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4 October 2017

Professor Richard Harper
Chair
Intensive Care and Emergency Medicine Clinical Committee
Medicare Benefits Schedule Review Taskforce

Via email: MBSReviews@health.gov.au

Dear Professor Harper

Report from the Cardiac Services Clinical Committee

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with opportunity to comment on the recommendations made by the Cardiac Services Clinical Committee (the Committee) as part of the Medicare Benefits Schedule (MBS) Review.

This submission provides feedback on various recommendations made throughout the Committee's report, including:

- Cardiac imaging recommendations
- General recommendations
- CAD-related recommendations
- ECG recommendations.

Cardiac imaging recommendations

Cardiac imaging

Recommendations 3, 4 and 5 relate to the gatekeeper or first-line investigations for cardiac imaging, a restructure of stress echo items, and the appropriate use of cardiac imaging modalities and investigations.

RACGP members have noted that an Exercise Stress Test on a treadmill alone is a poor predictor of coronary disease, particularly in women, and that Stress Echocardiogram is a better predictor of disease in women. Further, as some patients over the age of 80 are unable to perform on a treadmill stress test, Myocardial Perfusion Scans are necessary for monitoring coronary disease in these patients.

For these reasons, two levels of cardiac stress echo test should be available: one performed by a cardiologist and one performed by an ultrasound sonographer. The latter test should have a rebate similar to that when performed by other allied health staff (eg physiotherapist), recognising the same levels of qualification.

GP education

Recommendations 4 and 5 suggest GP education campaigns on the appropriate use of cardiac imaging modalities and other cardiac investigations. GP education will likely have minimal effect on its own and therefore should be coupled with decision support tools built into the referral process. Such tools would help to reinforce any education.

However, in many cases, GPs are following the advice of cardiologists and other hospital colleagues when ordering cardiac investigations. An education program on cardiac services needs to involve the education of cardiologists, as well as other practitioners affected – including GPs.

General recommendations

Recommendation 10 relates to Heart Teams, recommending two new services be added to the MBS for Heart Team case conferences.

The Report recommends that a Heart Team should include a minimum of three providers and that the items should be claimable by a maximum of six providers, including the convenor. The RACGP recommends that a GP's involvement in a Heart Team case conference should be mandatory in order to access MBS items for those services. While face-to-face attendance is preferable, the RACGP agrees that telemedicine should be an acceptable method for GPs participating in a Heart Team conference. This would particularly assist in facilitating access for GPs in rural and remote areas.

CAD-related recommendations

Recommendation 14 relates to computerised tomography coronary angiography (CTCA), recommending the proposed structure of the CTCA MBS item into the three items, including an MBS item for GP access to CTCA.

Regardless of whether a separate MBS item for GPs is introduced, the rules for ordering CTCA need to be consistent for both GPs and other specialists. The method for risk calculation will also need to be clearly defined.

Recommendation 14 notes that education for GPs, whether provided by professional bodies or the Department, may improve the effectiveness of GPs as gatekeepers and custodians of health system resources. As per the cardiac imaging education recommendations, the RACGP recommends that any education on access to CTCA should be consistent for both cardiologists and other medical practitioners (GPs).

The report also suggests that a GP's eligibility to refer for the new GP-access CTCA MBS item could be made dependent on the completion of an education module. Such a module would require additional systems to monitor and report completion of training, increasing the administrative burden on GPs.

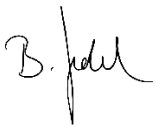
ECG recommendations

Recommendation 16 relates to ECG trace and report, proposing indications, service requirements, frequency intervals, restrictions, and explanatory notes (where relevant) for MBS item 11700 (electrocardiography).

It is important to maintain adequate MBS rebates to subsidise patient access to this service. Members have noted that the rebate for this basic investigation is currently insufficient. Rebates need to be at a suitable level to cover the cost of providing the service.

I trust this information is useful to the Committee. If you have any questions for comments regarding the RACGP's submission, please contact myself or Mr Roald Versteeg, Manager – Advocacy and Policy, on (03) 8699 0408 or at roald.versteeg@racgp.org.au

Yours sincerely



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