



The Hon. Greg Hunt, MP
Australian Government Minister for Health
P.O. Box 6022
Parliament House
Canberra, ACT 2600

16th July 2020

By email and post Minister.Hunt@health.gov.au

Dear Minister Hunt,

RE: Request for exemption of Family Planning Victoria essential services from stage seven MBS telehealth item reforms.

The introduction of Medicare Benefits Scheme (MBS) item numbers for telehealth consultations have been highly successful in enabling continued community access to essential sexual and reproductive health services during the COVID-19 pandemic. However, the stage seven telehealth reforms announced on 10 July 2020 will significantly impact community access to vital services including contraception, medical abortion and testing and management of sexually transmitted infections, leading to serious repercussions for community health and the economy.

We recognise that the roll back of MBS item numbers to (1) GPs only, and (2) consultations in which the patient has a pre-existing relationship with the GP or clinic, is occurring to promote continuity of care and mitigate the over-use of Medicare items by pop-up corporate medical services. However, this roll back will preclude patient access to dedicated specialist reproductive and sexual health services delivered through Family Planning Victoria.

With over 50 years of experience in clinical service delivery, Family Planning Victoria is well equipped to provide high quality, evidence-based patient care, whether it be longer-term or for isolated health matters that cannot be managed within the context of an ongoing GP-patient relationship. We strive to provide specialist services that complement longer term care provided through primary GPs and work in collaboration with patients' primary GPs where indicated and appropriate. We also prioritise continuity of care provided through our clinics by encouraging follow-up and repeat consultations with patients as indicated by their health need or concern.

Family Planning Victoria focus on clinical service provision for at-risk populations who have less access to a regular GP or are less able to talk about sensitive sexual and reproductive matters with their GP due to their age, culture, religion, gender or sexual identity, mobility, geographical location, relationship status or risk of harm within a relationship.

Since the introduction of COVID-19 restrictions in March 2020, Family Planning Victoria has witnessed an increasingly strong demand for sexual and reproductive health services that are not being met in general practice. Compared with the three-months prior to pandemic restrictions, Family Planning Victoria has experienced a:

- Three-week increase on waiting list for consultations.
- 12% increase in patient consultations.
- 48% increase in patients seeking medical abortions; reducing the need for surgery and burden on hospitals.



A significant proportion of patient consults at Family Planning Victoria clinic are either first-time or one-off consults to manage a specific health matter that cannot be seen by an individual's regular GP. In 2019, just over one-third of our clinical appointments were the patient's only visit within the year. There are several reasons for this:

1. Some services necessitate less-than-annual visits, such as insertion of long acting reversible contraceptives on a three to five-year basis.
2. The individual cannot access the required service through their regular, ongoing GP due to:
 - Inadequate GP competency and/or confidence to provide more specialised services such as insertion and removal of long acting reversible contraceptives.
 - GP unwillingness to provide services such as medical abortion.
 - The patient not feeling comfortable or safe to talk with their regular GP about sensitive reproductive and sexual health matters.
3. The individual has limited access to ongoing quality GP care for many reasons including:
 - Geographical location and availability of local GPs.
 - Barriers related to language, culture and religion.
 - Age; in particular young people.
 - Stigma attached to diverse gender and sexual identity.
 - Relationship status and risk of harm within a relationship.

In these circumstances, an ongoing GP-patient relationship cannot be demonstrated through repeat appointments over a 12-month period, as necessitated by the stage seven telehealth reform.

For these reasons, I implore you to exempt Family Planning Victoria from the new limitations to MBS telehealth items during the COVID-19 pandemic. This is of critical importance considering the health and economic ramifications of reduced patient access to essential services such as contraception, medical abortion and sexually transmitted infection care via telehealth during incredibly challenging times.

I welcome the opportunity to provide further information or discuss this request in more detail to ensure that essential health services remain accessible across the board for all communities, and particularly those at risk and/or with limited access to ongoing quality care. I can be contacted at any time via phone on 0419 326 213 or email at cvissenga@fpv.org.au

Thank you for your consideration of this critical issue. I look forward to your advice.

Yours sincerely,



Claire Vissenga
Chief Executive Officer
Family Planning Victoria

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