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Attention: Jessica Muir

AMA Submission to Wound Management Working Group

Thank you for inviting the AMA to provide a submission to the MBS Taskforce Review Wound Management Working Group (WMWG). The AMA would expect the recommendations of the WMWG to facilitate the delivery of optimal management of wounds both acute and chronic in general practice where nearly 90 per cent[1] of Australians seek medical care.

The AMA is still reviewing the draft recommendations made by other MBS Review groups around acute wound items and is not currently in position to provide comment on these items but will do so when as soon as we can. In the meantime, the AMA acknowledges the importance of ensuring that acute wounds in a primary care setting are properly treated. This requires ensuring that GPs and/or appropriately trained members within a GP-led team are supported to treat acute wounds so these wounds can be managed in a cost-effective and timely manner. This includes ensuring that any underlying conditions that could impact wound healing are assessed either by a GP or other appropriately trained health professionals working in collaboration with a GP, and an appropriate management plan is enacted. Preventing an acute wound from becoming a hard to heal or chronic wound should be a key objective of acute wound care.

The AMA's concerns are primarily centred around the barriers to providing optimal chronic wound management, the majority of which is provided in general practice. The AMA wrote to Minister Hunt in April 2017 calling for a review of the prohibition on GPs charging patients for consumables, such as wound dressings, when they bulk bill a patient. The letter noted the existing precedent which enables GPs to charge for an unfunded vaccine when bulk billing a professional attendance item. It also highlighted that some of the dressings for treatment of chronic wounds are very costly and that practices providing wound care services are often doing so at a loss.

We noted, in that letter, a 2011 study on wound care costs in general practice which showed that in most cases general practices lose money when providing wound care. The costs then for bandages and dressings ranged from $4 to $21 with the median cost just under $10.00. However, some are more expensive, with four lay compression bandages currently costing

[1] The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2018. East Melbourne, Vic: RACGP, 2018.

around $50 according to the Department of Veterans' Affairs Repatriation Pharmaceuticals Scheme.

At the current MBS rebate of $37.60 for a Level B consultation, it is clearly unreasonable for GPs to be subsidising the cost of wound care. It is important to note that this amount was recently increased by a mere 55 cents on 1 July 2018 after being frozen for 4 years, and another nine months before that. By comparison, the cost of wound dressings increased at the market rate during this period.

Where GPs have been unable to subsidise wound management because of bulk billing restrictions, their patients have been exposed to out-of-pocket costs. Patients often have to purchase the bandages or dressings from a community pharmacy, paying commercial prices, just so the GP treating the wound, in an effort to keep the costs for the patient down, can bulk bill them for the consultation.

Chronic wounds affect nearly half a million Australians at any one time and cost around $3 billion a year in hospital and residential care alone. Chronic wounds are debilitating for patients, causing a myriad of complications that can reduce a patients' quality of life if experiencing constant pain, social isolation, depression or anxiety. The cost of wound care products for many is prohibitive, particularly when many who suffer chronic wounds are on limited or reduced incomes due to their stage in life and their reduced capacity to work because of their condition. Some wounds, such as venous leg ulcerations take a minimum of 12 weeks to heal, while other chronic wounds take many months or even years to heal. As such, there is an imperative for the Government to support best practice care.

The AMA understands that conservative estimates of the savings from reduced healing times and reduced hospitalisations on government health expenditure would be upwards of $166 million per annum if patients with venous leg ulcerations got access to appropriate compression therapy.[2,3] The direct health care costs of chronic wounds have been estimated to be around $3 billion a year, although this is an underestimation as the analysis only considered the costs in hospitals and residential aged care.[4]

Despite strong evidence of the benefits for patients (improved health and wellbeing) and to the health system (cost savings) of evidence-based wound management, Australians are struggling to access this care. Barriers exist for practitioners in the provision of wound care and for patients in accessing care with multiple attendances over lengthy periods required, and extensive out of pocket costs for consumables. Aside from the need for greater policy focus to be afforded to wound care so that best-practice treatment and delivery becomes a priority, adequate resourcing is key. This will ensure health professionals are incentivised to upskill and can spend the time required with patients, enhancing their understanding of their condition and the risks if not properly managed.

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[2] Issues Paper: Chronic Wounds in Australia from: http://www.aushsi.org.au/wp-content/uploads/2017/08/Chronic-Wounds-Solutions-Forum-Issues-Paper-final.pdf

[3] Wounds Australia Election Platform: A five point plan to reduce the burden of chronic wounds. July 2018

[4] Graves N, Zhen H. Modelling the direct health care costs of chronic wounds in Australia. Wound Practice & Research: Journal of the Australian Wound Management Association 2014; 22(1)L 20-4, 6-33.

It is vital that patients are supported to access best practice wound management and that medical practitioners are supported to provide best practice care. Ensuring that general practices are directly provisioned with a stock of Government funded dressings would be one way to facilitate patient access to the right dressing/bandage for the right wound. Alternatively, the development of a wound consumables schedule that GPs could bill against to cover the costs of dressings/bandages provided to patients would be acceptable. The AMA recommends that any initial investment from Government in best practice wound care should be targeted at:

- Patients with diabetes who have a diabetic foot ulcer or diabetic leg ulcer;
- Patients with a venous or arterial leg ulcer; and
- Patients 65 years of age and over.

This would provide patients with access to appropriate dressings and, combined with appropriate educational resources and best practice guidelines, improve the overall quality of wound care for patients.

General practices work in a collaborative environment with the medical care of patients led by GPs and supported by the skills and expertise brought to the health care team by practice nurses, pharmacists, allied health professionals, and other specialists where required. This is the patient's health care team. With initial diagnosis of the wound fundamental to appropriate treatment,[5] it is vital that GPs – who are the only primary care health professional trained to make a holistic assessment of the patient and make a diagnosis of undifferentiated conditions – are supported to provide evidence-based best practice wound care.

Supporting GPs in this regard will require easily accessible training for GPs and other relevant members of the team on best practice wound care, general practice incentives to provide best practice wound care, and subsidised access to appropriate bandages and dressings. In addition, MBS items need to support the GP and the health care team in enabling and educating the patient on wound care self- management, expected healing times, and the importance of nutrition, exercise and elevation, as appropriate, in the healing process.

Finally, the AMA would encourage the working group to ensure that any recommendations they make support GP stewardship and the patient centred medical home, and do not undermine the collaborative care arrangements already in existence, or wilfully fragment care. It is vital there is qualified clinical oversight of patient care, so as to guard against delays in appropriate treatment, unnecessary testing, and inappropriate referrals.

The AMA supports a GP-led, team-based approach to care, utilising the skills and knowledge of other health professionals, including nurses and allied health professionals. Nurse practitioners were first permitted to provide Medicare-funded services to patients under reforms introduced in 2010. These reforms were carefully designed so that they did not fragment patient care, or deny patients access to a doctor.

[5] MacLellan, D G, 2000, Chronic Wound Management. *Australian Prescriber*: Vol 23. No 1. 2000

The AMA recently called on the Government to immediately reject draft proposals in the report from the MBS Review Nurse Practitioner Reference Group, that would remove the current requirement for nurse practitioners billing MBS Items to be in a collaborative arrangement with a doctor. The working group is urged to adopt the AMA's position that the requirement for a collaborative arrangement with a doctor be retained for nurse practitioners' accessing MBS items including the wound care items.

Yours sincerely

Dr Tony Bartone
President