18 October 2018

Professor Bruce Robinson
Chair, MBS Review Taskforce

E: MBSReviews@health.gov.au

Dear Professor Robinson,

Re: Proposed changes to Medicare Benefits Schedule colonoscopy item numbers

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

Overall, the RACGP believes the proposed item numbers will allow greater monitoring, compliance and data collection of indications for colonoscopy. These proposed changes will assist in reducing over-servicing of unnecessary colonoscopies, especially for those without symptoms who are using it as an alternative to faecal occult blood test (FOBT), even if they do not meet the criteria for being at increased risk of bowel cancer.

Attachment A - Summary of agreed changes to colonoscopy items

The RACGP supports the proposed changes noted in this attachment. The Summary of agreed changes to colonoscopy items has the potential to reflect best practice and ensure compliance with current evidence-based practice. Item 4 also reflects modern practice and technological advances with colonoscopy. For Item 8 and as reflected in Attachment B, the ability to refine indications for data collection will allow for greater monitoring and efficient/appropriate use of item numbers for optimal care.

Attachment B - Recommended draft colonoscopy items

The RACGP supports the reduction in the number of proposed item numbers from 20 to eight in this attachment. These recommended draft colonoscopy items will ensure clinicians can accurately report the correct item numbers. The inclusion of Item 7 is welcomed as it allows general practitioners (GPs) to conduct a once-off colonoscopy if, on history and examination, a colonoscopy is required for a relevant indication (eg previous colonoscopy requirement for polyp without accurate knowledge of risk rating).

Challenges posed

One of the main barriers to the introduction of the proposed new item numbers will be resourcing for education for clinicians. Currently, information on what is required on referral when a service is required at a specialist colonoscopy centre is unclear; this is particularly relevant for items 1–3 in Attachment B. Another significant challenge will be the lack of previous reporting back to the GP from

the endoscopist, particularly reports of the number and types of polyps found during the patient's previous colonoscopy.

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about this Review's progress and outcomes.

Yours sincerely,

Dr Harry Nespolon
President