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AMA seeking answers on MBS Review

AMA

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MBS Review process leaves much to be desired

The AMA is growing increasingly frustrated at the lack of transparency in the MBS Review process.

AMA President Dr Tony Bartone has written to the MBS Taskforce Chair, Professor Bruce Robinson, warning him that the peak medical body is fast losing confidence in the Review (see separate article in this edition).

The Taskforce has recently dumped numerous Clinical Committee reports out for consultation at the same time, demanding responses within short timeframes in a "targeted consultation" – meaning that the reports are not widely available.

Dr Bartone said the Taskforce had worked on recommendations over the past few years, but now wants the medical profession to respond in just a few weeks or months.

He has asked Professor Robinson to ensure these "unreasonable timeframes" are extended and that his Taskforce be more flexible in its consultation.

Dr Bartone also asked that the reports be made publicly available on the internet.

"This will ensure transparency of the review process," he said.

The MBS Review Taskforce is assessing upwards of 5000 items on the Medicare schedule with regards to best practice and value for money.

Glaring examples of the irregularity of the Taskforce's work include the oncology review failing to consult with the Royal Australasian College of Surgeons; and the colonoscopy review inadvertently excluding the Australian Private Hospitals Association.

These are just a few examples.

"But it's not just the Review – if we don't change how the implementation is carried out then we will have major financial issues as well," Dr Bartone said.

The AMA has raised with the Health Department, and the Health Minister on behalf of the AMA and the membership, the fact that making significant changes, without adequate lead time before commencement, means that neither the health funds, members, the AMA, or patients are able to be part of an informed financial consent process.

This is because while the Department may be ready to implement items on a set date, unless they give the AMA, the health insurers and the profession time to know what the changes are, how they relate to the previous items, and then the ability to adapt their own schedules using the same methodology, a level of confusion will be created.

"You'll either end up with insurers not ready with their benefit schedules, or insurers pricing the same service under the new items at a different price due to not having the information they need, or both," Dr Bartone said.

"How do I know this? Well that's what is happening right now with the 1 November changes."

AMA members are upset because they don't know what to charge under particular insurance arrangements or insurers gap schemes, and therefore can't do an informed financial consent.

One insurer has already lowered one fee for the same service, while other insurers are not yet ready with their benefit schedules. Indeed, most of the major funds have not yet been able to revise their schedules, despite it being two weeks after the items have taken effect.

Without insurance schedules many patients will suffer from increased out of pocket costs, since insurers haven't been able to help doctors set fees at the no or known gap levels.

Worse, without insurance schedules, insurers may have to revert to default payments which are only 25 per cent of the MBS rate. This could deliver even larger out of pockets and significant short term bill shock, even when patients have high levels of coverage and have undertaken their due diligence.

In the long-term we could see potentially even more variation across benefit schedules and inconsistencies with the intent of both the MBS Review and the Private Health Insurance reforms.

In reviewing the new items, it is clear the MBS Review Taskforce has given considered thought to amalgamating, deleting, streamlining and creating new items.

It has also employed a detailed process for generating new fees across the new items, with consideration to fee relativity compared to the old item structure.

"Yet these changes and their intent will not be realised if the methodology for achieving the new structure is not released, and if sufficient time isn't allowed for the sector to adapt," Dr Bartone said.

"And it wouldn't be the insurers fault, nor the profession, nor the patients – we'll have managed to create yet another problem simply from the implementation process."

President writes to Chair of Taskforce

AMA President Dr Tony Bartone has this month written to the Chair of the MBS Review Taskforce, Professor Bruce Robinson, to provide feedback on the MBS Review Clinical Committee Report on Anaesthesia.

In his letter to Prof Robinson, Dr Bartone also raised concerns regarding the proposed maximum three-item rule for surgical (MBS Group T8) items in the MBS Review Clinical Committee Report on Urology.

Furthermore, Dr Bartone called on the MBS Review Taskforce to make the Clinical Committee reports publicly available and urged the Taskforce to consider extended consultation timelines to ensure proposed changes are based on robust clinical and profession feedback.

"I note that whilst the MBS Taskforce has deliberated on recommendations over the last several years, the profession has been given only weeks or months to respond. The AMA has heard of significant dissatisfaction amongst the craft groups regarding the unreasonable timeframes," Dr Bartone wrote.

"The AMA therefore, urges the Taskforce to be flexible on the consultation timelines, as is reasonably practical, to ensure proposed changes are based on robust clinical and profession feedback.

"Separately to this, we call on the MBS Review Taskforce to make all the Clinical Committee reports publicly available on the internet as they are released. This will ensure transparency of the review process, that relevant craft groups are not unintentionally missed, and that multiple clinical committees with overlapping issues and specialties can be cross referenced for accuracy and consistency."

On the MBS Group T8, Dr Bartone raised a significant concern regarding the three-item rule for surgical items.

"The AMA has received compelling feedback from a large section of the profession across multiple specialties, that the three-item rule itself is not currently accepted as a fair or workable option," he said.

"Furthermore, I have received information that some professions have received advice that the three-item rule across all specialties is being put to committees as a fait accompli and that it is non-negotiable.

"I seek your strongest assurances that the three-item rule is open for further discussions and that the MBS Taskforce will coordinate with the affected Colleges, Associations and Societies to come to mutually agreeable changes; that is consistent, as much as is reasonable, across the specialties; that align with contemporary clinical evidence and practice and improve health outcomes for patients."

Dr Bartone also said any recommendation made by the MBS Review Taskforce Principles and Rules Committee to introduce limitations that would jeopardise patient safety or access to care, undermine overall clinical opinion or have restrictions that run counter to evidence-based best practice, should be opposed.

CHRIS JOHNSON

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... from page 2

To that end, the AMA has called Government to:

- Increase the lead time it provides before new items take effect
- Provide the methodology and logic behind the changes, to give the funds and the chance to consider this
- Convene a roundtable or consultation with the AMA and the funds about what else is required to protect patients from the potential of out of pocket expenses during the interim period.

"Of course, this becomes all the more important when you consider the Gold Silver Bronze system has clinical definitions that are underpinned by stipulated MBS items," Dr Bartone said.

CHRIS JOHNSON AND LUKE TOY

MBS Review – Chance for your say

BY ASSOCIATE PROFESSOR ANDREW C MILLER, CHAIR, AMA MEDICAL PRACTICE COMMITTEE

The AMA support for a review of the MBS has always been contingent on it being 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.

The AMA, of course, would like to see a review process that delivers 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 MBS Review is by no means a small feat, undertaking to review 5,700 items, some which have not been reviewed in 30 years. Obviously, the outcomes of this herculean review not only impact on Government operations and budgets, but significantly affect the entire health system—the always difficult balancing act between the public and private health sectors, the vast number and range of medical practitioners, specialties and medical services, and of course the public.

It was noted by the AMA that the Senate estimates transcripts (30 May 2018) indicated about $600 million in Government savings from the MBS reviews over the 2017 and 2018 budgets, with only $36 million reinvested into new items.

With so much at stake the AMA, specialty colleges, associations and societies must all work individually, and together to hold the MBS Review clinical committees, Taskforce and Government to account on their considerations and recommendations. They cannot be based on anecdotal evidence and narrow perspectives, rather than on data, scientific or robust evidence, or extensive and lived perspectives.

In that vein, I thought it timely to provide a sample of some of the AMA work in this space.

MBS Review clinical committee reports – consultation timeframes

Within the last two months, the Department of Health has requested feedback from AMA on 25 MBS Review clinical committee reports. The reports included around 2,000 MBS items and more than 2,000 pages. The number of items reviewed in these reports are almost 40 per cent of the total number of items in the entire Medicare schedule.

The MBS Review Taskforce has provided the AMA, colleges, associations and societies with only a few months to respond, whilst the Taskforce has deliberated on the review over the last three years. Furthermore, the reports are not publicly available – rather they are sent in a targeted fashion to certain stakeholders. The AMA has pushed back on this and called for them to be posted publicly online.

Obviously, this expediated consultation timeframe presents risks for having the ability to interrogate the clinical appropriateness of proposed changes for the profession, and increases potential for unintended consequences to go unremarked. The AMA has raised these issues with the Minister's office and the Department to call for timeframes to be pushed out, as is reasonably practical, to ensure the profession are appropriately and adequately consulted on the recommendations.

Surgical assistants

In September, the AMA worked extensively behind the scenes with the Medical Surgical Assistants Society of Australia (MSASA), the Royal Australasian College Of Surgeons (RACS), individual surgical assistants (AMA members and non-members) and AMA Council members to tease out the key issues and lodge a submission strongly opposing the MBS Review Taskforce's proposed changes to remuneration arrangements for surgical assistants. The AMA was also responsible for ensuring other groups were aware of the submission process.

A number of AMA communications and medical media was generated around the proposed changes and AMA's response. This included AMA 'Rounds' and GP Network News, and in the medical press and social media.

The following key issues formed the basis of the AMA submission:

- that surgical assistants are independent practitioners and they should remain so;
- negative impact on surgical training;

- risk of de-skilling GPs in rural and remote areas;
- proposed derived fee – baseless assumptions;
- Private Health Insurance and Out of Pockets Reforms already underway;
- there are alternative mechanisms to address Taskforce's concerns; and
- no data provided on the problem.

MBS Review Clinical Committee reports - Gynaecology, Breast Imaging, Nuclear Medicine

The AMA has also lodged a submission to the Department of Health on the MBS Reviews on gynaecology, breast imaging and nuclear medicine.

The main issues raised in the submission related to the gynaecology review and the following were discussed:

- Inadequate profession engagement;
- Time based item descriptors – perverse incentive and unintended consequences;
- Additional auditing provisions – onerous and unnecessary;
- Item restructure – simplification and streamlining are required; and
- Recommendation 19, Item Number 35750 – disagree with recommendations.

In this submission, the AMA also provided broad observations on the MBS Review including concerns regarding operation of committees, as well as inadequate communication and consultation and the removal of the reports from the public website.

MBS Review Clinical Committee reports – Anaesthesia and maximum 3 item rule for surgical items

The AMA recently wrote to the Chair of the MBS Review Taskforce (Prof Bruce Robinson) supporting the Australian Society of Anaesthetists (ASA) opposition to the majority of the MBS Review anaesthesia clinical committee (ACC) recommendations. In the same letter the AMA also raised concerns regarding the maximum three item rule for Group T8 surgical items.

The AMA urged the MBS Taskforce and Government to work with the ASA to come to mutually agreeable changes to the anaesthesia items in the MBS that align with contemporary clinical evidence and practice and improve health outcomes for patients.

The AMA also communicated to Prof Robinson that it is deeply concerned that whilst on the one hand the PRC deferred its decision regarding the three-item rule, due to consultation feedback, but on the other hand this recommendation is taken forward and applied in a specialty clinical committee report (eg urology) without reference to any previous profession feedback on the recommendation.

The AMA sought Prof Robinson's assurances that the three-item rule is open for further discussions and that the MBS Taskforce will coordinate with the affected Colleges, Associations, and Societies to come to mutually agreeable changes; that is consistent, as much as is reasonable, across the specialties; that align with contemporary clinical evidence and practice and improve health outcomes for patients.

AMA MBS Review Webpage

Finally, the AMA 's own MBS Review webpage is now live and provides AMA members (and the public) with a one-stop bulletin board on AMA's engagement and advocacy with the MBS Reviews. I encourage you to visit the website for further information and future updates on AMA's advocacy work on MBS Reviews. There you will also find all of the AMA's submissions to date to the MBS Reviews, and advice on what we are currently working on. Furthermore, it provides the contact details so that those members who are interested in helping the AMA formulate its response to reviews can have their voices heard.

Only by members being engaged can the AMA hope to have a positive influence the direction, and outcomes, of the MBS Reviews.