

BARRIERS AND BREAKTHROUGHS IN TELE-MENOPAUSE CARE

Dr Kelly Teagle
GP and Founder of WellFemme
Telehealth Menopause Clinic



Outline

- The establishment of WellFemme
- Barriers encountered, both by Founder and clients!
- Pilot study
- Impact of changing conditions re: Medicare Telehealth rebates
- Current & future WellFemme initiatives
- Opportunities in Telehealth



WELLFEMME

The problem:

Perimenopausal and Menopausal
women are not getting the help they
need for their symptoms.



WELLFEMME

Australian peri and postmenopausal women aged 40-65

Untreated
moderate-
severe VMS

385, 000

Moderate-severe
VMS 455, 000

Total population: 2.6 million

Menopause. 2016 Jan;23(1):11-7. **Low use of effective and safe therapies for moderate to severe menopausal symptoms: a cross-sectional community study of Australian women.** Worsley R, Bell RJ, Gartoulla P, Davis SR
www.ncbi.nlm.nih.gov/pubmed/26240945

**2018: Why aren't women
getting the care they need?**



WELLFEMME

Lack of access to services, especially in rural and remote areas

Very few Telehealth services, no Medicare rebates

Cultural belief that its something they should “just put up with”

Misperceptions (by GPs and patients) about safety of hormonal treatments

Solution?

Telehealth, of course!

BUT... 2018 Me had no idea what she was getting herself into!



WELLFEMME

2018: Barriers

Finding the right IT solutions for a sole operator, but scalable

Making the systems interconnect

Little or no patient experience of Telehealth as a way of accessing “proper” medical services

Long, expensive consultations with **no Medicare rebates**- excludes the women in most need!

Varying levels of internet connectivity and patient confidence/ competence with IT



2019-2020: PILOT STUDY

- Private industry grant in early 2019
- AIMS: to prove demand and validate Telehealth as a means of delivering quality menopause care
- Offered discounted consultations to 200 women from rural and remote areas
- 3 surveys over 12 months
- Reduced cost of consultations for patients most in need when MC Telehealth rebates were not avail.



WELLFEMME

Vivien Wallace poster prize at the 2019 Congress of the Australasian Menopause Society.



WELLFEMME

Barriers and Breakthroughs in Tele-menopause care

DR KELLY TEAGLE  WELLFEMME WOMEN'S HEALTH SERVICES



WellFemme is a new direct-access, GP-led Telehealth menopause service. Women can make online or phone bookings for a 45-minute menopause consultation by video conference or telephone. Clients receive a detailed written report with treatment recommendations, which they are strongly encouraged to share with their usual GP. Women may opt for their GP to prescribe, or to have prescriptions mailed out by WellFemme with regular treatment reviews.

NEEDS ASSESSMENT:

- A 2016 study* estimated that around 385,000 Australian women with moderate to severe vasomotor symptoms are not receiving effective treatment.
- A 2011 report entitled "Rural, remote and regional differences in women's health" stated that for most medical and other health services, use is much lower in remote and regional areas, and women experience considerably more difficulties with access than in major cities. (Data from Australian Longitudinal Study of Women's Health).
- The same report stated that use of complementary and alternative medicines (CAM) is higher in regional and remote areas. Interviews with rural women revealed some scepticism about conventional practitioners, and belief in traditional practises and CAM.

*Menopause, 2016 Jan;23(1):11-7. Low use of effective and safe therapies for moderate to severe menopausal symptoms: a cross-sectional community study of Australian women. Worsley R, Bell RJ, Gartoulla P, Davis SR. www.ncbi.nlm.nih.gov/pubmed/26240945

BARRIERS:

- This is a very new model of direct-access medical care; significant patient information and education will be required to gain acceptance.
- Potential clients are often wary of services accessed online. Ease of access may be perceived as being lower value, questionable quality, not mainstream or even as a 'scam'.
- Despite increasing good technical infrastructure, internet and phone coverage is still very patchy in many parts of Australia.
- Levels of computer literacy are lower in rural and remote areas due to generally worse internet access. Some still do not use email accounts.
- No Medicare rebates. This increases out of pocket costs for patients and creates a perception that services are not 'mainstream' or valid.

BREAKTHROUGHS:

- Feedback from clients using the service has been overwhelmingly positive so far with respect to outcomes and convenience.
- Women who had not seen a doctor for many years have been re-connected into local primary care and re-entered screening programs.
- WellFemme has initiated conversations between stakeholders about the future of GP-led Telehealth services.
- In a survey of over 100 women who attended WellFemme menopause seminars in regional NSW, over 70% indicated that they would consider using Telehealth for their menopausal symptoms.
- 47% said they couldn't afford a full-priced Telehealth consultation, but almost half of them said they could afford the discounted fee.
- This suggests that Telehealth would be an acceptable method of service delivery to most rural women, depending on price point.

WellFemme is conducting an evaluation of service uptake by women in regional, rural and remote areas. With funding from an unrestricted grant,** WellFemme is providing discounted consultations to women outside of RA1 (major cities) during its pilot phase. Clients are asked to complete three short SurveyMonkey questionnaires over the following twelve months. Survey questions include how they found out about the service and how much they can afford to pay for consultations. The pilot phase commenced in February 2019 and will continue until 150 women have received consultations.

**Unrestricted funding grant provided by Besins Healthcare

The evaluation aims to determine:

1. The acceptability, sustainability and affordability of the model, and
2. The impact of this model on women's interactions with primary care services.



CLIENT FEEDBACK

- "Getting to a GP/specialist is a 20 min- 2 hour drive away and as local GPs are males with high turnover they aren't sympathetic or knowledgeable of my circumstances. The lack of female doctors is a real issue and I'm not living in an isolated location."
- "I found it extremely effective to talk to a dr who deals with menopause specifically and for reassurance about symptoms/treatments whilst in my own home."
- "The at home consultation is very attractive, saving a lot of time and driving which is an added expense and fitted into my lifestyle which is very busy supporting a farming husband and running my own at home business."
- "We just don't have ongoing access to these specialist gps in our location, and we really don't have access to our own regular family gp due to shortage in rural and remote areas."

WellFemme seeks to make connections with other organisations interested in providing GP-led Telehealth services, such as sexual and reproductive health outreach services. Interested organisations and individuals are encouraged to contact Dr Kelly Teagle: kelly@wellfemme.com.au, or 0401070713.



THEN along comes COVID...



WELLFEMME

Medicare

Telehealth

Rebates

During The

Pandemic

STAGES 1-3: March 2020. For patients/providers at risk or self-isolating (Bulk bill only).

STAGE 4: March 30, 2020: Extended to all, no requirement for at risk/ vulnerable status.

STAGE 5: Further expansion but BB mandate remains for concession, under-16 and medically vulnerable patients.

STAGE 7: July 2020. **Patients need to have been in the practice FTF within the last 12 months**

Oct 2020: 6-month extension of temporary TH item numbers

REF: [“A decade’s worth of work in a matter of days”: The journey to telehealth for the whole population in Australia: 2021](#)



WellFemme During The Pandemic

- 4 months of accessible Telehealth rebates March-June 2020
- As a solo doctor (P/T side-hustle):
 - 76 patients
 - 150% more patients than entire first year of operation
 - Only 19 were living in MM1 urban areas
 - A total of 127 items were billed to Medicare
 - The majority (108) were bulk-billed items
 - 14 concession card holders
- From July 2020- MC rebates no longer able to be claimed by Clients
- 12-month period with no Medicare rebates applicable unless the GP had an existing FTF relationship with patient





The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health



The Case for Sexual and Reproductive Health Care

Women's Health Policy Alliance Workshop

20 November 2020

Maternal, sexual and reproductive health

Priority actions in light of COVID-19

Maintain access to:

- telehealth, to enable both continuity of access to maternal, sexual and reproductive health services during a health crisis such as COVID-19 and to increase access at all times for groups who may be geographically isolated. Expand eligibility for MBS telehealth items to include maternal and child health nurses and to GP sub specialists. Further expansion of telehealth should be in conjunction with face-to-face service delivery, noting its limitations as a mode of engagement for specific treatments (eg, pain management) and for certain priority populations (eg, women with intellectual disabilities)



WELLFEMME

Changes to MBS telehealth items from 1 July 2021

Existing relationship requirement

The requirement to have had a face-to-face attendance with the GP providing the service, or another practitioner at the same practice, at least once in the previous 12 months is still in place for the majority of GP telehealth items. The following exemptions are being introduced from 1 July:

- Items for pregnancy counselling (existing items under MBS Group A40)
- Blood borne viruses, sexual or reproductive health (new items – see below)



Current & future WellFemme initiatives

Balancing Affordability and Sustainability

- Pay peanuts, get monkeys!
- Long, intensive consults, and Specialists need to be well paid
- Longer consults = proportionately lower MC rebates → Less affordable for those who need services the most
- “Pay it forward” billing for concession/ pension recipients
 - 1 in 6 New Patient appointments are concession rate



WELLFEMME

Current & future WellFemme initiatives

Growth/ scalability

- Solo doctor Feb 2021, now 11 P/T doctors & 3 P/T Admins
- WellFemme Pty Ltd: Sep 2022
- Covering running costs, but not profitable
- Different models of care? Need to maintain standards but look at different revenue-raising service streams.
- Other revenue sources: courses, subscriptions, communities



WELLFEMME

Opportunities in Telehealth

- Solo practitioners have great tools available now to start their own online businesses with minimal cost
- Medicare claiming for patients? depends on the services provided (but still in evolution/ review)
- Telehealth is still the “Wild West”
WRT standards and accreditation



WELLFEMME

About



WELLFEMME • WOMEN'S HEALTH SERVICES

- Resources for patients and GP's
- Free Menopause Assessment Tool and Webinars
- Referrals for complex patients, detailed reports back
- GP training
- Professional support and growth for WF doctors
- Opportunities for expert Menopause doctors

WEBSITE: www.wellfemme.com.au

EMAIL: hello@wellfemme.com.au



WELLFEMME



[TAKE OUR ASSESSMENT](#) for your menopausal health check and treatment of

[WHAT IS WELLFEMME?](#)

[MAKE A REFERRAL](#)

[FREE ON-DEMAND WEBINAR:
PRESCRIBING FOR
PERIMENOPAUSE AND MENOPAUSE](#)

[FREE ON-DEMAND WEBINAR: MHT
MASTERCLASS FOR GP'S](#)

[BECOMING A WELLFEMME DOC](#)



Help for your menopausal symptoms,
when and wherever you need it.