

Digital Health Newsletter

16 October 2020

Greetings from the Digital Health Team!

At present, we find ourselves amid a revolution, and process of digital change in healthcare where we have been granted the opportunity to maximise the role that Telehealth plays in current primary practice (especially after the latest budget announced by the government).

Here is a quick update on the Telehealth-related MBS items:

- About a fortnight ago (1st October), the Department of Health announced that Telehealth services for COVID-19, which commenced 13 March 2020, would be **extended until 31 March 2021**. Thus, temporary MBS telehealth items have been made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers.
- However, As of 1st October 2020, the **legislated requirement to bulk bill** the COVID-19 telehealth services for certain patient groups is **removed**. You can now apply your ordinary billing practices to all of the telehealth items and all patients.
- There are currently 23 telehealth MBS items available to medical practitioners, nurse practitioners, midwives, practice nurses and Aboriginal Health Workers. (**Specialists must still meet all the requirements set out in the specialist item in order for it to be provided as a video consultation.**)
- Bulk billing incentive payments (items 10990, 10991, 74990 and 74991) return to their normal levels and the introduced incentives for vulnerable patients (items 10981 and 10982) are discontinued.
- Rebates for telehealth services are **now the same** as those paid for the equivalent face-to-face services (these services are for non-admitted patients only). The new items will be available until 31 March 2021.
- For more information on the updated MBS items, kindly refer the descriptors on RACGP's website ([Link](#)) or the MBS changes factsheet, for even greater detail ([Link](#)).

PLEASE NOTE:

The Department of Health has recently updated and prepared a checklist to assist you to comply with your privacy obligations factsheet. Kindly access this resource ([Link](#)) for further information and guidance on maintaining high level privacy.

The original intent of introducing Telehealth services was to support the implementation of Video Call (VC) services, with Telephone-based support approved **if VC was unavailable or not possible**.

For the sustainable use of Telehealth, CSAPHN strives to support GP services* with convenient and secure video communication services from laptops/tablets located within their practice.

**Patients are eligible for GP and OMP telehealth services if they have an established clinical relationship with a GP, OMP, or a medical practice.*

Healthdirect

Funded by the government and developed by CSIRO, Healthdirect Video Call (HDV) is the most utilised telehealth platform for providing comprehensive, secure, and reliable video consulting healthcare services in Australia. For more information about HDV, visit their website at <https://about.healthdirect.gov.au/video-call>.

- The Department of Health has extended their funding of healthdirect video call service pilot program **until 30 June 2021**, thus, reinforcing it as a secure platform for carrying out Telehealth video consultations that meets the current Australian cyber-security standards approved by the Australian Digital Health Agency.
- The eligibility for access to the Video Call Service Pilot remains consistent with the current pilot for CSAPHN which provides Video Call licenses free of charge for use by **GPs, non-GP type primary care services classed as Mental Health, Aged Care, Maternity, Indigenous Health and Allied Health services** within rural South Australia.
- If you previously registered for HDV, would like to register, or want any training specific to the Telehealth platform, please contact support@country@saphn.com.au.