

SUBMISSION

Closes Wednesday, 14 August 2024

AMA submission to MRAC Consultation — Sport and Exercise Medicine Physician access to Group A4 MBS items

By email: MRAC.Secretariat@health.gov.au

Introduction

The AMA thanks the department for the opportunity to contribute feedback in this consultation.

The AMA supports changes to MBS items when it is demonstrated as appropriate based upon evidence of clinical practice and assessment of patient health outcomes.

We support the Australian College of Sport and Exercise Physician's (ACSEP) application to MRAC to provide Sport and Exercise Medicine Physicians (SEMPs) with access to MBS item numbers that adequately recognise the complexity of their work and the significant benefits they bring to the care of patients.

The AMA can support changes to reclassify SEMPs as consultant physicians on the basis that Group A4 MBS items better reflect and support the services they render as clinicians. This is important for recognising quality of care and supporting patient access to relevant services.

1. Benefits to patients seeking sports exercise and medicine services

The AMA agrees with the ACSEP's concern that under the current structure, patients' lack of access to appropriate MBS item numbers and the complex nature of SEMP consultations lead to higher out of pocket costs.

This situation is not sustainable and creates a financial barrier for patients who could otherwise be appropriately treated by SEMPs. This is not only inequitable, but also leads to inefficient outcomes in our health system, including higher downstream medical costs, as patients are discouraged from proactively seeking preventative care.

The Group A3 MBS items which currently apply to SEMPs supply rebates that are not representative of the complexity of treatment provided and the measure of time spent with a patient.

The nature of SEMP services typically acquires a high proportion of patients with chronic or ongoing issues, which requires patients to see a physician over time for multiple treatments. The current MBS structure does not accommodate the preventative treatment SEMPs provide to a range of chronic conditions because the expense actively discourages patients from utilising them.

Cost should never be a disincentive for patients to seek services required to improve their health or manage a condition. If Group A4 items more accurately reflect the services provided by SEMP and would enable patients to access treatments for chronic or other complex conditions more readily, then a reclassification for SEMP to access these items should be implemented.

2. Impacts of providing SEMP access to consultant physician MBS items

Any changes to sports and exercise medicine MBS items should be responsive to clinical practice and patient needs.

In their request, ACSEP members have emphasised SEMP services as essential preventative care. With the multi-layered complexity of burden of disease, and the diagnostics and treatment provided during these specialist consultations, it is important to ensure depth of care is emphasised and supported with appropriate MBS rebates.

SEMPs commonly see patients who have not improved in primary care, who may often present with a range of complex musculoskeletal and medical conditions. Subsequently, consultations are typically long. GroupA4 items provide more adequate remuneration that would better support SEMP in delivering the time-consuming consultations required to ensure quality of care is not compromised.

Group A4 MBS items are therefore more appropriate for the delivery of SEMP services. As acknowledged by the department, these items are largely consultative in nature and preference more time spent with patients to diagnose appropriate treatment approaches in managing potentially complex conditions. This is more representative of the services SEMP provide in practice.

The AMA is supportive of amending the Group A4 items to allow SEMP with access to consultant physician MBS rebates that recognise this investment in what can be complex and time-consuming consultations with patients.

3. Would it be appropriate to align all SEMP services to Consultant Physician fees or only more complex longer duration SEMP services?

The AMA has often advocated for simplicity in the government’s approach to configuring MBS items so that practitioners are able to readily interpret their application within their scope of clinical practice.

In accordance with that principle, the simplest approach to is to align all SEMP services with consultant physician fees. Migrating only a category of services to Group A4 items, even if logical under the current item descriptors, may create unnecessary differentiation for practitioners in their application.

In line with the request from ACSEP, the AMA can support access for SEMP to the current Group A4 rebate structure.

Item number	Descriptor	Recommended MBS Fee	Recommended benefit
Group A4 110	Initial Referred consultant physician attendance — initial	\$174.50	75%: 130.90 85%: \$148.35

	attendance in a single course of treatment		
Group A4 116	Subsequent Referred consultant physician professional attendance — each minor attendance after the first in a single course of treatment	\$87.30	75%: \$65.50 85%: \$74.25

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