OPTOMETRISTS
ASSOCIATION AUSTRALIA

Submission to discussion paper on

"Connecting health services with the future: modernising Medicare by providing rebates for on line consultations"

Optometrists Association Australia

2011

ABOUT OPTOMETRISTS ASSOCIATION AUSTRALIA

Optometrists Association Australia is a non-profit organisation registered under the Victorian Companies Act. It is a federation of the six state optometric associations and has been in existence since 1904.

Around 97 per cent of practising optometrists in Australia are members of Optometrists Association Australia.

Contact details for the National and State Division Offices are at www.optometrists.asn.au.

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Introduction

Optometrists Association Australia welcomes the opportunity to provide comment on the Australian Government's discussion paper implementing the 2010 election commitment for encouraging telehealth in Australia, *Connecting Health services with the future: modernising Medicare by providing rebates for online consultations*.

Telehealth and the delivery of eye care

Many aspects of eye care lend itself to telehealth applications. Ophthalmic disease is readily imaged because of the transparent aspects of the internal eye structure. Telehealth applications include: detecting, screening and diagnosing diabetic retinopathy; anterior segment imaging; glaucoma screening; and low vision consultations.[1] There are several well known diabetic retinopathy screening services in the USA for example that have operated for many years: Joslin Vision Network; Vanderbilt Ophthalmic Imaging Centre and Inoven. Retinal images are transmitted to remote reading sites and the images read by eye care professionals who provide reports indicating the level of retinopathy and whether or not to refer for further follow up.[2]

For optometry and patients, telehealth can assist in the provision of timely affordable eye care including:

- improved access to specialist eye health care by enabling a patient to remain in his/her optometrist's office (or at a remote site) while the optometrist consults with other eye care specialists at distant/other sites; and
- more efficient evaluation and management via provision of images of the patient's affect eyes either in consultation with specialist optometrists or with ophthalmologists.

Optometrists in Australia have been early adopters of technology and we anticipate that optometrists would be enthusiastic adopters of any additional technology which would help provide even better patient care in the diagnosis and management of ophthalmic eye disease. We note that the Australian Government is currently evaluating the eHealth readiness of the medical and allied health professions which will give further information to the Government about the applicability of telemedicine in Australia.[3]

The incorporation of existing technology into optometric practices has been beneficial for patients and given efficiencies and cost savings to Medicare. This investment has been in part at the expense of optometrists who have had to pay for the purchase of the equipment, train staff members and modify their procedures, adding to the costs of running their practices.

The introduction of payments to health professionals and incentives to encourage further take up and investment in telehealth solutions is welcomed by the Optometrists Association Australia as it recognises that there is a net cost to health professionals including optometrists in adopting telehealth into their practices, for the benefit of better patient care.

Typically a telehealth consultation relating to eye care will involve a number of elements:

- image acquisition;
- image review and evaluation;
- patient care supervision; and
- image and data storage.

Who performs each element will vary depending on available staff, the clinical needs of the patients and any arrangements made between eye health care professionals involved in the care of the patient.

[1] Yogesan, K; Constable, I and Chan, I (2002). Telemedicine screening for diabetic retinopathy: improving patient access to care, *Disease Management & Health Outcomes*, Vol 10, 11, page 673-678

[2] Caudros, J. Is the future now? Feb 2006, *Optometry and Vision Science*, Vol 83, 2, pp 62-64.

[3] Australian Government RFT 149/1011 and RFT 148/1011

Optometry's interest in the current policy for telehealth

Optometrists Association Australia seeks the agreement of the Government to examining extending the telehealth commitment to encompass optometrists as part of the initiative. The inclusion of optometry is sought in a number of areas:

1. Inclusion of optometrists as relevant accompanying health professional

Optometrists should be considered eligible under the program to be the accompanying primary health care professional to sit with the patient, where clinically relevant, in discussions between the patient and the specialist (in most cases this would be the ophthalmologist).

(The discussion paper talks about GPs, nurse practitioners, practice nurses, midwives, Aboriginal Health Workers attending the patient at the originating aspect of the consultation where clinically necessary.)

Optometrists would be relevant to attend these consultations in limited circumstances where it could be demonstrated that there are ongoing care issues which are best communicated 'in person' (eg. target intra-ocular pressures in glaucoma, expected visual acuity levels achieved following treatment) or where technical instructions are passed on requiring immediate action, or where more detail than digital images provide is required utilising the expertise of the optometrist. This attendance would usefully be judged by the optometrist based on the clinical necessity.

There are currently no item numbers which remunerate optometrists for this role other than the link with the MBS item 723 for team care arrangements with GPs.[4] In these team care arrangements, billing is based on the appropriate existing MBS optometric items.

2. Inclusion of optometry for IT financial incentives

The Association would encourage the Government to include any health profession eligible for Medicare funding for telehealth to also be able to apply for funding when necessary to support the delivery of telehealth to rural and regional Australia. Such incentives could include financial incentives to fund the acquisition of equipment as well funding to cover the on going costs of hosting and utilising telehealth equipment.

3. Optometry inclusion for training and supervision funding

The Association similarly encourages the Government to allow optometrists to apply for funding for the necessary training and supervision of staff or themselves to operate the technology associated with telehealth consultations.

4. Review of the OMBS for delivery by telehealth methods

Optometrists are required to sign a Common Form of Undertaking to work under Medicare. The Common Form of Undertaking may need to be reviewed to permit more flexibility in the delivery of optometric services using telehealth methods to avoid additional paperwork for optometrists.[5]

[4] http://www.medicareaustralia.gov.au/provider/pubs/program/optometry-articles/article-5.jsp

[5] In the OMBS, O.5 would need to be modified for example, as it current states that benefits may only be claimed when….(c) the service has been performed at premises to which an Undertaking relates"

Optometrists Association response to the discussion paper questions

The following information is provided in response to the current discussion paper:

Optimum practice models

Optimal practice models best suited to telehealth usage will vary upon the presenting patient and the conditions for which they require health care; the availability of local specialists and/or the ability of the patient to travel to the specialist.

The Association notes that in the USA and UK telehealth techniques are well developed for the monitoring of diabetic retinopathy for example.

Other practice models include:
- Patient and optometrist consulting with specialist (ophthalmologist) for pre- and post-operative care
- Patient with accompanying optometrist where clinically relevant, consulting with optometrist providing specialised optometry services in larger regional area or urban location
- Patient and Regional eye health coordinator consulting with specialist optometrist in larger regional area or urban location

The Association considers the decision as to when it is appropriate to accompany a patient during a consultation with a specialist should be determined based on clinical need in the best interests of optimising the patient's health care.

Appropriate settings for telehealth consultations
The discussion paper talks about locating telehealth technology in community pharmacies, or community services locations. For eye care, the optimal location would in most cases be the optometric practices or hosting Aboriginal Medical Service which may have trained staff if there is no optometrist practice nearby. Optometrist practices are located all over Australia, but less so in very remote areas.[6]

Locating telehealth technology relevant to eye care in an optometrist practice has several advantages including:
- with appropriate permission, the optometrist in remote area supplies ophthalmologist with clinical information pertaining to a patient who is considering cataract surgery. The ophthalmologist discusses surgical options with patient using telehealth technology and then they mutually decide whether to schedule the surgery. Additional pre-surgical information is attained (e.g. biometry) when patient travels to ophthalmologist's rooms for the surgery – or when ophthalmologist travels to remote location to perform surgeries. This model, directly booking patients onto surgical lists, is used in the UK and minimises travel for patient
- consultations between optometrists and ophthalmologists or optometrists providing specialist services should ideally take place in their own rooms to minimise time away from their practice. While consultations between patient and ophthalmologist could take place at any of the locations, it may be more efficient to locate the video conferencing facility within a health care setting.

Optimal specialties

As noted above, eye care is an ideal area of health care suited to the application of telehealth techniques. The Association seeks the Australian Government's agreement for the inclusion of optometry in this important policy where clinically relevant.

In summary, we see optometry's inclusion in the following areas:

[6] The Rural Outreach Services Section, Rural Health Services & Policy Branch, of the Office of Rural Health has recently mapped all the optometry services in Australia. Contact Linda Grallelis for this information.

- As the accompanying health professional with patient when communicating with specialist, ophthalmologist where clinically relevant. Instances where this may be clinical relevant may include pre- and post-operative care.

- The optometrist consulting with the ophthalmologist without patient in attendance.
  This exchange of information takes place via email and telephone or, if deemed necessary, via video conferencing. Some examples include:
    - Diagnosis and/or management of retinal pathology (using digital retinal photographs)
    - Advice about whether to refer vs monitor glaucoma suspects (based on optic disc photos, visual fields and supply of other clinical information)
    - Diagnosis and/or management of anterior eye pathology (using slit lamp photography)
    - Diagnosis and/or management of patients with neurological symptoms (clinical information exchanged but not necessarily photographs)

- Consultation between a remotely located optometrist and a general practitioner (e.g. regarding diabetes care, urgency of referral of patient with unusual headaches)

Remuneration Models

The discussion paper highlights the lack of financial incentives under the MBS for the uptake of telehealth by health practitioners. One potential approach to remuneration is to use existing Optometric MBS items supplemented with a telehealth additional payment (following the Common Form of Undertaking being adjusted to allow for the delivery of eye care using telehealth technologies.)[7]

In addition, the non-metropolitan facility (or originating site) with the patient should be eligible to receive a facility fee for hosting the consultation.

The USA provides payments three ways:

1. Remote patient face-to-face services seen via live video conferencing where the patient is located in a defined geographic area but the practitioner isn't

2. Non face-to-face services that can be conducted either through live video conferencing or via 'store and forward' telecommunication services

3. Home telehealth services

The payments are limited to defined types of services provided, the geographic location, type of institutions delivering the services and type of health provider.

Whichever method of remuneration needs to be practical and not involve additional 'red tape' for health professionals to deliver these services.

Financial Incentives

Financial incentives should be offered to participating optometrists using and hosting telehealth facilities to recognise the real cost in facilitating and utilising telehealth to the benefit of improved patient care. Typical costs of hosting may include internet access costs, rent of space and the administration required to manage the teleconferencing facilities.

In very remote areas, there would also be advantages to involving Aboriginal Medical Services in this initiative in the provision of telehealth for eye care services. Many AMS regions have Australian Government funded Regional Eye Health Coordinators that could be part of the telehealth consultation for the benefit of eye care for Aboriginal communities.

[7] In the OMBS, O.5 would need to be modified for example, as it current states that benefits may only be claimed when….(c) the service has been performed at premises to which an Undertaking relates"

Training and Support; technical issues

Where it can be demonstrated that there is a need for training for the originating site, this should be provided to ensure the consultation is successfully undertaken.

Ongoing technological support may also be necessary to ensure optimal operation of the equipment involved in the telehealth consultation. Potentially the work of the National eHealth Transition Authority may provide assistance in relation to the interoperability of systems and the secure transmission of data.

Limitations to uptake of telehealth

There are a number of potential barriers which may need to be addressed in order for the telehealth policy to be successful:

Patients

1. Cultural or language barriers of patients participating in telehealth
2. Lack of confidence in privacy issues related to the transmission of health data through telehealth means

Equipment

3. Telehealth related equipment is not typically located in remote communities so sustainable means of transporting and maintaining equipment would be necessary
4. Accessibility of trained people to operate equipment is required
5. Internet speeds in rural and regional Australia need to be improved to optimise the effective use of telehealth technologies.

Regulatory

6. A regulatory framework for delivery health care through telehealth means may be required. For example, those practitioners without national registration providing interstate services may need to be addressed. (Optometrists are nationally registered)

Provision of sustainable local health services

7. There needs to be a balance between the development of sustainable local health services with investments in telehealth. Medicare Locals may have a role to play here.

Longer term training of health professionals

8. If telemedicine investment is to be long term, undergraduate training encompasses providing students with relevant clinical training in delivering relevant health services through telemedicine techniques.

Standards Development

9. There are currently no known Australian standards developed to cover the creation of core standards for telehealth consultations. Such framework documents exist in the USA[8] for example and their development is encouraged by the World Health Organisation.[9] These standards would cover issues such as privacy and confidentiality, standards expected of health

[8] American Telemedicine Association, Core Standards for Telemedicine Operations, Nov 2007,

[9] World Health Organisation, *Telemedicine: Opportunities and Developments in Member States*, is part of a series authored by the WHO's Global Observatory for eHealth (GOe). 2010. http://www.who.int/goe/publications/ehealth_series_vol2/en/index.html

professionals providing health care eg registration; technical standards such as safety requirements and infection control guidelines.

- If the Government did decide to commission the development of general standards for telehealth, these standards could also seek to cover proven means to link health care professionals in order to schedule joint on line consultations. The Government's soon to be established Medicare Locals may be a very useful link in the development of this area of policy.

10. In the longer term, it would be useful to encourage relevant bodies to develop proven models of care for the provision of telehealth techniques.

    e.g. The American Telemedicine Association has issued recommendations in a number of areas including recommendations for designing and implementing a diabetic retinopathy ocular screening program.[10] The National Health Service in the UK has also implemented a National Screening Programme for Diabetic Retinopathy which utilises telehealth technology and includes standards and guidelines for practitioners to follow when using telehealth methods.[11]

[10] American Telemedicine Association, Telehealth Practice Recommendations for Diabetic Retinopathy Program, May 2004, http://www.americantelemed.org/files/public/standards/DiabeticRetinopathy_withCOVER.pdf

[11] http://www.retinalscreening.nhs.uk/pages/default.asp?id=1