7 July 2020

Ms Jane Halton
Australian National COVID-19 Coordination Commission
NCCCEnquiries@pmc.gov.au

cc: David Thodey

Dear Ms Halton

Opportunities an ICT enabled Health Care System can deliver for Australia

The Connected Healthcare Advisory Group (CHAG), with the support of the Medical Technology Association of Australia (MTAA) has come together to advocate for an ICT enabled health system for Australia. The CHAG vision is – *"a healthcare system enabled by technology"* with a purpose *"to drive the implementation of an ICT enabled service delivery framework for a healthier Australia."*

COVID-19 has shown us that technology can mobilise a country under the stresses and strains of a major pandemic. Post COVID-19, how can we apply these learnings to health population management for all Australians?

We have learned that managing our health appointments via video are effective and make sense; nevertheless, chronic disease health management continues to be a burden to the health system and to Australia's economy.

Chronic conditions are the leading cause of illness, disability and death in Australia. Eleven million Australians live with one or more chronic diseases. One in five Australians experience mental illness in any year. With 87% of deaths and 37% of hospitalisation related to chronic disease these issues are a priority for the Australian health sector[i].

Dozens of small-scale programs in Australia have proven the efficacy of ICT enabled healthcare[ii]. Hundreds of published studies have demonstrated the clinical benefits of these alternative models of care in large, international populations[iii]. There is evidence to support cost neutrality and cost effectiveness but still there is there no broad-based comprehensive policy that facilitates equitable patient access via connected healthcare services.[1] [iv]There is a misconception that the current level of telehealth items that are claimable under MBS are meeting the need.

Before COVID-19, virtual care attendances accounted for only 0.1 percent of all federally funded attendances in Australia[v]. The rise of COVID-19 has not diminished the normal health demands, in particular arising from an aging population, chronic diseases and emergency situations; nor the impact these have on the overall economy, rising costs of healthcare, the demands on community care and impact of mental health on the economy and people's quality of life.

Many models of connected care fall between, or outside of, existing funding and reimbursement systems. In many cases falling outside of state funded hospital care and not neatly fitting into

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[1] In June 2016, 144K patients and 13K providers undertook MBS claimable telehealth consultations; a very small subset of care compared to the growing chronic disease burden affecting more than 11 million Australians. Of the 140 million GP services that are delivered every year, none are telehealth eligible, and out of 160 million medical consultations conducted every year, just 6 million are telehealth eligible[1].

Medicare funded 1:1 Healthcare Professional consultation frameworks, meaning that the business models that deliver new models of connected care, utilizing technology, have been very difficult to establish and to sustain.

As part of the COVID-19 response, for a limited timeframe, the Medicare Benefits Schedule (MBS) was extended to support the wide-scale provision of health care by telehealth (phone and video; Australian Government Department of Health 2020). Private health insurers also agreed to provide benefits for teleconsultations (PHA 2020a; PHA 2020b). This has led to optimism across the sector that there will be a willingness to embrace the use of these and other technologies to enable access to care, to achieve long-term health care reform[vi]. Much of what is needed to facilitate these models of care is pragmatic and common sense; COVID-19 has facilitated the rapid application of common-sense approaches, and this should continue.

More needs to be done. All stakeholders have a role to play, but Government is the driving force to lead the policy changes needed to support a new health care framework. Good policy can break down the barriers to broader adoption, which leads to nationwide benefits. More needs to be done to facilitate patient access, with investment in infrastructure, GP incentives, hospital avoidance and early discharge programs. Chronic disease management, community care, education and medication compliance all lend themselves to assistive technology and ICT enablement. New models of care can deliver efficiencies, better application of resources and better outcomes for patients.

It goes without saying that the Electronic Health Record (EHR) underpins an ICT enabled health system and is critical to the realisation of potential benefits overall.

The CHAG recommends that there be a broad-range review of existing programs with a view to expanding and standardising them.

Short term recommendations:

- COVID-19 Telehealth MBS consultation codes be made permanent;

- MBS telehealth item numbers be extended to include technology-enabled programs that help people and their healthcare teams manage health conditions for:

    o Hospital avoidance

    o Early discharge

    o Disease and health management

    o Quality of life

    o efficient use of community care and health resources

    o clinical care and support

- MBS telehealth items numbers be extended for remote monitoring, including within aged care, retirement living, and GP clinics;

- further investment in fast tracking the full optimisation of the EHR for all Australians.
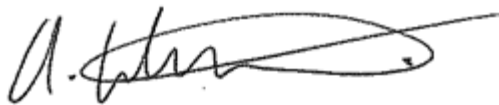
Longer term recommendations in the form of:

- A review under the auspices of the COAG/National Cabinet process of MBS and State-based funding models;

- A Productivity Commission (PC) review with the input and support from consumer and key stakeholder groups to investigate the benefits of and barriers to a nationwide ICT enabled health system.

The review process should produce the necessary recommendations to facilitate healthcare service delivery changes across the sectors, breaking down barriers and creating a cohesive healthcare system.

The CHAG is available for further discussion and would welcome the opportunity to work closely with Government and contribute to the planning and development of Australia's ICT enabled health system. We are also happy to develop a more detailed submission if there is interest from the NCCC.

Yours faithfully,

Andrew Wiltshire
Chair
Connected Healthcare Advisory Group

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[i] Chronic disease. Overview. Australian Institute and Health and Welfare https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/chronic-disease/overview

[ii] Reference sites for small scale projects:

https://www.feroscare.com.au/technology/telehealth-remote-monitoring?gclid=EAIaIQobChMI-ZzHzM6o6gIVBw4rCh1w7gArEAAYASAAEgLCH_D_BwE https://integratedliving.org.au/services/health-services/telehealth

https://www.barwonhealth.org.au/patients-visitors/telehealth2

https://www.swsphn.com.au/telehealth

https://www.health.nsw.gov.au/telehealth/Publications/NSW-telehealth-framework.pdf

https://www.corumbene.org.au/wp-content/uploads/2017/07/CORUMBENE-DL-Help-at-Home-FINAL-for-website.pdf

[iii] Published studies

Telehealth-Trial-Final-Report-May-2016_3-Final.pdf

https://www.dva.gov.au/documents-and-publications/evaluation-home-telemonitoring-veterans-trial

https://fas.org/sgp/crs/misc/R45834.pdf

[iv] Telehealth Quarterly Statistics Update MBS Online Medicare Benefits Schedule, Australian Government, Department of Health http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/connectinghealthservices-factsheet-stats
How Australia can overcome multiple barriers to drive telehealth adoption, T Bindi Innovation April 2017
https://www.zdnet.com/article/how-australia-can-overcome-multiple-barriers-to-drive-telehealth-adoption/

[v] The shift to virtual care in response to COVID-19, D Angus, M Connolly, M Salita, PWC Australia April 2020
https://www.pwc.com.au/important-problems/coronavirus-covid-19/shift-virtual-care-response.html

[vi] *The effective and sustainable adoption of virtual health care* (draft), K Woolcock Australian Healthcare and Hospitals Association, viewed June 2020