

18 December 2019

Professor Bruce Robinson Chair, Medicare Benefits Review Taskforce

Email: MBSReviews@health.gov.au

Dear Professor Robinson,

Re: Medicare Benefits Review Taskforce - Medicare Benefits Schedule (MBS) psychiatry items

The Royal Australian College of General Practitioners (RACGP) thanks the Medicare Benefits Review Taskforce for the opportunity to comment on the *Report from the Psychiatry Clinical Committee 2019* regarding the review of psychiatry Medicare Benefits Schedule (MBS) items.

The RACGP provides comment on the following items:

1. Transcranial magnetic stimulation (pending MBS item)

Given that GPs deliver the majority of doctor-patient mental health care, if the Medical Services Advisory Committee (MSAC) agrees to rebates for transcranial magnetic stimulation, these rebates should be accessible with a GP referral to maintain equitable access.

2. Case conferencing – aligning items 855 to 866 with best practice

The case conferencing recommendations state that rebates should be in line with specialist and consultant physician items to ensure reduce impediments to health professionals forming multi-disciplinary teams. As such, the RACGP recommends that these items be available to GP and allied health providers to attend case conferences that involve a psychiatrist within a multidisciplinary team. The RACGP also recommends that the value of the GP patient rebate for attending case conferencing be equivalent to that of the psychiatrist.

The RACGP does not agree with the Specialist and Consultant Physician Consultation Clinical Committee's (SCPCCC) recommendation that case conference outcomes be uploaded by the GP to the patient's My Health Record.

In accordance with existing work pathways, the psychiatrist providing the advice is best placed to draft any outcomes and provide this to the GP and other health professionals participating in the consultation. Psychiatrists can access a patient's My Health Record and upload specialist letters. Consideration should also be given as to where such a letter/summary would be uploaded to the My Health Record. This process can be clarified by consultation with the Australian Digital Health Agency.

It should also be noted that there is no obligation for GPs or other providers to participate in the My Health Record.



Thank you again for the opportunity to provide feedback on this report. Please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on (03) 8669 0544 or at stephan.groombridge@racgp.org.au if you have any further queries.

Yours sincerely

Dr Harry Nespolon

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President