17/66
D17/3939

July 2017

Professor Bruce Robinson
Chair
Medical Benefits Schedule Review Taskforce
Email: mbsreviews@health.gov.au

AUSTRALIAN MEDICAL ASSOCIATION
ABN 37 008 426 793
T | 61 2 6270 5400
F | 61 2 6270 5499
E | info@ama.com.au
W | www.ama.com.au
42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

Dear Prof Robinson

I am writing to you regarding the Medicare Benefits Schedule (MBS) Review Taskforce Clinical Committees reports that were released for public consultation on 7 June 2017. In particular dermatology, allergy & immunology; diagnostic imaging - knee imaging; diagnostic imaging - pulmonary embolism and deep vein thrombosis; renal medicine; spinal surgery; and urgent after-hours primary care services funded by the MBS.

The AMA has always stated its support for a review of the MBS, provided it is clinician-led with a strong focus on supporting quality patient care. This includes having the right mix of practising clinicians on each committee, with genuine input into a process of transparent decision making. We wish to ensure that the review process will deliver a schedule that reflects modern medical practice by identifying outdated items and replacing them with new items that describe the medical services that are provided today. In doing so, it is crucial that any savings from the MBS review be reinvested into the MBS, and that the review is not simply a savings exercise.

The AMA does not intend to comment on the deep detail of every recommendation, but we will continue to comment on and respond to the broader strategic and policy aspects of the review, and where we feel there has been an issue regarding process or consultation.

Equally, it is critical that the Clinical Committees and Working Groups test their findings with their specialist colleagues in relevant specialty groups before making recommendations to the Taskforce. To that end, I do wish to reiterate the comments made by the AMA previously, and at our March forum, regarding concerns held about the Anaesthesia review in particular, and urge you to continue to engage with the relevant specialty groups regarding their concerns.

The AMA welcomes the opportunity for the entire medical profession to comment on these reports. We firmly believe the medical colleges, and specialist associations and societies are best placed to respond to the specific clinical aspects of these reviews by identifying detailed issues, providing clinical evidence (where available) and best practice options.

In the first instance, the AMA would refer to the relevant colleges and specialty groups for their clinical expertise and advice on the report findings and recommendations at this level of detail. However in doing so, the AMA has become aware of a number of issues related to some of the recommendations. I am writing to make you aware of these issues, with the view that you are best placed to oversee and ensure engagement with the relevant specialty group to address these concerns.

Dermatology, Allergy & Immunology

The AMA is aware of a concern from specialists regarding:

- the proposed change to MBS item 30196 for removal of malignant neoplasm of skin or mucous membrane by mandating histopathology by removing "*confirmation of malignancy by specialist opinion*" from the descriptor. The amendment will cause significant increase in excision items being claimed, which are more expensive. This is because lesions will be biopsied using MBS item 30071 and if confirmed as skin cancer will then be excised. As a result additional item numbers and a subsequent consultation to discuss the biopsy pathology will be claimed.

I understand the College also has similar concerns with 45669. Furthermore, as we have seen this year with the MBS Skin items, the appropriate consideration of private health insurance banding will be critical – and this needs to be considered alongside of item changes, noting such changes impact the setting in which it is carried out. I therefore encourage you to receive the views of the relevant specialty group on these matters, and any other concerns they have – I understand they will be providing a detailed response.

Diagnostic Imaging - knee imaging

We note that the Clinical Committee put forward two recommendations, outlined below, for the Taskforce to consider and that ultimately the Taskforce accepted the second of the two recommendations:

1. retain the MBS item for patients over 50 years but with a revised, narrower descriptor; or
2. removing the ability for a GP to request MRIs for patients over 50 years of age.

The AMA is aware that both in the GP community, and within the specialist community, there is a range of views on the two recommendations and their relative merits. I note this is a contested issue, with the Clinical Committee itself unable to decide on a single recommendation.

To that end, the AMA is of the view there now needs to be engagement with the relevant colleges, including the Royal Australian and New Zealand College of Radiologists, as well as GPs, to discuss the issue, as it is clear there are a range of strongly held views.

Urgent after-hours primary care services funded by the MBS

It is critical that GP services providing after-hours care, particularly those that operate exclusively in the after-hours period, adopt a collaborative model that complements the care provided by a patient's usual GP or through their regular general practice.

To that end, the AMA will provide comments on the urgent after-hours consultation report in a dedicated response.

The AMA is keen to work with Government as it progresses the MBS review and welcomes the opportunity to provide advice and consultation as appropriate.

Yours sincerely

Dr Michael Gannon
President