RACGP

Royal Australian College *of* General Practitioners

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RACGP recommendations on procedural Medicare Benefits Schedule (MBS) items used in general practice

Items considered

Item range	Category
11506 – 12003	Acute management procedures – Diagnostic
73805 – 73811	Acute management procedures
13706, 14206, 30062, 14203, 35503, 51300 – 51318	Acute management procedures
47018 – 47069	Dislocations
47354 – 47681	Fractures
41500 – 42644	Ear, nose and throat
37415, 36800	Urological
31350, 46513, 47904, 47915, 47916, 31345	General
45400, 45200, 45203	Skin flap surgery/grafting
30071 – 30207	Minor procedures – removal or biopsy
30026 – 30052	Minor procedures – Wound repair
30006 – 30014	Minor procedures – Burns
30219 – 30676, 35512 – 37623, 41665, 41668	Minor procedures – Other
32142 – 32501	Colorectal
16400 – 16591, 4001	Obstetric
11304 – 11327, 12325, 12326, 32084, 37041, 35533, 35534	Other

Issues/Themes

There appears to be a trend for general practices to reduce the procedural work they perform

- Patient rebates for procedural services at their current value do not factor in actual costs of providing care. Initial RACGP analysis of wound care MBS items indicates that patient rebates only cover the cost of materials and overheads. There is a significant shortfall as the items do not appear to cover GP time.
- While there is an understanding that procedural care is remunerated at a higher value than 'cognitive' care, the cost of procedures has increased over time as material items have modernised (ie disposable instruments, modern dressings) and infection control requirements have become more stringent.
- A practice should not be out of pocket for providing procedural services as this will drive procedural activities out of general practice and lead to GP deskilling.
- If a practice is not set up for wound repair, it will send a patient to a private or public hospital emergency department for the procedure.

- A standard start-up fee for providing minor procedural care in a public or private hospital is $350 (based on public hospital costs). As GPs are expected to provide equivalent services at a fraction of the return, many GPs are referring to ED and losing skills by not performing procedures.
- While there is not a direct cost to the Commonwealth (via MBS rebates), procedural work performed in hospitals is paid for by the government via hospital funding.

General practice should be supported to provide high-quality and relatively low cost minor procedure care

- General practices operating as small businesses are efficient and likely more efficient than other providers of minor procedural items (ie private or public hospitals).
- Changes to MBS items which limit what GPs can do, particularly procedural or diagnostic work, can have a large impact on patients. This is particularly an issue in rural communities and can lead to patients facing higher out of pocket costs. An example of this is recent changes to diagnostic biopsy MBS items which may limit the opportunities for GPs to undertake pre-referral diagnosis.
- The total cost of healthcare to the community should be of concern. In this situation, the cost of referring on from general practice to hospitals for procedural services is higher than if the general practice provided the service.
- As the cost is lower with no loss in quality, health policy settings should encourage procedural care to be provided in general practice. This would be in the Government's interest given efforts to slow increases in spending on health care.
- The RACGP's *Vision for general practice and a sustainable healthcare system* encourages practices to provide comprehensive care to their patient populations. This includes access to minor procedural services.

General practice procedural work is equivalent to that provided by another medical specialist and should be equally reimbursed

- If a GP is appropriately trained and has the capacity to perform a procedure, the available patient rebate should be equivalent to that available to a specialist. This is regardless of how few GPs might be performing a procedure nationally.
- Unless there is a clear need for a specialist to do a procedure, GPs should be encouraged to provide procedural services in order to increase access (especially for rural patients) and reduce costs for patients, along with maintaining or increasing GP scope of practice.
- Where a GP can provide a procedural service, patient rebates should be available to support such work (eg IV cannulation for iron infusions or other care, joint injections). Where a procedural MBS item exists in general practice, its rebate value must cover the cost of materials, staff and practice costs as well as an amount to remunerate the GP for time and skill.

The cost of equipment for some procedural services is restrictive and prevents GPs gaining skills in and providing some services

- General practices are restricted from providing some procedural services due to the large cost in equipment/facilities. Examples include:
    - *Colonoscopy:* There are significant costs (eg sterilisation, accreditation) that need to be considered when performing services in this area. GPs could be assisting clinics that

provide this service. This will reduce waiting lists and time burden on patients waiting for the service, particularly in rural and remote areas.

- *Audiometry:* The cost of equipment to provide audiometry services and assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera (12325) is unrealistic for general practice ($25,000 machine).
- *Ear, Nose and Throat (ENT):* From a clinical view, using an operating microscope is a safer option for the removal of a foreign body from the ear, as there are complications with syringing; but operating microscope setup is too expensive for most general practices.

Charging additional fee when bulk billing

- GPs are not allowed to charge for material costs when bulk billing except for the cost of a vaccine. In many cases, the rebate value for procedural MBS items will only cover the cost of materials, which means there is no value attributed to practitioner time and practice costs.
- For example, the materials cost for catheterisation of bladder where no other procedure is performed would equal the rebate value in most cases.
- Allowing a GP to bill a patient for the cost of materials used during a procedure, while bulk billing, would address this and maintain patient access to care. One option for allowing this is to extend the exception for vaccines while bulk billing to include dressings and materials used for the purpose of a procedure or wound management. An alternative means for allowing bulk billing and patient billing for the cost of consumables could also be considered.

Principles

- If a GP is appropriately trained and has the capacity to perform a procedure, they should have access to the same rebate as a specialist.
- Where office based procedures can be performed safely, they should be encouraged in general practice through the MBS.
- Procedural MBS patient rebates need to include remuneration for GP time, rather than covering material costs only.
- 100% of the MBS patient rebate should be payable for procedural items performed in a general practice setting.

Recommendations

The recommendation table below addresses the broad changes that need to be made to the MBS as it currently stands in order for the RACGP's recommendations to be achieved.

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
1	All procedural items	**100% of rebate to be paid for procedural MBS items performed in the general practice setting**	Consistency with the general practice consultation items. Increase the value of procedural items in general practice, to reduce the shortfall between the cost of providing the care and the current patient rebates.	Current: 85% of Scheduled fee Proposed: 100% of Scheduled fee (if performed in general practice setting)
2	New item	**An MBS item to reflect initiation time required for a GP procedure** This item could then be billed in addition to a 100% rebate for procedural items claimed in a general practice setting. This reflects arrangements for pathology collection centres where a patient initiation fee is provided by the MBS.	Reduce the shortfall between the cost of providing the care and the current patient rebates. Cover the cost in provision of dedicated procedure room, practice nurse time to set up and clean area after procedure.	

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
3		**Expand access for GPs performing procedures, provided the GP has appropriate training, unless there is a clear need that a specialist perform it.** This could include, but not be limited to: • **Items for GPs performing endoscopy and colonoscopy to support GPs that want to provide these services** GPs should be supported to expand their scope of work into specialist services. Where there is opportunity for GPs to attain skills for other areas or expand existing skills, that should be encouraged. • **GP items for interpretation and reporting on dilated fundoscopy** This is an involved procedure that requires more time to administer drops, wait for dilation, examine the eye, and use another drop to constrict the pupil. • **Item number for tonometry and mobile tonometry**	Increase access and reduce cost for patients. Increase GP scope. Provide GPs a way of adapting services to their practice to meet patient need Benefit rural patients that otherwise have to travel for these services.	

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
4	New item	**Reinstate items for GP joint injection** The cost to a patient of a joint injection outside of general practice can be $250-$300. GPs can provide joint injections at a much lower cost	Reduce cost to patients. Help rural patients that otherwise have to travel for this service, or experience lengthy waiting times to see a specialist.	Current $0 ($23.25 before 1 November 2009) Proposed $27.12
5	New item	**An item for IV cannulation** A range of services provided by GPs involves IV cannulation (ie iron infusion, rehydration, acute management). The cost for an iron infusion at a local hospital can be up to $350. The operator skill for IV cannulation in general practice needs to be maintained. The proposed value of this item will cover the cannula, dressing pack and GP time.	Reduce cost to patients. Help rural patients that otherwise have to travel for this service, or experience lengthy waiting times to see a specialist.	Current $0 Proposed $30

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
6	T.8.2 Multiple operation rule	**Increase the percentage value for the multiple operations rule to 50% for second and third operations and 25% for subsequent operations** The current multiple operation rule allows for only 25% of the scheduled fee for the third and any subsequent operations. This is too steep a drop in a general practice setting, where material costs can often make this percentage inadequate.	Encourage more procedural work in general practice. Provide more adequate remuneration for procedural work.	Current: • 100% for the item with the greatest Schedule fee • plus 50% for the item with the next greatest Schedule fee • plus 25% for each other item. Proposed: • 100% for the item with the greatest Schedule fee • plus 50% for the items with the next two greatest Schedule fees • plus 25% for each other item.
7.	Bulkbilling exception	**Allow GPs to bulk bill patients for procedural work while providing a mechanism to recoup cost of materials** One option for doing this would be to extend the exception that allows a fee to be charged for vaccines when a service is bulkbilled to include clinical materials used in performing a procedure (eg dressings, urinary catheters, wound glue or sutures, plaster of fibreglass casts).	Encourage more procedural work in general practice. Provide more adequate support for procedural work.	