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

By email: SurgicalServices@health.gov.au

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Thank you for the opportunity to provide feedback to the proposed changes to MBS item descriptors and explanatory notes relating to spinal services.

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 that is fully transparent from decision making, through to implementation.

The Department would be aware of concerns the AMA has continuously raised regarding the MBS Review process. The AMA will not support an approach that is made contrary to the principles outlined above and which undermine the intent of genuine reinvestment in new items, and improvements to the schedule. The AMA believes any alternative approach introduces the risk of dangerous and arbitrary changes being made to the MBS, which could undermine clinical decision making and have implications for medical practitioner compliance and patient safety.

The AMA is therefore concerned about the Government's process to introduce recent changes to MBS spinal services items. On a principle level, the AMA does not support the methods in which the changes were introduced.

As with previous AMA submissions to the MBS Review consultations, this submission highlights the general policy issues with the proposed changes as well as direct feedback received from some of our members (Attachment A). We have encouraged our relevant members, as well as the specialty CAS to send in their own submissions to the Department to provide greater detail of their concerns relating to specialty items. Please refer to them as necessary.

Spinal Services Review

The AMA notes that the review of Spinal Surgery MBS items pre-dated the MBS Review Taskforce and that AMA was represented on the review by Dr Robert Kuru. It is understood this work was absorbed by the MBS Review by the Spinal Services Clinical Committee (SSCC), who released draft recommendations for public consultation between 7 June and 21 July 2017.

The AMA did not oppose the SSCC's final MBS recommendations as outlined in Mr Michael Ryan's letter to the AMA on 8 January 2018. The AMA acknowledged the overall outcome of the changes would be a simplified, modern schedule for medical practitioners performing these specialised spinal services.

It is therefore concerning that since these recommendations were released, additional restrictions regarding lower axial back pain have been made independent of the SSCC (and have instead been introduced, as we understand it, based on some advice from Choosing Wisely and others) without direct consultation of the SSCC and relevant craft groups.

Transparency in decisions

While the AMA recognises that Government is the final decision maker regarding the MBS, we believe that these decisions should be logical and based on a transparent process which includes appropriate consultation.

It is becoming too often that the Government makes arbitrary decisions on how the MBS Review should be managed and which recommendations are implemented without adequate consultation with relevant stakeholders. The AMA refers to then President Dr Michael Gannon's 27 October 2017 letter to Professor Bruce Robinson highlighting these very issues with the Cardiac Services, Anaesthesia and Endocrinology reports.

While the AMA appreciates that not every Clinical Committee review will be the same and that there may be specific issues to consider that are unique to each specialty, there must be an overarching framework on the major decisions that are being made. The Department should be clear for each and every review committee at which stage the decisions are made and who is making them.

If the changes to the recommendations were based on submissions received from the MBS Review consultation feedback process which was available to everyone, the Taskforce should simply state that this was the case – but this change occurred after that process was complete.

Healthcare Stewardship

The AMA supports responsible stewardship of the health system and healthcare resources, which includes avoiding or eliminating wasteful expenditure in health care. Stewardship aims to maximise quality of care and protect patients from harm while ensuring affordable care in the

future¹. The AMA acknowledges that spinal fusion surgery may not always be a necessary first course of treatment for spinal issues. However, the treatment of ‘uncomplicated lower axial backpain’ is a complex clinical issue, requiring individual treatment approaches for each patient. Therefore, removing the option for specialist clinicians to perform spinal fusion surgery as clinically effective therapeutic intervention removes scope for clinical decision making and risks patient care.

Alternative Views

The AMA has consulted with the Australian Orthopaedic Association (AOA), the Neurosurgical Society of Australasia (NSA), Spine Society of Australia (SSA), Australian Society of Orthopaedic Surgeons (ASOS), Royal Australasian College of Surgeons (RACS) who were all on the original spinal surgery working group. These groups have indicated that they were not part of the development of Choosing Wisely’s recommendations on lower axial backpain, and they hold a different view to that position.

With regard to the evidence base of the recommendations, the AMA defers to the feedback received from the CAS groups, which includes comment and critical appraisal of the selected literature base, as well as additional literature for consideration. The attached feedback is the result of the AMA consulting with its members – and while it does not represent the formal position of the AMA on each clinical aspect, it is provided to give the Department an understanding of the views the profession has relating to these changes.

Guidelines

The AMA would like to reiterate concerns relating to the use of clinical guidelines in MBS item descriptions. Clinical guidelines have no place in MBS item descriptions or indications. While clinical guidelines can be a useful decision support tool, there are a number of guidelines to draw from in Australia and internationally.

It is not uncommon for craft groups to draw on numerous guidelines to support their decision making. For example, the Choosing Wisely recommendations are just a small sample of available evidence developed specifically by pain specialists. However, treatment of backpain is often managed by a number of different specialty groups, including orthopaedic surgeons and neurological surgeons who may draw on their own craft group’s guidelines for clinical decision support. The AMA notes the latter specialties were not represented on the development panel of Choosing Wisely’s recommendations. It is therefore impractical to embed a guidelines recommendation, within an MBS description.

In addition, while guidelines can be relatively easily updated as the evidence-base evolves, MBS items are difficult and slow to change. This also creates a high risk of unintended consequences when making treatment decisions, which has been demonstrated in the attached submissions.

¹ The Doctor’s Role in Stewardship of Health Care Resources (2016). AMA Position Statement. <https://ama.com.au/position-statement/doctors-role-stewardship-health-care-resources-2016>

The AMA strongly advises that the Department and MBS Review Clinical Committees take serious caution when considering guidelines. They should only be considered as part of the review process when reviewing items, not as an afterthought or as a final arbiter for clinical scope of practice.

Implications to new explanatory notes

The AMA also cautions against the introduction of the proposed expanded explanatory notes, as this approach risks undermining the original intent of the Spinal Services review to simplify the schedule.

Furthermore, adding a caveat that ‘no MBS spinal surgery services should be performed or claimed for unnecessary, unexplained or unclear clinical reasons’ makes this recommendation overly restrictive for spinal surgery alone. It is a fundamental tenet on which all surgery is based that no surgery should be performed for unnecessary, unexplained or unclear reasons. If this caveat only applies to spinal service items, justification should be required. If the caveat it is to be an explanatory note for the MBS, then it should apply across all procedures and specialties.

If the caveat is implemented for spinal services alone, this will also have compliance implications for clinicians, and private health insurance claims whilst limiting clinical options. The AMA also has concerns that the restrictions will be seen as a cost cutting exercise to the MBS, compromising patient safety.

The AMA values its productive working relationship with the Government and Department and we look forward to the continuing support of the medical profession throughout the MBS reviews. Noting the Clinical Committee components of the MBS Reviews are due to be finalised over the next year the AMA is keen to ensure that the new process of greater engagement of the CAS at all stages is realised.

A sampling of direct feedback received from relevant specialty members is provided (Attachments A – E) to illustrate some of the issues with the recommendations. However, this feedback may not be representative of the AMA’S views or those of the broader profession. The Department should continue to work with the AMA, AOA, NSA, SSA, ASOS and RACS and clinicians who work at the coal face of spinal surgery to ensure the MBS spinal services items are clinically appropriate.

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