



Submission to the Medicare Benefits Schedule Review Advisory Committee (MRAC) Draft Report: Post implementation of telehealth MBS items

7 November 2023

INTRODUCTION

The Cancer Nurses Society of Australia (CNSA) represents nearly 1,800 cancer nurses across Australia. As the peak national body for cancer nursing, the CNSA strives to promote excellence in cancer care through the professional contribution of cancer nurses. To achieve this mission, CNSA acts as a resource to cancer nurses, and all nurses who provide care to individuals diagnosed with cancer around Australia, regardless of geographical location or area of practice. We are the critical link between cancer nurses in Australia, the consumers of cancer nursing services, and other health services and providers involved in cancer control.

The CNSA welcome the opportunity to address the recommendations made within the Draft Report: Post implementation of telehealth MBS items and the evidence informing them. We would also like to lend our support to the submission prepared jointly between Cancer Council Australia, and the Clinical Oncology Society of Australia.

Our Vision: Best possible outcomes and experiences for all people affected by cancer.

Our Mission: Promoting excellence in cancer care and control through the professional contribution of cancer nurses.

CNSA acknowledges and pays respect to the First Nations people as the traditional owners of the land. We pay our respects to the elders past present and emerging and acknowledge the different nations across Australia on which we all live and work. CNSA will continue to work together with Aboriginal and Torres Strait Island peoples to shape a health system that responds to the needs and aspirations of our community.

This submission was authorised by:

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Patients requiring chemotherapy in rural and remote areas are often unable to receive treatment near their residences due to logistics challenges and costs associated with the need to travel to urban centres to receive treatment, often at their own cost, including out-of-pocket costs associated with travel and accommodation. Tele-chemotherapy is a model of care that enables regional medical oncology and haematology patients to receive low-risk cancer treatments at a local site with the support of specialist clinicians based at a metropolitan cancer centre via video supervision.

Telechemotherapy aims to improve patient access to specialised cancer care, especially in rural and remote areas where it is difficult to or not feasible to recruit dedicated specialist cancer clinicians. Measures designed to further enable Telechemotherapy could allow for patients based in regional, rural and remote areas to receive their chemotherapy without travelling to an urban area, whilst still receiving comprehensive clinical care by suitably metropolitan-based clinicians who are suitably trained and experienced via telehealth services. In addition, the development of a Tele-Trial model is a framework to deliver clinical trials to patients living in remote and regional areas.

The CNSA is concerned about the impending changes to the MBS telehealth item numbers. The changes, specifically relating to recommendations 8,9 may have a negative impact on those patients in vulnerable demographics, such as the elderly, disabled, remote and rural patients who require access to specialised cancer services.

Recommendation 8: Extend eligibility requirements to nurse practitioner MBS and midwifery MBS telehealth items

The application of the rule that requires an existing and continuous relationship with the patient (the '12-month rule') will limit the ability of nurse practitioners (NPs) to deliver telehealth to patients newly patients initiated on chemotherapy or those who have not been able to travel to attend a face-to-face appointment in the last 12 months, due to travel logistics or alternatively because they are disabled and unable to travel.

Recommendation 9: For initial consultations, make non-GP specialist MBS items available only face-to-face, with subsequent consultations available through telephone or video at the clinician's discretion.

This recommendation will limit access for patients living in remote and rural areas to services such as Tele-chemotherapy and Tele-trials. This will then require all newly initiated patients who live in remote or regional areas to travel for face-to-face consultations, which may not be possible due to the burden of travel and accommodation costs or in the case of some cancer patients are elderly, disabled or infirm, which is restricting their ability to travel.

Recommendation 10: Reintroduce GP patient-end support and extend it to include nurse and allied health patient-end support for telehealth with a GP. If the MBS is not a suitable funding pathway for patient-end support services, explore other funding possibilities.

Extending the provision of clinical support to medical practitioners other than GPs to a patient (in a telehealth-eligible area) who is participating in a video conferencing consultation with a specialist or consultant physician is a recommendation that the CNSA would support as it may increase the feasibility of delivering models of care including Tele-chemotherapy and Tele-trials in remote and regional areas increasing access to valuable cancer care and supporting the involvement of other healthcare professionals to support this process.