RACGP

Royal Australian College *of* General Practitioners

The Royal Australian College of General Practitioners' (RACGP) submission to the Medicare Benefits Schedule (MBS) Review Taskforce

The RACGP's submission to the MBS Review Taskforce – First report of the MBS Principles and Rules Committee (the Committee)

Recommendations made by the Committee

Issue 1: Provider education

Do you agree with Recommendation 1, which proposes that access to an MBS provider number should be dependent on, in addition to existing application processes, the applicant's successful completion of an online assessment on MBS rules and billing requirements?

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

The RACGP recognises that knowledge of MBS rules and billing requirements is important and leads to more accurate billing, and therefore supports recommendations to further educate medical practitioners on appropriate billing. Successful completion of an online assessment on MBS rules and billing requirements could be an effective strategy and prerequisite for medical practitioners accessing a Medicare provider number.

In addition to a test accompanying provider number application, the RACGP recommends that Medicare provide supportive tools to assist general practitioners (GPs) and other medical practitioners to correctly bill MBS items.

Simplifying the MBS and providing a user-friendly website for item interpretation would also assist providers to comply with MBS rules and billing requirements.

Issue 1: Provider education

Do you agree with Recommendation 2, which proposes that colleges be encouraged to include ongoing education in MBS rules and processes as part of their continuing professional development (CPD) programs?

Yes ☐ No ☐ Yes, with changes ☒ Don't know/Prefer not to answer ☐

Providing health professionals with greater access to consistent and timely advice regarding the MBS would vastly assist them to understand and apply rules and regulations correctly when MBS item descriptions are inadequate and ambiguous. This includes simplifying MBS Online.

There are scenarios where a GP, in seeking advice from Medicare on the application of an MBS item, is advised that they must satisfy themselves that their peers would regard the provision of the MBS service as appropriate for that

patient, given the patient's need and circumstances. In some instances, the RACGP has been expected to provide interpretation of Medicare rules or regulations to members without the legal authority, to assure members that Medicare will consider their interpretation and use of MBS items as appropriate, even if the profession already does.

As such, the RACGP welcomes this recommendation for colleges to provide ongoing education in MBS rules and processes as part of their CPD programs, provided appropriate legal measures are put in place to give colleges the authority to do so. Medicare or other authorities could support colleges to deliver this education by attaining accreditation of their educational materials against college CPD requirements.

Issue 2: The 'complete medical service' and the multiple operation rule for procedures

Do you agree with Recommendation 1, which proposes that benefits be paid for a maximum of three procedures (items in T8 of the MBS) in relation to a single procedure and that the existing multiple operation rule be applied to these items?

Yes ☐ No ☒ Yes, with changes ☐ Don't know/Prefer not to answer ☐

The RACGP requires more information on the possible implications of this recommendation before its members can decide on its appropriateness.

Issue 3: Initial versus subsequent attendances and determine a single course of treatment

Do you agree with Recommendation 1, which proposes that only one initial attendance item be claimed in relation to any single course of treatment for a particular patient, regardless of the duration of that course of treatment, and all other attendances are to be considered subsequent attendances?

Yes ☐ No ☒ Yes, with changes ☐ Don't know/Prefer not to answer ☐

The Committee notes that the MBS Review Taskforce will establish a Clinical Committee to specifically consider the structure of 'specialist' and consultant physician attendance items. Therefore, the RACGP does not agree to this recommendation as it pre-empts the outcomes of the Clinical Committee's deliberations. However, the stated principle is appropriate.

The RACGP supports the Clinical Committee's likely consideration of time-tiered attendance items for specialist and consultant physician attendances, consistent with those for GPs. Time-tiered rebates would negate any need for patient rebates for initial and subsequent attendances and may limit one of the issues currently experienced by GPs and patients, with referrals made to other medical specialists.

Issue 4: Removal of the differential fee structure for remaining G&S items

Do you agree with Recommendation 1, which proposes that the current differential fee structure for 32 remaining G&S MBS items, whereby a lower or higher fee is set depending on whether the service is performed by a GP or specialist respectively, be abolished and a single fee for these services be set at the current specialist rate?

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

Parity for GPs

The RACGP agrees with the Committee's recommendation that the current differential fee structure for 32 remaining G&S MBS items, where a lower or higher fee is set depending on whether the service is performed by a GP or other specialist respectively, be abolished and a single fee for these services be set at the current specialist rate. The RACGP recognises that GPs must remain properly accredited to perform the procedures that receive these rebates.

Wider recognition of GPs as specialists

Issue 4 of the report raises the broader concern of GP specialist recognition. GPs are recognised as specialists by the Medical Board of Australia (MBA); however, the *Health Insurance Act 1973* (the Act) does not classify GPs as specialists. These differences in law have inadvertently resulted in inconsistencies in the recognition of GPs as specialists, especially when GPs apply to be recognised as a specialist by government and statutory bodies. There are instances where government, other specialists and the public underestimate and misunderstand the full extent of GPs' clinical skills, therapeutic capacity and specialisation in generalism.

In addition to amending fees as outlined in Issue 4 of the report, the MBS Review needs to acknowledge that wider inconsistencies exist and have an impact on the recognition of GPs as specialists. The RACGP recommends that the MBS Review Taskforce considers relevant MBS processes and the use of specialist terminology to ensure consistent recognition of GPs as specialists, and accurate reflection of GPs' skills and therapeutic capacity.

Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1a, which proposes that the MBS regulations and explanatory notes be amended to state where the decision to perform a procedure is made during an attendance, that attendance and the consequent procedure can be co-claimed, whether the procedure is performed contiguously with the attendance or after some interval of time on the same day?

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1b, which proposes that the MBS regulations and explanatory notes be amended to state where an attendance occurs in relation to a procedure that has already been agreed to take place, that claiming of an attendance item on the same day of the procedure cannot occur unless another unrelated medically significant issue is dealt with during the attendance – pre-procedure attendances should not be charged for, as they constitute an integral part of the procedure?

Yes ☐ No ☐ Yes, with changes ☒ Don't know/Prefer not to answer ☐

To effectively achieve this recommendation, the MBS description and rebate value need to account for an appropriate amount of time spent with a patient before the procedure (to provide information, explanation and gain consent) and after a procedure (to plan aftercare).

If the time required to effectively consult with a patient before and after a procedure is not adequately remunerated, it is not possible to provide the highest level of care.

Following a service provided to a patient, where a rebate has already been claimed, there may be further requirements that arise for that patient and the GP may provide a second service to them on the same day. In instances where such a second service increases the complexity and/or time period spent with the patient, it should be possible for the GP to alter the initial item number to reflect the greater value of service to the patient (eg from item 23 to item 36).

Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1c, which proposes that the MBS regulations and explanatory notes be amended to state that an attendance to obtain consent immediately prior to a procedure or attendances immediately after a procedure regarding outcomes and postprocedure care cannot be claimed?

Yes ☐ No ☐ Yes, with changes ☒ Don't know/Prefer not to answer ☐

Given that procedures require additional time allocated for patient explanation and consent, procedure items need to reflect an appropriate rebate for pre-work or post-work accompanying the procedure itself.

If patient rebates do not support pre-procedure or postprocedure consultation, which is often complex, there is a risk that a lower level of care will be provided to the patient.

Issue 6: Aftercare

Do you agree with Recommendation 1, which states that the definition of 'aftercare' in the MBS explanatory notes be amended by the deletion of 'aftercare need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner' and its replacement with 'for the purposes of Medicare claiming the aftercare claiming restriction applies only to the medical practitioner who performed the initial procedure and not to other practitioners who see the patient during the aftercare period'? Providers other than the practitioner who performed the initial procedure should not be prohibited from claiming for aftercare services during the aftercare period.

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

Issue 6: Aftercare

Do you agree with Recommendation 2, which states that the current system of assigning aftercare periods to MBS items, with its high degree of variation, be replaced by a two-tiered system under which an aftercare period of one month or two months would apply depending on whether the schedule fee for the service in question is lower than or equal to, or higher than, $300?

Yes ☐ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☒

The RACGP requires more information on the possible implications of this recommendation before its members can decide on its appropriateness.

Issue 6: Aftercare

Do you agree with Recommendation 3, which proposes the following reference to aftercare arrangements be removed from the MBS, on the basis that the practise it proposes is impracticable:

If a surgeon delegates aftercare to a patient's medical practitioner, then a Medicare benefit may be apportioned on the basis of 75% for the operation and 25% for the aftercare. Where the benefit is apportioned between two or more medical practitioners, no more than 100% of the benefit for the procedure will be paid?

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

The RACGP agrees with removing the reference to aftercare arrangements from the MBS, as described in Issue 6 of the report. If a GP provides aftercare because another medical specialist is unable or unwilling to do so, there needs to be an appropriate MBS GP patient rebate.

Issue 7: Specialist-to-specialist referrals

Do you agree with Recommendation 1, which proposes that the existing three-month limit on specialist-to-specialist referrals be maintained?

Yes ☒ No ☐ Yes, with changes ☐ Don't know/Prefer not to answer ☐

The RACGP agrees that the existing three-month limit on specialist-to-specialist referrals should be maintained. Patients need to be made aware of the time limitations imposed on such referrals, to prevent requests from patients to their GP to backdate an expired referral.

If a patient requires ongoing care (beyond the three month referral noted in Issue 7 of the report), they should return to their GP, who can coordinate their care.

Additional feedback

Was the first report of the MBS Principles and Rules Committee easy to understand?

Yes ☒ No ☐ Don't know/Prefer not to answer ☐

Was there enough information provided to support the recommendations?

Yes ☐ No ☒ Don't know/Prefer not to answer ☐