



Adjusting to Telehealth: New items, New Systems, Key Role of Recalls & Financial Viability during COVID-19

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**Information/advice on COVID-19 continues
to change rapidly, even daily.**

**Always make sure you check the most recent
update directly from your local State/
Territory Health Department**

April 03, 2020

This session will cover

- Overview of the **New Medicare items for universal Telehealth** in Australia
- **Practice models** for introducing telehealth at various levels
- The **key role of recalls** in a telehealth world and how to **shift relevant chronic disease management, mental health and health promotion services to a Telehealth model**
- Key considerations and strategies to **support the practice team and ensure continued financial viability** of the practice

“GPs should not treat or carry out testing on suspected coronavirus patients if they do not have the correct PPE equipment.

They should seek advice from their local public health unit on where to send the patient for treatment or testing and how to minimise the risk of infection while the patient is being transported.”

- RACGP Coronavirus Information Page

Reliable sources of up-to-date information

- **Australian Federal Government Department of Health**

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

- **Royal Australian College of General Practitioners (RACGP)**

<https://www.racgp.org.au/coronavirus>

- **World Health Organisation (WHO)**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

- **State/Territory specific information and resources**

ACT: <https://www.health.act.gov.au/health-professionals/chief-health-officer-alerts>

NSW: <https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx>

NT: <https://health.nt.gov.au/health-alerts/novel-coronavirus-covid-19>

QLD: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

SA: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/infectious+disease+control/novel+coronavirus+%282019-ncov%29+infection+for+health+professionals>

TAS: https://www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/infectious_diseases/coronavirus

VIC: <https://www.dhhs.vic.gov.au/information-health-services-and-general-practitioners-novel-coronavirus>

WA: https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

New Telehealth items

COVID-19 – TEMPORARY MBS TELEHEALTH ITEMS

GENERAL PRACTITIONER ATTENDANCES			
These services need to be bulk-billed, and are for non-admitted patients			
Service	Existing Items <i>face to face</i>	Telehealth items <i>via video-conference</i>	Telephone items – <i>for when video-conferencing is not available</i>
Standard GP Attendance			
Attendance for an obvious problem	3	91790	91795
Attendance less than 20 minutes	23	91800	91809
Attendance at least 20 minutes	36	91801	91810
Attendance at least 40 minutes	44	91802	91811
Health assessment for people of Aboriginal or Torres Strait Islander descent			
GP health assessment	715	92004	92016
Chronic Disease Management			
GP management plan, prepare	721	92024	92068
GP team care arrangement, co-ordinate development	723	92025	92069
GP contribution to prepare or review a multidisciplinary care plan, prepared by another provider	729	92026	92070
GP contribution to prepare or review a multidisciplinary care plan, prepared by a provider when the patient was admitted or by a RACF	731	92027	92071
GP attendance to coordinate a GP management plan or team care arrangements	732	92028	92072
Autism Management			
GP early intervention services for children with autism, pervasive developmental disorder or disability	139	92142	92145
Pregnancy Support			
GP pregnancy support item, more than 20 minutes	4001	92136	92138

New Telehealth items

Eating Disorder Management			
GP without mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90250	92146	92154
GP without mental health training, prepare an eating disorder treatment and management plan, more than 40 minutes	90251	92147	92155
GP with mental health training, prepare an eating disorder treatment and management plan, 20 to 40 minutes	90252	92148	92156
GP with mental health training, prepare an eating disorder treatment and management plan, more than 40 minutes	90253	92149	92157
GP to review an eating disorder plan	90264	92170	92176
GP eating disorder FPS treatment, 30 to 40 minutes	90271	92182	92194
GP eating disorder FPS treatment, more than 40 minutes	90273	92184	92196
Mental Health			
<i>General Practitioners (credentialed with CEM)</i>			
GP without mental health training, prepare a mental health plan, 20 to 40 minutes	2700	92112	92124
GP without mental health training, prepare a mental health plan, more than 40 minutes	2701	92113	92125
GP to review a mental health plan	2712	92114	92126
GP mental health consult, more than 20 minutes	2713	92115	92127
GP with mental health training, prepare a mental health plan, 20 to 40 minutes	2715	92116	92128
GP with mental health training, prepare a mental health plan, more than 40 minutes	2717	92117	92129
FPS treatment of 30 to 40 minutes	2729	91818	91842
FPS treatment of more than 40 minutes	2731	91819	91843
Urgent After Hours			
GP urgent after hours, unsociable	599	92210	92216

New Telehealth Items & Incentives

- **Bulk Billing incentive** (items 10990 & 10991) now pays double
 - 10990= \$12.80
 - 10991= \$19.30
- These items can be claimed along with the regular bulk billed item for patients who are under 16yrs or who have a commonwealth concession card.
- Telehealth items can now be billed for anyone in Australia with a Medicare card (*COVID or 'vulnerable group' eligibility no longer needed*)
- As at April 3, 2020 Telehealth Medicare items **MUST** continue to be bulk billed (this may change to allow for private billing, but it's not the case yet).

New Telehealth Items & Incentives

- Telehealth items now include:
 - Consultations Level A, B, C & D
 - ATSI Health Assessment
 - GPMP/TCA, GPMP/TCA Review, Contribution to existing Plan,
 - GP Mental Health Treatment Plan items and Review items
 - Items to help with management of Autism, Eating Disorders, Pregnancy support
 - Urgent After hours (unsociable hours between 11pm-7am)
- Telehealth items **pay exactly the same amount as their face to face equivalent**

For example:

Level B consult Item 23= \$38.20

Equivalent for Telehealth (video) 91800= \$38.20

Equivalent for phone consult item 91809 = \$38.20


Doubling of Quality Improvement PIP (PIP QI) for clinics that stay open for face to face consults at least 50% of usual capacity

- **The Quality Improvement PIP (PIP QI), will be doubled for the next 2 quarters for practices that continue to keep doors open at least 50% of their usual capacity**
- **These payments will be made on 1 May 2020 & 1 August 2020**
- **Full time clinics would need to keep doors open for at least 4hrs per day and Part time clinics for at least 50% of usual opening hours**
- **There are no details yet as to how this will be officially measured, but it appears to be linked to Medicare billings during that period of time**

Levels of Practice Operation



Extremely High Risk- Not appropriate in current climate

 **Business as usual:** Practice is functioning as usual. Minimal or no screening for COVID-19 symptoms or risk factors. (***This approach would be socially irresponsible at the moment***)

Very High Risk - Places a lot of pressure on team and resources

 **Testing and Treating on-site:** Only if equipped with sufficient and adequate PPE

- Comprehensive symptom and risk factor screening processes
- Sophisticated and multilayered triage and infection control system in place
- Adequate space for patient isolation and safe treatment
- Doctors willing to do face to face consults, have **adequate PPE and testing equipment** for patients meeting 'suspect case' criteria

Levels of Practice Operation



Moderate Risk

✓ **Telehealth for most or any reason that doesn't require in person examination, but some in-person appointments are available**

- May divert patients to national hotline for initial triage before booking a telehealth consult or triage over the phone by clinic staff
- Open for all other appointment types with heavy screening to ensure any suspect or at-risk patients are kept away
- May operate as 1/2 day telehealth (practice closed or no providers) and 1/2 day face to face (open for in-person consults)

Low Risk

✓ **Telehealth only. Physical practice is closed.**

- Doctors are only performing telehealth consults
- May incorporate **bulk billed telehealth** for patients that meet Medicare criteria and **private telehealth** (no Medicare rebate) if the practice wants to charge a higher fee.

Options For Telehealth Consultations



Set up a "Telehealth Clinic"

- In a similar style to a "Flu vaccine clinic" this would be a **designated session time in your appointment book** (usually created as a provider in the practice software)
- You can **roster one or several providers to look after that list of patients** (similar to a Flu vaccine clinic, whoever is "rostered on" for that day/session)

Set up "Telehealth" appointment types (Medicare & Private)

- **Activate only for clinicians that wish to participate**
- Note that if the doctor is fitting these telehealth consults among other in-person appointments, they will have to make sure they don't solely rely on patients "arrived" in the waiting room as your Telehealth patients may be missed and not 'arrived' effectively in your software since they're waiting at home to be contacted
- **Consider giving patients a timeframe for when the GP will be in touch** so they're not anxiously wondering why the doctor is a few minutes late

Options For Telehealth Consultations

Set up Telehealth as the **ONLY** appointment type for a doctor wishin to only work remotely

- If you have a **provider who prefers to work remotely**, then the only appointment types they would be able to accept are telehealth
- This provider might also be a great candidate to look after the **telehealth clinic**, if you set it up that way.
- Ensure they have adequate remote access to the practice software and a way to message or reach reception directly in case of any issues.



Financial viability of the practice

Calculating the impact of shifting to a higher bulk billing rate

	Pre-COVID-19	During COVID-19: Telehealth equivalents only	During COVID-19: Telehealth equivalents prioritising higher value services	During COVID-19: Telehealth & Face to Face mix
	35 patients	35 patients	35 patients	35 patients
Level B Consult	x31 Private Billed \$80= \$2,480	x31 Bulk Billed \$38.20 = \$1,184.20	x21 Bulk Billed \$38.20= \$802.20	x10 Bulk Billed \$38.20= \$382 x13 Private Billed \$80= \$1,040
GPMP, TCA, Reviews	x2 Bulk Billed \$155 avg= \$310	x2 Bulk Billed \$155 avg= \$310	x10 Bulk Billed \$155 avg= \$1,550	x8 Bulk Billed \$155 avg= \$1,240
Mental health services	x2 Bulk Billed \$80 avg= \$160	x2 Bulk Billed \$80 avg= \$160	x4 Bulk Billed \$80 avg= \$320	x4 Bulk Billed \$80 avg= \$320
Gross total=	\$2,950/day	\$1,654.20/day Loss (-\$1295.80) 43.9%	\$2,672.20/day Loss (-\$277.8) 9.4%	\$2,982 /day Gain \$32 1%

Assumptions & disclaimer: These figures are roughly based on a private billing clinic where a GP sees 35 patients per day. Figures are oversimplified and for illustration purposes only. Consult your accountant for advice based on your particular circumstances.

Financial viability of the practice

New revenue & subsidies available

- **JobKeeper payment:** government will pay eligible employers \$1,500 per fortnight for each eligible worker. For businesses with turnover of less than \$1bn that have lost 30% or more of their revenue compared to a comparable period a year ago
- **Double PIP QI incentive:** Is it viable to stay open for enough services to qualify?

Provide 50% of services face to face to attract an additional:

1,000 SWPE: \$2,500 over 6 months = \$416/m or \$20.8/day

3,000 SWPE: \$7,500 over 6 months = \$1,250/m or \$62.5/day

5,000 SWPE: \$12,500 over 6 months = \$2,083/m or \$104.15/day

7,000 SWPE: \$17,500 over 6 months = \$2,916/m or \$145.8/day

10,000 SWPE: \$25,000 over 6 months = \$4,166/m or \$208.3/day

- **Consider expansion of consults after hours (and exploring upgrade of AH PIP tier)** now that doctors might be happy to continue telehealth consults from home in the evening

Financial viability of the practice

Pivot focus: Redirect any suitable appointments to telehealth and prioritise higher value services

- **GPMPs, TCAs and their Reviews, attract a Medicare benefit that is between 100%-340% higher than a level B consultation.**

A practice that **makes good use of its nursing team** to support doctors with these items, means **doctors can continue to see the same volume of patients** in a day (since nurses take care of the time consuming components), and include more of these higher value services to increasing their overall daily billings.

- **Make the most of high volume/short length appointments such as flu vaccinations (Better use of Level A consults)**

A good system and **solid nurse support** can make for an **efficient Flu vaccine clinic** of 50 patients in a half-day/4hr dedicated clinic. *(This will be covered in detail during the Flu Vaccine Update Webinar)*

The key role of Recalls in a Telehealth world

As patients reduce contact with practices for fear of being exposed during a practice visit, enhancing recalls for reasons that could be addressed via telehealth becomes critical for business continuity

A large proportion of the reasons for seeing a GP can now safely be done via telehealth, including:

- Symptom triaging (COVID-19 concerns/differential diagnosis)
- Mental health plans, reviews and support
- Ordering pathology or imaging to be performed at a separate collection or imaging centre
- Sick certificates
- Patient discussion following test results (normal/abnormal)
- Chronic disease management and review services
- Pregnancy support
- Repeat prescriptions
- Repeat referrals

The key role of Recalls in a Telehealth world

- Consider equipment the patient may have at home such as thermometers, BP machines, glucose readers or even heart rate monitors or smart watches.

As Dr Dan Epstein wrote in a fantastic piece for Australian Doctor *"It is always worth asking. At the bare minimum, patients can be taught how to feel their own pulse while you time 15 seconds, or to push their appendix very hard."*¹

- **Services** that need to be done **in-person**:
 - Immunisations/Injections
 - Skin checks/excisions
 - Health assessments not covered by Telehealth items
 - ECGs
 - Spirometry
 - Mirena/Implanon (contraception implant/devices)
 - Bone density scan
 - Cervical screening/Breast examination
 - Wound care

Supporting the practice team

- **Clear communication about job security, need for changes to working hours/shifts** if the practice is operating in a reduced capacity or if the physical practice is closed temporarily
See relevant information: coronavirus.fairwork.gov.au
- Consider **shifting task priorities or working modalities** to make better use of team members without reducing their hours
 - **Nurses: Proactive patient database audit and recalls for Chronic Disease Care**
 - **Admin: Tasks that can be performed remotely** (eg call triaging, phone queries, report generation, rosters, bookkeeping, etc.)
- **Emotional and mental health support services** for staff (eg PHNs, Beyond Blue, Lifeline & Healthdirect)
- **JobKeeper Payment** as a way to subsidise salaries during covid-19 pandemic

Resources: COVID-19 Hub & Patient Pack

*Including Posters
Facebook Posts
Email template*




try.hotdoc.com.au/covid-19-hub


STOP!

Please do not enter the clinic until you've read the below information


If you have ANY of these symptoms:




Fever



Cough




Sore throat




Shortness of breath

OR



have travelled internationally in the 14 days before getting sick

OR




have had contact with someone diagnosed with or suspected of having coronavirus in the 14 days before getting sick

PLEASE DO NOT ENTER THE CLINIC

Please call the clinic on _____ and we will provide information on what to do next.

This will help protect the health/safety of you and others.

 HotDoc

Resources: Promote Your Telehealth Consultations

Self isolating?
Our clinic now
offers telephone
consultations

Book via  **HotDoc**



**Our clinic
now offers
Telehealth
consultations**

Book via  **HotDoc**



**Book a
Telehealth
consultation
with our clinic
today**

Book via  **HotDoc**



hotdoc.com.au/practices/resources/telehealth/

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<https://www.hotdoc.com.au/practices/blog/employment-impact-covid19/>



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Wednesday April 8th at 12:30pm AEST



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George Sotiris

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<https://www.hotdoc.com.au/practices/blog/flu-vaccine-2020-covid19/>



WEBINAR 1 CPD

GENERAL PRACTICE ESSENTIALS SERIES

Flu Vaccine 2020 and Logistics During COVID-19

Wednesday 15th April at 12:30pm AEST



Presented by
Magali De Castro
Clinical Director at HotDoc



Join over 2,500+ Healthcare Professionals

Our community is also a great resource and support space during the COVID-19 pandemic



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