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20/34

3 September 2020

Hon Greg Hunt MP
Minister for Health
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

via email: greg.hunt.mp@aph.gov.au
Cc: joanne.tester@health.gov.au

Dear Minister Hunt

We are writing to you to express our ongoing concerns regarding the 1 August changes to cardiac diagnostic services on the Medicare Benefits Schedule (MBS) resulting from the MBS Review.

Several of the changes will significantly reduce patients' access to prompt and appropriate cardiac diagnostic services. Patients who have previously received cardiac diagnostic services by a general practitioner, nuclear medicine specialist or pathologist are either no longer funded to receive those services, will face higher out of pocket costs, or will only access those services in limited circumstances.

These changes have occurred through a fundamentally flawed review, consultation, and implementation process. Like many other MBS Review committees, membership of the Cardiac Clinical Committee was largely craft based and, as we are finding with other Review reports, this brought a particular lens to the work of the Committee.

Insufficient regard was had for the range of other medical providers who are vital in providing comprehensive cardiac diagnostic services to patients. This includes general practitioners who are trained and experienced to provide the services that have now been restricted. They have a key role in being at the centre of a patient's care and enabling timely access to care. Nuclear medicine specialists and pathologists (including those within admitted hospital settings) are now also restricted from providing care that is accepted as clinical best practice and that supports and complements the services of cardiologists.

All our organisations have, at various points, raised significant concerns about the process followed in arriving at the final changes to the MBS cardiac diagnostic services. Specific advice was also

provided during the MBS Review process, which was simply ignored. We are also concerned that the Cardiac Implementation Liaison Group (ILG) was used by the Department of Health (DoH) as a vehicle to overturn MBS Review recommendations.

Despite the later claims by the DoH that appointees to the ILG were free to consult on proposed changes, where many of us have been responsible for appointing members to the Cardiac ILG or any other ILGs, the DoH has generally not responded to our requests for information on proposals under consideration. Our members also tell us that they believed they were constrained by the terms of the confidentiality agreements they were required to sign.

The MBS should support good medical practice, with clinical decisions on referral and treatment pathways being left to those who have undertaken medical training and understand the specific clinical cases of their patients. This requires the views of a range of medical groups to be considered, including a comprehensive look at the available evidence.

We understand that you intend reviewing some of the cardiac diagnostic changes in six months' time. In our view, this review will be too late. During this time, patient access to care will be compromised and some patients will also face higher costs. Care that could easily be provided in a primary care setting, will now need to be referred and this will inevitably result in increased costs to the MBS. We also know that access to non-GP specialist services in rural areas is limited and that the viability of some diagnostic practices in these areas is also under threat.

The medical profession has supported the MBS Review since its inception in 2015 and has in good faith invested immense time and energy to provide feedback on the recommendations and have been willing participants of the implementation process. The cardiac diagnostic changes and the way they have been implemented is sorely testing this support. They need immediate review, including meaningful consultation with our organisations and a commitment to wind back decisions where it can be shown that they will lead to poor outcomes for patients.

Yours sincerely

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