



Submission of Family Planning Australia

**Medicare Benefits Schedule Review Advisory Committee
Draft Report:
Post Implementation Review of Telehealth MBS items**

November 2023

Australian Government – Department of Health and Aged Care
MBS Review Advisory Committee
MBSContinuousReview@health.gov.au

Family Planning Australia welcomes the opportunity to respond to the Department of Health and Aged Care's MBS Review Advisory Committee (MRAC) upon the release of their draft report on the Telehealth Post-Implementation Review. Family Planning Australia is recognised as the leader in reproductive and sexual health care and during the initial COVID-19 lockdown our services maintained a firm commitment to safely offer healthcare from all our clinics across metropolitan and regional NSW and through telehealth.

We welcome Recommendation 5 that telehealth bloodborne virus and sexual and reproductive health (BBVSR) MBS items remain exempt from the 12-month rule and that these temporary BBVSR MBS items with exemptions become permanent.

Family Planning Australia offers urgent, low and no-cost reproductive and sexual health care to some of the most vulnerable populations in Australia. Providing the option to access these services by telehealth has helped to ensure timely provision of essential care for clients, especially those who may otherwise have faced barriers. It has been our experience that this has supported more equitable, affordable and convenient access to care with medical abortion, contraception and gynaecological issues common reasons people access care through telehealth services.

The exemption from the rule requiring telehealth clients to have an established clinical relationship in the prior 12 months is also a critical need due to the nature of these services. Clients may choose telehealth, particularly for their initial consultation, with a doctor they may not have previously visited for a range of reasons, including not having a regular GP, or because they don't have access to services nearby which are able to provide specialised reproductive and sexual healthcare. It remains the case that many local providers are not equipped to provide services such as long acting reversible contraception or abortion care. Further, given the sensitive nature of this care and the stigma which may be faced, some clients may feel more comfortable engaging with a clinician who is not known personally to themselves or their families.

This will ensure continued access to essential reproductive and sexual healthcare for Australians, particularly vulnerable populations, including people from rural and remote areas, who may have reduced capacity to attend face-to-face appointments. It also recognises that this care may be time-sensitive, such as pregnancy options and abortion care, where delays to access may increase the cost and complexity for the client and the healthcare system. Finally, the draft report recommendation acknowledges that this particular healthcare may be sensitive and specialised, leading some clients to choose to see a clinician other than their usual GP.

In July 2020 Medicare funded telehealth was restricted to patients with an existing doctor patient relationship and our service, which has a strong focus on urgent, low and no-cost care for at-risk communities, saw a drop of around 60 per cent in use of telehealth. The current exemption, which is recommended for permanence by MRAC, has served clients well with our clinics offering more than 7,000 telehealth consultations from July 2021 to April 2023. Young people aged under 30, people living in rural and regional Australia and Aboriginal and Torres Strait Islander people are strong users of telehealth for services like abortion, gynaecology and contraception.

While Family Planning Australia operates through clinics and sees in-person visits as our preferred care model, we accept that for many patients, telehealth is a practical and sometimes preferred way to access care.

In regard to non-directive pregnancy counselling items, Family Planning Australia would like MRAC to ensure that Recommendations 5 and 6 in the final version of the report clarify that these services will be included in the BBVSR MBS services which become permanent and exempt from the 12-month rule as per Recommendation 5 of the draft report.

FPA thanks MRAC for its careful consideration of the sensitive issues faced by clients such as ours seeking specialised sexual and reproductive healthcare, including non-directive pregnancy counselling, through telehealth. We are supportive of the report's recommendations in regard to Medicare item numbers for telehealth and would also note it is important that requirements for Medicare compliance and ensuring client consent to this care is clear and practicable, so as not to inadvertently prevent the utilisation of telehealth, particularly for those clients who need it most.