



1 March 2024

Conjoint Professor Anne Duggan Chair of MRAC

Via email: MRAC.ECG@health.gov.au

Dear Conjoint Professor Anne Duggan,

Re: Medicare Benefits Schedule Review Advisory Committee (MRAC): Post-implementation review of changes to electrocardiogram (ECG) Medicare Benefits Schedule (MBS) items

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to MRAC's [Post-implementation review of changes to ECG MBS items](#) (the Review).

The RACGP is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. As a national peak body representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

The RACGP supports the recommendations of the MBS ECG Working Group's 2024 Draft Report (the Report), which seeks to ensure ECG MBS items reflect responsibility and clinical duty more appropriately, rather than speciality. As per our [previous submission](#) on this topic, the RACGP strongly opposed the removal of MBS item 11700 (trace and formal report). We also recommended that GPs be allowed to bill MBS item 11714 in line with other specialists and consultant physicians. As such, we are supportive of the recommendation to enable access for all medical practitioners to item 11714.

We agree that it is important to incentivise clinical decision-making and autonomy, and that interpretation of ECG traces should not be limited by medical subspecialty. The reinstatement of adequate provision and funding within the MBS for GPs to provide both tracing and interpretation of ECG results is essential in the management of care for numerous patients experiencing or at risk of cardiac complications.

As per further feedback in **Appendix A**, the RACGP recommends government:

1. Introduce the revised ECG MBS items 11714 and 11707 at pace, without further delay.
2. Prioritises interoperability and seamless exchange of information across the health system, inclusive of ECG traces, clinical notes and reports, along with ensuring the technology is widely available and easy to use.

We urge the government to act decisively on this matter, as prolonging this any further, as acknowledged by the Report, will continue to serve as a barrier to patients accessing the critical care they need. This will lead to poorer health outcomes, potentially because of lack of access to affordable care. All Australians deserve equal access to high-quality healthcare, and patients should never be discouraged from seeking the healthcare they need due to cost.

I would welcome the opportunity to discuss these issues further. If you have any questions or concerns regarding this letter, please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au.

Yours sincerely,

Dr Nicole Higgins
RACGP President



Appendix A: RACGP feedback to MRAC post-implementation review of ECG

Overview of 1 August 2020 changes

From 1 August 2020, MBS items for ECGs that include reporting were made unavailable to GPs. Patient rebates for GP-performed ECGs were removed, and GPs were restricted to billing item number 11707 (formerly 11702) for *tracing only* for subsequent review by another specialist or consultant physician. The intent of the changes was to reduce low value service provision, however instead they potentially compromised patient safety by prioritising the 'efficacy' of existing MBS items, based on 'seemingly low-value ECGs' over patient access to affordable and appropriate care.³

These changes meant that MBS items for ECGs that include reporting were no longer available to support patients requiring this care provided by GPs. Usage of MBS item 11707 over the 2022-23 financial year were 1,010,379, when compared to the previous MBS item 11700 (clinical trace and report) when it was in place in the 2019-20 financial year with 3,113,178 total services claimed. As a result of the changes, a 33% reduction (over 2,100,000 total services) in ECG services provided to patients from GPs and other medical practitioners has occurred.

A review was conducted from March 2021 to January 2022 and the outcome was to do this current review in 2023 to discern if any change in the number of ECG's conducted was attributable to COVID or other factors. The RACGP was disappointed by the announcement that a further review of the changes would be undertaken once an additional 12 months of data were available, along with a further post-implementation review to provide advice on any impacts to patient access and health outcomes.

Unfortunately, this further data collection activity and analysis has not produced conclusive evidence that the changes were warranted and continues to prolong the removal of unnecessarily barriers for patients to access affordable and critical care from their GP.

The role of GPs in performing ECGs

GPs are specialists. They have the skills and competency to conduct, interpret and report on ECGs. GPs efficiently perform ECGs, setting up required equipment, spending time interpreting and reviewing the trace, analysing patient history, determining the results and taking appropriate clinical action. GPs are also responsible for recording results and interpretation in the patient's medical record. GPs usually do not need to refer ECG results to medical consultants for interpretation except in circumstances where further advice is required from another specialist practitioner.

In addition, other specialists such as psychiatrists rely on the expertise of GPs to perform and interpret ECGs, for example prior to starting stimulant medicines for ADHD treatment.

Directing patients to their regular GP is optimal to ensure an efficient healthcare system and to support patient health and wellbeing. GPs save the health system a considerable amount of money by providing this service directly to patients and responding to issues in a timely manner. This prevents the need for additional secondary and tertiary investigations and care that results in increased costs to the patient and the healthcare system.

For example, [conservative estimates](#) suggest a 12% reduction in hospital readmissions could save the Australian health system a minimum of \$69 million per year, as well as substantially improving quality of life for patients. A recent study revealed for every \$1 spent within the primary care system, \$1.60 worth of healthcare system benefits was observed.¹ Governments pay more for a single patient hospital admission than the cost of that same patient visiting their GP twice a week for an entire year (\$5,020 compared to \$3,973 respectively).²

The RACGP acknowledges the Report's draft recommendations which seek to recognise the valuable work GPs do with ECGs and how important these services are for patient care and management. The MRAC must ensure the MBS is structured to support its principles of enabling coordinated care through the health system by



recognising the central role of general practice in coordinating care and facilitating communication.³ This will enable continuous and coordinated care, along with promoting equity according to patient need.

Impact of changes on patient access

The 1 August 2020 ECG MBS amendments continue to compromise patient access to timely diagnosis and management of heart conditions. The restoration of ECG tracing and reporting item numbers is critical to rectify this. Patients currently must access ECGs via more expensive non-GP specialists in order to receive Medicare rebates, and therefore face higher and potentially prohibitive out-of-pocket cost. The removal of funding risks increased dissatisfaction from GPs being prevented to work at their top of scope due to regulatory requirements, could lead to GPs becoming de-skilled which will further limiting access for patients and slowing down commencement of essential treatment.

As acknowledged within the Review, the previous changes have significantly reduced the support available for ECGs conducted by GPs, who provide this care at lower cost and greater convenience and speed to patients than other medical specialists.³ Patients who have continuity of care with a regular GP report high levels of satisfaction with their experience of care,⁴ have lower rates of hospitalisation and emergency department attendances,^{5,6} and are more likely to receive appropriate and patient-centred care.

The removal of funding for GPs to trace and report on ECGs is occurring in the context of a cost-of-living crisis and rising out-of-pocket costs more broadly which are continuing to place more pressure on affordable patient care. Patient financial issues were one of the top concerns GPs reported in the RACGP's [2023 Health of the Nation](#) report. Concerns about cost sway many people's decisions about the healthcare they do or do not receive.⁴ Governments must act now to ensure all Australians can afford the healthcare they need, when they need it.

It's noted the removal of these item numbers also had a particular impact on Aboriginal and Torres Strait Islander health and those living in rural and remote areas.

³Whole-of-healthcare-system approach

The RACGP is committed to working with government over the coming months to guide the redesign of ECG MBS items for the sector. Throughout this re-design, we encourage consideration of the RACGP [Vision for general practice and a sustainable healthcare system](#) which describes a sustainable model of high-quality, cost-effective and patient-centred care that aims to address many of Australia's healthcare challenges. As mentioned, this is particularly pertinent given the current cost-of-living crisis.

Healthcare costs for patients, providers and funders are increasing at above the rate of inflation. This is partly due to the misalignment between how the current healthcare system is structured and the type of care needed (ie. to address the growing prevalence of chronic disease and Australia's ageing population). General practice is the most efficient and cost-effective part of the healthcare system. A well-resourced general practice sector is essential to addressing the existing and future challenges facing patients, funders and providers.

RACGP recommendations

Based on the Working Group Report, the RACGP recommends government:

- 1. Introduce the revised ECG MBS items 11714 and 11707 at pace, without further delay.**
- 2. Prioritise interoperability and seamless exchange of information across the health system, inclusive of ECG traces, clinical notes and reports, along with ensuring the technology is widely available and easy to use.**



References

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- ¹ NSW Health. Lumos Report – Continuity of care benefits patients and the system. August 2023, NSW Government. Available at <https://www.health.nsw.gov.au/lumos/Factsheets/lumos-high-connectivity-cba.pdf> [Accessed 6 December 2023].
- ² Hardin J, Lopez-De Fede A, Stewart, J, et al. Comparison of small-area deprivation measures as predictors of chronic disease burden in a low-income population. *Int J Equity Health* 15, 89 (2016). <https://doi.org/10.1186/s12939-016-0378-9> [Accessed 13 December 2023].
- ³ Department of Health and Aged Care. MBS Review Advisory Committee Electrocardiogram Working Group, Electrocardiogram Post-implementation Review – Draft Report. Australian Government, Canberra. Jan 2024. Available at https://consultations.health.gov.au/medicare-reviews-unit/10d2ece5/supporting_documents/MRAC%20ECG%20PIR%20Draft%20Report%20%20February%202024.pdf [Accessed 12 February 2024].
- ⁴ Van Walraven C, Oake N, Jennings A, Forster AJ. The association between continuity of care and outcomes: A systematic and critical review. *J Eval Clin Pract* 2010;16(5):947–56.
- ⁵ Western Australia Primary Health Alliance. Comprehensive primary care: What patient centred medical home models mean for Australian primary health care. Belmont, WA: WAPHA, 2016.
- ⁶ Primary Health Care Advisory Group. Better outcomes for people with chronic and complex health conditions. Canberra: Department of Health, 2015. Available at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/\\$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE54540CA257F72001102B9/$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf) [Accessed 19 September 2022].