

## *RACGP recommendations on Aboriginal and Torres Strait Islander Health Medicare Benefits Schedule (MBS) items*

### Items considered

Item	Descriptor
10983	Attendance by a practice nurse, an Aboriginal health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner, to provide clinical support to a patient  Participating in a video consultation with a specialist or consultant physician – Clinic
10984	Service by a practice nurse or Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner provided on behalf of, and under the supervision of, a medical practitioner that requires the provision of clinical support to a patient  Participating in a video consultation with a specialist or consultant physician – Aged care facility
10987	Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner, on behalf of a medical practitioner, for an Indigenous person who has received a health assessment
10988	Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner
10989	Treatment of a person's wound (other than normal aftercare) provided by an Aboriginal and Torres Strait Islander health practitioner
10997	Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner (a maximum of 5 services per patient in a calendar year)
10950	Aboriginal or Torres Strait Islander health service provided to a person by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner (a maximum of five services (including any services to which items 10950 to 10970 apply) in a calendar year)
715	Professional attendance by a medical practitioner (other than a specialist or consultant physician) at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent-not more than once in a 9 month period
Items 81300 - 81360	Allied health services for Indigenous Australians who have had a health check

### Issues/Themes

#### ***Broader support for the primary health care team in Aboriginal medical/health services is needed***

- The availability of a patient rebate for a service should **not** be based on the availability of a specific practitioner to deliver the service – what is important is the patient receives the service.

- There are anomalies in the availability of certain Medicare Benefits Schedule (MBS) items for use by members of the primary health care team which should be removed in recognition that Aboriginal Health organisations deliver care using multidisciplinary teams – delivery of services and availability of practitioners varies between services.
- Practice nurses (PN) and Aboriginal and Torres Strait Islander health practitioners (AHP) deliver many of the services in Aboriginal medical/health services and this is not currently supported by the MBS.
- AHPs on an accredited training pathway in supervised practice should have access to AHP MBS item numbers during their training to support their contribution providing care in Aboriginal health services.
- The requirement for a written report to be provided to a GP associated with allied health items (81300-81360) likely results in under claiming due to reluctance to write reports in the format specified in the MBS. Additional arrangements for satisfying documentation requirements should be introduced in scenarios where the allied health practitioner, PN or AHP document a consultation in the patients' progress notes in the referring practice.
- Providing consultation assessment and management advice by phone and videoconference to PNs and AHPs in remote settings where an on-site GP is unavailable constitutes a significant amount of work for GPs. This is currently unsupported by the MBS.

#### ***Aboriginal and Torres Strait Islander peoples health assessment (item 715)***

- Greater clinical discretion is needed for the health assessment items to allow a GP to tailor the assessment to an individual's needs in keeping with the principles of health assessments.
- The item would better support care by advising GPs to refer to recognised and current clinical guidelines, including the *RACGP/NACCHO National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*. The RACGP/NACCHO guide complements the suggested services currently included in the item descriptor and provides recommendations for age-appropriate health prevention measures.

#### ***Follow-up from chronic disease management plans and health assessments needs more support for team based care***

- The PN/AHP follow up items are valuable as they support team based care and allow GPs to delegate care to other members of the primary healthcare team.
- The cap of 10 (health assessment) and 5 (team care arrangement) occasions of service for this item is too low, particularly if the AHP or PN is in regular contact with a family or follow up is intensive following the health assessment – for example initiation and titration of insulin for a type-2 diabetic under GP directed standing orders.
- The cap prevents team based care by limiting AHP or PN opportunities to undertake health coaching, care coordination or self-management support over time.
- A drive toward improved care coordination is a key objective in the Commonwealth's Health Care Homes implementation. Amendment of the follow-up items presents another way in which to support care coordination and continuity.

***New items required to address the high burden of disease in Aboriginal and Torres Strait Islander peoples***

*Cardiovascular risk assessment*

- Cardiovascular risk assessment is not a requirement for item 715 despite being the principal cause of morbidity and mortality for Aboriginal and Torres Strait Islander peoples.
- Support for cardiovascular risk assessment for Aboriginal and Torres Strait Islander peoples would increase risk assessment uptake, facilitate earlier detection and secondary prevention.

*Topical fluoride application*

- There is strong evidence for the effectiveness of topical fluoride application in preventing dental caries in children.<sup>1-4</sup>
- In areas with limited water fluoridation and/or poor access to dental health services, expanding the existing dental MBS item for topical fluoride application to primary health care (PHC) team members (GP, PN, AHP) would support evidence-based preventive dental health care.

*Additional allied health items following a health assessment or team care arrangement*

- Optometry should be included as an allied health service for follow up after a health assessment (eg patient with diabetes that needs retinopathy screening, there is currently no allied health item to support access to optometry following a health assessment).
- Based on the high burden of dental disease among Aboriginal and Torres Strait Islander peoples, there should be greater access to oral health services if oral health issues are identified during a health assessment. These services should be in addition to the five allied health services available post-health assessment or team care arrangement.

***New items required to support the provision of team-based primary health care for Aboriginal and Torres Strait Islanders peoples in rural and remote settings***

*AHP/PN episode of care item*

- In remote areas, up to 60% of all PHC episodes of care are delivered by PN/AHP because there is only a visiting GP service.
- A service item recognising the contribution of PN/AHP delivering PHC episodes of care of longer than 10 minutes in duration is required.

*Point of Care*

- Expansion of extant pathology rebates to primary health care services that provide quality assured point of care testing is recommended.
- Commonly performed tests include troponin, INR, biochemistry.
- Existing MBS initiatives for HbA1c and ACR testing (QAAMS program) should be continued.

*Off-site GP consultation support for AHP/PN where an on-site GP is unavailable*

- Health services in rural and remote Australia provide GP phone/telemedicine support to primary health care teams where no on-site GP is available.
- This support is critical to ensure accurate diagnosis and timely management of acute and chronic health issues but is not recognised by the MBS.
- Widening eligibility of existing telemedicine items (items 2122, 2137, 2147, 2199) to off-site GP support for practices with an exemption under Section 19(2) of the *Health Insurance Act 1973* and where no on-site GP is available would be the most suitable approach to supporting this work.
- Providing this support as an offsite GP is complex and the level of remuneration for MBS items 2122, 2137, 2147, 2199 would adequately recognise this complexity.

## 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	Explanatory notes A32-A35	<p><b>Health Assessment for Aboriginal and Torres Strait Islander People</b></p> <p>A32</p> <ul style="list-style-type: none"> <li>• Include a phrase that the assessment should be performed by the patient's usual medical practitioner or a medical practitioner at the patient's usual practice or health care service.</li> </ul> <p>A33 – A35</p> <ul style="list-style-type: none"> <li>• Amend Explanatory Note structure to reflect explanatory notes for other health assessment items – broad description of steps to be covered with suggested activities/interventions to allow GP to exercise clinical discretion.</li> <li>• Incorporate the following phrase:           <p><i>The content of the health assessment must be tailored to needs of the individual patient by the attending medical practitioner. Practitioners are encouraged to refer to the RACGP/NACCHO National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people in addition to the recommended clinical preventive services below</i> [leading into a list of suggested assessments, investigations and examinations]</p> </li> </ul>	<p>Support continuity of care</p> <p>Greater clinical discretion is needed for the health assessment items to allow a GP to tailor the assessment to an individual's needs.</p>	<p>Current: \$212.25</p> <p>Proposed: No change</p>

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
		<p>A35</p> <ul style="list-style-type: none"> <li>• Include suggested assessment activities from Explanatory note A34 (adult health assessment) into A35 while retaining age specific suggestions</li> </ul>		
2	10987	<p><b><i>Follow up service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner for an Indigenous person who has received a health assessment</i></b></p> <ul style="list-style-type: none"> <li>• Item to be uncapped.</li> <li>• If capping is necessary, it should be for 25 services per patient per calendar year.</li> </ul>	<p>Item is valuable to support team based care and allows GPs to delegate care to other members of the primary healthcare team.</p> <p>Supports rigorous follow up with patients who require more intensive support.</p>	<p>Current: \$24.00</p> <p>Proposed: No change</p>
3	10997	<p><b><i>Service provided to a person with a chronic disease by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner</i></b></p> <ul style="list-style-type: none"> <li>• Item to be uncapped and attract the same rebate as item 10987 (\$24).</li> <li>• If capping is necessary, it should be for 25 services per patient per calendar year.</li> </ul>	<p>Item is valuable to support team based care and allows GPs to delegate care to other members of the primary healthcare team.</p> <p>Supports rigorous follow up with patients who require more intensive support.</p>	<p>Current: \$12.00</p> <p>Proposed: \$24.00</p>
4	10988	<p><b><i>Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner</i></b></p> <ul style="list-style-type: none"> <li>• Descriptor to include 'practice nurse'.</li> <li>• Item to attract same proposed rebate as other PN and AHP items.</li> </ul>	<p>Item is valuable to support team based care and allows GPs to delegate care to other members of the primary healthcare team.</p>	<p>Current: \$12.00</p> <p>Proposed: \$24.00</p>

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
5	10989	<p><b><i>Treatment of a person's wound (other than normal aftercare) provided by an Aboriginal and Torres Strait Islander health practitioner</i></b></p> <ul style="list-style-type: none"> <li>• Descriptor to include 'practice nurse'</li> <li>• Item to attract same proposed rebate as other practice nurse and AHP items</li> </ul>	Item is valuable to support team based care and allows GPs to delegate care to other members of the primary healthcare team	Current: \$12.00 Proposed: \$24.00
6	10950	<p><b><i>Aboriginal and Torres Strait Islander health service</i></b></p> <ul style="list-style-type: none"> <li>• Item descriptor to be amended to state that notes made in a patient record shared by the referring GP and the Aboriginal health worker or AHP are sufficient to satisfy the reporting requirement for this item.</li> </ul>	Reduce reporting burden for Aboriginal health workers or AHPs who find reporting requirements onerous when employed by the same service as the referring GP.	No change
7	Explanatory note M11.1 (for items 81300 – 81360)	<p><b><i>Allied health services for Indigenous Australians who have had a health check</i></b></p> <ul style="list-style-type: none"> <li>• Explanatory note M11.1 for items 81300-81360 to be amended to state that notes made in the patient record shared by the referring GP and the eligible allied health practitioner are sufficient to satisfy the reporting requirement for this item.</li> </ul>	Reduce reporting burden for eligible allied health practitioners who find reporting requirements onerous when employed by the same service as the referring GP.	No change
8	81345 81350	<p><b><i>Chiropractic health service/ Osteopathy health service</i></b></p> <ul style="list-style-type: none"> <li>• Item descriptor to be amended to state that referral for these services should be for evidence-based therapy only.</li> </ul>	Support GPs when referring for allied health services.  Evidence for chiropractic and osteopathy is limited to certain clinical presentations.	No change

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
9	81325	<p><b>Mental health service</b></p> <ul style="list-style-type: none"> <li>Title of item to be amended to 'Mental Health Nurse, Mental Health Worker or Social Worker' service.</li> </ul>	<p>Consistency with other item titles in the 81300 series of allied health items.</p> <p>Indicate more clearly which professions a GP can refer to.</p>	No change
10	New item	<p><b>Optometry Health Service</b></p> <ul style="list-style-type: none"> <li>Optometry should be included as an allied health service for follow up after an item 715 (eg patient with diabetes that need retinopathy screening, there is currently no item in optometry part of MBS).</li> <li>Proposed patient rebate at same value for allied health services (\$62.25).</li> </ul>	<p>Support access to optometry services following a health assessment.</p>	Proposed: \$62.25
11	New item	<p><b>Dental Service</b></p> <ul style="list-style-type: none"> <li>Introduction of an oral health item for dentists, dental hygienists or dental therapists for use following an item 715.</li> <li>Proposed rebate at same value for allied health services (\$62.25).</li> <li>Provides up to four consultations a year, in addition to allied health services accessible following completion of item 715.</li> </ul>	<p>Recognises prevalence of oral health issues for Aboriginal and Torres Strait Islander peoples and lack of access to dental services, particularly in rural and remote areas.</p>	Proposed: \$62.25



#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
12	88121 (Child Dental Benefits Schedule)	<p><b>Topical application of remineralisation and/or cariostatic agents, one treatment</b></p> <ul style="list-style-type: none"> <li>• Amendment/adoption of item 88121 in Child Dental Benefits Schedule.</li> <li>• For use in primary health service by GPs, PNs and AHPs who have completed an accredited training course on topical application of remineralisation and/or cariostatic agents.</li> </ul>	<p>Supports the primary health care team in Aboriginal medical or health services to undertake topical fluoride application for children aged between 2-17.</p> <p>Evidence suggests this improves oral health and reduces incidence of dental caries in this population.</p>	<p>Current: \$34.55</p> <p>Proposed: \$34.55</p>
13	New item	<p><b>Calculation, documentation and initiation of follow-up/referral as clinically indicated for cardiovascular risk assessment for an Aboriginal and/or Torres Strait Islander person</b></p> <ul style="list-style-type: none"> <li>• Introduction of item to support cardiovascular risk assessment.</li> <li>• Item to be used prior to, during or following a consultation with a patient.</li> <li>• Calculation of cardiovascular risk to be conducted with regionally recognised cardiovascular risk tools.</li> </ul>	<p>Recognises the higher prevalence of cardiovascular disease risk factors among Aboriginal and Torres Strait Islander peoples.</p> <p>Encourages risk assessment and initiation of prevention efforts.</p>	<p>Proposed: \$12.00</p>

#	Item/ Explanatory note	Change / Requirement	Purpose	Rebate value
14	New items	<p><b>Telehealth items for offsite GPs consulting with practice nurses or Aboriginal Health Practitioners working in a Section 19(2) exempt services</b></p> <ul style="list-style-type: none"> <li>• Introduction of telehealth items for offsite GPs who provide telephone or video support to practice nurses or AHPs consulting with a patient.</li> <li>• Four time tiered items using Level A – D structure.</li> <li>• Modelled on current items 2122, 2137, 2147 and 2199 for offsite telehealth consultations.</li> </ul>	<p>This work represents a significant amount of work for GPs working in rural and remote settings and access to these items would increase the support available to these GPs.</p>	<p>Proposed:</p> <p>Level A - \$48.85 Level B - \$75.90 Level C - \$122.80 Level D - \$168.45</p>
15	New item	<p><b>Primary health care consultation</b></p> <ul style="list-style-type: none"> <li>• Introduction of an item for a PN or AHP to undertake a primary health care consultation</li> <li>• Consultation to be of at least 10-minute duration.</li> <li>• This item is intended for use where either a health assessment or chronic disease management follow up item (items 10987 and 10997) would not apply.</li> </ul>	<p>Recognises the significant number of services delivered by PNs and AHPs, particularly in areas with intermittent access to GPs.</p>	<p>Proposed: \$24.00</p>

## References

1. Azarpazhooh A, Main PA. Fluoride varnish in the prevention of dental caries in children and adolescents: a systematic review. *Journal-Canadian Dental Association*. 2008;74(1):73.
2. Marinho V. Cochrane reviews of randomized trials of fluoride therapies for preventing dental caries. *European Archives of Paediatric Dentistry*. 2009;10(3):183-91.
3. Moyer VA. Prevention of dental caries in children from birth through age 5 years: US Preventive Services Task Force recommendation statement. *Pediatrics*. 2014;133(6):1102-11.
4. Slade GD, Bailie RS, Roberts-Thomson K, Leach AJ, Raye I, Endean C, et al. Effect of health promotion and fluoride varnish on dental caries among Australian Aboriginal children: results from a community-randomized controlled trial. *Community dentistry and oral epidemiology*. 2011;39(1):29-43.