17 February 2023

Medical Board of Australia

Sent by email: medboardconsultation@ahpra.gov.au

To whom it may concern

Re: Public consultation - *Draft revised guidelines: Telehealth consultations with patients*

I am writing to you to provide feedback on the Medical Board of Australia's draft revised guidelines for telehealth consultations with patients. We appreciate the opportunity to contribute to this process.

ACON is Australia's largest health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders. Established in 1985, ACON works to create opportunities for people in our communities to live their healthiest lives.

The COVID-19 pandemic saw a dramatic increase in the number of medical consultations conducted via telehealth, and has highlighted the success of a blended model that allows patients to access both face-to-face and telehealth consultations. ACON's own services saw a dramatic increase in the provision of telehealth-based services, with 46% of our MBS-rebated counselling sessions occurring via telehealth in 2020-21.

The increase in telehealth consultations over this period also reinforced the importance of telehealth in providing inclusive and affirming care to LGBTQ people. Research both in Australia[1] and around the world has indicated that telehealth is an important intervention for vulnerable populations, including LGBTQ people.[2] Telehealth provides access to affirming, competent and inclusive services, without the barrier of geographical distance.

LGBTQ communities experience disproportionately worse health outcomes compared to the general population in Australia[3] due to a number of systemic and societal factors. These disparities are, in many cases, a result of stigmatisation, discrimination and a fundamental lack of understanding about the lives and bodies of people of diverse sexualities and genders.

Currently, there is limited availability of LGBTQ-inclusive and integrated models of care that are specific to the needs of our communities. The general capability of healthcare providers to sensitively manage and respond to LGBTQ health needs is also limited. This challenge stems from various factors including negative, and at times traumatic, experiences with mainstream services and the lack of training and capacity of the existing workforce, leading to increased health service avoidance.

Significant barriers to accessing quality health services that are inclusive and knowledgeable of our health needs result in lower testing and screening rates and delays in accessing GPs, therefore contributing to ongoing health disparities.

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These barriers are more pronounced in rural and regional areas, where access to appropriate care is even more limited. Indeed, the latest iteration of *HIV Futures*, a study of the quality of life of people living with HIV, found that 62% of people living with HIV in regional and rural areas reported having to travel more than 50km to see their HIV doctor.[4]

Telehealth provides the opportunity for our communities to access inclusive and affirming care regardless of their location and ability. While our health systems more broadly need to improve their capability to care for our communities, telehealth can act as a stopgap for inclusive care while our mainstream systems build their capacity to support us.

We note that the guidelines relate explicitly to good professional practice in relation to telehealth. In this context, we feel it is important that the guidelines acknowledge the role of telehealth in expanding access to a breadth of options for consumers.

People in our communities access healthcare providers they know to be safe and inclusive, even if there may be another practitioner more accessible to them. Our communities need affirming care, and it is important to note that this is a necessity rather than a choice. While affirming care may not always be a specialist service, it is critical to the health and wellbeing of our communities.

We applaud the guidelines' acknowledgement of the role of telehealth in rural and regional care and access to specialist services. We recommend the guidelines further acknowledge that specialist services could be more than just specialist healthcare, but also the provision of LGBTQ-inclusive care, including access to safe and affirming interpretation services for LGBTQ linguistically diverse people.

We have also attached for your reference a short Policy Paper we published titled *Improving Access To Inclusive Mental Health Services For LGBTQ People: Outlining the evidence for Medicare rebates for telehealth services under the Better Access Scheme to be made permanent before the current temporary items expire on 31 December 2021.* While Medicare rebates for telehealth services are not within scope for this consultation, the paper provides useful background information on the importance of accessing telehealth for our communities.

The paper may also be relevant in the context of the Strengthening Medicare Report. The report makes commitments to modernising primary care, but does not substantially commit to reform of Medicare rebates that would provide the sense of universal access that our health system should be striving for. Professional, affirming and competent telehealth consultations are an important component of universal health care, but this is compromised when Medicare reform does not keep pace with the system's needs.

We are of course more than happy to discuss this further. If you would like more information, please contact Karen Price, Deputy CEO at [redacted] or on [redacted]

Kind regards

[redacted]

Nicolas Parkhill AM
Chief Executive Officer
ACON

Notes

[1] Byron, P., Robinson, K., Davies, C., & D'Souza, S. (2021). *LGBTQ+ young people, COVID-19, & service provision in Australia: a Twenty10 case study.* April 2021. Sydney: University of Technology Sydney

[2] Craig, S. L., Iacono, G., Pascoe, R., & Austin, A. (2021). Adapting clinical skills to telehealth: Applications of affirmative cognitive-behavioral therapy with LGBTQ+ youth. *Clinical Social Work Journal*, 1-13.

[3] Australian Institute of Health and Welfare. (2018). Australia's Health 2018: Lesbian, gay, bisexual, transgender and intersex people. Retrieved from: https://www.aihw.gov.au/getmedia/61521da0-9892-44a5-85af857b3eef25c1/aihw-aus-221-chapter-5-5.pdf.aspx

[4] Norman, T., Power, J., Rule, J., Chen, J., & Bourne., A. (2022). *HIV Futures 10: Quality of life among people living with HIV in Australia (monograph series number 134).* Australian Research Centre in Sex, Health and Society, La Trobe University. doi: 10.26181/21397641

IMPROVING ACCESS TO INCLUSIVE MENTAL HEALTH SERVICES FOR LGBTQ PEOPLE

Outlining the evidence for Medicare rebates for telehealth services under the Better Access Scheme to be made permanent before the current temporary items expire on 31 December 2021.

ACON Policy Paper, August 2021, Number 3

Summary

People from sexuality and gender diverse communities experience mental distress and suicidality at rates higher than the general population, and trans people disproportionately carry that burden.[1] Mainstream mental health services are often ill-equipped to address our communities needs; only 57% of participants in a recent study among LGBTQ people who had accessed a mainstream mental health service felt their gender identity was respected.[2]

Stigma and discrimination against our communities creates barriers to accessing vital and lifesaving health services.

LGBTQ people need to be able to access mental health services that affirm who they are. Telehealth means that our communities can access the kind of care that's right for them, no matter where they are.

COVID-19 has highlighted the effectiveness of a blended mental health care model in Australia, using both face-to-face and digital services. Between March 2020 and April 2021, 30% of mental health-related services that received a rebate from Medicare were provided via telehealth.[3]

Telehealth must now be made a permanent feature of Australia's mental health care landscape, as it helps to address the disproportionate levels of mental distress experienced by people from sexuality and gender diverse communities.

This brief demonstrates that **MBS-subsidised telehealth mental health services, when they are part of a blended model, are both clinically and cost-effective**. Telehealth represents an important, and long overdue, development in addressing the mental health needs of our communities, and Australia as a whole.

The National Mental Health and Suicide Prevention Plan promises a transition to a permanent telehealth model. It is fundamental that the permanent model includes MBS rebates for telehealth, and that this process is completed before the temporary items expire on 31 December 2021 so that no one is left without care.

Telehealth in Australia

Recognising the need for virtual health services in the face of the pandemic, the Australian government provided temporary Medicare Benefits Schedule (MBS) listings for telehealth consultations in March 2020, allowing access to mental health care and a range of other health care services via telehealth at low or no cost to the consumer. Many services were able to bulk-bill or charge a small gap fee as a result of the rebates.

While telehealth was already generally available as a Medicare subsidised option for those in rural and remote areas, these changes meant that anyone in Australia could access these services.

Between March 2020 and April 2021, over 15 million MBS-subsidised mental health-related services were processed nationally, with almost 4.5 million of those delivered via telehealth.[4]

As services pivoted to telehealth, the benefits of this kind of health care could offer were recognised. Within mental health care, evidence suggests that psychological therapy delivered via videoconference can be as effective as face-to-face treatment.[5]

In addition, telehealth is cost-effective. Estimates from the Productivity Commission's Mental Health Inquiry show that telehealth consultations, post pandemic, will replace 200,000-400,000 face-to-face sessions, representing a time and incidental cost saving of $4-$24 million. In addition, telehealth services could reach 5,000-10,000 people who would not normally access MBS-rebated psychological therapy, costing $3.3-$6.5 million per year, but leading to a yearly benefit of 50-90 QALYs and $4 million-$8 million in income.[6]

Successive government inquiries have acknowledged the value of a blended model of mental health care that includes permanent telehealth rebates, including the Productivity Commission's Inquiry, and evidence provided to the House of Representatives' Inquiry into Mental Health and Suicide Prevention from a range of peak bodies and expert organisations.[7]

LGBTQ communities and digital health interventions

Data from *Private Lives 3*, Australia's largest survey of LGBTQIA+ adults, indicates that two-thirds of respondents find it either 'very' or 'extremely' important that a health service they access is LGBTQ-inclusive.[8] Participants who reported high or very high levels of psychological distress were more likely to indicate a preference for an LGBTQ-specific service than those with low or moderate levels of distress.[9]

Stigma and discrimination, especially when experienced in health care settings, creates barriers to accessing services, and leads to poorer health outcomes for our communities.

LGBTQ-specific and LGBTQ-inclusive services are therefore an important component in addressing health and mental health disparities for people from sexuality and gender diverse communities. Subsidised telehealth allows greater access to these services.

Research both in Australia[10] and around the world has indicated that telehealth is an important intervention for vulnerable populations, including LGBTQ people.[11] Telehealth provides access to friendly and inclusive services, without the barrier of geographical distance.

Telehealth is seen as especially valuable for members of our communities in rural or remote areas,[12] those with multiple or chronic illnesses, those with a disability, and those with other access difficulties.[13] LGBTQ people face systemic barriers to health equity, and telehealth offers a promising avenue to bridge some of these gaps.[14]

Furthermore, access to gender affirmation is a very strong protective factor against suicidality, and is therefore critical in addressing the extremely concerning rates of suicide ideation and attempts among trans people.[15]

Mental health care delivered via telehealth ensures that trans people seeking medical gender affirmation, particularly surgical intervention, have greater access to the support they need from trans-affirming and gender affirming mental health clinicians.

As well as addressing access gaps, telehealth also allows for greater flexibility and choice, allowing consumers greater options of services, practitioners, and modes of delivery, encouraging greater engagement with health care.

ACON's Client and Clinical Services Team have reported high levels of client engagement and retention via telehealth at our services. In the 12 months to August 2021, 46% of our MBS services were conducted via telehealth. This has been especially worthwhile for clients who do not live close to affirming services, for those in our communities who have had distressing experiences with health services, and for our clients who are accessing NDIS and DSP.

In addition, LGBTQ people are more than 10 times more likely than the general population to report being diagnosed or treated for an anxiety disorder in the last 12 months, and almost double as likely to report being diagnosed or treated for PTSD in the same period.[16] ACON's telehealth services have been beneficial to members of our communities with clinical presentations such as these, as it allows for ongoing service engagement when increases in symptoms could impede face-to-face counselling.

Telehealth rebates allow much greater access to ACON's services, providing clients with a viable, safe, and flexible option to access mental health support that is affirming and clinically effective.

The need for a blended model

It's important that telehealth continues to be part of a blended model of mental health care. The Productvity Commission's report from its Mental Health Inquiry states: "In a person-centred mental health system, it should be up to the individual to choose the method of delivery that works best for them."[17]

Telehealth doesn't work for everyone, whether that be due to privacy concerns, access issues, digital literacy, or simply preference.

Furthermore, Australia has both a significant digital divide and population health disparities that mean digital interventions cannot replace face-to-face health care, nor be the only solution to significant health inequity. Access to healthcare for rural and remote communities, including remote Aboriginal and

Torres Strait Islander communities, cannot be solely addressed by telehealth, especially in the context of our contemporary National Broadband Network.

Greater digital inclusion and digital literarcy is needed to ensure that telehealth is an option for all to choose.[18]

Telehealth is an important and effective option in our mental health care landscape, but it must sit alongside continued investment in face-to-face services, continued evaluation of service delivery, targeted interventions for vulnerable populations, and ongoing research into effective models of health care.

Recommendations

ACON makes the following recommendations:

- That MBS rebates for telehealth mental health services be made a permanent feature of mental health care in Australia
- That there is continued research into and evaluation of telehealth and other digital health interventions to ensure their effectiveness
- That barriers to accessing mental health care (either digital or face-to-face), especially for priority populations, continue to be monitored and addressed

Notes

[1] Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wel being of LGBTIQ people in Australia*. Australian Research Centre in Sex, Health and Society, La Trobe University, p. 53
[2] Hill, A. O. et al. (2020), p. 58
[3] Australian Institute of Health and Welfare (2021). *Mental Health Impact of COVID-19*. Last updated July 20. Accessed 05/08/21 via: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/covid-19-impact-on-mental-health
[4] Australian Institute of Health and Welfare (2021)
[5] Productivity Commission (2020). *Mental Health*, Volume 2 Report no. 95, Canberra, p. 547
[6] Productivity Commission (2020), p. 553
[7] This includes the Black Dog Institute, the Australian Association of Psychologists inc, the Australian Psychological Society, the Australian Association of Social Workers, and the Matilda Centre for Research in Mental Health and Substance Use, among others.
[8] Hill, A. O. et al. (2020), p. 60
[9] Hill, A. O. et al. (2020), p. 58
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[12] Byron et al. (2021)
[13] Swenson, I., Gates, T. G., Dentato, M. P., & Kelly, B. L. (2021). Strengths-based behavioral telehealth with sexual and gender diverse clients at Center on Halsted. *Social Work in Health Care*, *60*(1), 78-92.
[14] Waad, A. (2019). Caring for our community: telehealth interventions as a promising practice for addressing population health disparities of LGBTQ+ communities in health care settings. *LGBTQ+ Health Equity*, 5(3), 12-15.
[15] AusPATH (2021). Public Statement on Gender Affirming Healthcare, including for Trans Youth. Last updated 26 June. Accessed 17/08/21 via: https://auspath.org/gender-affirming-healthcare/
[16] Hill, A. O. et al. (2020), p. 48
[17] Productivity Commission (2020), p. 553
[18] Australian Healthcare and Hospitals Association (2020). *The effective and sustainable adoption of virtual health care.*

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