Response ID ANON-RN8J-PGNV-W

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About you

What is your name?

Name:
Annette Byron

What is your email address?

Email:
policy@daa.asn.au

Would you like to receive regular updates on the MBS Reviews process by email?

Yes

Which State/Territory do you reside or is your organisation based (if applicable)?

Please select from the drop downbox which state or territory you live in or if applicable where your organisation is based.:
ACT

Do you provide consent for your submission to be made public?

Yes

Are you responding to the Survey as a Representative of an Organisation?

Yes

If Yes, what is the name of your organisation?:
Dietitians Association of Australia

What is your position within the organisation?:
Senior Policy Officer

In what capacity are you responding to the survey?

Health Professional/Organisation/College

If Other, please provide further information:

Broad Audience Survey

Do you think that there are parts of the MBS that are out-of-date and that a review of the MBS is required?

Yes

If Yes, please identify the areas you think are out-of-date.:
Parts of the MBS that require review – Item 723

DAA supports the Taskforce efforts to identify and retain MBS items because they are based on evidence and supported by good clinical practice. Items should also be defendable in terms of process and value for money. DAA is aware of one item for example where this is not the case, i.e. Item 723.
The Medicare allied health initiative allows chronically ill people to access Medicare rebates for allied health services. In order to refer to recognised allied health practitioners, general practitioners are required to develop a Team Care Arrangement (Item 723 for which a benefit of $85.75 may be claimed). General practitioners may also claim to Coordinate a Review of Team care Arrangements (Item 732 for which a benefit of $53.00 may be claimed).
We suggest the Taskforce consider removing the requirement for development of, or review of, a Team Care Arrangement and allow general practitioners to refer directly to allied health practitioners. Discontinuing Items 723 and restricting Item 732 to Review of a GP Management Plan would directly save the Australian Government up to $206,236,751 based on the estimated 2,250,672 services claimed in 2013 against these items. There would be additional savings in administration.
Some of the savings from this initiative could be invested in improving access to allied health practitioners. Not only would this improve self management of chronic disease but it has the potential to generate long term savings in health expenditure. The recent Australian diabetes trial has demonstrated positive outcomes from supporting self management with an increased number of allied health consultations.1

Do you have any comments on the proposed MBS Review process?

Use this box to enter your answer:

How can the impact of the MBS Review be measured?

Enter answer of How can the success of the MBS Review be evaluated, into the textbox.:
Measuring the impact of the MBS Review

Measuring the impact of the MBS Review will require improved data collection, analysis and reporting for medical and allied health practitioners. Improved data collection will require a systems approach to data collection, and a commitment and investment on the part of practitioners.
Implementing a systems approach to practice incentive payments, for example to support better data collection by medical and allied health practitioners would facilitate measuring the impact of the MBS Review. incentives should be available to medical and allied health practitioners.

What metrics and measurement approaches should be used?:

How should we seek to improve this measurement and monitoring capability over time?:

Which services funded through the MBS represent low value patient care (including for safety or clinical efficacy concerns) and should be looked at as part the Review as a priority?

Enter response in text box:

Which services funded through the MBS represent high value patient care and appear to be under-utilised?

Enter response in text box:
Under utilised items – Case conferencing

Page 15 of the Consultation Paper mentions 'there a variety of case conferencing items on the MBS and that it is very likely that these are not used optimally because they do not engage smoothly with a model that is based on intermittent interactions between a clinician and a patient.' This may be the case, but it is more likely that the lack of case conferencing items on the MBS for allied health practitioners is responsible. Allied health practitioners carry costs for contributing to multidisciplinary care just as medical practitioners do. Allied health would like to be compensated for their investment in integrated multidisciplinary care which can be justified by the improved outcomes.

Broad Audience Survey Continued

Are there rules or regulations which apply to the whole of the MBS which should be reviewed or amended?

Unsure

If yes, which rules and why? Please outline how these rules adversely affect patient access to high quality care:

Are there rules which apply to individual MBS items which should be reviewed or amended?

Yes

If yes, which rules and why? Please outline how these rules adversely affect patient access to high quality care.:

Permit telehealth for allied health

Rapidly evolving technology provides opportunities to better meet the health care needs of patients, and to provide efficiencies in care delivery.
Rules which prevent substitution of telehealth alternatives to face to face consultations by allied health practitioners for Chronic Disease Items (specify these) should be changed. Technology now opens access to services for Australians with chronic disease living in rural and remote areas of Australia, or Australians in urban areas with mobility impairments. Investing in intervention earlier rather than later using technology to communicate with patients or treat patients has the potential to reduce pharmaceutical and other costs, and to improve quality of life.

Allow direct referral between medical specialist and allied health practitioner

At present medical specialists are not permitted to refer directly to allied health practitioners if rebates are to be paid by Medicare, but rather the specialist must send the patient back to the general practitioner for referral to the allied health practitioner. This places the general practitioner in the role of 'traffic cop' and adds a cost to the health system without adding value. This is not a matter of risk management either, as medical specialists already refer to allied health practitioners where patients have private health insurance. DAA would like to see the rules of referral changed such that medical specialists can refer patients without medical insurance directly to allied health practitioners.

Change membership of the Medical Services Advisory Committee

DAA would like to see a continuing commitment to ensure new items on the MBS are evidence based and informed by a process which reflects the best contemporary multidisciplinary practice.
The Medical Services Advisory Committee provides advice to the Minister for Health on the strength of the evidence relating to the comparative safety, clinical effectiveness and cost-effectiveness of any new or existing medical service or technology, and the circumstances under which public funding should be supported through listing on the Medicare Benefits Schedule (MBS). At present there are no allied health practitioners on this committee. DAA would like to see at least one allied health practitioner appointed to this panel given that allied health provide services rebated by Medicare and that allied health propose new items to be included on the Medicare Benefits Schedule from time to time.

Improving access to allied health

DAA understands that adding items to the MBS is not within scope of the current work. However DAA encourages the Australian Government to look at new approaches beyond the review to improve access to multidisciplinary health services by making allied health services more accessible under Medicare. Extending access under Medicare for dietitians and other allied health to support intervention early in chronic disease would improve quality of life and reduce costs, as demonstrated in the recent Australian Diabetes Project.
Improving access could be achieved by new funding models, in addition to the traditional fee for service. DAA would also like to see a change to the five visits per year limit on allied health and the introduction of a new item for extended visits to acknowledge the time invested by allied health to meet the complex needs of clients with multiple chronic diseases.

Access to dietetic services for mental health patients

Furthermore, dietitians should be included in mental health items under the Better Access initiative2 to provide medical nutrition therapy to people with mental illness, particularly those commencing medication. Untoward metabolic effects of medications shorten the lives of people with mental illness and contribute to poor compliance. Nutrition and physical activity interventions delivered by qualified and credentialed allied health practitioners can attenuate these effects.

What would make it easier for clinicians and consumers to understand or apply the rules or regulations correctly?

Enter in text box What would make it easier for clinicians and consumers to understand or apply the rules or regulations correctly?:
Make it easier for clinicians and consumers to understand or apply the rules or regulations correctly

There are a number of ways to make information available to clinicians given the technology which is now available. Expressing rules or regulations in the simplest terms possible, with links to more detailed or related information, may assist in compliance with Medicare requirements and promote congruency with other Australian Government programmes e.g. the Pharmaceutical Benefits Scheme (PBS) to support better consumer outcomes. With respect to blood lipid management the PBS advises
“Patients in very high risk categories may commence drug therapy with statins or fibrates immediately (i.e. simultaneously with an appropriate diet). For all other patients, dietary therapy should be trialled prior to initiation of drug therapy. Dietary therapy should be continued concurrently with pharmacological therapy and should be reviewed on at least an annual basis.3”
At present the way in which dietary therapy is provided is not detailed by the PBS, but DAA argues referral to an APD using Chronic Disease Items would be best practice because APDs are the professionals who are qualified and credentialed to provide medical nutrition therapy. APDs are recognised by Medicare, Department of Veterans’ Affairs, and private health funds.

What kind of information do consumers need to better participate in decisions about their health care?

Enter in text box What kind of information do consumers need to better participate in decisions about their health care? :

Upload submission

Do you want to upload a written submission?

Upload submission:
No file was uploaded

Do you want to respond to questions from a Medicare User perspective?Examples of the questions are provided below.

No