

18 February 2019

Ms Jessica Muir
Medicare Review Unit | Medical Benefits Division
Australian Government Department of Health
PO Box 9848, Canberra, ACT 2601

E: MBSReviews@health.gov.au

Dear Ms Muir,

**Re: Medicare Benefits Schedule Taskforce Review Wound Management Working Group -
Issues relating to wound management in primary care**

Thank you for the opportunity to submit to the Wound Management Working Group (WMWG) of the Medicare Benefits Schedule (MBS) Review.

General practice is in many ways the logical setting for the management of chronic wounds that do not require specialised care. General practices are usually more accessible than hospitals or specialist clinics, and they can accommodate frequent episodes of clinical care (eg. more than weekly).

The cost of wound care in Australia is extremely high. Wound management in primary care can reduce the need for later, more expensive, secondary care. However, Medicare does not adequately fund the time, service, or materials for wound care in general practice.

The RACGP believes the MBS Review offers an opportunity to reduce barriers to effective wound care in general practice and thereby improve patient convenience and experience, consistency of clinical care, self-management and reduce patient out-of-pocket expense.

We would like to make the following comments and recommendations regarding wound management in the primary care setting.

Medicare rebates

- Medicare general practitioner (GP) attendance items do not recognise time spent by practice nurses in wound management. GPs can only charge for their face-to-face time with the patient. As such, GPs can only bill a level A or B consultation, but must pay for their practice nurse and examination room for 30–60 minutes. There is an additional cost to the practice as a nurse who is performing wound care is taken out of other practice nursing duties.
- As Medicare does not cover the often expensive dressings required for care, because of Medicare bulk billing rules, practices must privately bill patients for the consultation if they wish to raise a fee for the dressings.
- Given the extended duration required for wound care to heal chronic wounds, the costs to a practice can become substantial.

Recommendation:

The MBS should recognise the costs of practice nurses and dressings for wound care. This should be done either through separate item numbers or, in the case of dressings, by recognising that patients can be bulk-billed and pay for their dressings.

Dressings

The dressings used in secondary care and specialist services are often not available in the community. This can lead to inconsistent treatment in patients with complex needs. Patients who purchase their own dressings may not make an appropriate choice.

At the same time, unusual or expensive dressings are not always required. However, industry influence, through direct marketing to patients or clinicians, means that patients may purchase unnecessary, expensive dressings.

Many practices buy dressings in bulk and on-sell them to patients. This approach has problems regarding wastage and storage. If GPs were able to prescribe dressings from an evidence-informed list, this would ensure patients receive the best care, without unnecessary expense.

Evidence-based care

Evidence-based guidance for the optimal management of common wound types is lacking or poorly disseminated. As mentioned above, this can lead to unnecessary expense on dressings that are not necessarily superior.

Recommendation:

A set of guidelines should be developed for wound care, including the current best-practice dressings.

Access to Ankle Brachial Index measurement

Access to Ankle Brachial Index measurement is an important component in diagnosing the cause of chronic wounds. Current rules require a wave-form print out to attract a patient rebate. While in clinic-based practice the machines are expensive, in residential aged care facilities, there is usually poor access to these machines. Clinically simple audible pulse from a Doppler probe is considered a good alternative.

Concluding comments

Patients with wounds often require regular dressings over a significant period of time. This currently requires patients to access their local public hospital, leading to significant time and cost impost (including transport and parking costs). Wound management adds significantly to costs for local hospital as well as potential use of beds for social rather than medical reasons.

General practice is best placed for the management of chronic wounds, as it is convenient and inexpensive for patients to visit their local general practice. More importantly, multiple co-morbidities can be managed in general practice.



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The RACGP thanks the WMWG again for the opportunity to provide comment on this consultation. Should you want to discuss this matter further, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669-0544 or at stephan.groombridge@racgp.org.au

Yours sincerely

Dr Harry Nespolon

President