



6 November 2023

Via email: [MBSContinuousReview@health.gov.au](mailto:MBSContinuousReview@health.gov.au)

Dear MBS Review Advisory Committee,

**RE: Response to Telehealth Post-Implementation Review Draft Report**

We write to you as CEOs and representatives of professional and patient health organisations in response to the *Telehealth Post-Implementation Review Draft Report* released by the MBS Review Advisory Committee in September. As a collective, we are interested in understanding and supporting the needs of people who experience persistent and debilitating symptoms after COVID-19 infection (often referred to as long COVID), as well as people with pre-existing health conditions who are at greater risk of poor health outcomes post-infection. Many of our organisations will be making separate submissions detailing further recommendations and insights specific to our patient groups, however as a collective we wanted to express our shared views on one of the recommendations. We are concerned about the report's recommendation to remove telehealth options for initial specialist consultations from the MBS (Recommendation 9). There are two key matters we would like the Committee to consider with respect to the proposed change:

- 1. The current challenges in accessing specialist support for long COVID in Australia, and**
- 2. The importance of promoting equitable and safe access to care.**

The impact of long COVID in Australia

It remains challenging to accurately estimate the prevalence of long COVID, both nationally and internationally. In Australia, it is suspected that approximately five to ten

percent of COVID-19 infections will lead to long COVID<sup>1</sup>. There have been over 11 million confirmed cases of COVID-19 in Australia to date<sup>2</sup>, suggesting that between 500,000 to more than 1,000,000 cases may have resulted in long COVID symptoms. Long COVID can be a debilitating condition requiring considerable health professional and specialist input. Our knowledge and understanding of long COVID and how to manage it continues to evolve. In the context of this evolving landscape, we share our views on the potential implications of removing telehealth options for initial specialist consultations from the MBS, informed by feedback from the communities we represent and public health principles.

#### 1) Challenges in accessing specialist support for long COVID in Australia

There remain significant gaps in care for Australians experiencing long COVID. Primary care plays a critical role in prevention and management of long COVID, but specialist intervention may be required for people who continue to experience significant symptoms. There are some long COVID-specific services across Australia that connect consumers with medical specialists, but these services are limited and based predominantly in metropolitan areas. Telehealth has provided an alternative pathway for connecting people with long COVID to specialist care. With many people already facing significant wait times to access this kind of support, removing MBS-funded telehealth options for initial specialist consultations may prevent some people from accessing specialist care altogether.

#### 2) Access to care must be equitable and safe

For people who face significant and inequitable barriers to accessing health care, telehealth provides an option for receiving support that would otherwise be unattainable. We represent consumers across Australia who may be unable or hesitant to attend face-to-face appointments for medical, financial, or geographical reasons. If Recommendation 9 is implemented, we strongly encourage MRAC to consider including an exemption for vulnerable populations, including those who we represent, who would otherwise not be able to access specialist support for their condition. This is of special relevance to people with long COVID, given options for this kind of support are limited already.

Long COVID is an issue requiring further attention in Australia. Rather than restricting the ways in which people can access care for this condition, we should be considering how to increase access to long COVID support and management for all Australians. We must also ensure that health care is made accessible to all in a post-pandemic environment. If you would like to discuss our response further, please contact Zoe Calleja from Lung Foundation Australia at [zoec@lungfoundation.com.au](mailto:zoec@lungfoundation.com.au).

---

<sup>1</sup> Australian Institute of Health and Welfare. (2022). Long COVID in Australia – a review of the literature. <https://www.aihw.gov.au/reports/covid-19/long-covid-in-australia-a-review-of-the-literature/summary>

<sup>2</sup> World Health Organization. (2023). Australia: WHO Coronavirus Disease (COVID-19) statistics. <https://covid19.who.int/region/wpro/country/au>

Yours sincerely,



Mark Brooke  
Chief Executive Officer  
Lung Foundation Australia



Anne Wilson  
Chief Executive Officer  
Emerge Australia



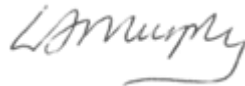
Christine Cockburn  
General Manager  
Rare Cancers Australia



Terry Slevin  
Chief Executive Officer  
Public Health Association of Australia



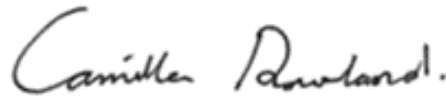
David Lloyd  
Chief Executive Officer  
Heart Foundation



Lisa Murphy  
Chief Executive Officer  
Stroke Foundation



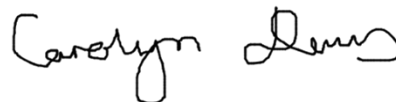
Michele Goldman  
Chief Executive Officer  
Asthma Australia



Camilla Rowland  
Chief Executive Officer  
Palliative Care Australia



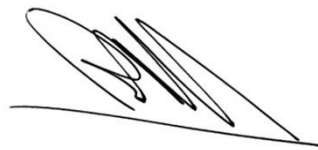
Leanne Raven  
Chief Executive Officer  
Crohn's & Colitis Australia



Carolyn Dews  
Chief Executive Officer  
Immune Deficiencies Foundation Australia



David Ali  
Chief Executive Officer  
MND Australia



Rohan Greenland  
Chief Executive Officer  
MS Australia

DAVID YOUNG

David Young  
Team Leader  
Australia Patient Support Group for  
Waldenström's Macroglobulinemia  
(WMOzzies)

A handwritten signature in black ink, appearing to read 'Debbie Rigby', is centered within a light gray rectangular box.

Debbie Rigby  
Consultant Clinical Pharmacist