

30 November 2018

Professor Bruce Robinson
Chair, MBS Review Taskforce

E: MBSReviews@health.gov.au

Dear Professor Robinson,

Re: MBS Review Taskforce: Reports from Diagnostic Medicine/Pathology Clinical Committees

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the Medicare Benefits Schedule (MBS) review of pathology item numbers.

The RACGP supports the aim of the Diagnostic Medicine and Pathology Clinical Committee (DMCC and PCC) to reduce low-value pathology testing, especially those with the potential to cause harm from overdiagnosis or misinterpretation.

However, we are concerned that there are significant risks associated with some of the nine proposed mechanisms for better requesting. Specifically, there are risks that poorly designed and implemented consumer education and electronic clinical decision support could result in unintended consequences. It is crucial, therefore, that any education and decision support is developed in close consultation with the RACGP. Furthermore, any electronic clinical decision support would need to be implemented within existing practice software systems for this mechanism to be effective.

There is also the additional risk that some tests could fall outside the rigidly defined descriptors and proposed time limits, which would result in patients having to incur unnecessary out-of-pocket expenses. For example, we would like to propose that the RACGP and other relevant organisations be involved with the discussion around the proposed 'diabetes set', especially the definition. Diabetes can manifest in multiple complex ways; high-risk patients can have multimorbidities and present across the spectrum of types 1 and 2, and gestational diabetes. For these complex patient cases, there may need to be exceptions to the descriptors and time limits, especially beyond the 'annual cycle of care'. All descriptors therefore need to be flexible, so clinicians can use their own clinical judgement to order tests that they believe are clinically relevant for the patient.

The RACGP would be pleased to be involved in the development of education for clinicians around appropriate pathology testing. However, we further propose that there must be implementation funding along with educational material to ensure these changes are adequately communicated to both consumers and healthcare providers.

We also welcome the positive comments in regards to consideration of government support for point-of-care testing (PoCT). The RACGP has recently developed and published [Standards for point-of-care testing](#).¹ We hope that in the future, accreditation against the RACGP's *Standards for point-of-care testing* will be recognised as the appropriate accreditation framework for general practices seeking to offer PoCT. Currently, general practices seeking Medicare rebates for PoCT, need to undergo onerous and costly M Class Laboratory accreditation in order to access Medicare rebates.²

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about this Review's progress and outcomes. For queries on this submission, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on 03 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely



Dr Harry Nespolon
President

References:

1. The Royal Australian College of General Practitioners. Standards for point-of-care testing. 5th edition. East Melbourne, Vic: RACGP, 2018.
2. RACGP: Point of care testing – Position statement – August 2017