RACGP
Royal Australian College *of* General Practitioners

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11 February 2020

Professor Bruce Robinson

Chair, Medicare Benefits Review Taskforce

Email: MBSReviews@health.gov.au

Dear Professor Robinson,

Re: Medicare Benefits Schedule (MBS) Review Taskforce: Wound Management Working Group

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to make a submission on the Medicare Benefits Schedule (MBS) Report from the Wound Management Working Group (WMWG). It is pleasing to note that most of the recommendations submitted previously by the RACGP have been adopted.

Wound management should primarily occur in general practice. This provides the patient with the most accessible and efficient treatments as well as being the most cost effective for the health care system in general.

The RACGP refers to its earlier submission to the Wound Management Working Group in February 2019, and reiterates support for recommendation 23 in the Working Group's report, which calls for the restriction prohibiting practitioners from charging patients for the cost of a wound dressing applied during a bulk billed consultation to be removed.

The RACGP makes the following specific comments:

1. Initial wound assessment and review by a GP – Recommendations 1 & 2

Recommendation 1 – GP initial wound assessment (p30) – create a new item for the initial GP assessment of a chronic wound or a wound at high risk of becoming chronic.

Recommendation 2 – GP wound assessment review (p33) – a new item to account for a GP to undertake a comprehensive review assessment of a chronic wound or a wound at high risk of becoming chronic.

The RACGP supports the introduction of new initial wound assessment and review items provided these can be claimed in addition to, rather than instead of, a standard professional attendance item.

2. Credentialing – Recommendations 2 & 19

Recommendation 2 – GP wound assessment review (p33)

The rationale for recommendation 2 includes the need to monitor for co-claiming of the GP consultation and nurse management of the wound. This premise is based on a single-condition view point. Patients with a chronic wound often also have multi-morbidity requiring a GP appointment. It is important to treat the whole patient and not just the wound. Oedema, peripheral vascular disease, poor nutrition status, reduced exercise, smoking, medications, can all contribute to poor wound healing. Comprehensive medical assessment and medication review should be encouraged, not discouraged in the context of chronic wound management.

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Recommendation 19 – General Practitioner training (p57) – completion of a training module in order to claim the wound assessment item numbers.

Recommendations 2 and 19 have the potential to introduce barriers to wound care in rural and remote areas. The RACGP does not support credentialing in this manner. Without robust evidence of system-level benefit, this has the potential to limit services available to patients. The RACGP proposes incentivising upskilling as an alternative approach. For instance, an incentive payment for those GPs who provide this service and have undertaken further training. In addition, remunerating practice nurses who provide wound management services and who have additional training (e.g. can provide a clinical nurse consultation in primary care) could be considered.

The RACGP opposes mandating referral to credentialed specialist wound care providers, referral should be based on clinical judgement and patient choice.

3. New practice nurse items – Recommendation 3

Recommendation 3 – Practice nurse wound treatments (p36) – create two new items for wound management services provided by a practice nurse on behalf of and under the supervision of a medical practitioner. One item would be for treatment under 20 minutes in duration and one for treatment over 20 minutes in duration.

The report states these items are claimable after the initial assessment of a chronic wound or the review assessment of the same wound, with a maximum of 10 services available in a four-week period. The RACGP supports the availability of 10 additional services when a wound is reviewed, as a patient may quickly use up their initial 10 services depending on how frequently they require wound treatment. This will be particularly useful for patients in rural and regional areas who have limited access to other services which may provide wound management.

4. Team care arrangements - Recommendation 4

Recommendation 4 – Nursing care under team care arrangements (p40) – the practice nurse is included as one of the three practitioners required in order to claim for the facilitation of team care planning. Thus the practice nurse can be considered one of the minimum team of three to justify team care arrangements.

This is reasonable because the practice nurse is providing a service different from the other two members of the team. It needs to be clear that that patients allowance of MBS subsidised allied health visits is not diminished by having visits to the practice nurse for wound care as these patients will soon exhaust their annual allowance of visits. Many of these patients will need dietitians, physiotherapists, podiatrists, etc for comorbidities.

Where nursing skills are rewarded, this should also extend to Aboriginal Health Practitioners who have a similar skillset in the remote context.

5. Mandatory referral – Recommendation 7

Recommendation 7 – mandatory referral when required (p42) – improvement in a wound must be observed or referral to an appropriate specialist wound care practitioner mandated.

The RACGP does not agree with the use of the term mandatory. There are several courses of actions that a GP may follow if a wound is not healing sufficiently quickly. This may include biopsy of the wound margin to diagnose primary cancer, Marjolin's cancer, vasculitis etc. Another reasonable option might be a teleconference or photographic review by a specialist provider rather than fragmenting care by insisting on referral.

6. Affordable access - Recommendation 9

Recommendation 9 – a new item for venous compression bandaging (p45).

This recommendation suggests that venous compression can only be done after appropriate investigation for arterial disease. Clinical examination can adequately exclude arterial disease (good pulses and capillary return in a person with no arterial disease risk factors). This item should not require potentially expensive / unnecessary and unavailable investigations.

Recommendation 9 also suggests that some forms of compression bandaging would attract an item number, others of similar efficacy would not. This may risk the unintended consequence of driving treatment choices towards more complex and expensive technologies because an item number can be billed.

The RACGP recommends incentivising adequate compression but not specifying the type of compression.

7. Wound consumables scheme – Recommendation 24

Recommendation 24 – Development of a wound consumables scheme (p63) – a Commonwealth-funded wound consumables scheme be developed to ensure defined patients have access to appropriate wound care products with reduced out-of-pocket costs.

The RACGP notes a wound consumables scheme could potentially operate in the same way as the Pharmaceutical Benefits Scheme (PBS) Prescriber's bag program.

8. Ensuring wound care is coordinated by a patient's GP

The Working Group has proposed that a number of new items for wound care be introduced, which could be claimed by appropriately trained providers. It is critical that wound care does not take place in isolation from a patient's usual GP, as GPs are aware of a patient's complete medical history and are best placed to coordinate their healthcare. When a patient is receiving treatment for a wound, effective communication between all members of their healthcare team – led by the GP – is needed for optimal and efficient service delivery.

The RACGP welcomes further consultation on the implementation of these recommendations should they be accepted by the Government, particularly on the Schedule fees and developing item descriptors and explanatory notes that will ensure GPs can appropriately use any new item.

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
President