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Royal Australian College *of* General Practitioners

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22 October 2018

Michael Ryan
Acting Assistant Secretary
MBS Policy and Specialist Services Branch
Medical Benefits Division

Via email: Surgical.Services@health.gov.au

Dear Mr Ryan

Monitoring utilisation of Medicare Benefits Schedule (MBS) items related to Application 1181

Thank you for inviting the Royal Australian College of General Practitioners (RACGP) to comment on the Report to the Medical Services Advisory Committee (MSAC) on utilisation of MBS services related to Application 1181: Non-mydriatic retinal photography (NMP) in people with diagnosed diabetes (the Report).

This submission addresses:

- the barriers faced by Specialist General Practitioners (GPs) and general practices in providing NMP services
- the provision of the Eye Health Equipment and Training Project
- the possibility of enabling other health service providers to claim the NMP items
- the proposal to introduce a GP incentive item for rural and remote locations
- the possibility of linking NMP to other MBS services.

Barriers for GPs providing NMP services

MBS items 12325 and 12326 for NMP in people with diagnosed diabetes are beneficial for patients in rural and remote areas, where there is less access to optometry services. Increasing access to NMP services in these areas results in reduced travel costs and waiting time for eligible patients. However, RACGP members have identified a number of barriers to providing these services in primary healthcare services that might explain their low utilization in these settings.

The main barrier to accessing items 12325 and 12326 is the cost of equipment. Capital equipment costs for NMP are tens of thousands of dollars. Many practices are unable to afford these costs, so have no direct access to the required equipment. For practices that can afford the capital and maintenance costs, the current rebate value makes it difficult to efficiently recover the costs. These practices provide NMP services at a loss for a significant period while trying to recoup the equipment costs. An increased rebate value for NMP items would go some way to addressing these expense

barriers. In addition the RACGP would welcome initial capital payments to general practices in areas where there is an identified shortage of optometry/ophthalmology services.

While practices have the ability to pass these costs onto patients, this is rarely considered an appropriate solution, as diabetic patients tend to already have higher out-of-pocket costs. This explains the data indicating that most of these services are bulk-billed, and in circumstances where services are not bulk-billed, a higher than average out-of-pocket cost is incurred.

Additional barriers to GPs providing these services include:

- lack of space – equipment such as a retinal camera requires significant room/space within a practice
- lack of time – for the photography component of the items
- staff training – training is required for both the use of NMP equipment and retinal photo interpretation. In addition, staff turnover can make a clinic's retention of such skills difficult.

In locations where patients can more easily access optometry/ophthalmology services, such as in major cities, there is less need for NMP services to be provided in general practice and referrals are common. The ability to refer these services mitigates a practice's need to purchase the expensive equipment required to perform the services.

Provision of Eye Health Equipment and Training Project

The RACGP notes that the Department has funded the supply and maintenance of retinal cameras for 44 locations, primarily in Remoteness Areas 2, 3, 4 and 5, under the Provision of Eye Health Equipment and Training Project. We are interested to know the extent of NMP service uptake in the clinics that have received the equipment.

The RACGP welcomes an evaluation of the project. It would be particularly beneficial for the evaluation to include qualitative data, including details of the concerns and barriers faced by project sites.

Enabling other health service providers to claim the NMP items

In its recommendations to address low utilisation, the Report suggests enabling other health service providers (eg pathologists) to claim items for NMP services. The RACGP is apprehensive about this recommendation. RACGP members report that some pathology collection centres provide inadequate or incomplete pathology reports for other services such as electrocardiogram (ECG). GP concern extends to reporting on NMP by pathologists, including concerns that retinal photographs and reports will not be provided to the GP in full.

Some RACGP members working in remote practices and Aboriginal Community Controlled Health Services (ACCHS) already have arrangements in place for optometrists to visit their clinic. The visiting optometrist/ophthalmologist undertakes various activities, including taking and/or reviewing retinal photographs as requested by the GP.

While the delivery of NMP services via co-located or visiting services can be effective, allowing an offsite third party to do so may disrupt current screening processes, causing patient confusion and/or inconvenience due to having to go between locations on different days.

RACGP members working in ACCHS are also concerned that the introduction of other providers could result in deskilling of the Aboriginal Health Workers' (AHW) workforce.

A GP incentive item for rural and remote locations

The Report suggests that a GP incentive item for rural and remote locations may promote the uptake of NMP services in areas that otherwise do not find the equipment cost-effective. The RACGP supports this recommendation. However, any incentive provided will need to be significant in order to offset the barriers GPs face in providing the services.

Linking NMP to other MBS services

The Report suggests linking NMP to other MBS services such as Diabetes Cycle of Care. The RACGP supports this recommendation, provided that underlying access and funding issues are also addressed. Incorporating NMP into the existing Diabetes Cycle of Care payment alone is not sufficient to address the significant costs involved in providing the services.

If you have any questions about the RACGP's submission, please contact me or Ms Michelle Gonsalvez, National Manger Policy and Advocacy on 03 8699 0490 or at michelle.gonsalvez@racgp.org.au.

Yours sincerely

Dr Harry Nespolon
President