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AMA Submission to the Department of Health Consultation: Oncology - Government response to MBS Review

By email: SurgicalServices@health.gov.au

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Introduction

Thank you for the opportunity to provide feedback to the proposed changes to the MBS items reviewed by the MBS Review Oncology Clinical Committee (the Committee).

As with previous AMA submissions to the MBS Review consultations, this submission highlights the general policy issues relating to the proposed changes as well as feedback received from our members. We understand a number of craft groups have provided the Health Department (the Department) with their own submissions and we urge the taskforce to refer to those for the detail of their issues/concerns and that relate to particular specialty items.

Consultation process

The AMA believes that the MBS Review must be a transparent, consultative clinician-led review, with a focus on high-value care and future-proofing the system. This includes early engagement with the relevant colleges, associations and societies (CAS); and a clear, scientific approach that is fully transparent, from decision making through to implementation.

The AMA notes the extensive work, including reshaping of the oncology MBS items, undertaken by the CAS in response to the early proposals of the review. The AMA acknowledges the Committee's support and incorporation of the ideas and input from the oncology sector into the Report.

The AMA understands there is general support from the oncology colleges and societies (with some qualifications); and that separate submissions were provided to the MBS Review Taskforce by the Royal Australian and New Zealand College of Radiologists (RANZCR), the Medical Group of Australia Incorporated (MOGA), the Australian Private Hospitals Association (APHA) and the Private Cancer Physicians of Australia (PCPA), among others.

However, it is concerning that it appears that a key craft group, the *Royal Australasian College of Surgeons (RACS)* was left off the Taskforce's targeted consultation list and this important segment of the oncology sector have not had an opportunity to provide direct feedback. The AMA understands, through communication with the Department, that whilst the *Breast Surgeons of Australia and New Zealand* and the *Melanoma Institute of Australia* were targeted for consultation, RACS should have also been targeted to provide feedback on the surgical oncology recommendations. We urged the Committee to engage with them, prior to making recommendations to the Taskforce.

As part of the AMA's consultation process, one of our members (a breast and endocrine surgeon) was made aware of the oncology review consultation. The member has provided his feedback on the Committee report both to the AMA and to the MBS Taskforce directly. The AMA urges the Department to note his response and actively engage with RACS to gather relevant feedback on the recommendations.

Call for details of proposed wording of item descriptors

Whilst the AMA supports the principles behind the recommendations of the Committee, the Report does not provide any detail on the suggested wording of the item descriptors for the proposed new item numbers for medical oncology. It is noted that the Report does provide suggested wording for the radiology and surgical oncology proposed new item numbers; and this has enabled constructive feedback from the relevant craft groups on these recommendations.

The AMA supports the PCPA and APHA's call for further discussion around the precise wording of the proposed item numbers for medical oncology before the recommendations are submitted for Government approval. This is to ensure items appropriately reflect contemporary medical best practice; and can be practically applied by clinicians and health insurance providers in alignment with the clinical intent of the items.

The AMA notes that in RANZCR's submission, it suggested major revisions to descriptors regarding Recommendation 2—*Restructure megavoltage items into a two-part payment model*. Additionally, it is noted that RANZCR supported (with changes) Recommendation 6—*Restructure of brachytherapy items, tiered by complexity*.

Call for assurances that any changes to the value of proposed item numbers is revenue neutral to the sector

The AMA acknowledges that although setting of fees for proposed new MBS items from the MBS Review is not the role of the MBS Review Taskforce and clinical committee; the overall changes to item fees should be revenue neutral to the sector to ensure: stability of the oncology ecosystem; safe, effective and sustainable level of oncology services continue to be provided; and changes in payment structures do not result in unintended increases in out-of-pocket expenses for patients.

The AMA calls on the Department to continue to work with the sector to transparently set appropriate values for proposed new items commensurate with the professional services provided and relative to other relevant items.

Items 13945 and 14221

The AMA took part in a compliance meeting with the Department on the 19th of July regarding oncology items, where it became clear that the way some items (eg item 13945 vs 14221) are being used within the sector, have not been considered by the clinical committee in its redesign.

Item number 14221 is claimed by cancer physicians and is currently part of reimbursement for cancer treatment. In a similar fashion to item number 13945, an unintended consequence of the removal of 14221 could be the disruption of established business models causing the potential for increased out of pocket expenses for patients.

The removal of 14221 from the MBS for patients on the day they receive anticancer therapy is reasonable only if the amount currently spent on the item number is taken into consideration during the calculation of the value of the new medical oncology item numbers AND if it is recognised that this item number will need to be retained for occasions when patients need the device to be accessed on days when anticancer therapy is not administered (eg access devices such as infusaports need to be flushed occasionally to ensure ongoing patency even in patients not on anticancer therapy).

Call for Modelling and Piloting of Recommendations

The recommendations proposed in this report will see major changes to the way that oncology services are billed in the future with the potential to drive changes to practice in Australia. While the AMA and CAS are supportive of the intent of the proposed recommendations—we believe these recommendations could have a major impact on the treatment of cancer across Australia.

The AMA commends the Committee's Recommendation 3—*Conduct an impact assessment modelling exercise prior to implementation of the two-part payment model* related to the restructure of megavoltage items (Recommendation 2). However, the AMA calls on the MBS Review Taskforce and the Department to extend this type of modelling and subsequent piloting to the medical and surgical oncology proposed changes, to ensure there are no unexpected outcomes for the full suite of oncology services. We cannot afford to make mistakes in such a major set of MBS items.

Call for comprehensive education and support program for medical practitioners—MBS review implementation

Education makes up most of the compliance work carried out by the Departments of Health and Human Services – this education aims to ensure the right payment is made to the right person at the right time. The AMA has always supported the emphasis placed on education as the central tenet of the Commonwealth Government's approach to compliance and believes that this needs to be maintained as part of the overhaul of the MBS items.

Changed items from the MBS review are due to roll out on 1 November—less than 4 months away. From then there will be tranche after tranche of changes to MBS items and billing. This will mean many medical practices will be changing their administrative and billing processes on each occasion. Medical practitioners will need to understand the consequences of the amendments to the MBS so they can ensure they are using the right item, on the right person at the right time. For the first tranche of changes from the review there are 10 separate fact sheets for medical practitioners to understand and modify their practices and billing by 1 November. This is a significant investment of time for already busy and often overworked doctors.

The AMA calls on the Department to invest appropriate resources to provide a comprehensive education and support program for medical practitioners – not just until February 2019 but across the full timeframe required for medical practices to understand and embed the new billing approaches into their practices.

The AMA believes there should be no ‘retribution’ for busy doctors failing to understand the nuances of the hundreds of changes that will arise from the review. There should, therefore, be a period where doctors will receive warnings and education about the changes, before the full range of compliance measures (unless there are exceptional circumstances) can come into effect for the changed MBS items. This is especially true where a particular craft specialty may have a significant restructure to their items.

The AMA calls for a comprehensive coordination mechanism to implement the outcomes of the MBS review. This mechanism will need to develop an implementation strategy that ensures effective education for medical practitioners. This should include development of compliance support materials and investigation strategies that feeds into the support material for the Department of Human Services (DHS), which they can use to develop quality call centre advice (this in turn will ensure that any providers that call DHS receive clear and appropriate information about the MBS review changes), and finally flows through to the Professional Services Review work. Without such a mechanism, there is potential for a significant disconnect and inconsistent advice to the profession, at the very time they are trying to adapt to change.

Contact

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