



16 April 2020

Ms Penny Shakespeare
Deputy Secretary for Health Financing
Department of Health
GPO Box 9848
CANBERRA, ACT 2601

By email: penny.shakespeare@health.gov.au

Dear Ms Shakespeare,

I would like to extend my congratulations to you for the Department of Health's rapid action to extend Medicare's coverage of telehealth services to allied health. This measure has allowed Accredited Practising Dietitians (APDs) to support the health of Australians through continuity of care for management of eating disorders and other chronic diseases.

The move to allow practitioners to charge co-payments for patients who are not vulnerable to COVID-19 was welcomed by APDs, however the criteria for 'patients who are vulnerable to COVID-19' has caused confusion as to who can be charged a co-payment. I direct your attention to point 6 on page two of the MBS Changes Factsheet for allied health where it states that a person who is being treated for a chronic health condition must be bulk billed. The definition of a chronic health condition on the Department of Health website is "one that has been (or is likely to be) present for six months or longer". According to this definition, all patients being treated by an APD under Chronic Disease Management Plan, Eating Disorder Management Plan or Indigenous Health Check allied health follow-up via telehealth must be bulk billed as they are all referred for a condition that will be present for six months or longer. They however are not all conditions that would make the person vulnerable to COVID-19.

In its original form, APDs who deliver services under the Medicare Chronic Disease Management program already spend more time with patients than the funded, 20-minute allocation. Typically, an initial appointment takes an average of 55 minutes, with subsequent review appointments lasting 36 minutes (Brown et al. 2016 J Nutr Diet). However, when seeing a patient in person, dietitians are able to charge a gap fee (as appropriate), to ensure adequate nutrition intervention and support can be provided.

This additional time is vital to ensure the collection of sensitive medical and diet history information and to provide adequate nutrition counselling.

I am therefore asking the Department of Health to:

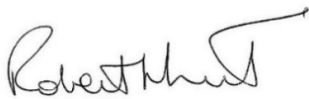
- Allow co-payments to be charged for telehealth as would be allowed for face to face consultations.

Or

- At a minimum require APDs to only bulk bill people with a chronic health condition that makes them vulnerable to COVID-19, removing the directive that all people with a chronic health condition (with the definition of a chronic health condition being a condition lasting more than 6 months) must be bulk billed.

Your urgent consideration of this request would be appreciated.

Yours sincerely

A handwritten signature in black ink, appearing to read "Robert Hunt". The signature is written in a cursive style with a long, sweeping tail on the final letter.

Robert Hunt
Chief Executive Officer