

Level 11, 257 Collins Street Melbourne VIC 3000 PO Box 38 Flinders Lane VIC 8009 T: (03) 8662 3300

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Mr Michael McGillion Audit Manager Audit Team, Expansion of Telehealth Services Performance Audit Services Group Australian National Audit Office (ANAO)

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Dear Michael,

### RE: ANAO audit of the Australian Government Department of Health's management of the expansion of telehealth services in response to the COVID-19 pandemic

The Australian Psychological Society (APS) is pleased to have been invited to respond to this ANAO audit consultation about the expansion of telehealth services in response to the COVID-19 pandemic.

We have organised our response according to the five questions provided in the consultation invitation while noting this audit of telehealth expansion is concerned with the extent to which the expansion was: informed by robust planning and policy advice; supported by sound implementation arrangements; and whether monitoring and evaluation led to improvements.

As with all our work at the APS, we consider the issues in light of the Sustainable Development Goals (SDGs)<sup>1</sup>. Of relevance to the telehealth context is *SDG 3 Good Health and Wellbeing* which aims to "ensure healthy lives and promote well-being for all at all ages" and includes targets such as promoting mental health and access to quality essential health-care services.

If any further information is required from the APS, we would be happy to be contacted through the national office on (03) 8662 3300 or by email at <u>z.burgess@psychology.org.au</u>

Yours sincerely

Ms. Tamara Cavenett FAPS GAICD President Dr Zena Burgess, FAPS FAICD Chief Executive Officer

### 1. How has the expansion of telehealth impacted your organisation and members?

## 1.1 Telehealth expansion has benefitted the Australian community by increasing access to psychological services

The APS would like to take this opportunity to commend the Australian Government on the decision taken in December 2021 to make permanent the telehealth Medical Benefits Scheme (MBS) items for psychological services which were initially introduced as a temporary COVID-19 measure. Past and recent research reviews demonstrate positive outcomes of psychological support delivered via telehealth, including for depression, post-traumatic stress disorder (PTSD), and anxiety disorders, and that these outcomes are generally equivalent to in-person psychological care across various age groups and populations (e.g., veterans) and evidence-based therapies (e.g., CBT, acceptance and commitment therapy, interpersonal therapies)<sup>see e.g., 2-10</sup>.

The Government's decision to continue to provide the same rebate for telehealth and in-person sessions (i.e., telehealth as a one for one substitute for in-person sessions) aligns with the evidence that quality psychological services can be delivered flexibly and safely via different modalities. Telehealth has also been welcomed by the Australian community – evidence and feedback from our members demonstrates that telehealth has a good degree of acceptability by clients and is a preferred way for many clients to access psychological services, as described in more detail in the dot points below.

The most significant benefit of the telehealth expansion to the Australian community is increased accessibility to psychological services. Improved access has come at a time of unprecedented demand for mental health support during the COVID 19 pandemic, in addition to pre-pandemic requirements for psychological services<sup>11-14</sup>. Indeed, services claimed under the MBS Better Access Program show that during 2019-2020, the number of client services attended via videoconference increased three-fold, and almost half of total mental health consultations in Australia were provided via the telehealth item numbers<sup>15</sup>.

Without telehealth services during the pandemic, many psychologists would not have been able to continue to provide support to clients due to health regulations associated with lockdowns, especially in Victoria, or due to their own health or vaccination status. Without telehealth, many psychologists could not have remained in business due to difficulty obtaining, and high overheads associated with, PPE and other infection control measures<sup>16</sup>, further reducing the already stretched psychological workforce during a time of surging demand for mental health support.

APS members unanimously (96%) support telehealth for improving access to psychological service delivery, citing the following benefits for their clients, which have also been reported in the literature see, for example 16–20:

- Telehealth helps people access psychologists irrespective of their geographical location, for example, people located in regional, remote and very remote parts of Australia<sup>21,22</sup> or people seeking psychologists with specific competencies including language or cultural competencies that might not otherwise be available in their local community<sup>23</sup>.
- Telehealth can increase inclusion and enable people with physical and psychosocial ill-health and disabilities an alternative way to access psychological services from the comfort and safety of their home rather than in a clinic setting, for example, clients who cannot leave their homes at times due to debilitating symptoms (e,g., poor mobility, panic, aggressive behaviour)<sup>24,25</sup>. Some clients may also prefer the privacy of the online environment and would otherwise avoid accessing treatment due to the social stigma associated with attending clinic settings.
- Telehealth provides opportunities for enhanced clinical efficacy by bringing therapies into clients' environments more efficiently and cost-effectively, for example, delivering exposure therapy for anxiety<sup>25</sup>.

- Telehealth increases accessibility to psychological services by reducing clients' financial and time-related costs, for example, eliminating travel time and costs associated with car travel or public transport, which may be unaffordable for some clients<sup>24,25</sup>.
- Telehealth offers continuity of psychological care for clients with caring responsibilities or other personal circumstances that may disrupt their access to care, for example, parents with children, FIFO workers, carers of people with illness or disability<sup>25</sup>.
- Telehealth reduces cancellations/no-shows and other overheads for clinicians, which in turn can increase their capacity for service provision, for example, more completed client sessions, ability to offer bulk billing to more clients<sup>5</sup>.
- Telehealth can increase efficiency and safety for clinicians and provide some with the capacity to see more clients (through for example, reduced travel time, quicker transitions between clients, increased ability to offer after hours appointments)<sup>3,17</sup>. Making the most efficient use of the already stretched psychological workforce is critical given that recent estimates are that Australia has only 35% of the required psychology workforce<sup>26</sup>. Surges in help-seeking for mental health issues during the pandemic, especially in the lockdown periods, has seen wait lists for psychologists extend up to 6-12 months and one in three psychologists have closed their books, compared to one in 100 before the pandemic<sup>27,28</sup>.

The response from our members about how telehealth has improved access for their clients has been overwhelmingly positive. There have, however, been challenges for some clients reported by our members and reflected in the literature that has meant telehealth has been inappropriate, or clinicians have had to adapt their practices quickly for telehealth delivery, including:

- Limited capabilities or interest by some individuals/cohorts to use technology to access psychological support<sup>24,25</sup> (e.g., young children<sup>22</sup>, the elderly<sup>29</sup>, neurodiverse individuals<sup>30</sup>, couples and families<sup>31</sup>), although members have supported diverse clients to access telehealth when appropriate<sup>e.g.,32-34</sup>
- Some clients have less privacy in their home settings which requires adaptations to assessment and treatment for at-risk cohorts, for example, clients experiencing domestic violence or suicidal clients<sup>35-37</sup>, and
- Disruptions to psychology sessions due to poor internet connectivity or other technology issues<sup>24</sup>.

### 1.2 Telehealth expansion has future-proofed the psychological services sector

Telehealth expansion has improved the psychological services sector's adaptability and resiliency to face future health crises such as we experienced during the COVID-19 pandemic and recent natural disasters. Overwhelming, the response from our members and research has demonstrated that throughout the COVD-19 pandemic, telehealth supported Australians to access safe, quality and effective psychological care<sup>15,38</sup>.

With the rapid expansion of telehealth during the COVID-19 pandemic, the APS moved quickly to support our members to adopt telehealth and to radically change how they do business into the future to ensure certainty and accessibility for existing and new clients. During the pandemic, the APS embraced the opportunities expanded telehealth provided to support the Australian community. To ensure the effective implementation of telehealth for psychology services provision in the longer term, the APS:

- Harnessed our innovation mindset and educated ourselves, our members and Government about the technology, its user interface, the supporting software and required funding while undergoing our own digital transformation.
- Commissioned the University of Queensland to undertake research into what was the most appropriate telehealth software on the market for psychologists needs to ensure a smooth transition into digital services provision.

- Connected with Government via the Department of Health and Medicare to seek clarification on telehealth access issues and advocate for psychologists and their client. For example, the APS advocated directly with the then Minister for Health, Greg Hunt, for the need to include telehealth as part of the MBS during COVID-19 and to no longer require a fixed practice address for Medicare provider numbers.
- Launched free training sessions, webinars, online resources, member surveys and countless
  communications informing members about the proposed telehealth changes, their benefits and
  what it meant for psychologist and their clients, including helping clinicians to address immediate
  challenges and the logistics of transitioning to telehealth as well as ongoing professional
  development needs such as:
  - MBS matters, compensable schemes requirements for telehealth and pertinent state-based COVID-19 restrictions/mandates
  - o advice regarding secure, safe and reliable technology and software
  - o legal/ethical aspects of using telehealth services (e.g., confidentiality, insurance)
  - resources for telehealth administrative processes and forms (e.g., consent form)
  - safe, quality professional practice in the telehealth environment (e.g., assessment, intervention, managing risks, working with specific clients groups or conditions)
  - clinician self-care (e.g., managing fatigue, ergonomics issues, isolation, work/home boundaries and physical health impacts of telehealth work).
  - The type of information and support the APS provided to members included:
    - capturing information about challenges for psychologists (e.g., increased practice administration, unbillable hours)
    - public information resources to empower them in telehealth use and maximise patient outcomes.

# **1.3 Practical implementation of expanded telehealth has been challenging for psychologists and their clients**

The practical implementation of expanded telehealth has been complex and difficult for many of our members and their clients. The range of practical challenges members experienced when implementing telehealth is reflected in the list (above in Section 1.2) of support topics and services provided by the APS.

With regard to MBS matters, the APS Professional Advisory Service (PAS), which provides members with advice on a range of ethical, practice-related and legal issues, had 650 member enquiries about Medicare over 2021-2022. A significant proportion of these enquiries related to telehealth. Consultation with our members revealed their confusion regarding telehealth item numbers and the changing eligibility for telehealth (i.e., initially, it was only accessible to vulnerable clients, then only when bulk billed, and then these restrictions were removed). Our PAS data and member feedback demonstrate a reasonably high level of confusion for our members about MBS telehealth items. There has also been considerable stress and uncertainty for clinicians and their clients with 11th-hour decisions about extensions to telehealth items. Further, we note the absence of Government investment to assist psychologists with compliance by providing support for the uptake of appropriate practice software – support which was provided to GPs.

This confusion for members and clients was often exacerbated by limited communication or conflicting messages from State and Federal Governments. There were issues in multiple jurisdictions where psychologists practicing exclusively via telehealth were suddenly at risk of being unable to provide psychological services with their clients being left without psychological support. This required considerable advocacy by the APS with the Department and the Minister around the importance of telehealth for continuity of care for people experiencing psychological distress.

Another practical impact for clients, as reported by our members, has been longer wait times to receive the Medicare rebate through MyGov compared to claiming at a clinic site.

### 2. What engagement has your organisation had with the Department as telehealth services were introduced and adjusted? Who was your point of contact?

Understandably the pandemic was unprecedented, and everyone, including the Government, Department of Health and Medicare staff, was working under challenging circumstances. However, our members and APS advisory services generally found it difficult to reach Departmental support staff.

Further, responses to queries via Ask MBS and the psychological services channel about the implementation of telehealth have often been quite delayed (up to a month). Our members and APS advisory services were also frequently provided ambiguous or conflicting information from different staff.

In addition, early in the pandemic, the Department held weekly webinars for primary care stakeholders, sometimes with an emphasis on allied health or mental health. These were well attended by psychologists and very much appreciated, however, their reach was somewhat limited, and their utility constrained by the amount of information available in any given week.

On the positive side, the Assistant Secretary for Mental Health Access and the Assistant Secretary for MBS Reviews Unit facilitated helpful conversations with the APS Office about telehealth and other policy matters. There were about six Departmental meetings over the last two years, plus phone and email as needed. Psychologists' compliance with telehealth items was described as not being a problem.

Further, some members have reported that the Medicare Provider Helpline provided helpful and responsive assistance about telehealth and COVID-19 items. The APS would also like to acknowledge the Government's introduction of telehealth early in the pandemic and responsiveness to APS advocacy (as mentioned above). Implementation and take-up rates from psychologists would not have been as smooth or as high without the Government's action.

## 3. What opinions, advice or feedback have you provided to the Department on the expansion of telehealth services?

The opinions and advice below from the APS and our members may not have been previously shared with the Department due to a lack of opportunity. We appreciate the chance to share this advice now.

### 3.1 Psychologists, in consultation with their clients, are best positioned to determine the most appropriate mode of delivery for psychological services delivery

Psychologists are trained to provide psychological services in a range of contexts. While there are significant access benefits associated with wide-scale telehealth adoption throughout Australia, psychologists are cognisant of the needs associated with the delivery of complex work, and vigilant to the limitations of telehealth assessment and intervention to deliver quality and safe psychological services in all circumstances<sup>25</sup>. In-person consultations should always be available to clients when clinically required. Telehealth is sufficient in many circumstances, yet a combination is probably appropriate for many clients. The psychologist, in partnership with their client is in the best position to determine the most appropriate mode of delivery for psychological sessions based on health concerns, assessment needs, treatment protocols, clients' needs and the psychologist's competencies.

For example, after assessment, a psychologist may recommend that a client with trauma symptoms is initially best supported through a telehealth consultation, especially if they are hypervigilant and triggered when travelling into a city area. On the other hand, a client with agoraphobia may benefit from in-person consultation as a component of their exposure treatment to help them desensitise and overcome their phobia.

Telehealth delivery by video is a preferred modality, offering psychologists the opportunity to observe non-verbal information during treatment. However, access to telehealth via telephone, when clinically appropriate, may be preferred by clients to accommodate their skills and situation e.g., phone-based telehealth may be preferred by some clients as they may not have access to a computer, or using the telephone makes it easier to find a private space in their home.

### 3.2 Continue to invest in maturing telehealth.

Almost overnight, large parts of the health sector and the community went from relatively passive use of health care technology to quickly adopting a range of telecommunication and video technologies as a primary means of delivering essential health care. Without telehealth, millions of Australians would not have been able to access psychological support during the pandemic.

Since the announcement of the expansion, the community have reported they are more accepting of different ways to access mental health services and feel relieved by the possibility of shorter wait times to see a psychologist who has telehealth availability. Psychologists, including our members, also have high levels of buy-in to telehealth<sup>5</sup>.

They recognise the importance of telehealth as a tool to support better utilisation of the psychological workforce on a national basis and improving community access to timely, quality and safe mental health care. For example, 76% of our members have recently told us that they are willing to take on new clients regardless of postcode or state, demonstrating the flexibility and adaptability of the psychological workforce.

On the one hand, the urgent, large-scale rollout of telehealth in Australia during a pandemic is an enormous achievement to be celebrated. On the other hand, it reflects a disappointing lack of planning and investment from the Government in increasing telehealth adoption and capability development over the past decade. The APS calls for ongoing Government investment in telehealth and digital health services to continue to build on telehealth gains throughout the pandemic.

Telehealth is a maturing field that needs to be nurtured at community, clinician, organisational, policy and health system levels<sup>20,39,40</sup>. More investment will be needed across all these aspects to ensure certainty for psychologists and their clients now and into the future and to harness the full potential of telehealth. For example, the APS recommends prioritising telecommunications investment in rural and remote areas to improve connectivity for better telehealth access to psychological services<sup>41</sup>. More training is needed for clinicians and their supervisors – the literature is clear that those who have been trained in and are supported to use telehealth are more comfortable with it and are more likely to offer it to their clients<sup>5</sup>. There is also a need to invest in research and co-design to develop appropriate telehealth models for psychological services provision for other disadvantaged groups and communities such as Aboriginal and Torres Strait Islander people and CALD communities<sup>23</sup>.

There is more work to be done to innovate telehealth for enabling psychology clinicians to work effectively across a full range of conditions and therapy types including with higher acuity and more complex issues and group therapies<sup>3,42-44</sup>

## 4. What support and guidance has been available to your organisation and members to adopt and maintain telehealth arrangements?

Psychologists were early adopters of telehealth. Our members reported this was primarily due to receiving a high volume of well-timed APS communications and professional development webinars, having access to professional advisory support about telehealth and APS professional resources, and active APS advocacy to the Government, Department of Health and Medicare about implementation issues as detailed in response to Question 1. As noted in the response to Question 2, many members said they had no support or guidance from the Department of Health or Medicare or received ambiguous or conflicting information. A few members referred to accessing information via the compliance webinars. Many members noted that without the APS support and guidance, psychologists would have struggled far more than they did to provide telehealth services to clients in a timely manner.

As an organisation representative of the sector, the APS received very little proactive support or guidance from the Department in terms of the roll-out of telehealth.

#### 5. What are your views on the Department's monitoring of compliance with new telehealth items?

Few members have reported to us that have been contacted by the Department of Health or Medicare about compliance monitoring of new telehealth items. Despite this, the APS maintains that the compliance monitoring of telehealth items should be the same as with the current items. The APS also calls on the Department of Health to be accommodating where an audit reveals provider errors that have been associated with ambiguous and conflicting information provided by the Department.

Some members have expressed concern about the complexity of item numbers for MBS Better Access with the introduction of specific telehealth items and these being separated based on video and telephone sessions when all sessions (in person or telehealth) attract the same rebate. It is accepted that different item numbers enable the measurement of take-up. However, given the associated complexity, psychologists may inadvertently use the incorrect item numbers. Departmental compliance monitoring across so many item numbers will consume considerable departmental resources for limited audit outcomes. For example, the situation where the provider has made a clerical error and selected a telehealth item number instead of an in-person item number, or vice versa, that has not resulted in overpayment of Medicare rebates.

The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to this submission.

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