



Australian Government

Department of Health  
and Aged Care



# Aged Care Telehealth Resource Guide

For Healthcare Professionals Supporting Residential Aged Care Homes

Last Revised October 2023



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## Future ready healthcare

According to the Intergenerational Report released 24 August 2023:



People aged over 65 will more than **double** from 2023 to 2062.



People aged over 85 will more than **triple** from 2023 to 2062.

\*Source: [2023 Intergenerational Report](#)

Australia's health and aged care sectors are evolving to meet future demand. Digital technologies offer a range of important benefits to improve healthcare for older Australians.

Digital transformation will:



Reduce workforce pressures



Increase connectivity and efficiency



Support better standards of care

## Telehealth

Telehealth is one example of technology that can address barriers to accessing quality healthcare across a variety of settings including Residential Aged Care Homes (RACHs), hospitals, general practices, and allied health.



This fact sheet consolidates a set of useful resources to help you decide how to use Medicare Benefit Scheme (MBS) items to claim for telehealth consultations.

## Get on board with My Health Record (MHR)

If your RACH hasn't registered for MHR yet, tailored, one-on-one registration support is available. Email [MHR.Registration.RAC@digitalhealth.gov.au](mailto:MHR.Registration.RAC@digitalhealth.gov.au) and we'll help you get on board.

Healthcare professionals and RACHs can use My Health Record to spend less time searching for information and more time with residents. MHR supports better continuity of care, especially for residents who see a number of different healthcare providers, or who have chronic or multiple medical conditions. Uploading information to MHR is a great way to support connected care.



## Telehealth Benefits



### Improved access

Telehealth provides access to services that may not be available locally, and without need to travel.



### Greater choice

Telehealth supports greater consumer choice around engaging with preferred health professionals.



### Reduced risk

Telehealth can reduce exposure to communicable diseases and infection.



### Improved continuity of care

Telehealth supports regular check-ups and monitoring with the patient's usual provider and practice.



### Improved quality of life

Telehealth can reduce the need for unnecessary hospital visits.



### Convenience

Appointments can be scheduled at a convenient time for the patient and their healthcare provider.

## Fact sheets about MBS telehealth eligibility

Eligibility requirements and exemptions for MBS telehealth services apply nationally, including for patients who live in RACHs. Additional information is in the MBS Online Factsheets below.

- 1 For GP and Other Medical Practitioners (OMP) eligibility requirements please see the [MBS Telehealth](#) GP and OMP Factsheet.
- 2 For Specialist eligibility requirements please see the [MBS Telehealth](#) (factsheet titled Specialists Telehealth Services).
- 3 For Mental Health, Allied Health and Nurse Practitioner eligibility requirements see relevant factsheets on the [MBS Telehealth](#) for further detail.
- 4 For correct claiming of bulk billed MBS telehealth services, including verbal consent, a [fact-sheet](#) provides further information.
- 5 Healthcare professionals are also encouraged to register their regular patients (if eligible) at their practice under [MyMedicare](#). There are some MBS telehealth items and incentives that are exclusively available to patients registered in MyMedicare.

## Please note

- 1 To claim against MBS telehealth items, the patient must be present, although they may be assisted by a nurse or other carers if required.
- 2 While there are no RACH specific MBS telehealth items, standard MBS telehealth items can be used when seeing patients in a RACH.



## Exclusions

Similar to all other MBS general attendance items, telehealth consultations require the professional attendance of the practitioner and patient to qualify as a professional attendance.

Consultations between health professionals that do not include the patient are not classified as a general attendance. Other MBS items may recognise these efforts by patients' care teams, such as contributions to multidisciplinary care plans and case conferences.

Examples of services that cannot be included toward a general attendance include:

- Discussions with a nurse or other health provider, when the patient is not present.
- Discussions with a patient's family and the patient is not present.
- Discussions with the patient's specialist without the patient present on the line.

## Alternative telehealth options



### Multidisciplinary items

These items can be used in a range of scenarios.

These items do not require the patient's presence, but they do require three or more health professionals to participate in the case conference. A patient's consent must be obtained and recorded to use these items for all professionals.

For further information on the above MBS items please see [MBS Online](#).



### Patient support

Practice nurse, Aboriginal Health Worker and optometry patient support MBS items may be claimed when assistance is provided to patients to access private non-GP specialist and consultant physician services.

Other MBS telehealth items continue to support multidisciplinary care and case-conferences with specific items for GPs, Specialists and Allied Health Providers, where appropriate.

## MBS Notes

Please refer to the following notes for the latest updates

- [MBS Note AN.0.1](#) - Personal Attendance by Practitioner
- [MBS Note AN.0.9](#) - Attendances by General Practitioners
- [MBS Note AN.0.47](#) - Chronic Disease Management Items (including contribution to or review of plan for RACH resident)
- [MBS Note AN.0.49](#) - Multidisciplinary Case Conferences by General Practitioners
- [MBS Note MN.12.5](#) - Telehealth Support Services by Health Professionals