

Background

- Telehealth is the remote delivery of healthcare through telecommunication tools.
- To support access to healthcare during the COVID-19 pandemic, in March 2020 the Australian government announced temporary Medicare Benefits Schedule (MBS) items for telehealth/phone services.
- In addition to ongoing face-to-face consultations, Family Planning NSW (FPNSW) introduced phone services on 30 March 2020 to ensure that access to essential sexual and reproductive health (SRH) services were not compromised.
- From 20 July 2020, the telehealth item numbers for GPs and Other Medical Practitioners working in general practice were largely restricted to patients who have a pre-existing relationship with the service and have attended within the past 12 months.

Aim

We are undertaking this study to better understand the role of phone services in delivering sexual and reproductive health care.

Method

A retrospective review of clinical records of FPNSW clients accessing Medicare-rebated telehealth services between 1 April and 18 July 2020 was undertaken to examine the presenting issues and demographics of clients using the phone service. Clients and clinicians were invited to provide feedback regarding phone consultations via phone interview.

Ethics approval received from FPNSW Ethics Committee.

Results

- 1,945 phone consults utilising the temporary MBS items, accounting for 1/5 of total consultations at FPNSW clinics between 1 April and 18 July 2020
- 423 new clients (22% of total visits)
- The main presenting issues include:
 - Contraception (748, 38%)
 - Gynaecological problems (609, 31%)
 - Termination of pregnancy (229, 12%)
 - Sexually transmitted infections (179, 9%)
 - Pregnancy/fertility options (125, 6%)

Voice from clients

"convenience of it, major benefits...used to doing things by phone in COVID times...we've become a bit more accustomed to it"

"yes" to telehealth use outside the COVID context... "it's convenient"

"if I don't need to physically check something I'm going to phone consult from now on because it's a lot easier"

"didn't have to leave the house and I was unwell that day...necessary service to be maintained post-pandemic as well"

"you feel more comfortable not being face to face ... just easier rather than getting there because I don't live near...convenience, things like scripts, easy to do over the phone...to be able to speak without feeling judged or feeling watched"

Voice from clinicians

"saw lots of new clients during period before rebate changed"

After 20 July restriction of item numbers: "especially women...a lot of them don't have GPs...if they want an IUD sometimes they don't want their partners to know they are getting an IUD, so they come here and we don't know them, and we have to refuse to do the telehealth for them because they haven't had contact with the service before"


Demographics of phone service clients

 AGE GROUP	#	%
16 to 19	175	11%
20 to 29	700	45%
30 to 39	343	22%
40 to 49	207	13%
≥50	128	8%

 AREA OF RESIDENCE	#	%
Major cities	1383	89%
Inner regional	91	6%
More remote	83	5%

 ENG ENGLISH SPEAKING	#	%
Yes	1331	85%
No	239	15%

 EDUCATION	#	%
No school cert	57	4%
School cert	526	37%
Trade cert	262	18%
University	579	41%

 CURRENT WORK STATUS	#	%
Full time/Part time	782	53%
Unemployed/not in paid	299	20%
Student	394	27%

Conclusions

- The high use of phone consultations for a range of issues, as well as feedback received so far demonstrates the feasibility and acceptability of providing SRH services remotely.
- Utilising telehealth/phone services as a complement to face-to-face consultations has ensured access to these services during the pandemic.
- Continued provision of telehealth/phone services will likely further enhance access to SRH care.
- The current Medicare requirement for patients to have attended a service within the preceding 12 months to access telehealth item numbers with GPs or Other Medical Practitioner (OMP) working in general practice (with few exceptions) may limit access to essential specialised services, such as those for abortion care or IUD insertions.
- This requirement should be reviewed to ensure equity of access to SRH care and services.