

UPTAKE OF VIDEO CONSULTATIONS GOES FROM STRENGTH TO STRENGTH

The RACP is committed to continuing to provide support services to members as the benefits of telehealth become more evident.



RACP telehealth project team at this year's RACP Congress (left to right): Claire Celia, Luke Clarke, Melinda Keresztes, Diana Withnall, Dr David Allen (RACP Telehealth Working Group Chair) and Odette Grabinski

The provision of health service delivery via video consultations has gained significant momentum over the past 12 months, driven largely by the coordinated roll-out of Australian Government funded telehealth programs. The RACP was one of 28 organisations funded under the Department of Health and Ageing's Telehealth Support Program and received more than \$1.2 million to administer the Physicians Telehealth Support Project. Since then, telehealth continues to be a major focus area for the College, with significant investment made to ensure the sustainability of video consultations as a viable modality of clinical practice.

To achieve this, the College established a telehealth project team led by members of the Policy & Advocacy Unit and a Telehealth Working Group of physician and trainee telehealth experts. The project aim was to deliver on the four key project outcomes, which were to:

1. Increase the number of physicians engaging in telehealth consultations
2. Develop a set of guidelines and practical tips
3. Create a Continuing Professional Development module for physicians
4. Raise awareness of the RACP's telehealth project initiative and promote telehealth more generally.

Since the program's inception in 2011, the number of specialist telehealth services processed by Medicare has more than doubled, with 28,576

specialist services processed between June 2012 and May 2013.

Through the project's telehealth support officer (TSO), a range of support services have been provided to members. More than 100 physicians have sought direct advice from the TSO. The team also reached around 900 members at College booths at Annual Scientific Meetings and at the national telehealth road-show events in Sydney, Melbourne, Geelong, Darwin, Hobart, Perth, Brisbane and Adelaide.

All Australian Fellows and trainee members have received a copy of the RACP's *Telehealth: guidelines and practical tips* and, to date, 60 Fellows have completed the online *Introduction to telehealth* CPD module.

Whilst the Department of Health and Ageing has not extended funding to the 28 telehealth program administrators, Medicare Benefits Schedule (MBS) items and incentives for specialists can still be accessed. For the 2013–2014 financial year the Australian Government will continue the 'on board' incentive payment for eligible practitioners who conduct 10 or more telehealth consultations. The total incentive payment is \$3900, which is paid in two instalments.

Telehealth specialist service incentives are also available for the 2013–2014 financial year. The table opposite provides an example of the total benefits paid for each eligible telehealth consultation.

Other MBS telehealth stand-alone item numbers apply to short initial video consultations where the consultation is 10 minutes or less. Please visit MBS online (www.mbsonline.gov.au/telehealth) for more information.

The RACP views telehealth as an important initiative to improve access to specialist medical care for patients in rural and remote areas, Indigenous communities and residents of aged care facilities. A range of

Specialist item number	Scheduled fee	Telehealth item number 112 ¹ (derived – 50% of scheduled fee)	Combined fee (based and derived)	Assigned benefit (85%) (combined)	Telehealth service incentive (accrued amount paid quarterly)	Telehealth bulk bill incentive (accrued amount paid quarterly)
110	\$150.90	\$75.45	\$226.35	\$192.40	\$39.00	\$13.00
116	\$75.50	\$37.75	\$113.25	\$96.30	\$39.00	\$13.00
119	\$43.00	\$21.50	\$64.50	\$54.85	\$39.00	\$13.00
132	\$263.90	\$131.95	\$395.85	\$336.50	\$39.00	\$13.00
133	\$132.10	\$66.05	\$198.15	\$168.45	\$39.00	\$13.00

Source: Telehealth Incentives Program, Department of Human Services.

¹ Telehealth item number 112 is for a professional attendance on a patient conducted via video conference and if the attendance is for a service: (i) provided with item 110 lasting more than 10 minutes; (ii) provided with item 116, 119, 132 or 133 and; (iii) where all other telehealth MBS eligibility criteria are met.

Please note: While this information is accurate at the time of printing, this is an estimate only and may change. It is advised that the most up-to-date version of the Medicare Benefits Schedule is checked for the most up-to-date fees.

resources can be accessed via the RACP telehealth website: www.racptelehealth.com.au. These resources include:

- Introduction to telehealth online CPD module
- RACP telehealth guidelines and practical tips
- Video case studies and the presentation from the RACP Congress telehealth session

- Templates and printable resources such as posters and fact sheets

Alternatively, if you require support and would like to speak with someone from the telehealth team, please contact Melinda Keresztes on +61 2 9256 5410 or email telehealth@racp.edu.au.

ACTION ON NEW ‘TAX ON LEARNING’

The RACP welcomes the Government’s decision to defer introducing the proposed cap on self-education expenses until July 2015. However, the College will continue to advocate to ensure the cap is never introduced.

Under the Federal Government proposal, the tax deduction for medical self-education expenses would be capped at \$2000. Quality professional education is a fundamental mechanism for maintaining a high-quality and safe healthcare system, and it is essential that self-education expenses for relevant medical education and training be considered as eligible tax-deductible expenses.

Patients are the ultimate beneficiaries of these self-education efforts through increased quality of care. Capping the value of these tax deductions at \$2000 presents barriers to participate in quality medical education and training and sends the wrong signal to trainees, the future generation of specialists, about the value of their education and training.

The College considers the proposed cap would further add to the disincentive to practise medicine in non-metropolitan areas, given that practitioners in rural, regional and remote locations face higher costs for travel and accommodation to attend educational events. It could also lead current registered medical specialists to adopt a minimalist approach to continuing professional development (CPD) through the cutting back of valuable but relatively more expensive CPD activities such as attending medical conferences and further postgraduate education. A cutback in attendance of medical conferences would be inimical to the spirit of collaboration and discourage the diffusion of ‘best practice’ in the medical profession.

Fellows and trainee members are encouraged to sign the #ScrapTheCap petition, which had close to 23,000 signatures on 2 August 2013. The College has joined the Scrap the Cap Alliance due to the collective concerns about the proposed cap. The Alliance brings together key stakeholders including a broad range of professional associations which share similar concerns about this new ‘tax on learning’. Recently, an Alliance delegation met with the Shadow Minister for Education, Apprenticeships and Training, Christopher Pyne, and obtained his support for the objectives of the Scrap the Cap Alliance.

The RACP’s concerns are outlined in its submission to the Commonwealth Treasury’s Discussion Paper, which is available on the College website at: www.racp.edu.au/page/policy-and-advocacy/college-submissions.