26 July 2019

MBS Policy and Specialist Services Branch
Medical Benefits Division
Department of Health
PO Box 9848
Canberra ACT 2601

By email: surgicalservices@health.gov.au

To whom it may concern,

Re: RACGP submission on new and revised MBS items for thoracic medicine

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health (the Department) for the opportunity to provide feedback on the changes to the Medicare Benefits Schedule (MBS) items for respiratory function tests and sleep studies introduced on 1 November 2018.

The RACGP is Australia's largest professional general practice organisation, representing over 40,000 members working in or toward a career in general practice.

The RACGP recommends that the Department:

- clarify the circumstances in which items 11505 and 11506 can be claimed by amending the descriptors for these items
- reassess the rebate value for office-based spirometry
- ensure that there is capacity to claim an MBS rebate for spirometry not requiring reversibility testing
- develop a defined list of conditions to determine eligibility of patients with a high pre-test probability of sleep apnoea for a diagnostic sleep study
- allow professional bodies, such as the RACGP, the opportunity to review and provide comment on draft fact sheets to ensure they are useful when communicating changes to providers
- collaborate with providers and referrers themselves, including members of relevant MBS Review sub-committees, to develop fact sheets and other communications materials
- provide further communications to sleep medicine specialists regarding when the completion of assessment tools are required and when they are not.

Our submission covers the following topics:

1. Utilisation of spirometry items (11505 and 11506).
2. Assessment tools for diagnostic sleep studies.
3. Communication of the November 2018 changes by the Department.

1. Utilisation of spirometry items (11505 and 11506)

The data provided by the Department indicates that the introduction of a higher rebate for item 11505 has had the desired outcome of supporting general practitioners (GPs) to perform office-based spirometry. There has been an increase in the number of tests undertaken from November 2018 to April 2019 compared to the same period in 2017–18.[1] Around 20–25% of spirometry tests have been billed utilising the new item number[1], indicating that many GPs and spirometry providers are aware of its introduction.

1.1 Clarification of difference between items 11505 and 11506 is required

Our members have noted that the descriptors for items 11505 and 11506 are similar, and both appear to support the confirmation of diagnosis of respiratory conditions, with the only apparent difference being that three or more recordings must be made to claim item 11505.

While it is likely that much of the spirometry being undertaken in general practice since the changes came into effect meets the criteria for billing item 11505, due to the similarity in item descriptors there may be GPs inadvertently billing the wrong item. Our members have also advised that some GPs only ever do tests on individual patients, which by their understanding would preclude them from claiming item 11505.

The RACGP recommends that descriptors for items 11505 and 11506 are reviewed and amended to ensure it is clear what the difference is between the two items and in what circumstances each should be claimed.

1.2 Rebate value for item 11505 remains too low

While the new rebate of $35.50 (85% of the schedule fee) for item 11505 does not reflect the true cost of providing properly performed office-based spirometry, some of our members have welcomed the new rebate as an improvement on what was previously available to GPs providing this service. However, other GPs have advised that performing office-based spirometry is not financially viable for their practice due to the low rebate value. Regardless, GPs undertake these tests when it is clinically necessary to do so, as options for accessing spirometry locally are often limited. Inappropriate support for office-based spirometry could limit patient access to this important service.

The provision of office-based spirometry by GPs reduces the cost and inconvenience associated with referring patients to specialists or hospital providers. Therefore, savings achieved through increased office-based spirometry should be redirected to ensure this service is appropriately supported.

The RACGP recommends that the Department reassess the rebate value for office-based spirometry. The reassessment of rebate value should consider the savings and efficiencies gained through not requiring hospital or laboratory-based spirometry.

1.3 Support required for spirometry that does not require reversibility testing

GPs have also raised concerns about the inability to claim spirometry items for spirometry that does not require time consuming reversibility testing, for example for patients on long-acting bronchodilators who require a quick check of their lung function. Some GPs have reported that they use a spirometer that integrates into their clinical software and enables easy comparison between a patient's previous results. This type of spirometry is widely used, however is not remunerated under the MBS.

The RACGP recommends that the Department ensure that there is capacity within the MBS for spirometry providers to be supported to provide spirometry that does not require reversibility testing.

2. Assessment tools for diagnostic sleep studies

2.1 Limiting eligibility for patients with suspected sleep apnoea

Our members have indicated that the assessment tools used to determine a patient's eligibility for a diagnostic sleep study are generally appropriate and not onerous. However, some members have raised concerns that they are not effective for supporting patients with conditions that suggest an underlying diagnosis of sleep apnoea.

According to the new descriptors for items 12203 and 12250, a patient does not qualify for a Medicare rebate if they do not score highly enough on two questionnaires used to assess their eligibility (eg STOP-BANG and Epworth Sleepiness Scale).

This rule applies regardless of whether the patient's score on one of the two required tests was adequate. As a result, some patients would not be eligible for a referral to a sleep specialist, even though the GP's assessment has deemed it clinically relevant. Our members have suggested that some flexibility should be allowed for patients with conditions that increase their likelihood of a sleep apnoea diagnosis.

The RACGP recommends that this be addressed by developing a defined list of conditions to determine eligibility without requiring specified scores on the two listed assessment tools.

3. Communication of the November changes by the Department

3.1 Usefulness of promotional resources

Members have advised that fact sheets prepared by the Department to assist in understanding the changes have been unhelpful. Not all fact sheets contain the new item descriptors, and therefore GPs must first locate the descriptors via MBS Online or a separate fact sheet to understand the changes communicated in the fact sheets.

We have also been advised that while some GPs were aware of the changes, awareness of the changes is variable among GPs and practice staff. Some GPs would use the items infrequently, and therefore awareness of and understanding of the changes often depends on how frequently the items in question are being claimed.

Changes to the MBS through the MBS Review are often endorsed by government months before they are implemented. The RACGP recommends that time be built into the implementation process to allow professional bodies, such as the RACGP, the opportunity to review and provide comment on draft fact sheets to ensure they are useful for communicating changes to providers.

Where possible, the fact sheets should be developed by providers and referrers themselves. The Department could utilise members of the relevant MBS Review sub-committees that have proposed the changes.

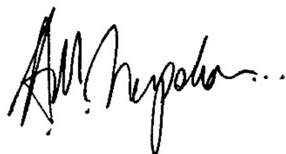
3.2 Instances of sleep specialists sending back referrals

Our members have also advised of specialists sending back referrals if the GP has not completed the required assessment tools for a sleep study referral, despite the patient being referred for an opinion rather than a direct sleep study. This creates unnecessary delays and extra work.

The RACGP recommends further communications to sleep medicine specialists regarding when the completion of assessment tools are required and when they are not.

The RACGP looks forward to contributing to further discussions around the changes to MBS items. Should you have any questions or comments regarding the RACGP's submission, please contact either myself or Ms Susan Wall, Program Manager – Funding and Health System Reform, on (03) 8699 0574 or at susan.wall@racgp.org.au.

Yours sincerely,



Dr Harry Nespolon
President

References

[1] Department of Health. Utilisation of Medicare Benefits Schedule (MBS) items for thoracic medicine following implementation of outcomes of the MBS Review Taskforce. Canberra: DoH, 2019.