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SUBMISSION

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AMA submission to MRAC Electrocardiogram (ECG) Working Group post-implementation review of changes to ECG MBS items

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Introduction

The AMA is pleased that the draft report of the MRAC Electrocardiogram Working Group (EWG) appears to agree with the view of the ECG Review Committee that benefits for interpreting ECGs should be available to general practitioners (GPs) rather than being confined to non-GP specialists.

However, the AMA is disappointed by several aspects of the review process for these items, in particular by the fact that the focus appears to have been on the number of ECGs performed, rather than on good clinical practice. Fair and reasonable access and rebates for the patients of doctors (predominantly GPs) who need to use related MBS items.

The initial changes to ECG MBS items in August 2020 were made contrary to the advice of the AMA and other peak medical associations representing GPs and other specialists including but not limited to cardiologists, nuclear medicine specialists, pathologists, diagnostic imaging specialists, radiologists and rural generalists. They were also contrary to the recommendations of the participants of the MBS Review Taskforce.

At the time, all warned that the proposed changes would have the effect of increasing out-of-pocket costs to patients and/or reducing timely access to care, particularly in regional and remote areas where the burden of coronary heart disease is highest, access to non-GP specialists is limited and patients may need to travel to have ECGs performed elsewhere.

It is also disappointing that the Minister chose to ignore the carefully considered recommendations of the first post-implementation ECG Review Committee report provided in January 2022 and postponed any decision-making by commissioning yet another review group, the EWG.

Rising inflation over the two years since the ECG Review Committee reported has further exacerbated cost pressures on general practices and cost-of-living pressures for patients —and as a result, has increased the difficulties patients face in accessing affordable and timely health care. Given this, the AMA calls on the government to urgently:

- Restore GP access to MBS benefits for interpreting ECGs

- Implement the rebate structure for ECG items that was recommended by ECG Review Committee in January 2022, with appropriate adjustment for inflation.

With respect to the most recent EWG Report, and the online survey questions for this consultation, the AMA offers the following comments and suggestions.

Impacts of the August 2020 changes on general practices, patient access and ED presentations outside metropolitan centres

While the AMA shares concerns that the removal of items may have led to an increase in presentations to EDs, it is important that the objectives of the new items is not only to prevent ED attendances. ECGs are used much more broadly than in the emergency setting – a missed ECG does not necessarily result in an ED attendance, but it may lead to inadequate management for a health issue with additional complications and costs in the future. AMA members have provided the example of simply showing a patient the ECG changes related to uncontrolled hypertension influencing may a patient's choice to take their antihypertensives as prescribed or not.

When a GP feels an abnormal pulse and is concerned about a potential diagnosis of atrial fibrillation, they should be empowered to provide an urgent ECG. This condition is easy to interpret on ECG, and prompt management reduces the risk of stroke. Since the 2020 changes, AMA members report that they may be less likely to perform these ECGs at the time of consultation and as a result patients may face larger out of pocket costs, longer wait times and/or delay management of the condition.

Pre-operative ECGs may reveal unexpected changes indicative of previous ischaemic damage, necessitating perioperative review to reduce the risk of life-threatening complications during surgery. These and many more examples show why we should be making this in-office test more accessible, not less, and ensuring GPs and their patients have access to appropriate rebates for the time and skill required to both perform and interpret this investigation.

Changes required to ensure patients have reasonable and equitable access to ECGs

Rebate changes

The EWG report rightly observes that the current structure of the ECG MBS items is inequitable, given that GPs can only claim access to Item 11707 (trace only) but non-GP specialists can claim Items 11704, 11705 and 11714 for their expertise in interpreting ECG trace results.

The AMA also supports the EWG view that the current fee differentials may disincentive GPs, and that MBS fees should reflect the task and level of responsibility taken in managing the clinical care of the patients, rather being based on the sub-speciality of the clinician performing the task and managing the patient.

Under the new proposal to amend item 11714, it is the AMA's position that the additional $5.45 rebate compared to item does not cover the time required to comply with the detailed clinical note documentation required when using this item.

The AMA also acknowledges the EWG's concern that fee levels should also incentivise specialist support of second opinions, so as not to discourage clinicians (and particularly those practising in rural and remote areas) from referring to more experienced clinicians when they need to do so.

However, the AMA is concerned that the EWG report does not consider the actual rebate changes recommended by the ECG Review Committee in January 2022. These recommended changes would add only minimally to the overall cost of ECG items to the health budget but would more appropriately value the amount of work involved in performing an ECG and providing a written report.

The ECG Review Committee 2022 argued that the current MBS fees for ECG items did not adequately remunerate the work required to deliver the service despite an increase in remuneration of the trace only item (Item 11707) in the 1 August 2020 changes. It also noted that the fee for the ECG trace and reporting item (Item 11700) that the majority of GPs were claiming prior to the 1 August 2020 changes more accurately reflected the cost of providing this service. Accordingly, it recommended a tiered fee structure for ECG items, representing a differential in the clinical utility and value of the service.

In line with the ECG Review Committee's recommendations, that AMA recommends the following fee/rebate structure:

Item number	Recommended MBS Fee	Recommended benefit
11714 (with restored access for GPs)	$35.30	85%: $30.00
11704 (specialist trace and report item)	$40.60	85%: $34.50 (i.e. the sum of the current MBS rebates for the trace item 11707 and report item 11705)

Item 11707 wording

The AMA notes with concern that the EWG report has now recommended that GPs only be allowed to use the basic 'trace-only' item 11707 if they are sending the trace to a cardiologist or specialist physician for reporting.

This recommendation seems to be ignorant of common scenarios, such as when a trace is required for documentation or sending through to another doctor, for example, during a pre-operative examination. The AMA believes that it would be more appropriate to align the wording more closely to the current wording for that item, as follows:

Item 11707

Twelve-lead electrocardiography, trace only, by a medical practitioner, if the trace

(i) is required to inform clinical decision making; and

(ii) does not need to be fully interpreted or reported on; or

(iii) the trace is provided to a specialist or consultant physician for a formal report.

The AMA is generally concerned with how prescriptive the requirements of the documentation are. It is unclear how these quite prescriptive requirements will add to patients care and is beyond the requirements for any similar procedure or investigation items.

Ideally the item would only require the recording of a clinical note. MBS compliance mechanisms can determine a particular clinical note is of appropriate quality. The AMA appreciates the intention of limiting incorrect claiming, however in this case and many others simplicity is the easiest way to achieve this.

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