

AMA Submission to the Department of Health on the Medical Services Advisory Committee Process Reforms

The AMA has reviewed the documents that are to help shape the Medical Services Advisory Committee (MSAC) Process Reforms from the viewpoint of how the process will work in practice.

The consultation papers make no reference to the MBS Review that is currently under way. Although the AMA recognises the consideration of MSAC process reforms is separate from the MBS Review, there are obvious ways that the two do intersect. No mention of this is made in the public consultations. Unclear too is what intersection there is, if any, with the 'Rapid Review' model.

The Department of Health should outline the interaction between these processes and how it relates to those services that are assessed through the MSAC avenue, given the considerable amount of reviews that will be considered by the committee coming from the MBS Review.

While the AMA can see a much clearer pathway of the various stages of the MSAC process, as well as a more comprehensive description, we have a number of concerns about the operation of the process.

Support from the medical profession

The AMA is concerned there is no mandatory requirement for applicants that are seeking funding for a professional service to have the medical professions' support. The Department should seek the views from all stakeholders that are likely to be affected by the proposed new or amended service early in the process. This will ensure that:

- all involved are in general agreement and supportive of the proposal, thereby encouraging consistency across the profession once listed on the Medicare Benefits Schedule (MBS);
- any concerns are identified early and therefore dealt with promptly;
- any gaps in access and/or affordability are identified at the outset rather than closer to implementation; and
- all who are affected are aware of the proposal and timelines for possible funding.

Transparency in decisions

While we recognise that government will always reserve the right to make the decisions at the various check-points, we believe it is important that any process that is established is logical and that the decisions and outcomes of such a process are transparent and allow flexibility.

Far too often the profession experiences situations where the Department makes arbitrary decisions on how the review should be managed. While the AMA appreciates that not every review will be the same and that there may be specific issues to consider that are particular to each review, there must be an overarching framework on the major decisions that are being made.

The Department should be clear at which stage the decisions are made and who will make them.

For example, the segmentation framework document is unclear whether it is the assigned Application Manager who determines that an application is eligible for MSAC assessment or a separate Departmental official who makes the decision (see page 24, figure 9 decision criteria flowchart – new applications). If it is the assigned Application Manager, there is the issue of ensuring there is consistency with the decisions being made as to which services are validated as ‘suitable’ – what is the criteria that is being used. Also it is not clear under the Tier 1 map at which stage of the reformed process the suitability is validated i.e. stage 3 of triage 1. Other examples include:

- the segmentation document is silent about MSAC Executive’s role for considering the application where it is deemed not suitable; and
- section 5.1.2 on ‘Necessity of a HTA Framework’ in the segmentation framework is silent on who will be making the decision on whether the application requires a full HTA assessment or an alternative pathway, whereas the clinical novelty and complexity section (under 5.2 Pathway element – PASC intensity) is omitting who will review and decide on whether the application follows the standard, comprehensive or expedited PASC process.

More information is required about the Department’s internal clearance process. What is entailed, what criteria will be used to make decisions and who will be making which decisions throughout the process. To ensure there is procedural fairness to all applicants a consistent process needs to be established.

Application Progression Record

The Application Progression Record is to reflect all the decision-making and committees considerations. This section should be expanded to identify and describe all the different decision-making check-points, outlining the criteria that will be used in the various pathways, including alternative options, provide examples to demonstrate why or why not the application would move to the next stage and who will be making them. The role of each of the decision makers and how they differ from each other should also be clearly outlined e.g. Application Manager, Department Delegate, Departmental policy area and advisers.

Timeframe

Although the application guidelines states the timeframe for a review will depend on the completeness of the application form, quality of evidence provided and complexity of the service and any policy considerations. There still needs to be a commitment by the Department to process the applications, or the various elements of the assessment, within a specified timeframe.

The Department should provide clear timeframes on how long it may take to complete the review from beginning to end by setting a range.

Government initiated services

The AMA would expect that where a recommendation is made to fund a new service, change the funding or remove a service from the Schedule, that the service would undergo the same assessment process and that the relevant medical specialty group/s would be involved. This method should also be used for any Budget announcement.

The AMA believes the documents should outline the process from submitting the initial application to MSAC's recommendation, including the exact timing of its possible implementation. This should be provided not only for stakeholders who wish to apply for MBS funding but also to ensure the government follows due process so that procedural fairness and transparency is adhered to and maintained.

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