided to the APHA for consultation purposes. The APHA submits any treatment not requiring the specialist to physically touch the patient or personally conduct a procedure could potentially be provided by telehealth in extenuating circumstances as outlined below. It has not been possible in the brief time allowed in this consultation for the APHA to provide a comprehensive list of MBS items but we submit for your reference schedules 5–7 of the [Private Health Insurance \(Complying Product\) Rules 2015](#).

Please note the APHA is not proposing all the items within these schedules are necessarily meeting the criteria outlined in this letter, however, we note all of these are used from time to time by specialists treating patients in private hospitals. Potential specialties could include psychiatry, rehabilitation, chemotherapy, dialysis (note in the private sector, these latter two are regarded as admitted patient treatments) and treatment by physicians and other non-procedural specialists who admit patients to hospitals.

The APHA urges the Department of Health to immediately provide for extenuating circumstances to allow for the specialist telehealth items to admitted patients. There are a number of scenarios where access to MBS telehealth items will enable specialists (commonly known as visiting medical officers) who cannot attend in person without breaching COVID-19 restrictions to consult hospital inpatients and to participate in case-conferencing and ward rounds.

These extenuating circumstances should focus on where the specialist is under mandatory isolation, in quarantine, or subject to travel restrictions, or is classed as a 'vulnerable health practitioner' (as per the government definition) and is thus unable to attend face-to-face with patients. These circumstances, whilst not to be used to replace most attendances, are essential to apply to inpatients due to:

- The therapeutic relationship. In certain specialties (such as psychiatry) the relationship with the individual specialist is crucial for safety and continuity of care. It is generally inadvisable to transfer care to another specialist for an extended period rather than a session here or there.

- Lack of alternative treating specialist. Patients in private hospitals are the responsibility of their treating specialist. In many cases, it is not like the public system where staff doctors would be around to see the patient.
- Travel restrictions. Some areas of Australia rely on visiting specialists, sometimes referred to as fly-in fly-out (“FIFO”) specialists. However, with the current restrictions on domestic travel, including between jurisdictions and between regions within some jurisdictions, patients benefitting from these visits will no longer be able to access private care without telehealth arrangements in place.

Patients who are treated as hospital in the home patients are currently classified as admitted patients. Therefore all of the above issues also apply to them.

It is essential and clinically appropriate for specialists to be provided the flexibility of using the new telehealth MBS items for admitted private patients under the above and similar circumstances.

The APHA would appreciate implementation of changes necessary to allow for private patients to receive the care they need from the specialists even if they are admitted patients.

A parallel set of changes would also need to be made to enable treatment provided to clients of the Department of Veteran Affairs.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Meke Kamps', with a large, sweeping flourish extending from the end of the signature.

Meke Kamps
On behalf of Lucy Cheetham
DIRECTOR POLICY AND RESEARCH
Australian Private Hospitals Association
1 April 2020