



Private Healthcare Australia
Better Cover. Better Access. Better Care.



Explanatory note – inpatient telehealth psychiatry on the Medicare Benefits Schedule

September 2024

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About Private Healthcare Australia (PHA)

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 22 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for 14.9 million Australians.

Introduction

Australia's private health system cares for most Australians receiving hospital based mental health care. Australian Institute of Health and Welfare data shows private hospitals performed about 62% of inpatient mental health care in 2022-23. In 2023, mental health disorders were the top cause of hospital admissions for private health insurance members aged under 60.

Response

Private Healthcare Australia (PHA) offers the following recommendations to protect vulnerable patients by ensuring safety, quality of care through sound evaluation, and appropriate guidelines.

We support telehealth, in principle, as a useful option for particular patient groups in special circumstances to enable mental health care access. However, for the protection of the public, the quality, safety and evaluation component of the trial needs to be properly specified before implementation. Without doing so, the government will be unable to comprehensively reassure the public that appropriate standards have been maintained.

Quality guidelines

PHA recommends the government engage the Royal Australian and New Zealand College of Psychiatrists (the College) to update their published guidelines to apply to admissions to psychiatric hospitals.

Consistent with current outpatient practices, these guidelines should cover, at a minimum:

- The need for an established relationship between the doctor and the patient
- The appropriate ratio between in-person consultations and telehealth consultations
- The number of days before a physical medical examination is essential for a mental health patient
- Appropriate clinical algorithms for clinical management where psychiatrists rely on telehealth consultations
- Documentation, data collection and reporting standards for adverse events
- Which diagnostic categories are appropriate for telehealth (for admissions and ongoing inpatient treatment), and which are contra-indicated
- The training requirements for admitting doctors (for example, Fellowship or equivalent) to ensure safety, ethics (including maintaining boundaries) and risk minimisation with telehealth consultations
- Minimum technology standards for secure and appropriate consultations

- Quality protocols, to ensure patient safety and confidentiality
- Quality protocols for nurse support required when medical care is provided remotely
- Support standards for nurses undertaking care when the medical care is provided remotely, and
- Ensuring medical indemnity insurance covers practitioners' activity.

Ethical framework

PHA is concerned about maintaining appropriate standards of health provision to its members. We seek assurances that the government will implement appropriate guardrails to prevent a deterioration of clinical care. Given supply limitations in private hospitals, there may be a temptation for them to provide financial incentives or pressure on psychiatrists leading to low value care. The precedent of telehealth platforms being used to promote lucrative but low value medical services in pharmaceutical solutions for hair loss, erectile dysfunction, teeth whitening, and weight loss provide examples of the risks of low value or poor-quality care. Further, the government ought to be concerned about market forces that have created artificial supply shortages.

PHA recommends the Australian government ask the College to provide a statement on the ethical guidelines about transparency concerning financial incentives and coercive contracting practices used by technology and communications companies.

Sound evaluation

PHA asks the Department, as a matter of urgency, to set up a robust evaluation framework to determine the safety, efficacy and economic outcome metrics of the proposed trial measure. The patient population involved is particularly vulnerable and more so if they need hospital care. This evaluation should include quantitative and qualitative measures e.g. admission durations, readmission rates to hospital, patient reported experience measures and patient reported outcome measures.

Given the dearth of published evidence regarding telehealth for psychiatric admissions and inpatient consultations, PHA recommends the evaluation be conducted by a leading University with a medical school under independent academic supervision. The evaluation should include publication of the results in the academic literature. Ideally a control group would be established.

PHA recommends the Department establish a stakeholder steering group to support the evaluation. This steering group should comprise consumers with lived experience, health funds, medical indemnity insurers, private hospitals, academics, and clinical representatives. This is process that needs considerable planning in advance of the commencement of the trial. A collaboration between the stakeholders will increase the prospects that the community will accept the outcome of the trial evaluation.

Accountability

PHA recommends the Australian Government disclose its estimates and assumptions for usage and expenditure for the new Medicare items and its impact on the supply of outpatient psychiatric services. This will assist the evaluation, and help the community understand the anticipated effects of the proposed measure, including for health insurance premiums.

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