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Royal Australian College *of* General Practitioners

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Ms Katrina Steel
Medicare Reviews Unit
Department of Health
GPO Box 9848
Canberra ACT 2601

By email: cardiacservices@health.gov.au

Dear Ms Steel

Review of Medicare Benefits Schedule Heart Health Assessment items

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health (the Department) for the opportunity to provide feedback as part of the review of Medicare Benefits Schedule (MBS) Heart Health Assessment items 699 and 177.

The RACGP's view is that the items 699 and 177 represent fragmentation of MBS funding toward single disease focussed items rather than comprehensive primary care. While these item numbers have helped to focus attention on assessment of cardiovascular disease (CVD), the leading cause of death in Australia, their introduction also represents an ad-hoc, piecemeal approach to supporting risk assessment and preventive care in primary care.

Items 699 and 177 present a single disease focussed approach to health, contrary to the generalist and comprehensive approach to care GPs are trained to provide. The RACGP considers a greater priority for allocation of health funding should be supporting patient access to comprehensive, continuous general practice care, where a patient and their GP can determine which assessments are required to support a patient to remain well. The savings from the removal of these items could be reinvested in longer consultations, mental health and/or chronic disease management.

While the RACGP view is that these item numbers are removed, if they are retained then they should be refocussed on Aboriginal and Torres Strait Islander health. We consider that a CVD risk assessment could be completed as a component of the Aboriginal and Torres Strait Islander Health Assessment (MBS item 715), which is consistent with a comprehensive health assessment. For those who do not complete a health assessment annually (calculated at upwards of 70% of people per annum)[1], CVD risk assessment needs to also be available independently of the health assessment.

The National Aboriginal Community Controlled Health Organisation (NACCHO)/RACGP *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* should be followed for CVD risk assessment in Aboriginal and Torres Strait Islander people (noting that CVD risk is calculated from 30 years for Aboriginal and Torres Strait Islander peoples, and from 45 years for the non-Indigenous population).

In the context of Aboriginal and Torres Strait Islander health, should items 699 and 177 be retained, we suggest the Department consider the following issues:

- Items 699 and 177 are not currently claimable if the patient has undertaken a health check (item 715) in the past 12 months. We recommend this exclusion be removed for Aboriginal and Torres Strait Islander peoples given the high burden of CVD in this population group.

- The item descriptor should reference a CVD risk calculator that has been validated in Aboriginal and Torres Strait Islander populations; we recommend https://auscvdrisk.com.au/risk-calculator (this tool is included in the NACCHO/RACGP Health Check templates). The RACGP has been advised that 25% of Aboriginal and Torres Strait Islander people at high CVD risk may be missed if using the National Vascular Disease Prevention Alliance (NVDPA) cvdcheck calculator.
- The calculation of absolute CVD risk could be included in the item descriptor rather than the associated notes.
- There has been some confusion as to whether practice nurses and Aboriginal Health Workers and Practitioners (AHW/P) can contribute to the 20 minutes required of items 699 and 177. Many of the aspects performed would be best delivered by a practice nurse or AHW/P as part of a primary healthcare team approach, and so require clarification in the item descriptor and/or associated notes.
- The current rebate for item 699 is equivalent to a Level C consultation (item 36). This is likely leading to an underestimate of the use of item 699, as providers may claim a Level C item instead. Given the greater practitioner workload to deliver item 699 relative to a standard time-based consultation, a higher rebate (even a marginal increase) would provide a greater incentive to drive use of the MBS items and could assist in data accuracy.
- There are currently no guidelines that cite alcohol as a necessary consideration for CVD risk and it should therefore be removed from the item requirements.
- Any final decisions about the permanency of these items and how their implementation may affect Aboriginal and Torres Strait Islander peoples must involve relevant health and community stakeholders, including NACCHO.

The RACGP looks forward to contributing to further discussions around MBS heart health assessment items. Please contact Ms Leonie Scott, National Manager – Policy and Advocacy, on (03) 8699 0031 or at leonie.scott@racgp.org.au if you have any questions or comments regarding our submission.

Yours sincerely

Dr Karen Price
President

[1] Australian Institute of Health and Welfare. Indigenous health checks and follow-ups. Canberra: AIHW, 2019. Available at https://www.aihw.gov.au/reports/indigenous-health-welfare-services/indigenous-health-checks-follow-ups/contents/overview [Accessed 15 December 2020].