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Telehealth for Sexual and Reproductive Healthcare Position Statement

Our Position

- We support the continued use of telehealth to complement and enhance sexual and reproductive health (SRH) care.
- We believe that telehealth is not intended to completely replace in-person care, provides an option for people to access care remotely when a physical examination or procedure is not clinically indicated.
- Hybrid models of in-person and remote care have strong potential to enhance accessibility and efficiency in SRH care, enabling greater community access to essential and time-sensitive services.
- MBS funding for SRH telehealth consultations is essential and should continue.
- Restrictions requiring individuals to a pre-established relationship with the SRH health provider should be lifted.
- Greater funding should be provided to support health services to establish technologies required to deliver telehealth services.
- In-depth review of current health policies to identify and address factors that exacerbate gaps and inequalities in SRH telehealth access, particularly for marginalised and vulnerable communities.
- Research and evaluation of remote SRH care models for specific health areas including abortion, contraception, STI/BBV care, gender affirming medical care and other identified areas to examine efficacy, patient safety, acceptability, equity and economics.
- The development of evidence-based guidelines, curricula and training are encouraged to support care delivery for all health professions providing SRH.

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Background

Telehealth has become a pivotal component of healthcare across Australia during the COVID-19 pandemic, with more than 30 million telehealth consultations occurring in 2020.[1] Telehealth technologies have facilitated safe, confidential and timely community access to essential sexual and reproductive health (SRH) services throughout the pandemic, including medical abortion, contraception and sexually transmissible infection (STI) testing and care. Medicare funding to enable equitable community access to these services has been, and continues to be, vital.

Telehealth is not a new technology, however, its uptake and integration within Australian health systems has been slow and sporadic until recently.[2,3] The COVID-19 pandemic has necessitated rapid advances in the use of telehealth technologies to enable continuity of care and access to essential healthcare. It is critical that we build on the strength of this momentum and support the continued role of telehealth within mainstream health service frameworks to provide safe, effective, accessible and cost-effective SRH care into the future.

What are the key strengths of telehealth?

Increasing access to existing health services by providing an alternative service delivery method is one of telehealth's biggest strengths. Telehealth provides an additional access pathway to healthcare particularly for individuals with limited access to SRH care due to geographical location, absence of local services, age, cultural and language barriers, limited mobility, limited transport, financial difficulties and employment, family or other responsibilities. Telehealth has the capacity to reduce and overcome these barriers, enabling greater and often faster access to timely care.[4,5,6,7] For health professionals, the geographical reach of their expertise and service is also vastly increased.

Telehealth is proving beneficial in facilitating and streamlining team-based care. Triaging, history taking, options counselling, consent processes, prescriptions and follow-up monitoring can often be undertaken safely and efficiently via phone or videocall, reducing the need for repeat visits with multiple health care professionals over separate days.[3,4,8,9] However, it remains essential that individuals have access to a local health service should they require escalation to in-person care.

Telehealth is not intended to replace in-person care, but to provide an option for people to access care remotely when a physical examination or procedure is not medically indicated. The increased accessibility and efficiency afforded by a continued hybrid model of in-person

and remote care, as we have developed during the pandemic, holds potential to improve health outcomes and reduce health care costs in Australia.[10]

What do we know about the safety and efficacy of telehealth in SRH?

While research regarding the safety and efficacy of telehealth in SRH is still in early days, initial findings relating to STIs and blood borne viruses (BBVs), contraception and abortion care are promising.

Telehealth is regarded as beneficial to testing and treatment of STIs and BBVs particularly among young people.[4] Telehealth and other online technologies mitigate some of the barriers to care-seeking, by providing an increased sense of privacy and confidentiality, reduced risk of stigma and embarrassment, and easier and faster access.[4] A research review indicates that telehealth interventions for HIV treatment and prevention can improve treatment adherence and reduce risk behaviours, but can also be associated with an increase in missed pre-exposure prophylaxis (PrEP) doses and skipped follow-up visits.[4]

In relation to contraceptive care, telehealth can be utilised to provide safe, effective and acceptable contraceptive counselling,[11] and assessment and provision of ongoing oral contraceptive prescription.[8] While long-acting reversible contraceptive (LARC) care necessitates in-person care for insertion or removal of an intrauterine device (IUD) or implant, a hybrid approach of an initial telehealth consultation followed by an in-person procedural visit was implemented during the COVID-19 pandemic in order to maintain access.2,11 During the 2020 pandemic restrictions in Australia, the adoption of international clinical guidelines recommending off-label extended use of LARC also temporarily reduced the need for in-person care.[2,12,13] Anecdotally, Australian Family Planning Organisations' (FPO) experiences of the hybrid model of telehealth and in-person care suggest that it is a safe and efficient approach for continued LARC care into the future.

Australian and international research also indicates that telehealth provision of medical abortion is safe, effective and acceptable.[7,9,14,15,16] Telehealth abortion care has similar clinical outcomes, no increased clinical risk and greater facilitation of early abortion access compared to in-person care.[8,14,17,18] Protocols to reduce unnecessary in-person visits and testing have been developed and endorsed internationally to assist health services in navigating remote delivery of medical abortion.[18]

How acceptable and accessible is telehealth for those seeking SRH care?

Telehealth holds significant benefits in terms of increased access and convenience for individuals seeking care. These include reduced travel time and cost related to healthcare, less absence from work, reduced impact on caregiving and the privacy and convenience of accessing care from home.[19] Literature reports high levels of consumer acceptability for telehealth.[5,7,20] For example, Australian and international research indicates that people experience telehealth medical abortion as equal to, or better than, in-person care.[5,14] Furthermore, research also indicates that development of rapport, trust and therapeutic alliance between clinician and patient is not necessarily impaired by remote care delivery.6 However, little is known about acceptability of telehealth across disadvantaged and vulnerable communities, including Aboriginal and Torres Strait Islander and culturally and linguistically diverse people, warranting further research.

As noted earlier, telehealth has the potential to increase accessibility to SRH care, particularly for those with geographical barriers. However, for others, additional barriers may be introduced by this technology. Among these are:

- financial barriers to paying for telehealth services; particularly for those ineligible for Medicare Benefits Schedule (MBS) rebates;
- lack of access to reliable internet, phone and/or computer;
- inability to independently use the necessary technologies, for example, due to disability, low technological literacy, low English literacy, low autonomy and/or lack of private space; and as a result,
- reliance on other people to access telehealth, creating privacy and confidentiality barriers.

For these reasons, telehealth should be regarded as complementary to face-to-face care, ensuring those with limited ability to access telehealth are not further disadvantaged.

MBS funding plays a pivotal role in equitable access to telehealth SRH care. The MBS telehealth item numbers introduced in 2020 in response to COVID-19 meant that specialised SRH services could be accessed remotely by the community at reduced cost. Whilst restrictions were later imposed on this funding, the recently released 2021-22 Federal Budget indicates that MBS-funded telehealth access will be again extended to individuals seeking SRH care. This extension is critical in ensuring all individuals have ready access to

necessary care. Restrictions on this funding had limited the access to individuals who have a pre-established relationship with a clinician or service, demonstrated via at least one consultation in the past 12 months. These restrictions hindered community access to essential and time-sensitive SRH services and unfairly discriminate against those who do not have a regular health care provider or are unable to seek SRH care from their regular provider for a range of reasons. These restrictions have also hindered community access to specialised SRH services providers, including State/Territory based FPOs who commonly see individuals for 'one off' or episodic care on a less than annual basis. FPOs enable rapid access to specialised services that may not be accessible to individuals via their regular GP, and where indicated, will refer clients back to their regular GP for ongoing care.

It is essential that MBS telehealth funding is extended to all individuals, to ensure fair, equitable access to care.

What are some of the primary concerns about telehealth?

There are several reasons behind the slow uptake and integration of telehealth in mainstream healthcare prior to the COVID-19 pandemic. These include health professionals' lack of familiarity with, and confidence in using, telehealth technologies, preferences for face-to-face care, ethico-legal concerns, and having access to the necessary equipment and expertise to effectively and reliably implement telehealth.[3] Some Australian healthcare leaders believe the COVID-19 pandemic has enabled health professionals to overcome reservations and better understand the potential that telehealth offers.[21] However, technological access remains a critical issue in further need of address to ensure health providers have the necessary equipment, including internet connection, to ensure reliable telehealth services are available to the community.

The potential risks of remote care on patient safety are a central concern. In the absence of in-person interaction and examination, reservations have been expressed about missing or misinterpreting indicators of health conditions or risks.[8,22] Currently there is no evidence to suggest poorer health outcomes or increased risk as a result of telehealth delivery of SRH care. However, further research is warranted to better understand the longer-term safety and efficacy of telehealth models.

Concerns have been raised about the capacity of health care professionals to identify and assist individuals experiencing intimate partner violence and reproductive coercion; the risks of which have been exacerbated by COVID-19 social and physical distancing

requirements.[23, 24, 25] Cues indicating an individual is experiencing violence may be less apparent, particularly over the phone, than they would be during an in-person consultation. Individuals may also be very limited in what they can communicate to their health care provider if their partner is at home. Specific strategies are available to assist health care providers to safely identify and respond to individuals experiencing violence.[23]

Concerns have also been expressed about difficulties that some adolescents and young adults may experience in finding a sufficiently private place to have a telehealth consultation, particularly during periods of social and physical restriction.[26] However, Australian data suggests that younger adults, in particular, are more likely to use and want to continue using telehealth consultations in the future.[20] Similar barriers may also be experienced by many others, including people with a disability who have a carer present, and individuals experiencing domestic violence.

Each of these concerns highlight the importance of high-quality research and evidence-based best practice guidelines to facilitate remote care and ensure patient safety is not compromised, nor direct face-to-face care replaced. Numerous calls have also been made for telehealth to become integrated within health professional education and training to ensure the effective and safe delivery of remote care.[27]

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