

SUBMISSION

Closes Monday, 29 July 2024

AMA submission to MRAC Electrocardiogram (ECG) working group post-implementation review draft report of changes to ECG MBS items

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Introduction

The AMA thanks the department for the opportunity to contribute further feedback in this consultation and ensure the views of stakeholders are adequately represented in the final report to the 2023 post-implementation review.

The AMA has maintained the position that initial changes to ECG MBS items in August 2020 were not optimal and were contrary to advice from peak medical associations, including those representing GPs and a range of other specialists. They were also [contrary to the recommendations of the participants of the MBS Review Taskforce](#).

The Minister chose to prolong decisive action by commissioning this second review group, the EWG, and the period of this consultation is one of mounting cost pressures upon general practices, and access and affordability issues for patients sustained by rampant inflation. Changes to the current arrangements are therefore now urgent.

Given the timing of these changes overlap with the COVID 19 pandemic, which had a significant impact on face-to-face healthcare, including ECGs, it is difficult to determine the specific effects of the changes. However, the AMA remains concerned that the changes have led to increased out-of-pocket costs and reduced access to ECG in the community.

AMA members have emphasised ECG services are an essential tool in preventative care, screening and early intervention. The AMA maintains ensuring patients are supported to access ECGs is paramount, particularly where a GP considers it clinically necessary. We are pleased to see the renewed report focuses less upon numbers of ECGs performed than previously and engages the central importance of good clinical practice and clinical responsibility.

Any changes to ECG MBS items should be responsive to clinical practice and patient needs. While the AMA has previously shared concerns the removal of items may contribute to increased presentations to EDs, the objectives of the new ECG items apply more broadly than emergency settings. A missed

ECG may not result in an ED attendance but it may lead to inadequate management of a health issue with additional complications and costs in the future.

In previous submissions – first to the post-implementation ECG Review Committee (2022) and now to the MRAC Electrocardiogram Working Group (EWG) – the AMA has stressed the importance of two primary actions in response to the review findings:

1. Restore GP access to MBS benefits for interpreting ECGs.
2. Implement the rebate structure for ECG items that was recommended by ECG Review Committee in January 2022, with appropriate adjustment for inflation.

The renewed recommendations of this draft report do not adequately respond to these concerns.

The AMA acknowledge the well-documented data limitations across the ECG review committee process and how these limitations make thorough analysis of causation for reduced ECG MBS item claims challenging.

Contextual and data limitations reinforce the importance of addressing any challenge to equity of access identified in the MBS system and provided through feedback from stakeholders in this review process.

The AMA strongly supports changes which protect equity of access to ECG MBS items, specifically to GPs, where ECGs are most likely to be initiated in the context of general practice health checks and in the diagnostic workup of many undifferentiated presentations.

Changes to ECG service requirements should promote practitioner responsibility and protect their agency to exercise clinical judgement. This is the most effective way to ensure practitioners are supported to practice MBS compliance while achieving the best patient health outcomes.

Response to recommendations

The AMA recommends the following be adopted with urgency:

- 1) Item 11707 wording: The AMA acknowledge the MRAC's updated draft simplifies requirements, however we remain concerned about the requirement to forward to specialists for a formal report in order to utilise the item.
- 2) Item 11714 wording: The AMA is concerned the proposed amended wording to this item remains overly prescriptive. The previous descriptor outlining the clinical note requirement was sufficient and recognised clinician discretion in the drafting of clinical notes as a matter of professional practice.
- 3) Rebate Structure: Current proposed MBS fees for ECG items does not adequately remunerate work required for delivering the services. The AMA supports the tiered fee structure for ECG items recommended by the ECG, representing a differential in the clinical utility and value of the service.

1. Item 11707 wording

Fair and reasonable access and rebates for the patients of doctors (predominantly GPs) must be restored, particularly as indications for heart issues are potentially higher than pre-pandemic levels. While minor changes have been made to broaden access to ECG items for GPs, the requirement for

GPs to utilise cardiologist or specialist physician reporting to access the 'trace only' item 11707 remains problematic.

The requirement in clause (iii) for GPs to utilise cardiologist or specialist physician reporting to use the 'trace only' item 11707 should be removed.

(iii) the trace is provided to a specialist or consultant physician for a formal report.

Common scenarios prevail for which the item should remain accessible, such as when a trace is required for documentation or sending through to another doctor, for example, during a pre-operative examination.

2. Item 11714 wording

MBS item 11714 remains overly prescriptive, which is burdensome for medical practitioners who must interpret their application in the clinical context.

The AMA does not recognise any clinical benefit in the proposed requirements to documentation outlined in item 11707. Other similar procedure or investigation items do not feature the same restriction.

It is the AMA's position the requirement for a clinical note is sufficient to communicate to practitioners they have responsibility for providing adequate records. Quality assurance is applied through MBS compliance mechanisms, which provide adequate accountability to comply with the expected standards.

In some cases a review may identify complex issues, which necessitate actioning further clinical review. We therefore suggest removing item (d) outlined below:

d) the service does not require a formal report: and

3. Rebate Structure

MBS fees should reflect the task and level of responsibility taken in managing the clinical care of the patients, rather than being based on the sub-speciality of the clinician performing it. The current proposed fee differentials disincentivise GPs from actioning ECGs and reduce the scope for team-based primary care in the delivery of these services.

In our previous submission, we expressed the concern that rebate changes recommended by the ECG Review Committee in 2022 were not considered. These recommendations were moderate, representing minimal additional costs to health budgeting but more adequately reflecting the value of labour in performing an ECG or providing a written report.

The AMA is concerned the report does not appreciate the significance of the rebate attached to conducting ECGs. Aside from the general metrics of expense associated with particular treatment, MBS rebates for provision of any particular health service bestow a calculated value on the nature of the service provided, the expertise required and the practitioner's time in delivering that service.

A reduction in the rebate for ECG services signals to practitioners what that service is worth in both clinical and business terms.

The proposed rebate structure to item 11714 is not sufficient to cover the time necessary to comply with the detailed clinical note documentation required when using this item. There is also a risk of disincentivising specialist support of second opinions, particularly for rural and remote areas – a point of concern in this report.

In 2022, the ECG review committee noted the ECG trace and reporting item (Item 11700) fee a majority of GPs were claiming prior to the 2020 changes more accurately reflected the cost of providing these services. The ECG recommended a tiered fee structure for ECG items, representing a differential in the clinical utility and value of the service.

The AMA still supports this advice and recommends the following fee structure in line with the ECG review committee:

Item number	Recommended MBS Fee	Recommended benefit
11714 (with restored access for GPs)	\$35.30	85 per cent: \$30.00
11704 (specialist trace and report item)	\$40.60	85 per cent: \$34.50 (i.e. the sum of the current MBS rebates for the trace item 11707 and report item 11705)

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