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AMA Submission to the Medicare Benefits Schedule Review Taskforce - Aboriginal and Torres Strait Islander Health Reference Group Report

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The Australian Medical Association (AMA) is pleased to provide a brief submission to the report from the Medicare Benefits Schedule (MBS) Review Aboriginal and Torres Strait Islander Health Reference Group. The AMA is the peak medical organisation in Australia representing doctors across all specialties of medicine and is strongly committed to improving health and life outcomes for Aboriginal and Torres Strait Islander peoples.

The AMA supports the overall recommendations made by the Aboriginal and Torres Strait Islander Health Reference Group, particularly in relation to supporting patients to cover out-of-pocket costs through bulk-billing incentives, disease prevention and increasing the Aboriginal and Torres Strait Islander health workforce.

It is well known that Aboriginal and Torres Strait Islander people experience disproportionately higher rates of diabetes, cancer, kidney disease and obesity, and have rates of avoidable deaths and hospitalisations three times higher than other Australians. As the Aboriginal and Torres Strait Islander Health Reference Group report shows, chronic diseases contribute to two-thirds of the health gap between Aboriginal and Torres Strait Islander people and other Australians.

Additionally, current data suggests that Aboriginal and Torres Strait Islander peoples' use of the MBS and Pharmaceuticals Benefits Scheme (PBS) are about one-half and one-third (respectively) of their needs-based requirements and is a significant factor in the three-fold excess of avoidable deaths and hospitalisations. Reductions in the health and life expectancy gap between Aboriginal and Torres Strait Islander people and their non-Indigenous peers are possible if funding for Indigenous health services is provided at a level that addresses service gaps in areas with low MBS and PBS use. An initial four-year funding commitment of at least \$100 million per year to build the capacity of Indigenous health services has been proposed as a starting point by key Aboriginal and Torres Strait Islander health stakeholders and is supported by the AMA.

Aboriginal and Torres Strait Islander people often experience difficulty in accessing health care due to the high costs of services, particularly in a primary health care system that is largely publicly funded but privately delivered. As acknowledged by the Aboriginal and Torres Strait Islander Health Reference Group, high out-pocket costs are limiting the access of Aboriginal and Torres Strait Islander people with chronic conditions and co-morbidities, to allied health services

and treatment. With Aboriginal and Torres Strait Islander people experiencing much higher levels of chronic diseases than their non-Indigenous peers, supporting increased access to allied health services and treatment through bulk-billing incentives is imperative.

The AMA is aware that while the bulk-billing for services provided to Aboriginal and Torres Strait Islander people seems to be generally high, we acknowledge that actual rates of bulk-billing could be inaccurate. The AMA supports the Aboriginal and Torres Strait Islander Health Reference Group's recommendation to create new specific bulk-billing incentive items for services provided to Aboriginal and Torres Strait Islander patients (for items M11 and 10950 in M3), to facilitate better access to care and treatment. This could result in improved health outcomes for Aboriginal and Torres Strait Islander patients, reduced hospitalisation rates, and create flow-on savings across the health system.

While it is important that Aboriginal and Torres Strait Islander people with chronic conditions and co-morbidities receive the care and treatment they need, it is also important that prevention activities exist to stop more Aboriginal and Torres Strait Islander people from developing chronic disease. According to the Aboriginal and Torres Strait Islander Health Reference Group report, there is perceived tension in the MBS between the prevention and treatment of disease. The AMA is aware that a range of MBS items are in place that aim to identify risks for disease, including the health assessment for Aboriginal and Torres Strait Islander people (Item 715). However, with a large proportion of chronic disease experienced by Aboriginal and Torres Strait Islander people being preventable, further changes to the MBS are needed to ensure that additional prevention measures can be implemented.

The AMA recognises that Aboriginal and Torres Strait Islander health workers and health practitioners play an important role in providing high-quality healthcare to Aboriginal and Torres Strait Islander people, particularly in rural and remote areas where there are often health workforce shortages. The AMA supports the Aboriginal and Torres Strait Islander Health Reference Group's recommendation to invest in the growth and sustainability of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce. This will contribute to growing a culturally capable Aboriginal and Torres Strait Islander health workforce and increase access to high quality, culturally appropriate care for Aboriginal and Torres Strait Islander people.

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