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JOINT MEDIA RELEASE

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Permanent telehealth to strengthen universal Medicare

The Morrison Government is investing \$308.6 million to strengthen Australia's primary care health system, building on our significant investment and reform to date.

Telehealth will become a permanent feature of primary health care, which has been transformational to health care delivery and underpinned much of the Government's successful COVID-19 response.

Primary health care is a key pillar of our health system. As the first point of contact for most Australians, our primary health care system is the front line for patients and their families, managing complex and chronic health conditions and reducing demand on specialist services and emergency departments.

To continue to support Australia's primary care system, our government is investing \$308.6 million, including:

- **\$106 million** for a permanent telehealth for Australian patients
- **\$58.8 million** to support Australian's mental health with Better Access to vital services
- **\$41.2 million** to deliver better health services in regional and rural Australia
- **\$77 million** to improve access to Medicare
- **\$25.6 million** to support our COVID-19 efforts through Primary Care

This funding builds on the \$180 million investment to support primary health care in managing COVID positive patients in the community. It also builds on the \$700 million invested in primary health care in the 2021–22 Budget, and \$1.6 billion over the previous three Budget updates to strengthen primary health care in Australia.

\$106 million for a permanent telehealth for Australian patients

The Morrison Government is providing \$106 million over four years to support permanent telehealth services, ensuring greater flexibility to patients and doctors for the delivery of health care; allowing GPs, specialists, and allied health professionals to continue to consult with their regular patients by phone or online.

Telehealth has been transformational to Australia's universal health care and has played a critical role in ensuring the continuity of care for hundreds of thousands of Australian patients during the COVID-19 pandemic, protecting the health of patients and health professionals. It offers greater flexibility to health care as part of universal Medicare.

Since early March 2020, more than 86.3 million COVID-19 MBS telehealth services have been delivered to 16.1 million patients, with \$4.4 billion in Medicare benefits paid. More than 89,000 providers have used telehealth services.

This investment includes \$31.8 million for the Workforce Incentive Program (WIP) to provide additional funding to general practices through the inclusion of ongoing telehealth items in the calculation of the Standard Whole Patient Equivalent (SWPE).

\$58.8 million to support Australian's mental health with Better Access to vital services

The Morrison Government is continuing its commitment to mental health and suicide prevention, extending support for Australians in need of mental health care to access more support.

The additional MBS subsidised mental health support which has been available through the COVID-19 pandemic to psychiatrists, psychologists and GPs will be extended to December 2022.

This investment has already helped thousands of Australians access mental health services, doubling the number of individual Medicare subsidised psychological sessions each year under the Better Access scheme – up to 20 sessions.

Better Access is also available to aged care residents, helping those residents in need of mental health care to also access up to 20 individual Medicare subsidised sessions a year.

\$41.2 million to deliver better health services in regional and rural Australia

Expanding the Distribution Priority Area (DPA) classification

The Morrison Government is also making it easier for more rural and regional areas to recruit from the pool of GPs under location moratoriums, such as those who trained overseas, through a change to DPA classification arrangements.

The current arrangement, which automatically ascribes DPA classification to GP catchments in Modified Monash Model (MMM) 5-7 regions and the Northern Territory, will be expanded to include catchments in MMM 3-4.

The means more rural and regional areas will be able to utilise the DPA system when recruiting doctors for their region, which opens access to GPs in the Bonded Medical Program and Overseas Trained Doctors.

This change will help ensure rural and regional areas have a choice of more doctors to work in their local communities, leading to increased access to GP and primary care services for many thousands of Australians in regional and rural communities.

Incentivising doctors and nurse practitioners into rural and regional Australia

The Morrison Government will invest in a significant incentive for eligible doctors and nurse practitioners to practice in rural, remote or very remote areas of Australia, by remitting all or part of their Higher Education Loan Programme (HELP) debt.

This initiative allows for the suspension of indexation on HELP debts for eligible doctors and nurse practitioners while they are residing in and completing eligible work in a rural, remote or very remote area.

Incentivising doctors and nurse practitioners to live and work outside of metropolitan areas can help improve access to quality health care for local communities. The experience can also provide insights for early-career health care professionals into rural health, and inspire a passion to continue working in rural and regional areas.

\$77 million to improving access to Medicare

New and amended MBS listings

The Morrison Government is investing \$54.1 million to add new tests and treatments to the MBS, including several tests for inheritable diseases, including heart and kidney conditions.

Among the new items are:

- Genetic testing for inheritable kidney disease (other than Alport syndrome)
- Genetic testing for diagnosis of inheritable cardiac arrhythmia disorders
- Genetic testing for inheritable cardiomyopathies
- Genetic testing of alpha thalassaemia
- Non-Invasive Prenatal Testing (NIPT) for fetal Rhesus D genotype
- Improvements to the National Cervical Screening Program Self-Collection Policy, and
- Expansion of genetic testing for myeloproliferative neoplasms.

The Government will also add a listing for prostate-specific membrane antigen positron emission tomography for the initial staging of intermediate to high-risk prostate cancer and for the restaging of recurrent prostate cancer.

From 1 March 2022, listings will be added for left atrial appendage closure for patients with non-valvular atrial fibrillation and who are at risk of stroke, as well as expanded indications for transcatheter aortic valve implantation.

Also from March 1, a new MBS telehealth item to support the remote programming of auditory implants and/or sound processors (e.g. cochlear implants) will be available, which will provide increased access for rural and remote patients.

The Morrison Government is committed to funding medical services which are proven to be clinically effective, safe and cost effective, and continuously improving items on the MBS to reflect best clinical practice. This ensures that all Australians are able to access timely and affordable, high quality healthcare.

The new listings and amendments have all been recommended by the independent Medical Services Advisory Committee and commence from 1 July 2022.

Improving access to MBS allied health

The Morrison Government is investing \$20.8 million to deliver changes to the MBS, with a focus on Allied Health, Aboriginal and Torres Strait Islander peoples' health, and Participating Midwives services.

Allied health is the second-largest clinical workforce in Australia, after nursing and midwifery. It makes up 20 per cent of the overall health workforce, and is the largest group within the primary health care sector.

Effective allied health care is critical in preventing unnecessary hospitalisations for chronic conditions, improving patient outcomes, optimising physical and mental function, and improving a patient's ability to live independently.

Amendments to MBS items for allied health are designed to improve access to safe, high quality and evidence-based services including:

- streamlining access for Indigenous people to services available under General Practice Management Plans and Health Assessments;
- improving access to complex allied health services for children and young adults living with disabilities and pervasive developmental disorder; and
- promoting safe clinical practice and high quality maternity care through a restructure of intrapartum items and maternity care plans.

This builds on the \$23.8 million the Morrison Government has already invested in allied health since the release of its Long Term Health Plan in 2019, including providing access to MBS GP-led case conferencing and expanding the allied health rural generalist pathway.

Improving access to wound management

The Morrison Government is investing \$2.1 million over two years, to develop options for a Wound Consumables Scheme.

Approximately 450,000 Australians currently live with a chronic wound. Many may not be receiving the best care due to limited accessibility to high quality consumables.

\$25.6 to support our COVID-19 efforts through Primary Care

New remote supervision items

The Morrison Government is introducing new MBS items to allow a qualified health professional to conduct a COVID-19 Vaccine Suitability Assessment in a person's place of residence without a GP being present.

This will ensure that those living in aged and disability care can still receive a COVID-19 vaccine or booster shot without having to leave home.

Funding for Primary Health Networks

The Morrison Government is investing \$18.3 million to extend and increase funding to the Primary Health Networks (PHN) Vulnerable Vaccination Program to 30 June 2022.

The PHN Vulnerable Vaccination Program ensures that vulnerable Australians can still access COVID-19 vaccines.

This funding builds on \$14.5 million already provided to PHNs to date and will support vaccination activities for older Australians; Culturally, Ethnically and Linguistically Diverse people; people with a disability; homebound persons; those who are not eligible for Medicare; and other vulnerable cohorts requiring additional support to access a vaccination.

Extension of Commonwealth Vaccination Clinics

The Morrison Government is extending the operation of Commonwealth Vaccination Clinics as an optional service within General Practice Respiratory Clinics for a further six months.

This will ensure there are still a number of places where Australians can receive a COVID-19 vaccine or PCR test.

The Morrison Government is also providing \$7.3 million in additional funding to the National Aboriginal Community Controlled Health Organisation (NACCHO) to support their ongoing vaccination programs of Aboriginal and Torres Strait Islander people.

This will ensure that they can continue to run flexible vaccination activities within Aboriginal Community Controlled Health Organisations, encouraging Indigenous Australians to get vaccinated.

The Morrison Government is focused on delivering better outcomes, reducing access barriers and creating a flexible system that works for all Australians. This funding builds on our landmark reform and investment into primary health care.

Since the outbreak of the COVID-19 pandemic, the Morrison Government has committed more than \$34 billion in health funding – the largest health response in Australian history.

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