

Hon. Mark Butler
Minister for Health and Aged Care
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cc: Louise Riley Department of Health

7 November 2023

Dear Minister

The Rural Doctors Association of Australia (RDAA) is the peak body representing the interests of rural doctors across Australia, including consultant specialists who provide in person care to patients in their rural and remote communities as either a rurally based consultant or through an outreach program.

It is with interest we are reading the debate on consultant specialist telehealth items, particularly the initial consultation, and access to Medicare rebates. RDAA recognises the value of telehealth in enhancing access for patients living in rural and remote Australia, and it is essential there is a balance of telehealth and in person services. Rurally based consultants remain concerned about the fragmentation of care as well as the viability of specialist practice, where metropolitan based specialists provide very convenient telehealth services, but not necessarily the gold standard of care.

Our Rural Specialists Group have debated the issue of telehealth, and many have strong views that telehealth Medicare rebates should only be available to consultants who also provide in person care in these communities, which we recognise may be unpopular with many metropolitan based consultants.

There are two key areas RDAA would request the Government and the Department of Health give special consideration to in relation to the changes to telehealth Medicare rebates for initial consultations.

RDAA would request that there is provision of telehealth items for initial consultations being extended to consultant specialists who have a provider number for the rural community where that patient lives, and provides an in person subsequent consultation within the following six months.

For example, a GP may refer a patient to a consultant who visits the community regularly, but are not due to visit for some time, but the patient's condition requires a consultation more urgently than the scheduled visit based on the GPs assessment.

This patient could access appropriate care with no travel needed if there could be some additional provision for consultants to do initial consultations via telehealth but where a subsequent consultation is billed for an in-person consultation in the rural community where the patient lives (or the closest local health service is available).

RDAA would also request that paediatric consultations via video telehealth be exempt from this change in Medicare policy change. Access to paediatricians is challenging in many of our rural and remote communities. Many rural and remote children rely on very limited outreach or niche services, particularly for Aboriginal and Torres Strait Islander children, as well as children from low socio-economic families to access a service, and currently telehealth is for many the only option available. Any barrier to care due to reduced service provision or delays in accessing an appointment due to travel and financial impacts, will have significant longer-term impacts from both a health and life prospects on these children.

There needs to be investment and support to significantly attract more consultant specialists to provide services in rural and remote communities to enable those who are most vulnerable to access care close to home. Until this occurs, there needs to be some targeted exemptions to Medicare policy to ensure access where it is needed most.

If you have any questions, please do not hesitate to contact Peta on 0427 638 374 or via email ceo@rdaa.com.au.

Yours sincerely



Dr RT Lewandowski
President