



Australian Government
Cancer Australia

Utilisation of telehealth services for Professional Attendances for cancer- related services January 2020 to September 2021



Nationally and by population group

August 2022

Utilisation of telehealth services for Professional Attendances for cancer-related services January 2020 to September 2021: Nationally and by population group was prepared and produced by:

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ISBN Online: 978-1-74127-009-9

Recommended citation

Cancer Australia, 2022. *Utilisation of telehealth services for Professional Attendances for cancer-related services January 2020 to September 2021: Nationally and by population group*. Cancer Australia, Surry Hills, NSW.

Utilisation of telehealth services for Professional Attendances for cancer-related services January 2020 to September 2021: Nationally and by population group can be downloaded from the Cancer Australia website: canceraustralia.gov.au or ordered by telephone: 1800 624 973.

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Executive summary

In response to the need for virtual healthcare during COVID-19 pandemic, the Australian Government introduced a suite of new MBS item codes for *Professional Attendances* to facilitate the delivery of services for out-of-hospital patients utilising telehealth. Telehealth delivery methods included both telephone and videoconferencing to be utilised alongside the existing item codes for delivery of these services via face-to-face delivery.

The following findings were identified in an analysis of MBS services data for Professional Attendances for selected provider types for cancer-related specialist attendances i.e., medical oncologists, radiation oncologists, surgical specialists, haematologists and palliative medicine physicians.

In the first 12-months following introduction of these MBS items (April 2020 – March 2021):

- The total number of services for professional attendances for selected* specialist and consultant physicians combined was 5.7% higher compared to April 2019 – March 2020.
- The number of services was higher for all population groups examined and increases ranged between:
 - 4.7 and 7.1% higher across age groups
 - 3.9 and 7.2% higher across remoteness areas
 - 4.7 and 6.6% higher across socioeconomic areas
 - 4.1 and 9.5% higher across jurisdictions, except for NT where total services were 1.7% lower
- The proportion of professional attendances delivered via telehealth methods varied by provider type† and for:
 - Medical oncologists was 23.2% of services overall and ranged between:
 - 20.7% and 28.3% across age groups
 - 21.9% and 31.2% across remoteness areas
 - 21.7% and 25.7% across socioeconomic areas
 - 13.3% and 30.1% across jurisdictions
 - Radiation oncologists was 31.5% of services overall and ranged between:
 - 28.1% and 32.7% across age groups
 - 30.9% and 38.4% across remoteness areas
 - 30.6% and 32.4% across socioeconomic areas
 - 8.8% and 48.0% across jurisdictions
 - Surgical specialists, was 15.5% of services overall and ranged between:
 - 14.5% and 16.2% across age groups
 - 14.9% and 21.3% across remoteness areas
 - 15.1% and 16.0% across socioeconomic areas
 - 11.2% and 25.1% across jurisdictions
- When examined by population group and provider type, the proportion of all services delivered by telehealth services combined showed general patterns of:
 - Decreasing telehealth delivery with increasing age of patients for medical oncologists

* Selected specialist and consultant physician services by providers including medical oncologists, radiation oncologists, surgeons, haematologists and palliative medicine physicians.

† Analyses for haematology and palliative medicine providers were not examined for this time period

- Increasing telehealth delivery with increasing age of patients for radiation oncologists
- Increasing telehealth delivery with increasing remoteness for radiation oncologists and surgical specialists.
- Increased telehealth delivery in lower socioeconomic status areas for medical oncologists
- Use of telehealth delivery varied widely by jurisdictions for medical oncologists and radiation oncologists.
- The vast majority of telehealth consultations were carried out via telephone rather than videoconferencing for all provider types. As a proportion of all services delivered, utilisation of telehealth delivery ranged between 13.2% and 28.7% for telephone delivery and between 2.3% and 2.8% for videoconferencing for all provider types*.
- For all provider types, the vast majority of telehealth consultations were provided via telephone (between 85.3% and 91.1% of all telehealth delivery) rather than videoconferencing (between 8.9% and 14.7%)
- Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by provider types with:
 - 88.2% telephone and 11.8% videoconferencing for medical oncologists
 - 91.1% telephone and 8.9% videoconferencing for radiation oncologists
 - 85.3% telephone and 14.7% videoconferencing for surgical specialists
- When examined by population group and provider type, the proportion of telehealth services delivered by videoconferencing showed general patterns of:
 - Decreasing videoconferencing delivery with increasing age of patients for medical oncologists, radiation oncologists and surgical specialists.
 - Increasing videoconference delivery with increasing socioeconomic status areas of patients for medical oncologists and surgical specialists

Over the extended 21-month period January 2020 to September 2021:

- The proportion of all professional attendances delivered via telehealth for selected specialist and consultant physicians combined varied by population group and ranged between:
 - 15.4% and 17.0% across age groups
 - 16.1% and 19.9% across remoteness areas
 - 16.1% and 17.2% across socioeconomic areas
 - 11.4% and 23.8% across jurisdictions
- The proportion of all services delivered via telehealth varied by provider type and was:
 - 19.8% of all services for medical oncologists
 - 26.1% of all services for radiation oncologists
 - 13.2% of all services for surgical specialists
 - 26.8% of all services for haematologists
 - 9.0% of all services for palliative medicine providers
- The vast majority of telehealth consultations during this period were carried out via telephone (ranging between 7.0% and 24.9% of all services), compared to videoconferencing (ranging between 1.9% to 2.3% of all services).
- Across all provider types combined, the vast majority of telehealth consultations during this period were carried out via telephone (88.1%), rather than videoconferencing (11.9%).

- Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by provider types with:
 - 88.5% telephone and 11.5% videoconferencing for medical oncologists
 - 91.4% telephone and 8.6% videoconferencing for radiation oncologists
 - 85.5% telephone and 14.5% videoconferencing for surgical specialists
 - 92.9% telephone and 7.1% videoconferencing for haematologists
 - 82.3% telephone and 17.7% videoconferencing for palliative medicine physicians

- Quarterly uptake of telehealth services showed a consistent pattern for medical oncologists, radiation oncologists and surgical specialists* with:
 - The proportion of services:
 - Highest in the quarter April to June 2020,
 - Decreasing in the following 6-month period July to December 2020,
 - Stabilising for the 6-month period January to June 2021,
 - Increasing again for the quarter July to September 2021.
 - The proportion of videoconferencing of all telehealth services highest in the quarter April to June 2020.

* Analyses for haematologists and palliative medicine providers were not examined by quarterly periods.

1 Background

In response to the COVID-19 pandemic, the Australian Government introduced a suite of new MBS item codes for *Professional Attendances* to facilitate the delivery of services for out-of-hospital patients utilising telehealth delivery methods*. These complementary MBS item codes for the provision of professional attendances by telehealth delivery methods included both telephone and videoconferencing delivery methods and were utilised alongside the existing item codes for delivery of these services via face to face delivery.

These professional attendance services represented a broad range of provider categories including General Practitioner (GP), Specialists, Other Medical Practitioners, Mental Health and Allied Health Attendances.

Not all types of services where a new telehealth item number had been introduced would relate to cancer care. In 2020, Cancer Australia initially investigated MBS claims in order to understand the impact of the COVID-19 pandemic on the uptake of telehealth methods for three groups where overall trends may have relevance to cancer diagnoses and treatment. The groups examined included Standard GP Attendances which may relate to initial presentations with symptoms; and Specialist Attendances (including 'Specialist Services' and 'Consultant Physician Services') which would include, for example, consultations with surgeons, radiation oncologists and medical oncologists.

Results demonstrated a large uptake of telehealth services, between 32% and 35% of all professional attendances by GPs, Specialists, and Consultant Physicians in the initial COVID period April to June 2020, with most consultations being undertaken by telephone rather than by videoconferencing.† However, this preliminary analysis was for Professional Attendances by all provider types in these 3 categories and therefore were not specifically restricted to cancer care.

In the current report, further analysis of MBS services data for Professional Attendances were investigated for selected provider types within the specialist categories which would include cancer-related attendances i.e., medical oncology, radiation oncology, surgery, haematology and palliative medicine.

These data provide valuable insights into the uptake of telehealth across these cancer-related provider speciality types compared with face-to-face methods, across the duration of the pandemic. These data also show patterns in telehealth uptake across a range of sociodemographic factors highlighting where variations have occurred.

* Temporary MBS telehealth items were made available to help reduce the risk of community transmission of COVID-19 and provide protection for patients and health care providers

† Cancer Australia, 2020. *Review of the impact of COVID-19 on medical services and procedures in Australia utilising MBS data: Skin, breast and colorectal cancers, and telehealth services*. Available at: <https://www.canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/review-impact-covid-19-medical-services-and-procedures-australia-utilising-mbs-data-skin-breast-and>

2 Methodology

In order to understand the impact of the availability of telehealth delivery options for Professional attendances, particularly within the cancer sector, we examined services for a subset of specialist and consultant physician services where the specialty relates specifically, or in part to the provision of cancer-related specialities. This includes five categories of specialist provider types: medical oncologists, radiation oncologists, surgeons as well as haematologists and palliative medicine physicians (refer to Registered specialties listed at Appendix Table A8). For medical and radiation oncologists, professional attendances would be expected to be specific to cancer-related services. For surgeons, haematologists, and palliative medicine physicians, a proportion would be expected to be for cancer-related services, however the specific proportion is not known.

The MBS items for Professional attendances by Specialist and Consultant Physician services were analysed to understand the utilisation of telehealth services for cancer-related attendances (refer to Categories of professional attendances listed at Appendix Table A9). For radiation oncologists and surgeons, professional attendances were for Specialist services exclusively. For palliative medicine physicians, professional attendances were processed as Consultant Physician services exclusively. For medical oncologists and haematologists, the majority of professional attendances were processed as Consultant Physician services, however a small proportion of these services (<1%) were captured as Specialist services and for these 2 provider types, services for the two categories have been combined for the analyses.

MBS item codes for each type of professional attendance included:

- Existing service item codes for delivery by face-to-face consultation ,
- Telehealth item codes for delivery by videoconference facilities, and
- Telehealth item codes for delivery by telephone facilities.

To understand the initial impact of the COVID-19 pandemic on Professional attendances overall, the 12-month period of April 2020 to March 2021 was examined. This period represents the first 12 months of use of the new temporary telehealth items in late March 2020. These data were compared with historical data during the previous 12-month period from April 2019 to March 2020 as a benchmark for service delivery routinely observed for this group of specialists. Note: this is essentially for existing service item codes for face-to-face delivery, there is no historical data available for corresponding telehealth delivery methods.

COVID-19 temporary MBS telehealth items were introduced from 13 March 2020, thus the period from April 2020 reflects data where services are generally available for the entire period. Thus a small number of professional attendances were delivered via telehealth methods in the comparator 12-month period (April 2019 to March 2020).

To further understand the ongoing use of telehealth delivery methods and trends over time, data was also examined for a 21-month period from January 2020 to September 2021, the period of data available at the time of the initial request on 03 November 2021.

For analyses of service delivery, proportional distributions were examined for relevant population groups and specialist providers and were disaggregated by delivery method, examining face-to-face attendances compared with:

- all telehealth delivery, and
- telephone and videoconferencing methods individually.

To further understand whether this uptake varied by population subgroup, proportional distributions by delivery method were examined for sociodemographic factors including age, remoteness area of residence, socioeconomic status (SES) area and jurisdiction. Further information for determining the age groups, remoteness areas and socioeconomic status are detailed at Appendix B.

Professional Attendances April 2020 to March 2021

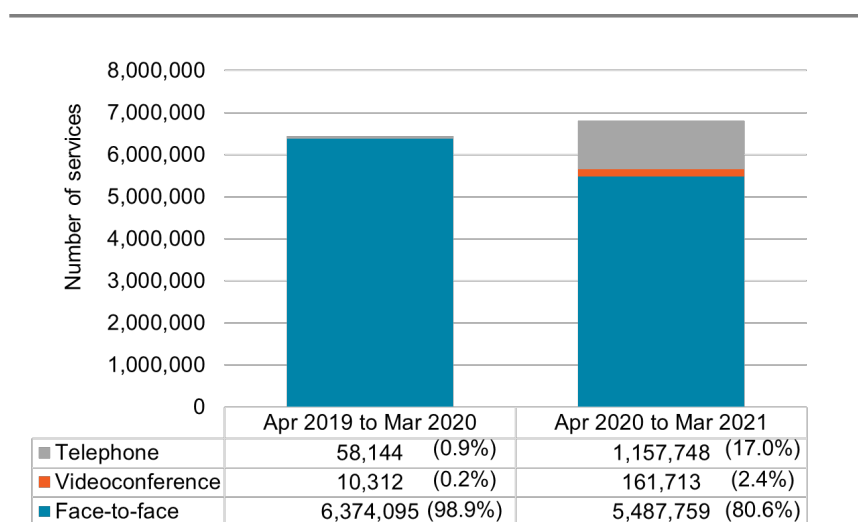
3 Selected Specialists and Consultant Physicians, combined

Total services for professional attendances for selected* 'Specialist' and 'Consultant Physician' provider categories for the specified 12-month periods and the relative contribution of each type of delivery are shown in Figure 1. Each bar represents the total services processed for the relevant period and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Appendix Table A2.

The total number of services for selected* specialist and consultant physician professional attendances were 5.7% higher during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020 (Figure 1; Appendix Table A2).

- The number of face-to-face services for professional attendances by Specialist and Consultant Physicians were 13.9% lower (886,336 fewer services) in April 2020 – March 2021 compared to April 2019 – March 2020.
- Following the introduction of MBS item codes for telehealth delivery services, there were 1,319,461 services (19.4% of all services) delivered via telehealth methods in April 2020 to March 2021
 - The majority of telehealth consultations were provided via telephone (87.7%), rather than videoconferencing (12.3%).

Figure 1 Total MBS services for professional attendances for selected Specialists and Consultant Physicians for the 12-month periods April 2019 to March 2020† and April 2020 to March 2021, by service delivery method



* Selected specialist and consultant physician services by providers including medical oncologists, radiation oncologists, surgeons, haematologists and palliative medicine physicians.

† Telehealth items were introduced from 13 March 2020, thus there are a small number of professional attendances delivered via telehealth methods in the comparator period (April 2019 to March 2020).

For total annual Professional attendances, the number of services was higher for all population groups examined in April 2020 – March 2021 compared to April 2019 – March 2020 and increases ranged between:

- 4.7 and 7.1% higher across age groups
- 3.9 and 7.2% higher across remoteness areas
- 4.7 and 6.6% higher across socioeconomic areas
- 4.1 and 9.5% higher across jurisdictions except for in NT where total services were 1.7% lower

4 Medical oncologists

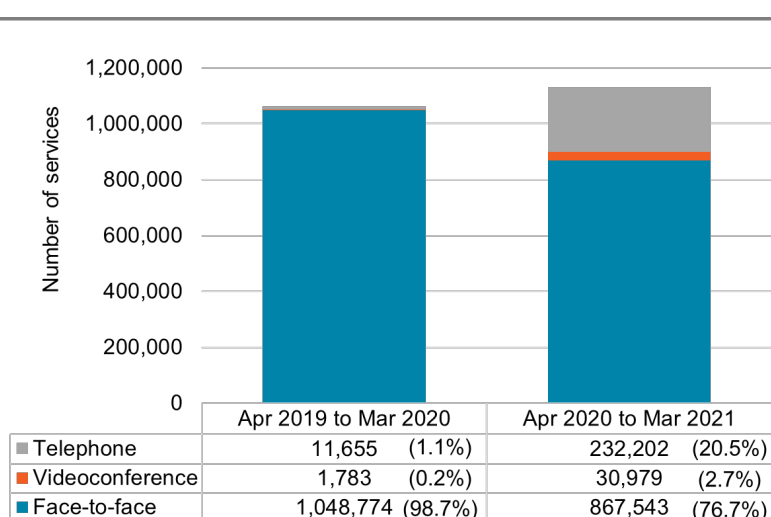
4.1 Annual services

Total services for professional attendances by medical oncologists for the specified 12-month period and the relative contribution of each type of delivery are shown in Figure 2. Each bar represents the total services processed for the relevant period and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Appendix Table A3.

The total number of services for professional attendances by medical oncologists, including services delivered via telehealth methods, were 6.4% higher (68,512 additional services) during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020 (Figure 2).

- The number of face-to-face professional attendances for services by medical oncologists were 17.3% lower (181,231 fewer services) in April 2020 – March 2021 compared to April 2019 – March 2020.
- Following the introduction of MBS item codes for telehealth delivery services, there were 263,181 services (23.2% of all services) delivered by telehealth methods in April 2020 to March 2021.
 - The majority of telehealth consultations during this period were carried out via telephone (88.2%), rather than videoconferencing (11.8%).

Figure 2 Total MBS services for professional attendances by medical oncologists for the 12-month periods April 2019 to March 2020* and April 2020 to March 2021 by service delivery method



* Telehealth items were introduced from 13 March 2020, thus there are a small number of professional attendances delivered via telehealth methods in the comparator period (April 2019 to March 2020).

4.2 Telehealth delivery by population group

4.2.1 Age group

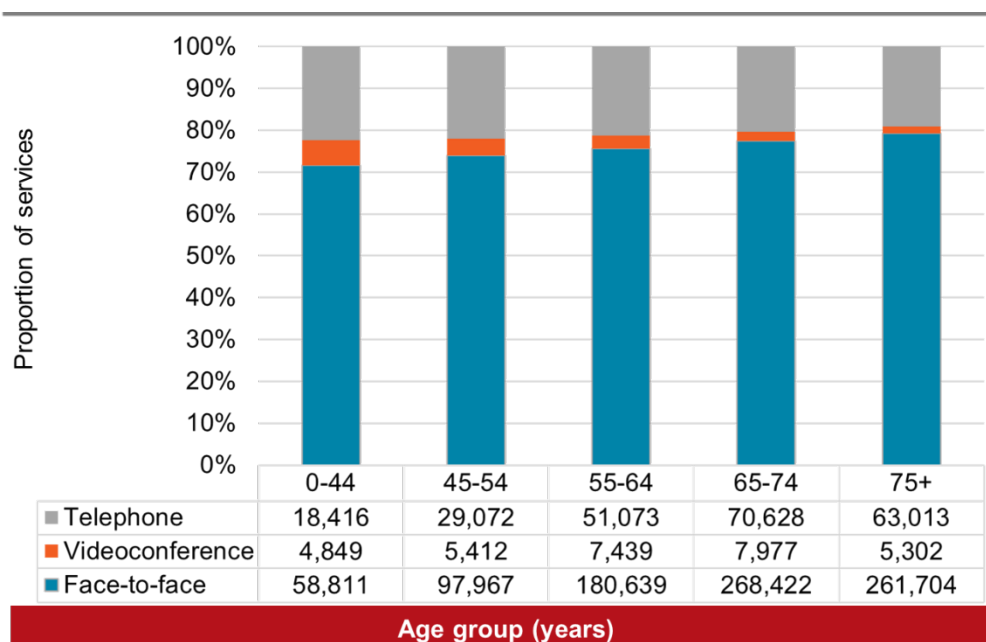
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by medical oncologists delivered via telehealth methods combined showed a general trend for decreasing use of telehealth delivery with increasing age, ranging between 20.7% and 28.3%, in April 2020 – March 2021 (Figure 3; Appendix Table A3).

The majority of telehealth consultations combined during this period were carried out via telephone (ranging between 19.1% and 22.4% of all services), compared to videoconferencing (ranging between 1.6% and 5.9% of all services) for all age groups.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for decreasing use of videoconferencing delivery with increasing age with:

- 79.2% telephone and 20.8% videoconferencing for those aged 0-44 years
- 84.3% telephone and 15.7% videoconferencing for those aged 45-54 years
- 87.3% telephone and 12.7% videoconferencing for those aged 55-64 years
- 89.9% telephone and 10.1% videoconferencing for those aged 65-74 years
- 92.2% telephone and 7.8% videoconferencing for those aged 75 years and over

Figure 3 Total MBS services for professional attendances by medical oncologists for April 2020 – March 2021, by age group and service delivery method



4.2.2 Remoteness

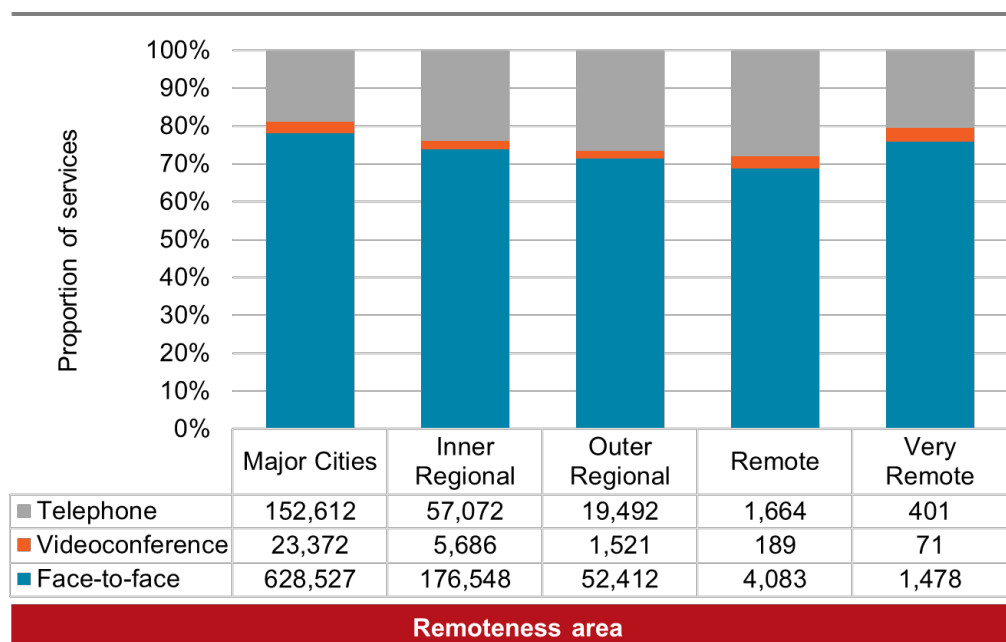
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by medical oncologists delivered via telehealth methods combined ranged between 21.9% and 31.2% with no consistent pattern by remoteness areas in April 2020 – March 2021 (Figure 4; Appendix Table A3).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 19.0% and 28.0% of all services), compared to videoconferencing (ranging between 2.1% and 3.6% of all services) for all remoteness areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by remoteness area with:

- 86.7% telephone and 13.3% videoconferencing for those living in major cities
- 90.9% telephone and 9.1% videoconferencing for those living in inner regional areas
- 92.8% telephone and 7.2% videoconferencing for those living in outer regional areas
- 89.8% telephone and 10.2% videoconferencing for those living in remote areas
- 85.0% telephone and 15.0% videoconferencing for those living in very remote areas

Figure 4 Total MBS services for professional attendances by medical oncologists for April 2020 – March 2021, by remoteness and service delivery method



4.2.3 Socioeconomic status

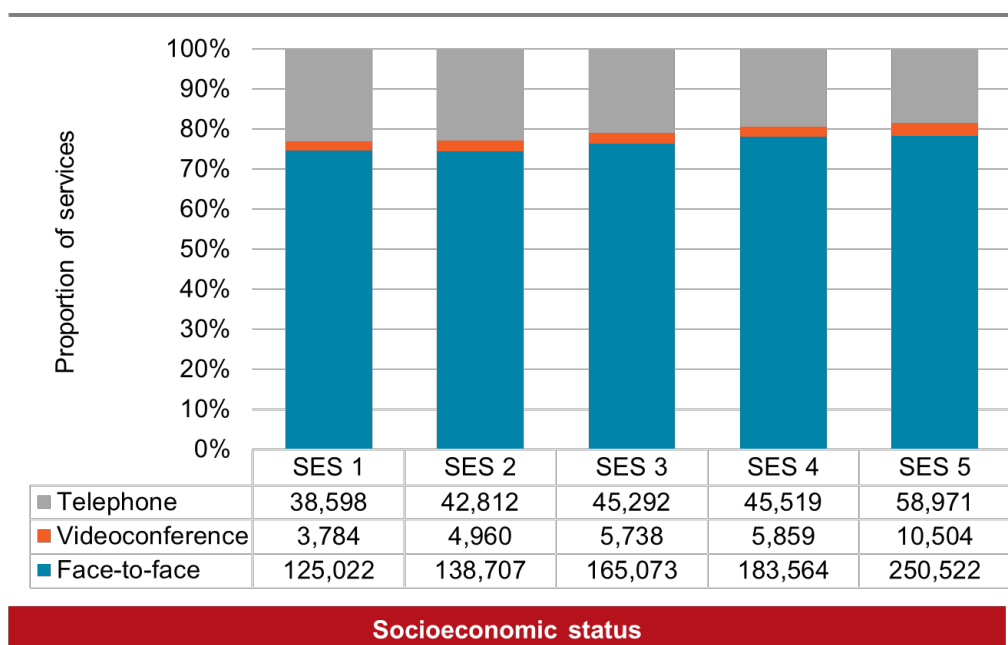
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by medical oncologists delivered via telehealth methods combined ranged between 21.7% and 25.7%, with a general trend for increased use of telehealth delivery in lower socioeconomic status areas*, in April 2020 – March 2021 (Figure 5; Appendix Table A3).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 18.4% and 23.1% of all services), compared to videoconferencing (ranging between 2.3% and 3.3% of all services) for all socioeconomic status areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for increasing use of videoconferencing delivery with increasing socioeconomic status with:

- 91.1% telephone and 8.9% videoconferencing for those living in SES 1 areas
- 89.6% telephone and 10.4% videoconferencing for those living in SES 2 areas
- 88.8% telephone and 11.2% videoconferencing for those living in SES 3 areas
- 88.6% telephone and 11.4% videoconferencing for those living in SES 4 areas
- 84.9% telephone and 15.1% videoconferencing for those living in SES 5 areas

Figure 5 Total MBS services for professional attendances by medical oncologists for April 2020 – March 2021, by socioeconomic status and service delivery method



*SES 1 areas (most disadvantaged) to SES 5 areas (least disadvantaged area)

4.2.4 Jurisdiction

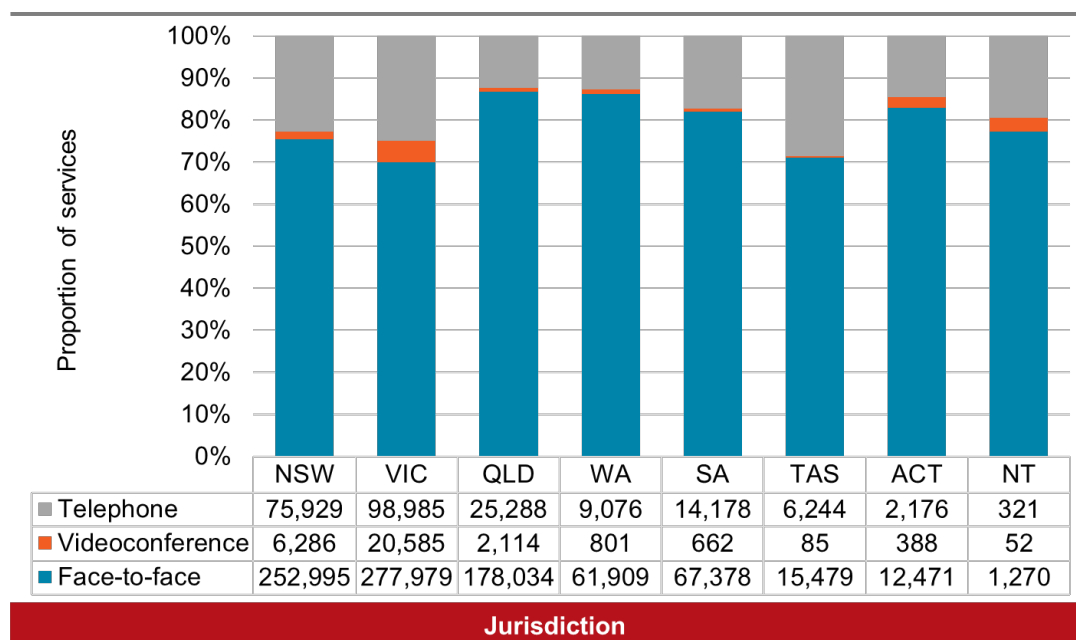
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by medical oncologists delivered via telehealth methods combined ranged widely by jurisdiction between 13.3% and 30.1% of all services in April 2020 – March 2021 (Figure 6; Appendix Table A3).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 12.3% and 28.6% of all services), compared to videoconferencing (ranging between 0.4% and 5.2% of all services) for all jurisdictions.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by jurisdiction with:

- 92.4% telephone and 7.6% videoconferencing for those living in NSW
- 82.8% telephone and 17.2% videoconferencing for those living in VIC
- 92.3% telephone and 7.7% videoconferencing for those living in QLD
- 91.9% telephone and 8.1% videoconferencing for those living in WA
- 95.5% telephone and 4.5% videoconferencing for those living in SA
- 98.7% telephone and 1.3% videoconferencing for those living in TAS
- 84.9% telephone and 15.1% videoconferencing for those living in ACT
- 86.1% telephone and 13.9% videoconferencing for those living in NT

Figure 6 Total MBS services for professional attendances by medical oncologists for April 2020 – March 2021, by jurisdiction and service delivery method



5 Radiation oncologists

5.1 Annual Services

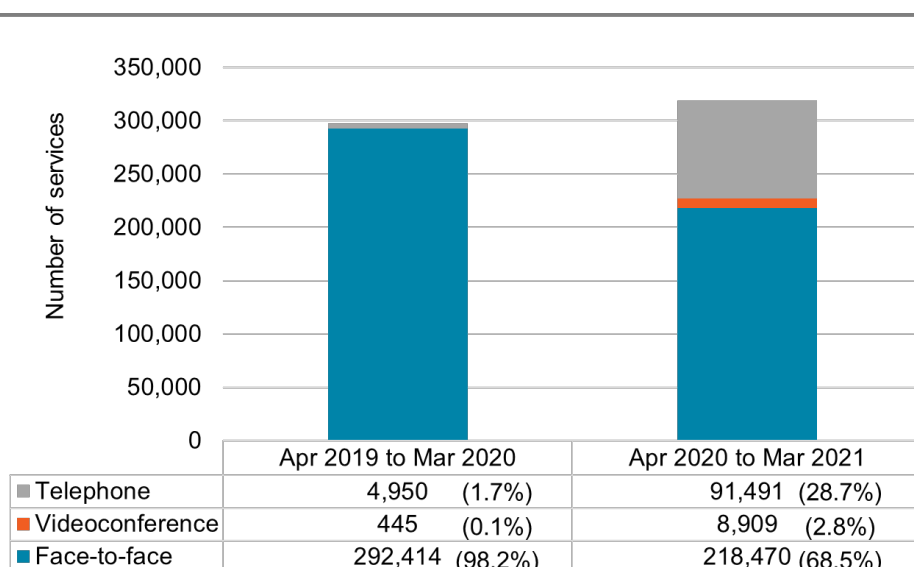
Total services for professional attendances by radiation oncologists for the specified 12-month period and the relative contribution of each type of delivery are shown in Figure 7. Each bar represents the total services processed for the relevant period and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Figure 7; Appendix Table A4.

- The total number of services for professional attendances by radiation oncologists, including services delivered via telehealth methods, were 7.1% higher (21,061 additional services) during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020 (

Figure 7).

- The number of face-to-face services for professional attendances for services by radiation oncologists were 25.3% lower (73,944 fewer services) in April 2020 – March 2021 compared to April 2019 – March 2020.
- Following the introduction of MBS item codes for telehealth delivery services, there were 100,400 services (31.5% of all services) delivered by telehealth methods in April 2020 to March 2021.
 - The majority of telehealth consultations during this period were carried out via telephone (91.1%), rather than videoconferencing (8.9%).

Figure 7 Total MBS services for professional attendances by radiation oncologists for the 12-month periods April 2019 to March 2020* and April 2020 to March 2021 by service delivery method



* Telehealth items were introduced from 13 March 2020, thus there are a small number of professional attendances delivered via telehealth methods in the comparator period (April 2019 to March 2020).

5.2 Telehealth delivery by population group

5.2.1 Age group

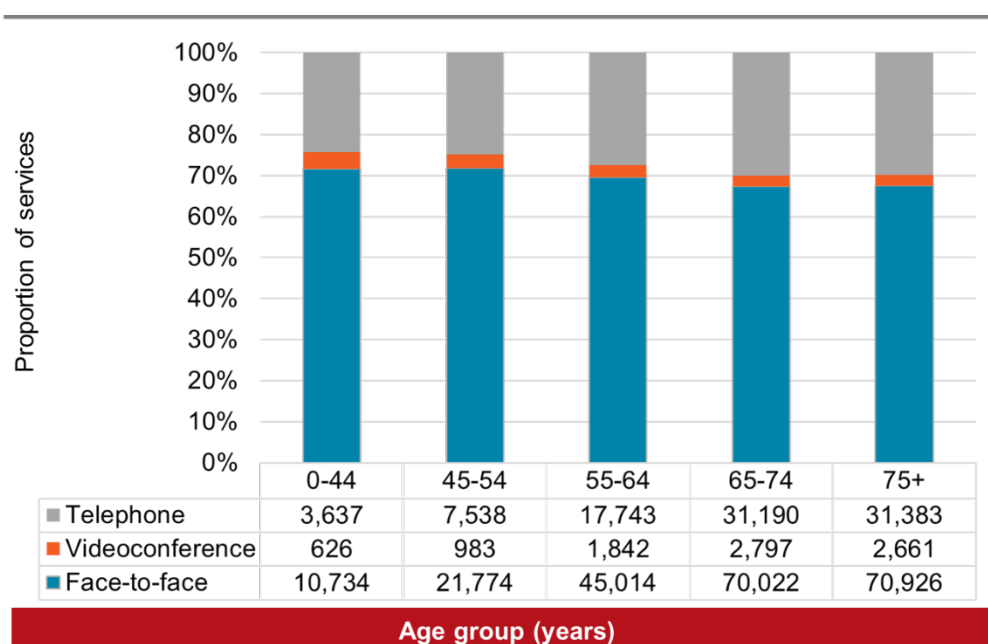
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by radiation oncologists delivered via telehealth methods combined, ranged between 28.1% and 32.7% and showed a general trend for increasing use of telehealth delivery with increasing age, in April 2020 – March 2021 (Figure 8; Appendix Table A4).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 24.3% and 30.0% of all services), compared to videoconferencing (ranging between 2.5% and 4.2% of all services) for all age groups.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for decreasing use of videoconferencing delivery with increasing age with:

- 85.3% telephone and 14.7% videoconferencing for those aged 0-44 years
- 88.5% telephone and 11.5% videoconferencing for those aged 45-54 years
- 90.6% telephone and 9.4% videoconferencing for those aged 55-64 years
- 91.8% telephone and 8.2% videoconferencing for those aged 65-74 years
- 92.2% telephone and 7.8% videoconferencing for those 75 years and over

Figure 8 Total MBS services for professional attendances by radiation oncologists for April 2020 – March 2021, by age group and service delivery method



5.2.2 Remoteness

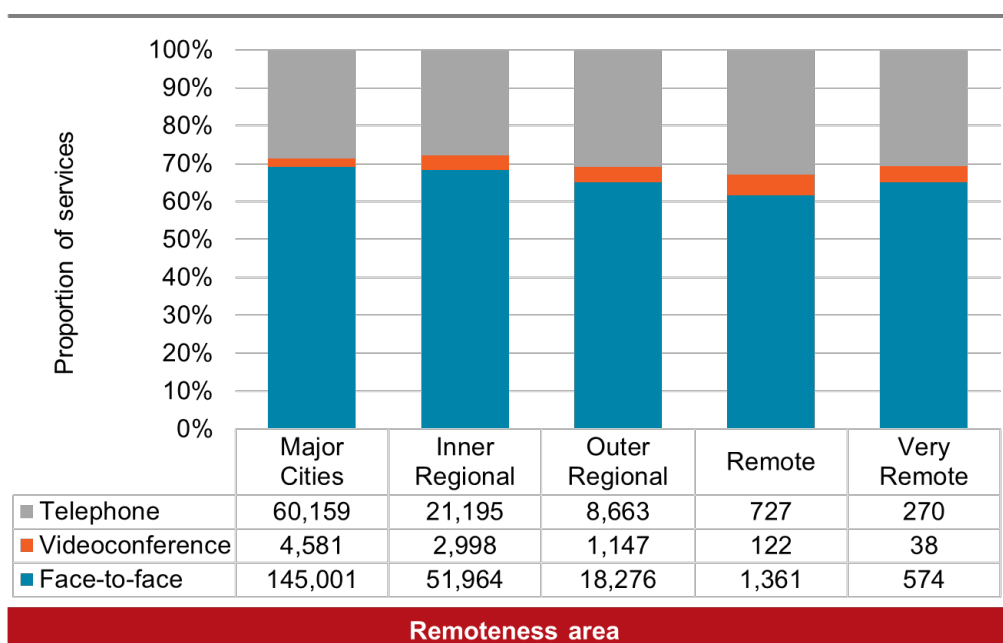
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by radiation oncologists delivered via telehealth methods combined ranged between 30.9% and 38.4% with no consistent trend across remoteness areas in April 2020 – March 2021 (Figure 9; Appendix Table A4).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 27.8% and 32.9% of all services), compared to videoconferencing (ranging between 2.2% and 5.5% of all services) for all remoteness areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by remoteness area with:

- 92.9% telephone and 7.1% videoconferencing for those living in major cities
- 87.6% telephone and 12.4% videoconferencing for those living in inner regional areas
- 88.3% telephone and 11.7% videoconferencing for those living in outer regional areas
- 85.6% telephone and 14.4% videoconferencing for those living in remote areas
- 87.7% telephone and 12.3% videoconferencing for those living in very remote areas

Figure 9 Total MBS services for professional attendances by radiation oncologists for April 2020 – March 2021, by remoteness and service delivery method



5.2.3 Socioeconomic status

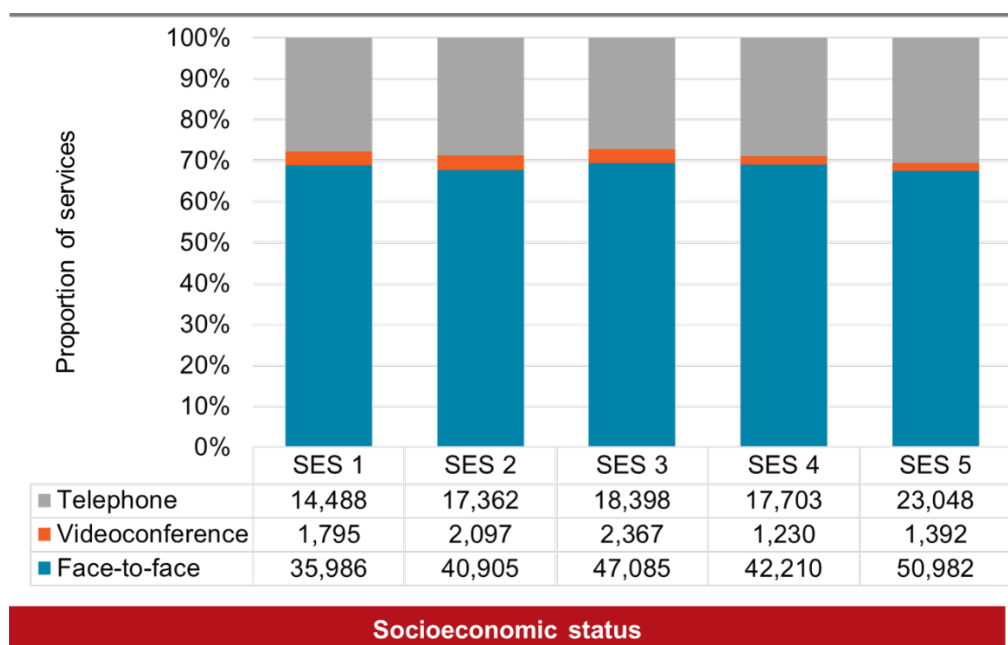
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by radiation oncologists delivered via telehealth methods combined was similar for all socioeconomic areas*, ranging between 30.6% and 32.4%, in April 2020 – March 2021 (Figure 10; Appendix Table A4).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 27.1% and 30.6% of all services), compared to videoconferencing (ranging between 1.8% and 3.5% of all services).

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a decreased use of videoconferencing delivery in higher socioeconomic status areas with:

- 89.0% telephone and 11.0% videoconferencing for those living in SES 1 areas
- 89.2% telephone and 10.8% videoconferencing for those living in SES 2 areas
- 88.6% telephone and 11.4% videoconferencing for those living in SES 3 areas
- 93.5% telephone and 6.5% videoconferencing for those living in SES 4 areas
- 94.3% telephone and 5.7% videoconferencing for those living in SES 5 areas

Figure 10 Total MBS services for professional attendances by radiation oncologists for April 2020 – March 2021, by socioeconomic status and service delivery method



*SES 1 areas (most disadvantaged) to SES 5 areas (least disadvantaged area)

5.2.4 Jurisdiction

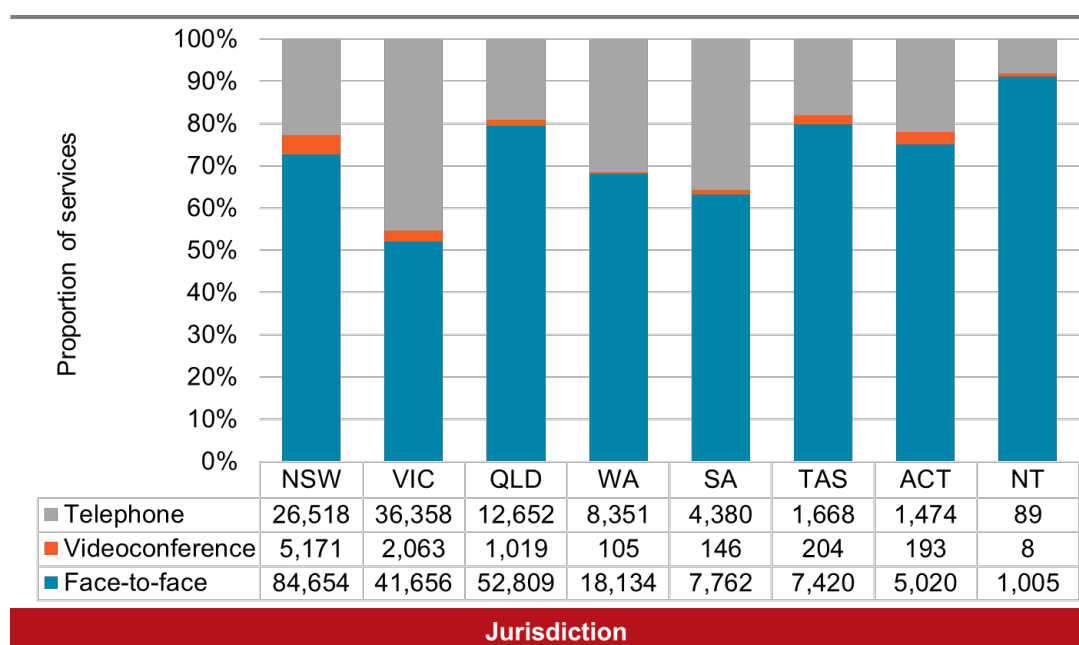
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by radiation oncologists delivered via telehealth methods combined, ranged widely by jurisdiction ranging between 8.8% and 48.0% of all services in April 2020 – March 2021 (Figure 11; Appendix Table A4).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 8.1% and 45.4% of all services), compared to videoconferencing (ranging between 0.4% and 4.4% of all services) for all jurisdictions.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by jurisdiction with:

- 83.7% telephone and 16.3% videoconferencing for those living in NSW
- 94.6% telephone and 5.4% videoconferencing for those living in VIC
- 92.5% telephone and 7.5% videoconferencing for those living in QLD
- 98.8% telephone and 1.2% videoconferencing for those living in WA
- 96.8% telephone and 3.2% videoconferencing for those living in SA
- 89.1% telephone and 10.9% videoconferencing for those living in TAS
- 88.4% telephone and 11.6% videoconferencing for those living in ACT
- 91.8% telephone and 8.2% videoconferencing for those living in NT

Figure 11 Total MBS services for professional attendances by radiation oncologists for April 2020 – March 2021, by jurisdiction and service delivery method



6 Surgical specialists

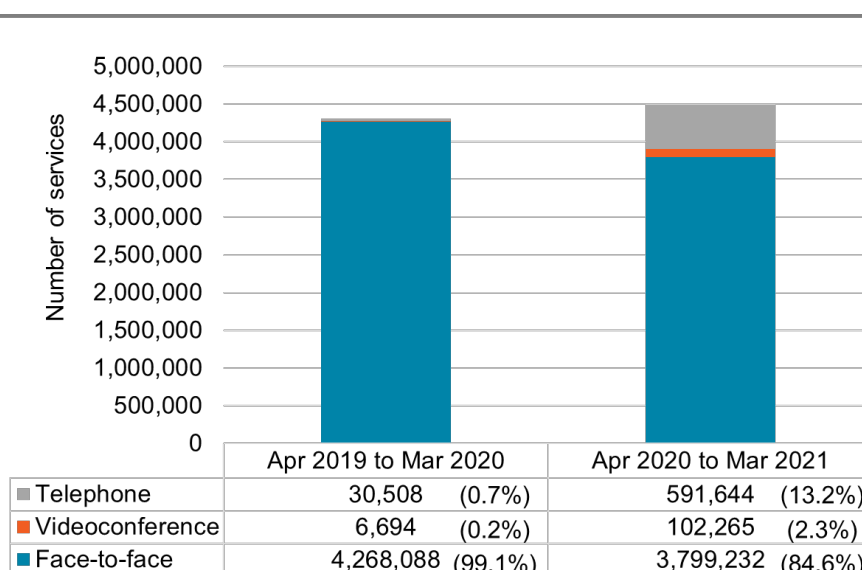
6.1 Annual services

Total services for professional attendances by surgical specialists for the specified 12-month period and the relative contribution of each type of delivery are shown in Figure 12. Each bar represents the total services processed for the relevant period and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Appendix Table A5. For surgical specialists, a proportion would be expected to be for the provision of cancer-related services, however the specific proportion is not known.

The total number of services for professional attendances by surgical specialists, including services delivered via telehealth methods, were 4.4% higher (187,851 additional services) during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020 (Figure 12).

- The number of face-to-face services for professional attendances for services by surgical specialists were 11.0% lower (468,856 fewer services) in April 2020 – March 2021 compared to April 2019 – March 2020.
- Following the introduction of MBS item codes for telehealth delivery services, there were 693,909 services (15.5% of all services) delivered by telehealth methods in April 2020 to March 2021.
 - The majority of telehealth consultations during this period were carried out via telephone (85.3%), rather than videoconferencing (14.7%).

Figure 12 Total MBS services for professional attendances for surgical specialists for the 12-month periods April 2019 to March 2020* and April 2020 to March 2021 by service delivery method



* Telehealth items were introduced from 13 March 2020, thus there are a small number of professional attendances delivered via telehealth methods in the comparator period (April 2019 to March 2020).

6.2 Telehealth delivery by population group

6.2.1 Age group

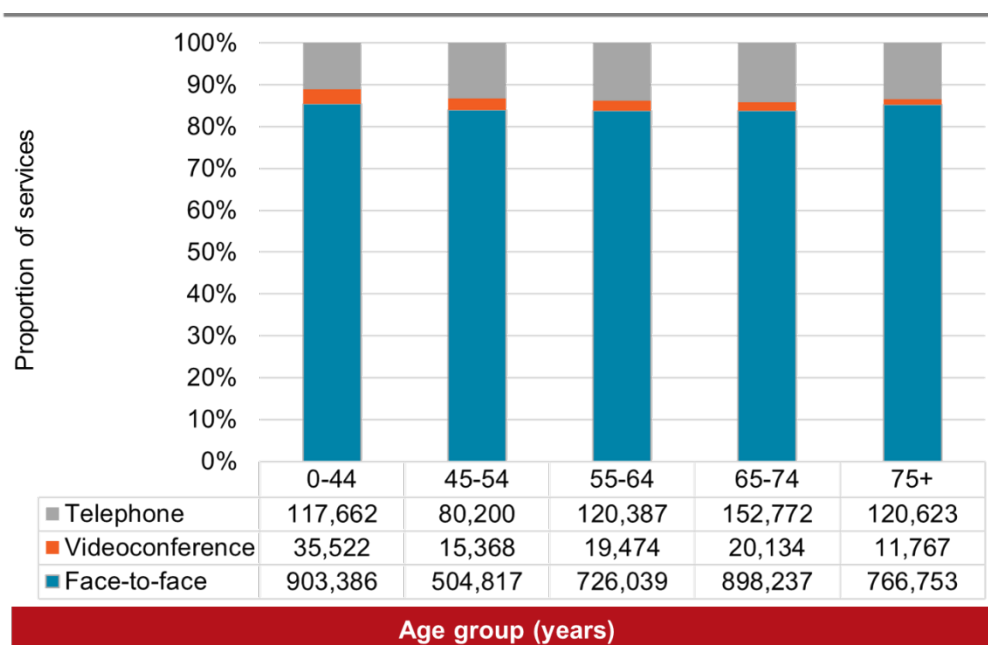
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by surgical specialists delivered via telehealth methods combined, were similar for all age groups, ranging between 14.5% and 16.2%, in April 2020 – March 2021 (Figure 13; Appendix Table A5).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 11.1% and 14.3% of all services), compared to videoconferencing (ranging between 1.3% and 3.4% of all services) for all age groups.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for decreasing use of videoconferencing delivery with increasing age with:

- 76.8% telephone and 23.2% videoconferencing for those aged 0-44 years
- 83.9% telephone and 16.1% videoconferencing for those aged 45-54 years
- 86.1% telephone and 13.9% videoconferencing for those aged 55-64 years
- 88.4% telephone and 11.6% videoconferencing for those aged 65-74 years
- 91.1% telephone and 8.9% videoconferencing for those aged 75 years and over

Figure 13 Total MBS services for professional attendances by surgical specialists for April 2020 – March 2021, by age group and service delivery method



6.2.2 Remoteness

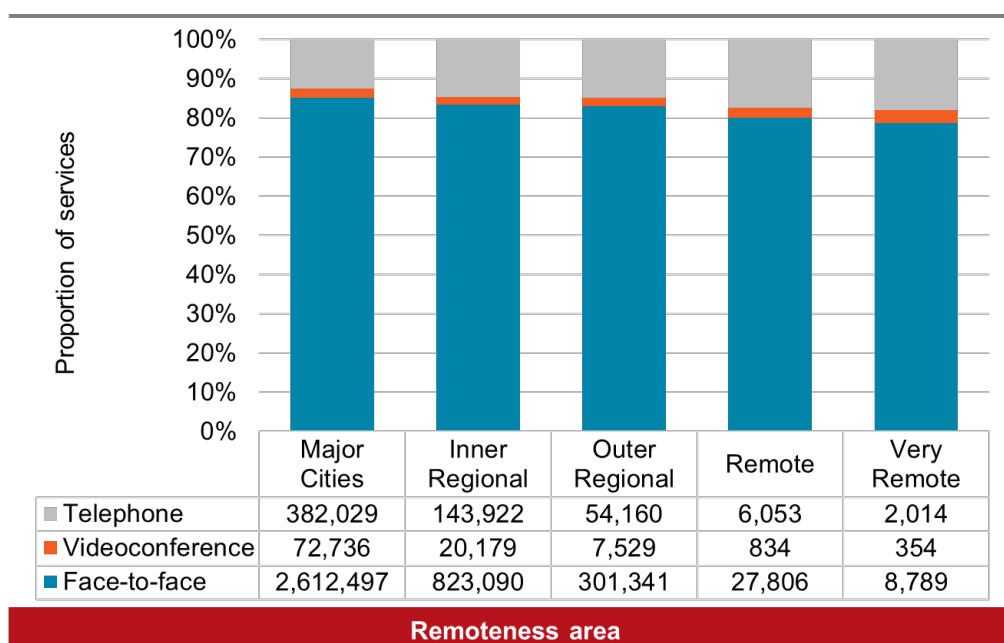
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by surgical specialists delivered via telehealth methods combined ranged between 14.9% and 21.3%, and showed a general trend for increasing use of telehealth delivery with increasing remoteness, in April 2020 – March 2021 (Figure 14; Appendix Table A5).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 12.5% and 18.1% of all services), compared to videoconferencing (ranging between 2.0% and 3.2% of all services) for all remoteness areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by remoteness area with:

- 84.0% telephone and 16.0% videoconferencing for those living in major cities
- 87.7% telephone and 12.3% videoconferencing for those living in inner regional areas
- 87.8% telephone and 12.2% videoconferencing for those living in outer regional areas
- 87.9% telephone and 12.1% videoconferencing for those living in remote areas
- 85.1% telephone and 14.9% videoconferencing for those living in very remote areas

Figure 14 Total MBS services for professional attendances by surgical specialists for April 2020 – March 2021, by remoteness and service delivery method



6.2.3 Socioeconomic status

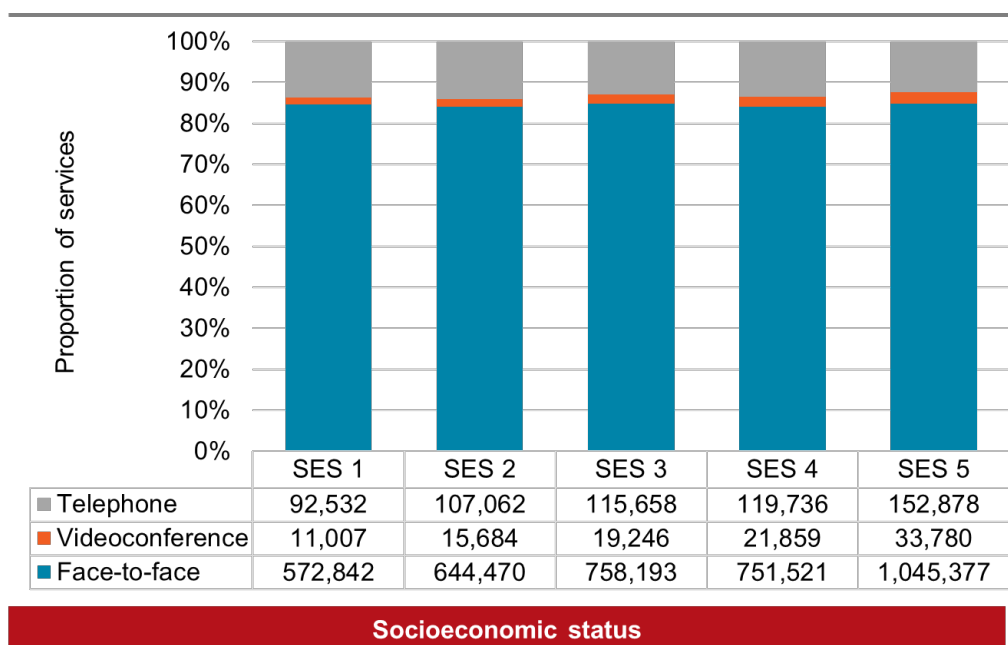
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by surgical specialists delivered via telehealth methods combined ranged between 15.1% and 16.0%, and was similar for all socioeconomic status areas*, in April 2020 – March 2021 (Figure 15; Appendix Table A5).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 12.4% and 14.0% of all services), compared to videoconferencing (ranging between 1.6% and 2.7% of all services) for all socioeconomic status areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for increasing use of videoconferencing delivery with increasing socioeconomic status with:

- 89.4% telephone and 10.6% videoconferencing for those living in SES 1 areas
- 87.2% telephone and 12.8% videoconferencing for those living in SES 2 areas
- 85.7% telephone and 14.3% videoconferencing for those living in SES 3 areas
- 84.6% telephone and 15.4% videoconferencing for those living in SES 4 areas
- 81.9% telephone and 18.1% videoconferencing for those living in SES 5 areas

Figure 15 Total MBS services for professional attendances by surgical specialists for April 2020 – March 2021, by socioeconomic status and service delivery method



*SES 1 areas (most disadvantaged) to SES 5 areas (least disadvantaged area)

6.2.4 Jurisdiction

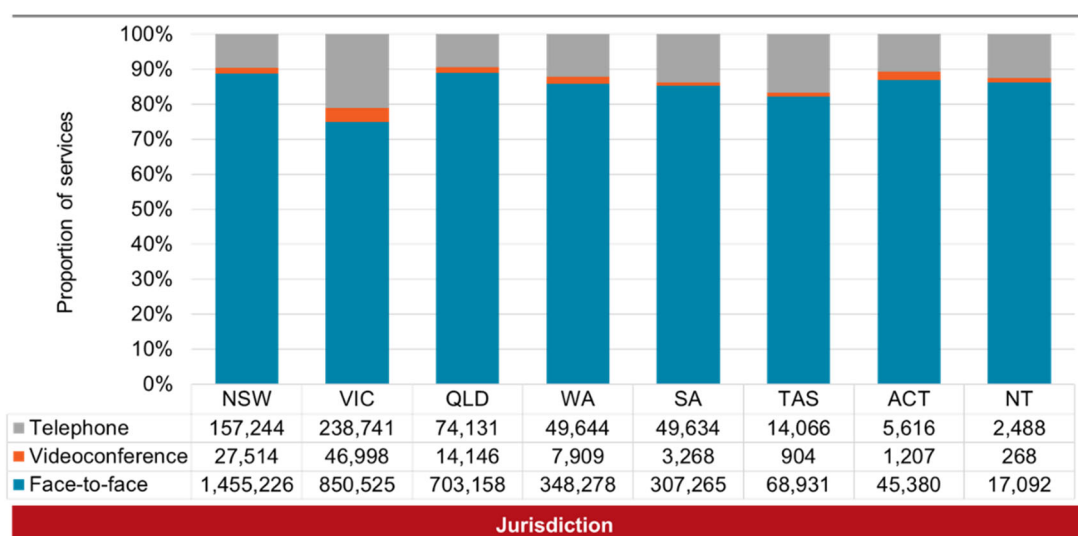
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances by surgical specialists delivered via telehealth methods combined, ranged between 11.2% and 17.8%, except for Victoria where telehealth contributed of 25.1% of all services in April 2020 – March 2021 (Figure 16; Appendix Table A5).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 9.4% and 21.0% of all services), compared to videoconferencing (ranging between 0.9% and 4.1% of all services) for all jurisdictions.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by jurisdiction with:

- 85.1% telephone and 14.9% videoconferencing for those living in NSW
- 83.6% telephone and 16.4% videoconferencing for those living in VIC
- 84.0% telephone and 16.0% videoconferencing for those living in QLD
- 86.3% telephone and 13.7% videoconferencing for those living in WA
- 93.8% telephone and 6.2% videoconferencing for those living in SA
- 94.0% telephone and 6.0% videoconferencing for those living in TAS
- 82.3% telephone and 17.7% videoconferencing for those living in ACT
- 90.3% telephone and 9.7% videoconferencing for those living in NT

Figure 16 Total MBS services for professional attendances by surgical specialists for April 2020 – March 2021, by jurisdiction and service delivery method



Trends in utilisation of Telehealth services January 2020 to September 2021

7 Telehealth uptake by population group, January 2020 to September 2021

Total services for selected* 'Specialist' and 'Consultant Physician' attendances and the relative contribution of each type of delivery and population subgroup are shown in Figure 17Figure 20. Each bar represents the total services processed for the 21-month period from January 2020 to September 2021 and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Appendix Table A6.

The total number of services for selected* specialist and consultant physician professional attendances delivered via telehealth methods combined was 1,675,780 for January 2020 to September 2021. The majority of these telehealth consultations during this period were carried out via telephone (88.1%), rather than videoconferencing (11.9%).

* Selected specialist and consultant physician services by providers including medical oncologists, radiation oncologists, surgeons, haematologists and palliative medicine physicians.

7.1 Age group

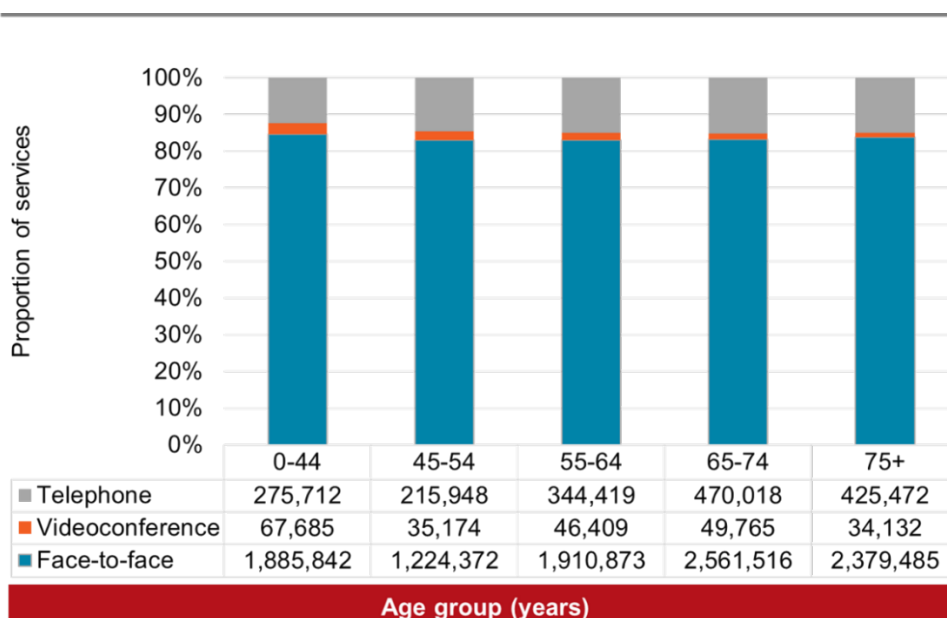
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances for selected specialist and consultant physician services delivered via telehealth methods combined ranged between 15.4% and 17.0%, and were similar for all age groups, in January 2020 – September 2021 (Figure 17; Appendix Table A6).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 12.4% and 15.3% of all services), compared to videoconferencing (ranging between 1.2% and 3.0% of all services) for all age groups.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for decreasing use of videoconferencing delivery with increasing age:

- 80.3% telephone and 19.7% videoconferencing for those aged 0-44 years
- 86.0% telephone and 14.0% videoconferencing for those aged 45-54 years
- 88.1% telephone and 11.9% videoconferencing for those aged 55-64 years
- 90.4% telephone and 9.6% videoconferencing for those aged 65-74 years
- 92.6% telephone and 7.4% videoconferencing for those aged 75 years and over

Figure 17 Total MBS services for professional attendances for selected Specialists and Consultant Physician Services for January 2020 – September 2021, by age group and service delivery method



7.2 Remoteness

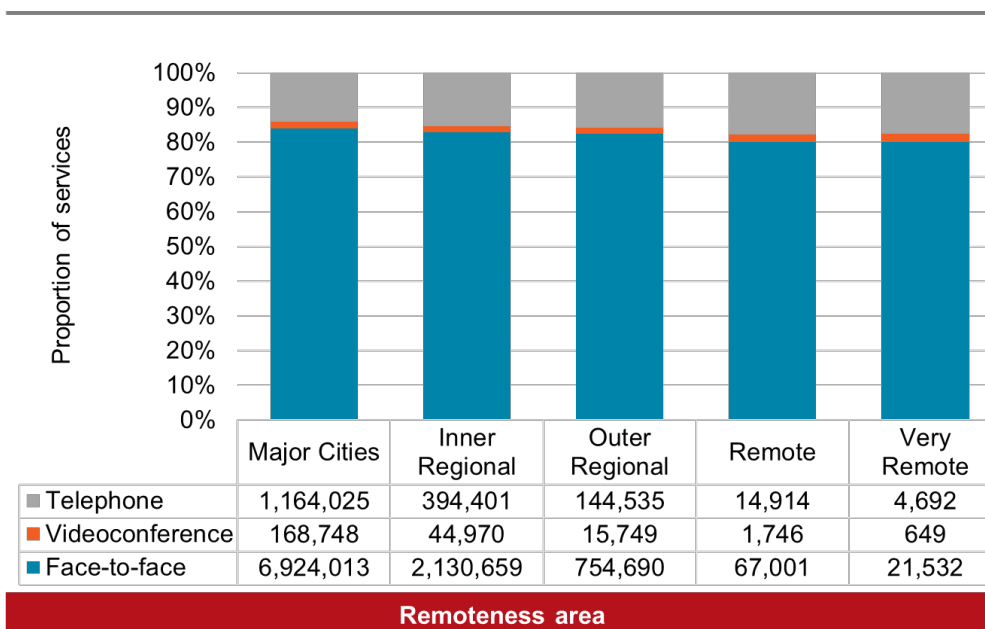
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances for selected specialist and consultant physician services delivered via telehealth methods combined, ranged between 16.1% and 19.9%, and showed a general trend for increasing use of telehealth delivery with increasing remoteness, in January 2020 – September 2021 (Figure 18; Appendix Table A6).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 14.1% and 17.8% of all services), compared to videoconferencing (ranging between 1.7% and 2.4% of all services) for all remoteness areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by remoteness area:

- 87.3% telephone and 12.7% videoconferencing for those living in major cities
- 89.8% telephone and 10.2% videoconferencing for those living in inner regional areas
- 90.2% telephone and 9.8% videoconferencing for those living in outer regional areas
- 89.5% telephone and 10.5% videoconferencing for those living in remote areas
- 87.8% telephone and 12.2% videoconferencing for those living in very remote areas

Figure 18 Total MBS services for professional attendances for selected Specialists and Consultant Physician Services for January 2020 – September 2021, by remoteness area and service delivery method



7.3 Socioeconomic status

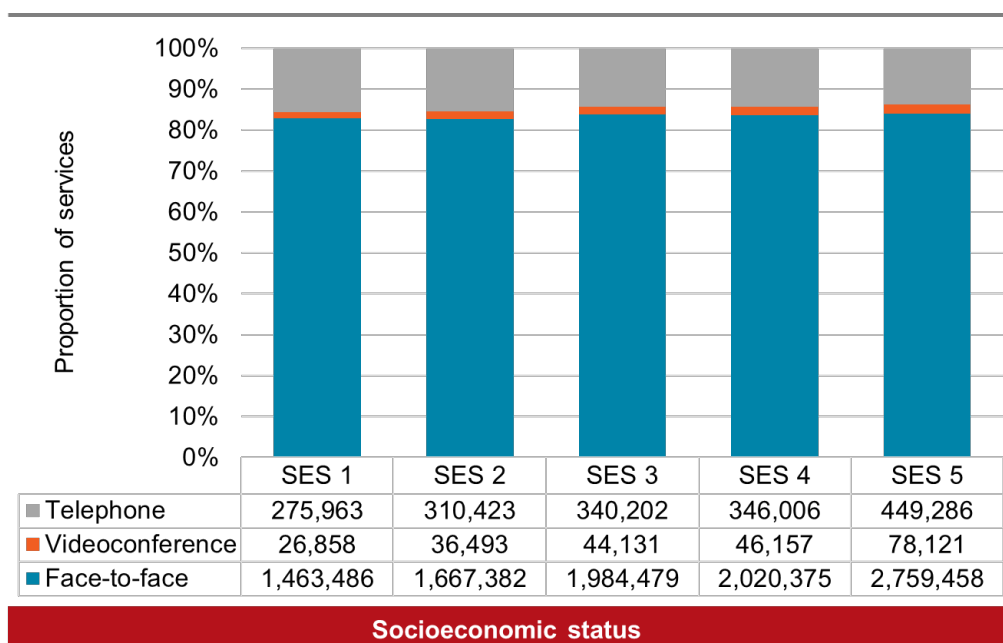
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances for selected specialist and consultant physician services delivered via telehealth methods combined ranged between 16.1% and 17.2%, and was similar across socioeconomic areas*, in January 2020 – September 2021 (Figure 19; Appendix Table A6).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 13.7% and 15.6% of all services), rather than videoconferencing (ranging between 1.5% and 2.4% of all services) for socioeconomic status areas.

Of those services provided using telehealth delivery methods, the proportion delivered by each method showed a general trend for increasing use of videoconferencing delivery with increasing socioeconomic status with:

- 91.1% telephone and 8.9% videoconferencing for those living in SES 1 areas
- 89.5% telephone and 10.5% videoconferencing for those living in SES 2 areas
- 88.5% telephone and 11.5% videoconferencing for those living in SES 3 areas
- 88.2% telephone and 11.8% videoconferencing for those living in SES 4 areas
- 84.2% telephone and 14.8% videoconferencing for those living in SES 5 areas

Figure 19 Total MBS services for professional attendances for selected Specialists and Consultant Physician Services for January 2020 – September 2021, by socioeconomic status and service delivery method



*SES 1 areas (most disadvantaged) to SES 5 areas (least disadvantaged area)

7.4 Jurisdiction

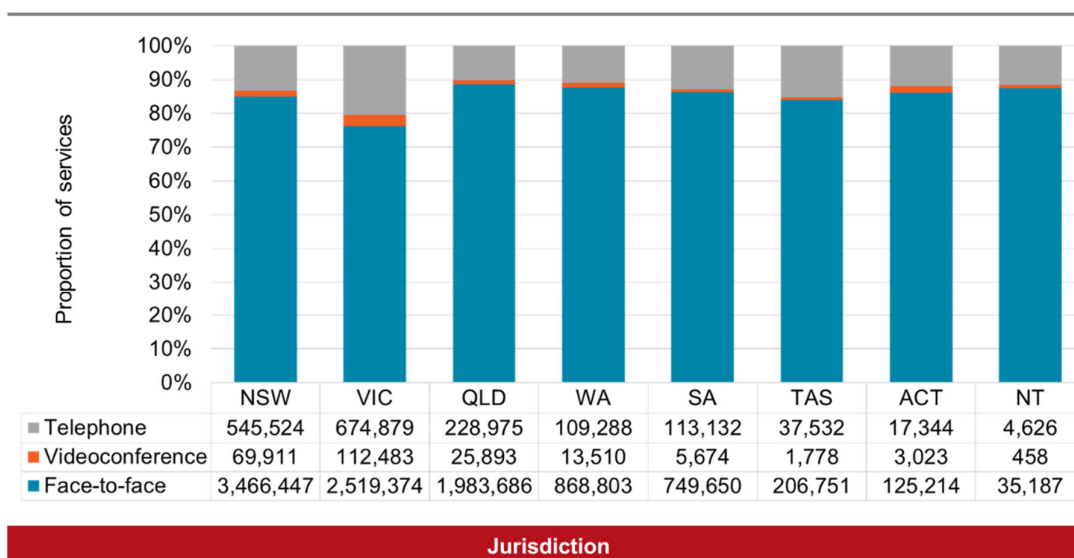
Following the introduction of MBS item codes for telehealth delivery services, the proportion of professional attendances for selected specialist and consultant physician services delivered via telehealth methods combined, ranged between 11.4% and 16.0% in most jurisdictions, except for Victoria where telehealth contributed 23.8% of all services in January 2020 – September 2021 (Figure 20; Appendix Table A6).

The majority of telehealth consultations during this period were carried out via telephone (ranging between 10.2% and 15.3% of all services in most jurisdictions, except for VIC with 22.9%), compared to videoconferencing (ranging between 0.7% and 3.4% of all services) for all jurisdictions.

Of those services provided using telehealth delivery methods, the proportion delivered by each method varied by jurisdiction:

- 88.6% telephone and 11.4% videoconferencing for those living in NSW
- 85.7% telephone and 14.3% videoconferencing for those living in VIC
- 89.8% telephone and 10.2% videoconferencing for those living in QLD
- 89.0% telephone and 11.0% videoconferencing for those living in WA
- 95.2% telephone and 4.8% videoconferencing for those living in SA
- 95.5% telephone and 4.5% videoconferencing for those living in TAS
- 85.2% telephone and 14.8% videoconferencing for those living in ACT
- 91.0% telephone and 9.0% videoconferencing for those living in NT

Figure 20 Total MBS services for professional attendances for selected Specialists and Consultant Physician Services for January 2020 – September 2021, by jurisdiction and service delivery method



8 Telehealth uptake by provider type, January 2020 to September 2021

Total services for selected* 'Specialist' and 'Consultant Physician' attendances and the relative contribution of each type of delivery and provider type are shown in Figure 21. Each bar represents the total services processed for the 21-month period from January 2020 to September 2021 and the relative proportion for each type of delivery are also shown. Further details regarding the number of services and number of services by delivery method for these periods are detailed in Appendix Table A7.

Following the introduction of MBS item codes for telehealth delivery services, the proportion of all professional attendances delivered via telehealth methods for selected specialist and consultant physician services combined (14.5% telephone and 2.0% videoconferencing) and varied by provider type in January 2020 – September 2021 (Figure 21; Appendix Table A7).

The proportion of all professional attendances delivered via telehealth methods combined varied by provider type and was:

- 19.8% for medical oncologists
- 26.1% for radiation oncologists
- 13.2% for surgical specialists
- 26.8% for haematologists
- 9.0% for palliative medicine physicians

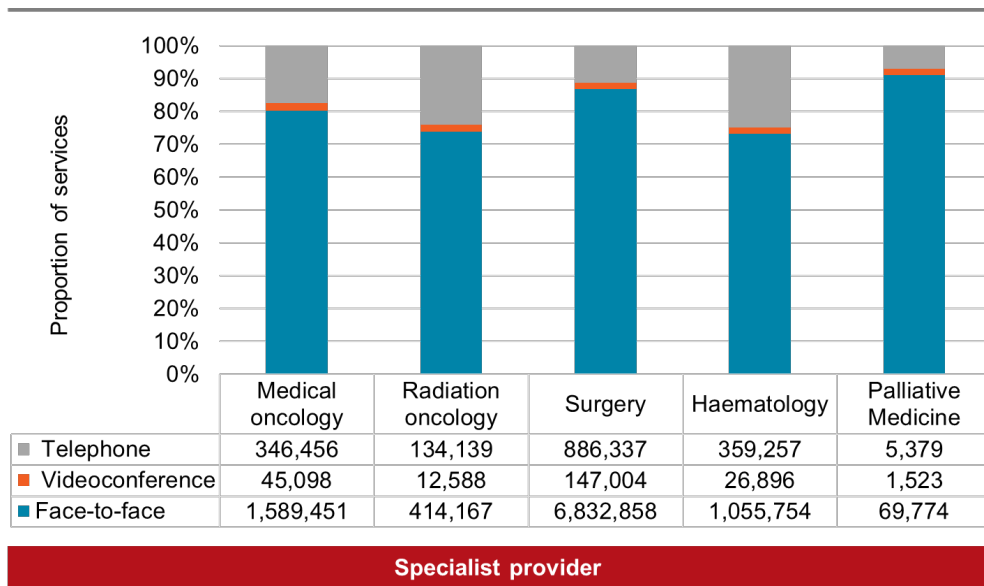
The majority of telehealth consultations during this period were carried out via telephone (ranging between 7.0% and 24.9% of all services), compared to videoconferencing (ranging between 1.9% to 2.3% of all services).

Of those services provided using telehealth delivery methods for all provider types combined, the majority of telehealth consultations were carried out via telephone (88.1%), compared to videoconferencing (11.9%). The proportion delivered by each method varied by provider types with:

- 88.5% telephone and 11.5% videoconferencing for medical oncologists
- 91.4% telephone and 8.6% videoconferencing for radiation oncologists
- 85.8% telephone and 14.2% videoconferencing for surgical specialists
- 93.0% telephone and 7.0% videoconferencing for haematologists
- 77.9% telephone and 22.1% videoconferencing for palliative medicine physicians

* Selected specialist and consultant physician services by providers including medical oncologists, radiation oncologists, surgeons, haematologists and palliative medicine physicians.

Figure 21 Total MBS services for professional attendances for selected Specialists and Consultant Physician Services for January 2020 – September 2021, by provider type and service delivery method



8.1 Trends in telehealth uptake for selected Specialist and Consultant Physicians

As shown in Chapter 3, the total number of services for selected specialist and consultant physician professional attendances were 5.7% higher during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020.

To examine trends in the use of telehealth, the number of services were examined by quarterly periods over the 21-month period from January 2020 to September 2021 (Figure 22; Appendix Table A7).

The initial uptake of telehealth was highest in the quarter April to June 2020 31.9% in 2020-Q2. During this period, the proportion of all professional attendances delivered was 27.8% for telephone and 4.1% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 87.0% telephone and 13.0% videoconferencing for 2020-Q2.

The utilisation of telehealth delivery then generally decreased over the following 6-month period July to December 2020 (20.0% in 2020-Q3 and 15.2% in 2020-Q4).

- Of those services provided using telehealth delivery methods the proportion delivered by each method was:
 - 86.9% telephone and 13.1% videoconferencing for 2020-Q3
 - 88.8% telephone and 11.2% videoconferencing for 2020-Q4

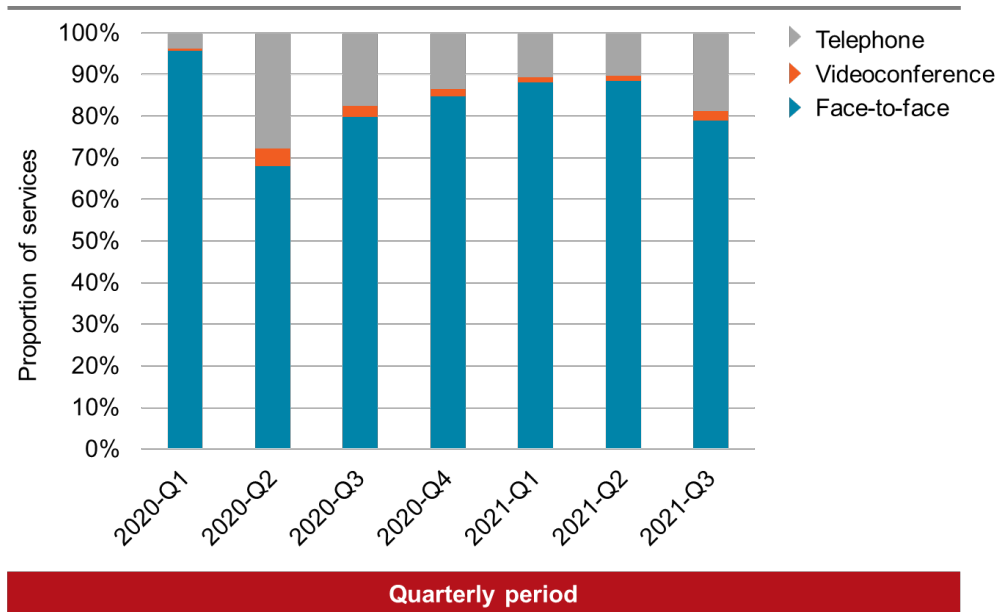
In the 6-month period from January to June 2021 (2021-Q1 to 2021-Q2), the proportion of all professional attendances then stabilised, ranging between 11.8% and 11.4%.

- Of those services provided using telehealth delivery methods in this period, the proportion delivered by each method was:
 - 89.6% telephone and 10.4% videoconferencing for 2021-Q1
 - 90.1% telephone and 9.9% videoconferencing for 2021-Q2

In the final quarter examined July to September 2021, the utilisation of telehealth delivery then increased again. During this period, the proportion of all professional attendances delivered was 18.8% for telephone and 2.3% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 89.0% telephone and 11.0% videoconferencing for 2021-Q3.

Figure 22 Quarterly MBS services for professional attendances for selected Specialists and Consultant Physician Services from January-March 2020 (2020-Q1) to July-September 2021 (2021-Q3), by service delivery method



8.2 Trends in telehealth uptake for medical oncologists

As shown in Chapter 4, the total number of services for professional attendances by medical oncologists were 6.4% higher during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020.

To examine trends in the use of telehealth, the number of services were examined by quarterly periods over the 21-month period from January 2020 to September 2021 (Figure 23; Appendix Table A7).

The initial uptake of telehealth was highest in the quarter April to June 2020 35.8% in 2020-Q2. During this period, the proportion of all professional attendances delivered was 31.8% for telephone and 4.0% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 88.8% telephone and 11.2% videoconferencing for 2020-Q2.

The utilisation of telehealth delivery then generally decreased over the following 6-month period July to December 2020 (25.1% in 2020-Q3 and 18.7% in 2020-Q4).

- Of those services provided using telehealth delivery methods the proportion delivered by each method was:
 - 87.3% telephone and 12.7% videoconferencing for 2020-Q3
 - 87.9% telephone and 12.1% videoconferencing for 2020-Q4

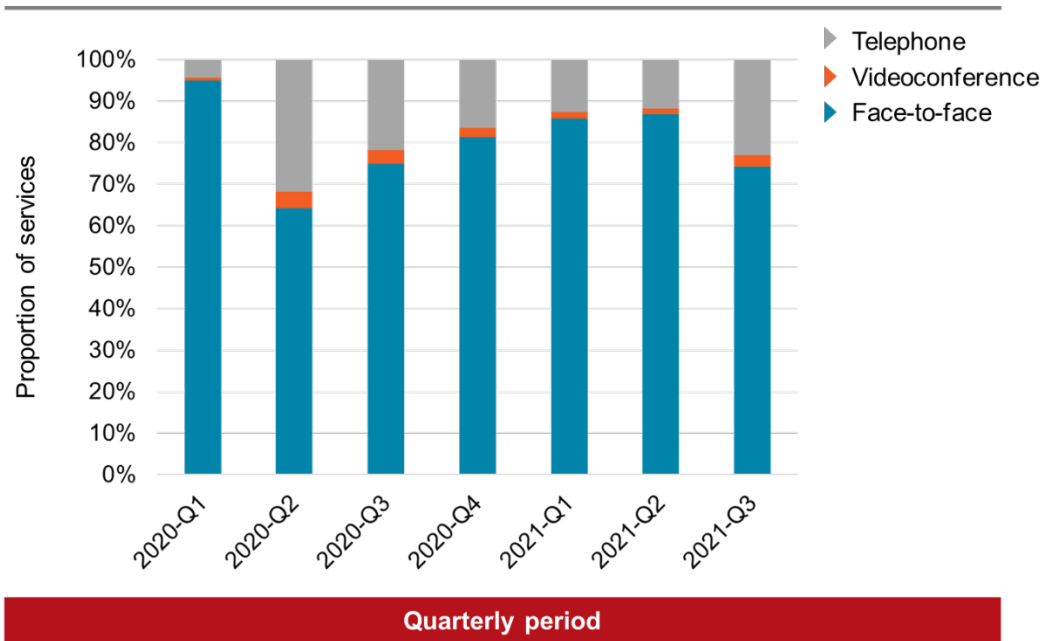
In the 6-month period from January to June 2021 (2021-Q1 to 2021-Q2), the proportion of all professional attendances then stabilised, ranging between 14.1% and 13.3%.

- Of those services provided using telehealth delivery methods in this period, the proportion delivered by each method was:
 - 89.1% telephone and 10.9% videoconferencing for 2021-Q1
 - 89.7% telephone and 10.3% videoconferencing for 2021-Q2

In the final quarter examined July to September 2021, the utilisation of telehealth delivery then increased again. During this period, the proportion of all professional attendances delivered was 23.0% for telephone and 2.8% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 89.0% telephone and 11.0% videoconferencing for 2021-Q3.

Figure 23 Quarterly MBS services for professional attendances for medical oncologists from January-March 2020 (2020-Q1) to July-September 2021 (2021-Q3), by service delivery method



8.3 Trends in telehealth uptake for radiation oncologists

As shown in Chapter 5, the total number of services for professional attendances by radiation oncologists were 7.1% higher during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020.

To examine trends in the use of telehealth, the number of services were examined by quarterly periods over the 21-month period from January 2020 to September 2021 (Figure 24; Appendix Table A7).

The initial uptake of telehealth was highest in the quarter April to June 2020 49.8% in 2020-Q2. During this period, the proportion of all professional attendances delivered was 45.2% for telephone and 4.6% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 90.7% telephone and 9.3% videoconferencing for 2020-Q2.

The utilisation of telehealth delivery then generally decreased over the following 6-month period July to December 2020 (32.9% in 2020-Q3 and 25.4% in 2020-Q4).

- Of those services provided using telehealth delivery methods the proportion delivered by each method were:
 - 91.1% telephone and 8.9% videoconferencing for both 2020-Q3 and 2020-Q4.

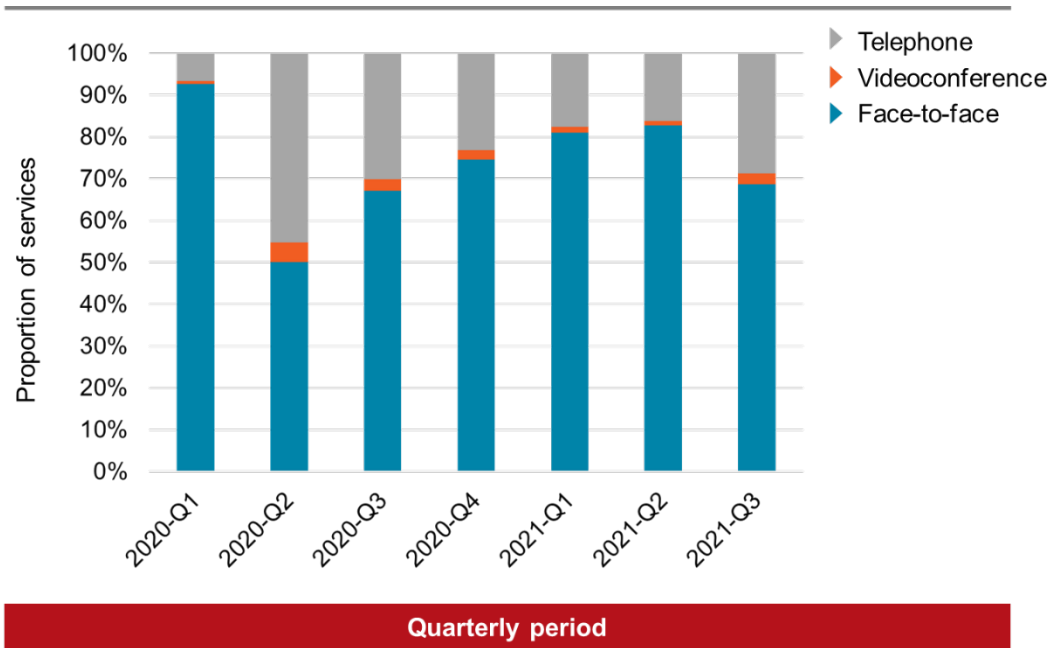
In the 6-month period from January to June 2021 (2021-Q1 to 2021-Q2), the proportion of all professional attendances then stabilised, ranging between 19.0% and 17.3%.

- Of those services provided using telehealth delivery methods in this period, the proportion delivered by each method was:
 - 92.1% telephone and 7.9% videoconferencing for 2021-Q1
 - 93.5% telephone and 6.5% videoconferencing for 2021-Q2

In the final quarter examined July to September 2021, the utilisation of telehealth delivery then increased again. During this period, the proportion of all professional attendances delivered was 28.7% for telephone and 2.7% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 91.3% telephone and 8.7% videoconferencing for 2021-Q3.

Figure 24 Quarterly MBS services for professional attendances for radiation oncologists from January-March 2020 (2020-Q1) to July-September 2021 (2021-Q3), by service delivery method



8.4 Trends in telehealth uptake for surgical specialists

As shown in Chapter 6, the total number of services for professional attendances by surgical specialists* were 4.4% higher during the 12-month period April 2020 – March 2021 compared to April 2019 – March 2020.

To examine trends in the use of telehealth, the number of services were examined by quarterly periods over the 21-month period from January 2020 to September 2021 (Figure 25; Appendix Table A7).

The initial uptake of telehealth was highest in the quarter April to June 2020 27.0% in 2020-Q2. During this period, the proportion of all professional attendances delivered was 22.7% for telephone and 4.3% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 84.1% telephone and 15.9% videoconferencing for 2020-Q2.

The utilisation of telehealth delivery then generally decreased over the following 6-month period July to December 2020 (15.6% in 2020-Q3 and 11.6% in 2020-Q4).

- Of those services provided using telehealth delivery methods the proportion delivered by each method was:
 - 84.2% telephone and 15.8% videoconferencing for 2020-Q3
 - 87.1% telephone and 12.9% videoconferencing for 2020-Q4

In the 6-month period from January to June 2021 (2021-Q1 to 2021-Q2), the proportion of all professional attendances then stabilised, ranging between 9.3% and 9.4%.

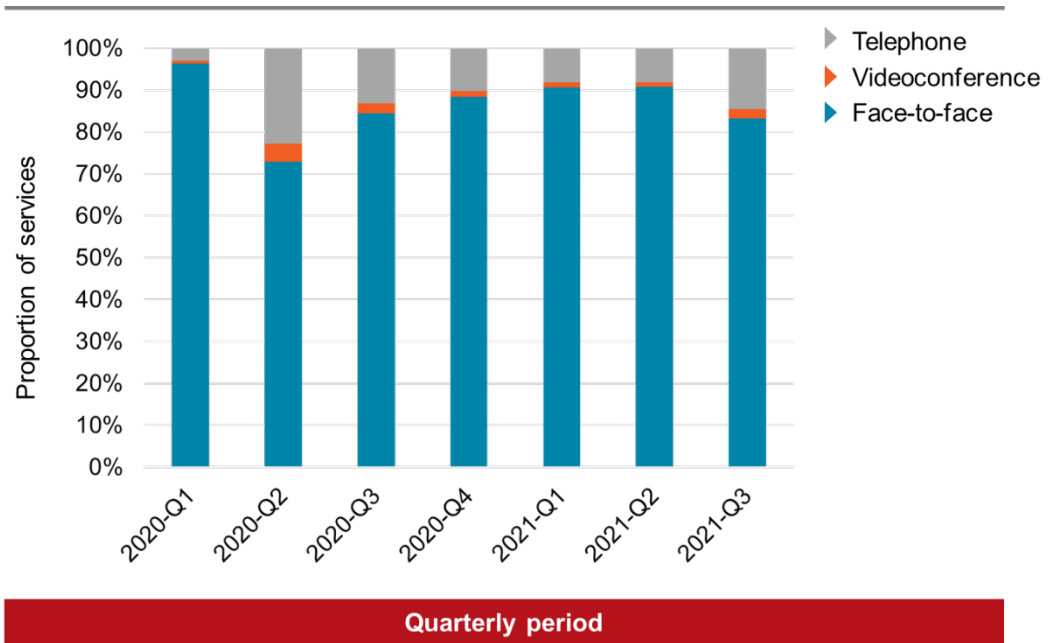
- Of those services provided using telehealth delivery methods in this period, the proportion delivered by each method was:
 - 87.6% telephone and 12.4% videoconferencing for 2021-Q1
 - 88.3% telephone and 11.7% videoconferencing for 2021-Q2

In the final quarter examined July to September 2021, the utilisation of telehealth delivery then increased again. During this period, the proportion of all professional attendances delivered was 14.5% for telephone and 2.2% for videoconferencing.

- Of those services provided using telehealth delivery methods the proportion delivered by each method was 86.9% telephone and 13.1% videoconferencing for 2021-Q3.

* For surgical specialists, a proportion would be expected to be for the provision of cancer-related services, however the specific proportion is not known.

Figure 25 Quarterly MBS services for professional attendances for surgical specialists from January-March 2020 (2020-Q1) to July-September 2021 (2021-Q3), by service delivery method



Appendix A

Table A1* Annual number of selected specialist and consultant physician professional attendances, April 2019 – March 2020 and April 2020 – March 2021, by population group

Population group	Apr 2019 to Mar 2020		Apr 2020 to Mar 2021		Difference in Annual services ¹	
	Number	%	Number	%	Number	%
Specialist/ Consultant Physician provider category²						
Medical oncology	1,062,212	16.5%	1,130,724	16.6%	68,512	6.4%
Radiation oncology	297,809	4.6%	318,870	4.7%	21,061	7.1%
Surgery	4,305,290	66.8%	4,493,141	66.0%	187,851	4.4%
Haematology	740,037	11.5%	822,040	12.1%	82,003	11.1%
Palliative medicine	37,203	0.6%	42,445	0.6%	5,242	14.1%
Total services	6,442,551	100.0%	6,807,220	100.0%	364,669	5.7%
Age group (years)						
0-44	1,185,069	18.4%	1,269,656	18.7%	84,587	7.1%
45-54	795,633	12.3%	844,967	12.4%	49,334	6.2%
55-64	1,257,504	19.5%	1,317,221	19.4%	59,717	4.7%
65-74	1,683,147	26.1%	1,762,474	25.9%	79,327	4.7%
75+	1,521,170	23.6%	1,612,902	23.7%	91,732	6.0%
Total services	6,442,523	100.0%	6,807,220	100.0%	364,697	5.7%
Remoteness³						
Major cities	4,454,027	69.6%	4,712,535	69.7%	258,508	5.8%
Inner regional areas	1,382,319	21.6%	1,466,276	21.7%	83,957	6.1%
Outer regional areas	503,612	7.9%	523,178	7.7%	19,566	3.9%
Remote areas	44,493	0.7%	47,702	0.7%	3,209	7.2%
Very remote areas	14,566	0.2%	15,317	0.2%	751	5.2%
Total services	6,399,017	100.0%	6,765,008	100.0%	365,991	5.7%
Socioeconomic status^{3,4}						
SES 1 areas	965,697	15.0%	1,017,729	15.0%	52,032	5.4%
SES 2 areas	1,098,274	17.0%	1,150,299	16.9%	52,025	4.7%
SES 3 areas	1,274,178	19.8%	1,350,954	19.8%	76,776	6.0%
SES 4 areas	1,289,707	20.0%	1,374,891	20.2%	85,184	6.6%
SES 5 areas	1,769,826	27.5%	1,869,279	27.5%	99,453	5.6%
Total services	6,397,682	99.3%	6,763,152	99.4%	365,470	5.7%
Jurisdiction³						
NSW	2,238,413	34.8%	2,351,377	34.6%	112,964	5.0%
VIC	1,790,484	27.8%	1,863,489	27.4%	73,005	4.1%
QLD	1,195,865	18.6%	1,281,248	18.8%	85,383	7.1%
WA	517,033	8.0%	566,160	8.3%	49,127	9.5%
SA	461,873	7.2%	493,651	7.3%	31,778	6.9%
TAS	131,295	2.0%	141,337	2.1%	10,042	7.6%
ACT	79,703	1.2%	83,058	1.2%	3,355	4.2%
NT	23,579	0.4%	23,175	0.3%	-404	-1.7%
Total services	6,438,245	100.0%	6,803,495	100.0%	365,250	5.7%

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A2* Annual number of selected specialist and consultant physician professional attendances, April 2019 – March 2020 and April 2020 – March 2021, by service delivery method and population group

Population group	Apr 2020 to Mar 2021						April 2019 to March 2020	Difference in Annual services ¹		
	Face-to-face		Telephone		Videoconference					Total Services
	Number	%	Number	%	Number	%	Total services	Number	%	
Specialist/ Consultant Physician provider category²										
Medical oncology	867,543	76.7%	232,202	20.5%	30,979	2.7%	1,130,724	1,062,212	82,003	11.1%
Radiation oncology	218,470	68.5%	91,491	28.7%	8,909	2.8%	318,870	297,809	68,512	6.4%
Surgery	3,799,232	84.6%	591,644	13.2%	102,265	2.3%	4,493,141	4,305,290	5,242	14.1%
Haematology	564,450	68.7%	238,961	29.1%	18,629	2.3%	822,040	740,037	21,061	7.1%
Palliative medicine	38,064	89.7%	3,450	8.1%	931	2.2%	42,445	37,203	187,851	4.4%
Total services	5,487,759	80.6%	1,157,748	17.0%	161,713	2.4%	6,807,220	6,442,551	364,669	5.7%
Age group (years)										
0-44	1,044,499	82.3%	178,576	14.1%	46,581	3.7%	1,269,656	1,185,069	84,587	7.1%
45-54	678,002	80.2%	142,672	16.9%	24,293	2.9%	844,967	795,633	49,334	6.2%
55-64	1,053,664	80.0%	231,184	17.6%	32,373	2.5%	1,317,221	1,257,504	59,717	4.7%
65-74	1,409,529	80.0%	317,993	18.0%	34,952	2.0%	1,762,474	1,683,147	79,327	4.7%
75+	1,302,065	80.7%	287,323	17.8%	23,514	1.5%	1,612,902	1,521,170	91,732	6.0%
Total services	5,487,759	80.6%	1,157,748	17.0%	161,713	2.4%	6,807,220	6,442,523	364,697	5.7%
Remoteness³										
Major cities	3,828,572	81.2%	767,793	16.3%	116,170	2.5%	4,712,535	4,454,027	258,508	5.8%
Inner regional areas	1,162,880	79.3%	271,522	18.5%	31,874	2.2%	1,466,276	1,382,319	83,957	6.1%
Outer regional areas	412,637	78.9%	99,488	19.0%	11,053	2.1%	523,178	503,612	19,566	3.9%
Remote areas	36,623	76.8%	9,846	20.6%	1,233	2.6%	47,702	44,493	3,209	7.2%
Very remote areas	11,743	76.7%	3,087	20.2%	487	3.2%	15,317	14,566	751	5.2%
Total services	5,452,455	80.6%	1,151,736	17.0%	160,817	2.4%	6,765,008	6,399,017	365,991	5.7%
Socioeconomic status^{3,4}										
SES 1 areas	813,934	80.0%	185,079	18.2%	18,716	1.8%	1,017,729	965,697	52,032	5.4%
SES 2 areas	915,567	79.6%	209,303	18.2%	25,429	2.2%	1,150,299	1,098,274	52,025	4.7%
SES 3 areas	1,091,216	80.8%	229,134	17.0%	30,604	2.3%	1,350,954	1,274,178	76,776	6.0%
SES 4 areas	1,108,832	80.6%	233,591	17.0%	32,468	2.4%	1,374,891	1,289,707	85,184	6.6%
SES 5 areas	1,521,582	81.4%	294,161	15.7%	53,536	2.9%	1,869,279	1,769,826	99,453	5.6%
Total services	5,451,131	80.6%	1,151,268	17.0%	160,753	2.4%	6,763,152	6,397,682	365,470	5.7%
Jurisdiction³										
NSW	1,979,298	84.2%	329,583	14.0%	42,496	1.8%	2,351,377	2,238,413	112,964	5.0%
VIC	1,303,983	70.0%	476,949	25.6%	82,557	4.4%	1,863,489	1,790,484	73,005	4.1%
QLD	1,105,578	86.3%	156,873	12.2%	18,797	1.5%	1,281,248	1,195,865	85,383	7.1%
WA	481,161	85.0%	75,045	13.3%	9,954	1.8%	566,160	517,033	49,127	9.5%
SA	413,103	83.7%	76,347	15.5%	4,201	0.9%	493,651	461,873	31,778	6.9%
TAS	111,407	78.8%	28,589	20.2%	1,341	0.9%	141,337	131,295	10,042	7.6%
ACT	69,885	84.1%	11,233	13.5%	1,940	2.3%	83,058	79,703	3,355	4.2%
NT	19,806	85.5%	3,021	13.0%	348	1.5%	23,175	23,579	-404	-1.7%
Total services	5,484,221	80.6%	1,157,640	17.0%	161,634	2.4%	6,803,495	6,438,245	365,250	5.7%

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A3* Annual number of professional attendances by medical oncologists, April 2019 – March 2020 and April 2020 – March 2021, by service delivery method and population group

Population group	Apr 2020 to Mar 2021						April 2019 to March 2020	Difference in Annual services ¹		
	Face-to-face		Telephone		Videoconference		Total Services	Total services	Number	%
	Number	%	Number	%	Number	%				
Age group (years)										
0-44	58,811	71.7%	18,416	22.4%	4,849	5.9%	82,076	74,990	7,086	9.4%
45-54	97,967	74.0%	29,072	21.9%	5,412	4.1%	132,451	126,077	6,374	5.1%
55-64	180,639	75.5%	51,073	21.4%	7,439	3.1%	239,151	226,237	12,914	5.7%
65-74	268,422	77.3%	70,628	20.4%	7,977	2.3%	347,027	328,213	18,814	5.7%
75+	261,704	79.3%	63,013	19.1%	5,302	1.6%	330,019	306,695	23,324	7.6%
Total services	867,543	76.7%	232,202	20.5%	30,979	2.7%	1,130,724	1,062,212	68,512	6.4%
Remoteness³										
Major cities	628,527	78.1%	152,612	19.0%	23,372	2.9%	804,511	758,487	46,024	6.1%
Inner regional areas	176,548	73.8%	57,072	23.8%	5,686	2.4%	239,306	219,342	19,964	9.1%
Outer regional areas	52,412	71.4%	19,492	26.5%	1,521	2.1%	73,425	70,730	2,695	3.8%
Remote areas	4,083	68.8%	1,664	28.0%	189	3.2%	5,936	5,558	378	6.8%
Very remote areas	1,478	75.8%	401	20.6%	71	3.6%	1,950	1,843	107	5.8%
Total services	863,048	76.7%	231,241	20.6%	30,839	2.7%	1,125,128	1,055,960	69,168	6.6%
Socioeconomic status^{3,4}										
SES 1 areas	125,022	74.7%	38,598	23.1%	3,784	2.3%	167,404	156,273	11,131	7.1%
SES 2 areas	138,707	74.4%	42,812	23.0%	4,960	2.7%	186,479	172,780	13,699	7.9%
SES 3 areas	165,073	76.4%	45,292	21.0%	5,738	2.7%	216,103	203,126	12,977	6.4%
SES 4 areas	183,564	78.1%	45,519	19.4%	5,859	2.5%	234,942	219,537	15,405	7.0%
SES 5 areas	250,522	78.3%	58,971	18.4%	10,504	3.3%	319,997	304,272	15,725	5.2%
Total services	862,888	76.7%	231,192	20.6%	30,845	2.7%	1,124,925	1,055,988	68,937	6.5%
Jurisdiction³										
NSW	252,995	75.5%	75,929	22.7%	6,286	1.9%	335,210	309,584	25,626	8.3%
VIC	277,979	69.9%	98,985	24.9%	20,585	5.2%	397,549	376,604	20,945	5.6%
QLD	178,034	86.7%	25,288	12.3%	2,114	1.0%	205,436	196,667	8,769	4.5%
WA	61,909	86.2%	9,076	12.6%	801	1.1%	71,786	67,291	4,495	6.7%
SA	67,378	82.0%	14,178	17.2%	662	0.8%	82,218	75,153	7,065	9.4%
TAS	15,479	71.0%	6,244	28.6%	85	0.4%	21,808	19,585	2,223	11.4%
ACT	12,471	82.9%	2,176	14.5%	388	2.6%	15,035	15,027	8	0.1%
NT	1,270	77.3%	321	19.5%	52	3.2%	1,643	2,271	-628	-27.7%
Total services	867,515	76.7%	232,197	20.5%	30,973	2.7%	1,130,685	1,062,182	68,503	6.4%

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A4* Annual number of professional attendances by radiation oncologists, April 2019 – March 2020 and April 2020 – March 2021, by service delivery method and population group

Population group	Apr 2020 to Mar 2021						April 2019 to March 2020	Difference in Annual services ¹		
	Face-to-face		Telephone		Videoconference		Total Services	Total services	Number	%
	Number	%	Number	%	Number	%				
Age group (years)										
0-44	10,734	71.6%	3,637	24.3%	626	4.2%	14,997	14,484	513	3.5%
45-54	21,774	71.9%	7,538	24.9%	983	3.2%	30,295	29,711	584	2.0%
55-64	45,014	69.7%	17,743	27.5%	1,842	2.9%	64,599	61,016	3,583	5.9%
65-74	70,022	67.3%	31,190	30.0%	2,797	2.7%	104,009	96,312	7,697	8.0%
75+	70,926	67.6%	31,383	29.9%	2,661	2.5%	104,970	96,286	8,684	9.0%
Total services	218,470	68.5%	91,491	28.7%	8,909	2.8%	318,870	297,809	21,061	7.1%
Remoteness³										
Major cities	145,001	69.1%	60,159	28.7%	4,581	2.2%	209,741	197,921	11,820	6.0%
Inner regional areas	51,964	68.2%	21,195	27.8%	2,998	3.9%	76,157	69,485	6,672	9.6%
Outer regional areas	18,276	65.1%	8,663	30.8%	1,147	4.1%	28,086	25,936	2,150	8.3%
Remote areas	1,361	61.6%	727	32.9%	122	5.5%	2,210	1,922	288	15.0%
Very remote areas	574	65.1%	270	30.6%	38	4.3%	882	795	87	10.9%
Total services	217,176	68.5%	91,014	28.7%	8,886	2.8%	317,076	296,059	21,017	7.1%
Socioeconomic status^{3,4}										
SES 1 areas	35,986	68.8%	14,488	27.7%	1,795	3.4%	52,269	47,946	4,323	9.0%
SES 2 areas	40,905	67.8%	17,362	28.8%	2,097	3.5%	60,364	58,851	1,513	2.6%
SES 3 areas	47,085	69.4%	18,398	27.1%	2,367	3.5%	67,850	61,666	6,184	10.0%
SES 4 areas	42,210	69.0%	17,703	29.0%	1,230	2.0%	61,143	55,535	5,608	10.1%
SES 5 areas	50,982	67.6%	23,048	30.6%	1,392	1.8%	75,422	71,999	3,423	4.8%
Total services	217,168	68.5%	90,999	28.7%	8,881	2.8%	317,048	295,997	21,051	7.1%
Jurisdiction³										
NSW	84,654	72.8%	26,518	22.8%	5,171	4.4%	116,343	110,571	5,772	5.2%
VIC	41,656	52.0%	36,358	45.4%	2,063	2.6%	80,077	79,083	994	1.3%
QLD	52,809	79.4%	12,652	19.0%	1,019	1.5%	66,480	57,599	8,881	15.4%
WA	18,134	68.2%	8,351	31.4%	105	0.4%	26,590	23,054	3,536	15.3%
SA	7,762	63.2%	4,380	35.6%	146	1.2%	12,288	11,932	356	3.0%
TAS	7,420	79.9%	1,668	18.0%	204	2.2%	9,292	8,328	964	11.6%
ACT	5,020	75.1%	1,474	22.0%	193	2.9%	6,687	5,953	734	12.3%
NT	1,005	91.2%	89	8.1%	8	0.7%	1,102	1,282	-180	-14.0%
Total services	218,460	68.5%	91,490	28.7%	8,909	2.8%	318,859	297,802	21,057	7.1%

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A5* Annual number of professional attendances by surgical specialists, April 2019 – March 2020 and April 2020 – March 2021, by service delivery method and population group

Population group	Apr 2020 to Mar 2021						April 2019 to March 2020	Difference in Annual services ¹		
	Face-to-face		Telephone		Videoconference		Total Services	Total services	Number	%
	Number	%	Number	%	Number	%				
Age group (years)										
0-44	903,386	85.5%	117,662	11.1%	35,522	3.4%	1,056,570	993,255	63,315	6.4%
45-54	504,817	84.1%	80,200	13.4%	15,368	2.6%	600,385	565,332	35,053	6.2%
55-64	726,039	83.8%	120,387	13.9%	19,474	2.2%	865,900	834,579	31,321	3.8%
65-74	898,237	83.9%	152,772	14.3%	20,134	1.9%	1,071,143	1,037,622	33,521	3.2%
75+	766,753	85.3%	120,623	13.4%	11,767	1.3%	899,143	874,502	24,641	2.8%
Total services	3,799,232	84.6%	591,644	13.2%	102,265	2.3%	4,493,141	4,305,290	187,851	4.4%
Remoteness³										
Major cities	2,612,497	85.2%	382,029	12.5%	72,736	2.4%	3,067,262	2,924,804	142,458	4.9%
Inner regional areas	823,090	83.4%	143,922	14.6%	20,179	2.0%	987,191	950,173	37,018	3.9%
Outer regional areas	301,341	83.0%	54,160	14.9%	7,529	2.1%	363,030	355,066	7,964	2.2%
Remote areas	27,806	80.1%	6,053	17.4%	834	2.4%	34,693	33,149	1,544	4.7%
Very remote areas	8,789	78.8%	2,014	18.1%	354	3.2%	11,157	10,671	486	4.6%
Total services	3,773,523	84.5%	588,178	13.2%	101,632	2.3%	4,463,333	4,273,863	189,470	4.4%
Socioeconomic status^{3,4}										
SES 1 areas	572,842	84.7%	92,532	13.7%	11,007	1.6%	676,381	655,587	20,794	3.2%
SES 2 areas	644,470	84.0%	107,062	14.0%	15,684	2.0%	767,216	742,940	24,276	3.3%
SES 3 areas	758,193	84.9%	115,658	13.0%	19,246	2.2%	893,097	853,584	39,513	4.6%
SES 4 areas	751,521	84.1%	119,736	13.4%	21,859	2.4%	893,116	846,735	46,381	5.5%
SES 5 areas	1,045,377	84.8%	152,878	12.4%	33,780	2.7%	1,232,035	1,173,851	58,184	5.0%
Total services	3,772,403	84.5%	587,866	13.2%	101,576	2.3%	4,461,845	4,272,697	189,148	4.4%
Jurisdiction³										
NSW	1,455,226	88.7%	157,244	9.6%	27,514	1.7%	1,639,984	1,582,463	57,521	3.6%
VIC	850,525	74.9%	238,741	21.0%	46,998	4.1%	1,136,264	1,111,148	25,116	2.3%
QLD	703,158	88.8%	74,131	9.4%	14,146	1.8%	791,435	742,285	49,150	6.6%
WA	348,278	85.8%	49,644	12.2%	7,909	1.9%	405,831	373,259	32,572	8.7%
SA	307,265	85.3%	49,634	13.8%	3,268	0.9%	360,167	341,024	19,143	5.6%
TAS	68,931	82.2%	14,066	16.8%	904	1.1%	83,901	82,081	1,820	2.2%
ACT	45,380	86.9%	5,616	10.8%	1,207	2.3%	52,203	49,381	2,822	5.7%
NT	17,092	86.1%	2,488	12.5%	268	1.4%	19,848	19,479	369	1.9%
Total services	3,795,855	84.5%	591,564	13.2%	102,214	2.3%	4,489,633	4,301,120	188,513	4.4%

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A6* Number of selected specialist and consultant physician professional attendances, from January 2020 to September 2021, by service delivery method and sociodemographic factors

Population group	Delivery Method						Total services
	Face-to-face		Telephone		Videoconference		
	Number	%	Number	%	Number	%	
Age group (years)							
0-44	1,885,842	84.6%	275,712	12.4%	67,685	3.0%	2,229,239
45-54	1,224,372	83.0%	215,948	14.6%	35,174	2.4%	1,475,494
55-64	1,910,873	83.0%	344,419	15.0%	46,409	2.0%	2,301,701
65-74	2,561,516	83.1%	470,018	15.3%	49,765	1.6%	3,081,299
75+	2,379,485	83.8%	425,472	15.0%	34,132	1.2%	2,839,089
Total	9,962,088	83.5%	1,731,569	14.5%	233,165	2.0%	11,926,822
Remoteness area³							
Major cities	6,924,013	83.9%	1,164,025	14.1%	168,748	2.0%	8,256,786
Inner regional areas	2,130,659	82.9%	394,401	15.3%	44,970	1.7%	2,570,030
Outer regional areas	754,690	82.5%	144,535	15.8%	15,749	1.7%	914,974
Remote areas	67,001	80.1%	14,914	17.8%	1,746	2.1%	83,661
Very remote areas	21,532	80.1%	4,692	17.5%	649	2.4%	26,873
Total	9,897,895	83.5%	1,722,567	14.5%	231,862	2.0%	11,852,324
Socioeconomic status^{3,4}							
SES 1 areas	1,463,486	82.9%	275,963	15.6%	26,858	1.5%	1,766,307
SES 2 areas	1,667,382	82.8%	310,423	15.4%	36,493	1.8%	2,014,298
SES 3 areas	1,984,479	83.8%	340,202	14.4%	44,131	1.9%	2,368,812
SES 4 areas	2,020,375	83.7%	346,006	14.3%	46,157	1.9%	2,412,538
SES 5 areas	2,759,458	84.0%	449,286	13.7%	78,121	2.4%	3,286,865
Total	9,895,180	83.5%	1,721,880	14.5%	231,760	2.0%	11,848,820
Jurisdiction³							
NSW	3,466,447	84.9%	545,524	13.4%	69,911	1.7%	4,081,882
VIC	2,519,374	76.2%	674,879	20.4%	112,483	3.4%	3,306,736
QLD	1,983,686	88.6%	228,975	10.2%	25,893	1.2%	2,238,554
WA	868,803	87.6%	109,288	11.0%	13,510	1.4%	991,601
SA	749,650	86.3%	113,132	13.0%	5,674	0.7%	868,456
TAS	206,751	84.0%	37,532	15.3%	1,778	0.7%	246,061
ACT	125,214	86.0%	17,344	11.9%	3,023	2.1%	145,581
NT	35,187	87.4%	4,626	11.5%	458	1.1%	40,271
Total	9,955,112	83.5%	1,731,300	14.5%	232,730	2.0%	11,919,142

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A7* Professional attendances for selected specialists and consultant physicians, January 2020 – September 2021, by provider type, quarter and service delivery method

Quarterly period	Delivery Method						Total services
	Face-to-face		Telephone		Videoconference		
	Number	%	Number	%	Number	%	
Selected specialists and consultant physicians²							
2020-Q1	1,509,673	95.7%	58,147	3.7%	10,312	0.7%	1,578,132
2020-Q2	1,047,185	68.1%	427,530	27.8%	63,769	4.1%	1,538,484
2020-Q3	1,406,118	79.9%	306,910	17.4%	46,268	2.6%	1,759,296
2020-Q4	1,489,388	84.7%	237,960	13.5%	30,114	1.7%	1,757,462
2021-Q1	1,545,068	88.2%	185,348	10.6%	21,527	1.2%	1,751,943
2021-Q2	1,563,573	88.6%	182,183	10.3%	19,982	1.1%	1,765,738
2021-Q3	1,400,999	78.9%	333,490	18.8%	41,137	2.3%	1,775,626
Total services	9,962,004	83.5%	1,731,568	14.5%	233,109	2.0%	11,926,681
Medical oncologists							
2020-Q1	252,291	94.9%	11,658	4.4%	1,783	0.7%	265,732
2020-Q2	173,941	64.1%	86,341	31.8%	10,927	4.0%	271,209
2020-Q3	213,554	74.9%	62,418	21.9%	9,115	3.2%	285,087
2020-Q4	233,344	81.3%	47,099	16.4%	6,507	2.3%	286,950
2021-Q1	246,704	85.8%	36,344	12.6%	4,428	1.5%	287,476
2021-Q2	249,407	86.7%	34,184	11.9%	3,910	1.4%	287,501
2021-Q3	220,210	74.1%	68,412	23.0%	8,428	2.8%	297,050
Total services	1,589,451	80.2%	346,456	17.5%	45,098	2.3%	1,981,005
Radiation oncologists							
2020-Q1	68,710	92.7%	4,950	6.7%	445	0.6%	74,105
2020-Q2	37,936	50.2%	34,202	45.2%	3,488	4.6%	75,626
2020-Q3	54,261	67.0%	24,313	30.0%	2,369	2.9%	80,943
2020-Q4	60,541	74.6%	18,737	23.1%	1,831	2.3%	81,109
2021-Q1	65,732	81.0%	14,239	17.5%	1,221	1.5%	81,192
2021-Q2	69,090	82.7%	13,496	16.2%	935	1.1%	83,521
2021-Q3	57,897	68.6%	24,202	28.7%	2,299	2.7%	84,398
Total services	414,167	73.8%	134,139	23.9%	12,588	2.2%	560,894
Surgical specialists							
2020-Q1	1,004,750	96.4%	30,508	2.9%	6,694	0.6%	1,041,952
2020-Q2	721,853	73.0%	224,634	22.7%	42,555	4.3%	989,042
2020-Q3	991,980	84.5%	153,552	13.1%	28,784	2.5%	1,174,316
2020-Q4	1,032,755	88.4%	118,364	10.1%	17,503	1.5%	1,168,622
2021-Q1	1,052,644	90.7%	95,094	8.2%	13,403	1.2%	1,161,141
2021-Q2	1,060,303	90.8%	95,317	8.2%	12,573	1.1%	1,168,193
2021-Q3	968,573	83.3%	168,868	14.5%	25,492	2.2%	1,162,933
Total services	6,832,858	86.9%	886,337	11.3%	147,004	1.9%	7,866,199
Haematologists							
2020-Q1	174,058	93.4%	10,892	5.8%	1,361	0.7%	186,311
2020-Q2	105,331	54.5%	81,278	42.1%	6,531	3.4%	193,140
2020-Q3	136,674	65.6%	65,776	31.6%	5,737	2.8%	208,187
2020-Q4	152,985	72.8%	52,968	25.2%	4,066	1.9%	210,019
2021-Q1	169,460	80.4%	38,939	18.5%	2,282	1.1%	210,681
2021-Q2	173,686	80.9%	38,474	17.9%	2,437	1.1%	214,597
2021-Q3	143,560	65.6%	70,930	32.4%	4,482	2.0%	218,972
Total	1,055,754	73.2%	359,257	24.9%	26,896	1.9%	1,441,907
Palliative medicine physicians							
2020-Q1	9,864	98.3%	139	1.4%	29	0.3%	10,032
2020-Q2	8,124	85.8%	1,075	11.4%	268	2.8%	9,467
2020-Q3	9,649	89.6%	851	7.9%	263	2.4%	10,763
2020-Q4	9,763	90.7%	792	7.4%	207	1.9%	10,762
2021-Q1	10,528	91.9%	732	6.4%	193	1.7%	11,453
2021-Q2	11,087	93.0%	712	6.0%	127	1.1%	11,926
2021-Q3	10,759	87.7%	1,078	8.8%	436	3.6%	12,273
Total	69,774	91.0%	5,379	7.0%	1,523	2.0%	76,676

* Refer to Appendix B for relevant data caveats. Note: percentages may not total 100% due to rounding.

Table A8 List of registered speciality codes* for selected categories of cancer-related specialists analysed in the report

Category of cancer-related specialists	Code	Description
Medical oncology	017	Medical Oncology
	097	C/Physician - Medical Oncology
Radiation oncology	049	Radiation Oncology
	126	Radiotherapy Planning
Surgery	667	Mohs Surgeon
	031	Surgery
	032	General Surgery
	033	Cardio-Thoracic Surgery
	034	Neurosurgery
	035	Orthopaedic Surgery
	036	Paediatric Surgery
	038	Urology
	039	Vascular Surgery
	062	Oral & Maxillofacial Surgery
	073	Oral Surgery
	411	College Trainee-Surgeon
606	ABBI (Advanced Breast Biopsy Instrumentation) Surgeon	
Haematology	005	Haematology
	026	Haematology
	085	C/Physician - Haematology
Palliative medicine	077	C/Physician - Palliative Medicine
	416	College Trainee - Palliative Medicine

Table A9 MBS item codes for professional attendances for selected categories of cancer-related specialists analysed in the report†

Broad group	Category	Delivery method	MBS Item codes for inclusion
SPECIALIST, CONSULTANT PHYSICIAN, PSYCHIATRIST, PAEDIATRICIAN, GERIATRICIAN, PUBLIC HEALTH PHYSICIAN, NEUROSURGEON AND ANAESTHETIST ATTENDANCES	Specialist Services	Existing items	104, 105
	Specialist Services	Videoconference	91822, 91823
	Specialist Services	Telephone	91832, 91833
	Consultant Physician Services	Existing items	110, 116, 119, 132, 133
	Consultant Physician Services	Videoconference	91824, 91825, 91826, 92422, 92423
	Consultant Physician Services	Telephone	91834, 91835, 91836, 92431, 92432

* One provider can have multiple speciality codes. Data in the report refers to the specific specialist for each rendered service.

† COVID-19 Temporary MBS Telehealth Services [Last updated 28 June 2021]. Accessed 17 June 2022. [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/\\$File/Factsheet-COVID-19-Spec-28July21.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/$File/Factsheet-COVID-19-Spec-28July21.pdf)

Appendix B

Data on services were provided by Services Australia on 28 April 2022. Included services have a Date of Service (DOS) between 01/04/2019 to 31/03/2021 or between 01/04/2019 to 30/09/2021 and processed up to 03 April 2022.

The figures in the report include only those services that are performed by a registered provider, for services that qualify for Medicare Benefit and for which a claim has been processed by Services Australia. They do not include services provided by hospital doctors to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account.

Age group:

For analyses by age, data for services were disaggregated into five age groups including 0-44 years, 45-54 years, 55-64 years, 65-74 years and 75 years and over based on the patient's age as at the date of service.

Socioeconomic status:

For analyses by socioeconomic status areas, data for services were disaggregated into 5 quintiles. The 2016 Australian Statistical Geography Standard (ASGS) and 2016 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage were used to determine remoteness area and SES quintile, respectively, based on the patient's residential address as at the date of service.

Remoteness area:

For analyses by remoteness areas, data for services were disaggregated into 5 categories Major Cities, Inner Regional, Outer Regional, Remote, Very Remote areas. For cases where no residential address was recorded, mailing address was used. Unknown remoteness and SES areas in the data resulted from unmapped postcodes (data not shown) and therefore data may not add up to 100%.

Cell suppression:

Less than 0.01% of services were excluded from the analysis due to cell suppression applied for services between 1 and 5 for a given period and/or category.

Provider type:

One provider can have multiple specialty codes. Registered specialty provider type was utilised to determine the category of provider service type. Data in the report refers to the specific specialist for each rendered service.

Data Caveats:

For Tables A1-7, the following data caveats apply:

1. Difference in the number of professional attendances for the 12-month periods April 2019-March 2020 and April 2020-March 2021.
2. Selected specialist and consultant physician services by providers including medical oncologists, radiation oncologists, surgeons, haematologists and palliative medicine physicians. For surgeons, haematologists, and palliative medicine physicians, the specific proportion of cancer-related services is not known.

3. Unknown jurisdiction, remoteness and SES areas (less than 1% of services) resulted from unmapped postcodes (data not shown) and therefore data may not add up to 100%.
4. SES 1 areas (most disadvantaged) to SES 5 areas (least disadvantaged).

MBS Item codes

The MBS item codes included in the report (Appendix Table A9) were available from the date of introduction in March/ April 2020 to September 2021. For further detail on date of introduction and availability for each item code, see *MBS factsheet: COVID-19 Temporary MBS Telehealth Services* (Last updated 28 June 2021:

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/\\$File/Factsheet-COVID-19-Spec-28July21.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBBEC7CA25852E00223AFE/$File/Factsheet-COVID-19-Spec-28July21.pdf))

Note: The temporary MBS item codes were extended until 31 December 2021. For further detail on the changes to availability for each item code from 1 January 2022, see *MBS factsheet: MBS Specialist Telehealth Services from 1 January 2022* (Last updated 18 February 2022:

[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2211355D5611CA3DCA2587A70006FF09/\\$File/PDF%20-%20Factsheet-specialist-telehealth-18%20February%202022%20v3.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2211355D5611CA3DCA2587A70006FF09/$File/PDF%20-%20Factsheet-specialist-telehealth-18%20February%202022%20v3.pdf))