

# A Telehealth Strategy for Australia: Supporting Patients in the Community

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<h2>1. Challenges</h2> <ul style="list-style-type: none"> <li>Ageing population</li> <li>High prevalence of chronic disease</li> <li>Hospital over crowding</li> <li>Over burdened health professionals</li> <li>Shortage of informal carers</li> <li>Preference for independent living</li> <li>Health needs in rural/remote areas.</li> </ul> <p>The Medical Technology Association of Australia (MTAA) is working with industry, government and healthcare professionals to determine reimbursement strategies for telehealth including:</p> <ul style="list-style-type: none"> <li>MBS item numbers</li> <li>Care packages for home monitoring</li> <li>Funding via an Essential Care List</li> <li>Cost effectiveness.</li> </ul>	<h2>5. Clinical Benefits</h2> <p>Clinical benefits of remote monitoring for implantable medical devices:</p> <ul style="list-style-type: none"> <li>Lower mortality rates</li> <li>Reduced number of hospitalisations</li> <li>Shorter duration of hospitalisations</li> <li>Discovery of previously undetected clinical symptoms</li> <li>Better adherence to treatment program</li> <li>Improved continuity of follow-up</li> <li>Improved quality of life</li> <li>Efficient follow-up for patients in remote locations</li> <li>Early detection of further clinical events</li> <li>Early detection of device related issues.</li> </ul> <div style="border: 1px solid black; padding: 5px;"> <p><b>RCT studies</b></p> <p>Several landmark trials (ALTITUDE, COMPAS, CONNECT and TRUST) including over 188,000 patients with cardiac implantable devices have established clinical effectiveness of remote monitoring. Data show up to a 50% reduction in mortality.</p> </div>	<h2>8. Costs</h2> <ol style="list-style-type: none"> <li>Service</li> <li>Cost of devices</li> </ol> <ul style="list-style-type: none"> <li>Funding under the MBS and/or community care packages with a contribution from private health insurance</li> <li>Access – Essential Care List.</li> </ul>
<h2>2. Telehealth Applications</h2> <ul style="list-style-type: none"> <li>Service provision to remote regions</li> <li>Home monitoring (disability, ageing, chronic disease, medical devices).</li> </ul>	<h2>6. Reimbursement Options</h2> <p>Reimbursing remote consultations:</p> <ul style="list-style-type: none"> <li>Option 1: MBS item numbers based on existing items could include a loading for remote monitoring</li> <li>Option 2: Capitated costing model – annual payment per annum</li> <li>Option 3: Improved capitated model – flat fee per quarter.</li> </ul>	<h2>9. Cost Savings</h2> <p><b>Direct</b></p> <ul style="list-style-type: none"> <li>Doctors visits</li> <li>Clinical visits</li> <li>Emergency room visits</li> <li>Potentially preventable hospitalisations</li> <li>Residential care admissions</li> <li>Reduced distance travelled by care workers</li> <li>Early detection of exacerbations.</li> </ul> <p><b>Indirect</b></p> <ul style="list-style-type: none"> <li>Reduced distance travelled by patients</li> <li>Increased patient and carer productivity</li> <li>Increased patient quality of life.</li> </ul>
<h2>3. Home Monitoring</h2> <ul style="list-style-type: none"> <li>Alarms/medical alerts</li> <li>Videoconference consultations</li> <li>Glucose monitoring</li> <li>Mobile ECG systems</li> <li>Home haemodialysis systems</li> <li>Wireless devices with GPS</li> <li>Portable anticoagulation monitoring</li> <li>Smart incontinence management</li> <li>Remote cardiac monitoring</li> <li>Home monitoring of peripheral medical devices.</li> </ul>	<h2>7. Barriers</h2> <p><b>Influencing the user</b></p> <ul style="list-style-type: none"> <li>Lack of awareness they need assistance</li> <li>Variations in ability to use the technology</li> <li>Privacy concerns</li> <li>Ethical issues (informed consent).</li> </ul> <p><b>Due to cost</b></p> <ul style="list-style-type: none"> <li>Cost of technology in the first instance</li> <li>Decisions regarding who pays</li> <li>Cost shifting/perverse incentives</li> <li>Lack of consistent reimbursement policy.</li> </ul> <p><b>Due to policy</b></p> <ul style="list-style-type: none"> <li>Different state/territory funding streams</li> <li>Liability concerns</li> <li>The need for large trials (vs small pilots)</li> <li>Lack of infrastructure for home care</li> <li>Lack of unique patient identifier.</li> </ul> <p><b>The pace of innovation is faster than:</b></p> <ul style="list-style-type: none"> <li>Regulation</li> <li>Reimbursement</li> <li>Speed of adoption.</li> </ul>	<h2>10. Savings to Government</h2> <p>Vital signs monitoring and remote monitoring of medical devices such as implantable cardiac devices and glucose monitors are cost neutral or cost saving to Government.</p> <p><b>Potential cost reductions</b></p> <ul style="list-style-type: none"> <li>Residential care costs → saving \$1.9b</li> <li>Community care packages → saving \$114m</li> <li>Emergency Room admissions → saving \$64m</li> <li>Potentially preventable hospitalisations → saving \$385m</li> <li>Royal Flying Doctors Services in rural areas → saving \$40m</li> <li>Chronic disease management → saving \$694m</li> <li>Patient transport, travel and unnecessary tests → saving \$296m.</li> </ul> <div style="border: 1px solid black; padding: 5px;"> <p><b>Estimated cost savings to Government total → \$3.5 billion p.a.</b></p> </div> <p><b>Contact</b></p> <p>Medical Technology Association of Australia Level 12, 54 Miller Street North Sydney, NSW, 2060 kmaidment@mtaa.org.au</p> <p><b>For further information and references see:</b> www.mtaa.org.au/docs/position-papers/supporting-a-telehealth-strategy-for-australia-release-version-may-2012.pdf</p>
<h2>4. Funding in Australia</h2> <p><b>Current Status</b></p> <ul style="list-style-type: none"> <li>Self review</li> <li>Sharing of report as part of a regular face-to-face consult</li> <li>Sharing of report as part of a multidisciplinary team consultation</li> <li>MBS items for telehealth (videoconference only).</li> </ul> <p><b>2011</b></p> <ul style="list-style-type: none"> <li>\$620m to fund telehealth services over 4 years – funding restricted to videoconference consults.</li> </ul> <p><b>2012</b></p> <ul style="list-style-type: none"> <li>Restraints on MBS telehealth items</li> <li>No funding for remote monitoring of vital signs or implantable medical devices.</li> </ul>		