

11 October 2018

Professor Bruce Robinson  
Chair, MBS Review Taskforce

Via email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

Dear Professor Robinson

### **Report from the Gynaecology Clinical Committee**

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

This submission addresses:

- recommendations 28-30, 37 and 46, to remove the specialist 'S' and general practitioner 'G' differentiation in rebates for gynaecological procedures that are otherwise identical
- recommendation 35 to increase GP utilisation and increase the patient rebate for item 35503 – introduction of an intrauterine contraceptive device (IUD)
- additional considerations that can be addressed by the Committee, in line with the stated principle of increasing access to long term reversible contraception (LARC) and supporting women regarding contraception, pregnancy and unplanned pregnancy.

### **Recommendations 28-30, 37 and 46**

Recommendations 28-30, 37 and 46 relate to the removal of specialist 'S' and general practitioner 'G' differentiation in rebates for gynaecological procedures that are otherwise identical. The RACGP supports this recommendation and notes that this aligns with previous MBS Review reports.

As previously stated, the RACGP supports changes to the MBS to remove differentiation between identical items based on who has provided the service (eg GP or other specialist). The skills, training, responsibility, practice costs and effort of Specialist General Practitioners (GPs) must be valued equally with those of other medical specialties.

Rebates across all medical specialties should be comparable regardless of specialty vocation. A clear evidence base highlights that adequately resourced, good quality general practice care will improve cost-effectiveness and sustainability of the healthcare sector more broadly, supporting this recommendation.<sup>1-4</sup>

### **Recommendation 35**

The RACGP agrees that the current patient rebate for item 35503 (introduction of IUD) is insufficient and supports the Committee's proposal to increase the scheduled fee. Our members have reported that the high costs of delivering this service and the low value of the patient rebate are a barrier to patient access by discouraging GPs from performing the service. Therefore, while the proposal to increase the rebate is supported, the level of increase will be particularly important to improve supports to help increase the uptake of GP IUD introduction.

The RACGP supports the Committee's acknowledgement of the potential benefits associated with increasing access to long-acting reversible contraception (LARC). Increasing uptake of LARC particularly the use of IUDs, could result in significant cost saving through a reduction in unplanned pregnancies and hysterectomies for heavy menstrual bleeding.

#### *The current rebate for IUD introduction is insufficient given its requirements*

IUD introduction involves significant time, expertise and resources, including:

- equipment for IUD insertion, including the costs of either a disposable kit or equipment sterilisation
- adequate patient consent and counselling
- the insertion or reinsertion procedure, which cannot be adequately performed in less than 30 minutes (for a routine insertion)
- a standby assistant (often another member of the GP's team) to monitor the patient during the procedure.

Further to these requirements, where a woman experiences a vasovagal episode or merely feels a degree of pain after IUD insertion, rest and possible monitoring may be required for an additional 30 minutes.

The Committee states that the increased patient rebate should 'adequately reimburse patients and clinicians for the level of training, skill, equipment and time required to provide the service' and recommends that the patient rebate be (at least) equivalent to the current patient rebate for item 35502 (\$80.15). The RACGP does not believe the current rebate of item 35502 is adequate and will not cover the costs of providing the service.

The RACGP proposes that the new patient rebate for insertion of an IUD is \$150.00. This amount better reflects the costs of providing the service and will increase patient access by improving supports for GPs to perform this procedure.

#### *There is a need to address IUD introduction training*

The Committee's Report notes that, in addition to an increased patient rebate, better GP access to IUD training is important and should be pursued outside of the MBS Review process.

RACGP members who provide training in IUD have advised that item 35503's schedule fee is a barrier to GP participation in training and that GPs see little cost benefit for providing IUD introduction services once their training is complete. These members have also reported that approximately 10% of GPs participating in the training dropout once they become aware of the inadequate remuneration for the procedure. An increased schedule fee will make the service more viable, and therefore attract more GPs to training.

### Extending eligibility to claim for IUD introduction to suitably trained nurse practitioners

To improve accessibility for patients further, the Committee could also consider supporting the provision of this service by suitably trained nurse practitioners working as part of a GP-led team. This is supported by the World Health Organisation and would further increase access to the most effective forms of contraception for Australian women.<sup>5</sup>

### **Additional issues for consideration by the Committee**

RACGP members have raised the following points that should be considered by the Committee. These issues align with the Committee's principle of increasing access to LARC and providing the appropriate support to women in regards to contraception, pregnancy and unplanned pregnancy.

### An opportunity to support increased access to Implanon NXT for Australian women

The Committee has not made recommendations regarding MBS item numbers for the insertion and removal of Implanon NXT. Like IUDs, this form of LARC is underutilised in Australia comparatively to overseas.

Similarly to IUDs, GPs and nurses require training to be able to insert Implanon NXT. This training requirement, together with the low rebate for insertion, form a barrier to health professionals providing access to Implanon NXT.

The Committee should also consider introducing specific item numbers for the insertion and removal of Implanon NXT (separating it from the introduction of other hormones via cannula) as this would allow a better understanding of the rates of uptake of Implanon NXT by Australian women.<sup>6</sup>

### An opportunity to increase supports for women regarding pregnancy and unplanned pregnancy

There is an opportunity for the Committee to consider how the MBS can support women in regards to pregnancy and unplanned pregnancy, particularly in regards to accessing medical termination of pregnancy (MTP)

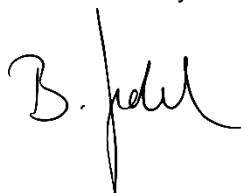
GPs are often the first contact for women seeking support regarding pregnancy and unplanned pregnancy. Patient counselling regarding these issues helps women to make informed decisions and due to the sensitive nature of these discussions, these consultations can take a significant amount of

time. It would be beneficial for the Committee to consider and assess how women considering MTOP can be better supported through the MBS.

The RACGP also recommends that the Committee consider how support for contraception, pregnancy and MTOP services via the MBS could assist in capturing comprehensive data to measure outcomes in implementing strategies to reduce unplanned pregnancies, hysterectomies and heavy menstrual bleeding for women in Australia.

I trust this information is useful to you and the Committee. If you have any questions about the RACGP's submission, please contact me or Ms Susan Wall, Program Manager – Advocacy and Funding, on (03) 8699 0574 or at [susan.wall@racgp.org.au](mailto:susan.wall@racgp.org.au)

Yours sincerely



**Dr Bastian Seidel**  
President

## References

1. Kringos DS, Boerma WG, Hutchinson A, van der Zee J, Groenewegen PP. The breadth of primary care: A systematic literature review of its core dimensions. *BMC Health Serv Res* 2010;10(1):65.
2. Starfield B. Primary care: An increasingly important contributor to effectiveness, equity, and efficiency of health services. *SESPAS report 2012. Gac Sanit* 2012;26:20–26.
3. Engström S, Foldevi M, Borgquist L. Is general practice effective? A systematic literature review. *Scand J Prim Health Care* 2001;19(2):131–44.
4. Shi L. The impact of primary care: A focused review. *Scientifica* 2012;2012.
5. World Health Organisation. From evidence to policy: Expanding access to family planning – Optimising the health workforce for effective family planning services. 2012.
6. Mazza D, Bateson D, Frearson M, Goldstone P, Kovacs G, Baber R. Current barriers and potential strategies to increase the use of long-acting reversible contraception (LARC) to reduce the rate of unintended pregnancies in Australia: An expert roundtable discussion. *Aust N Z J Obstet Gynaecol.* 2017 Apr;57(2):206-212.