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Royal Australian College *of* General Practitioners

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Pathology Services Section
Diagnostic Imaging and Pathology Branch
Australian Government Department of Health
PO Box 9848, Canberra, ACT 2601

Email: commentsMSAC@health.gov.au
cc: MSAC.Pathology.Policy@health.gov.au

Dear MSAC Pathology Services Section secretariat,

Re: MSAC Application 1627 - for Point-of-care test for diagnosis of Neisseria gonorrhoea, Chlamydia trachomatis and Trichomonas vaginalis infection in Aboriginal and Torres Strait Islander patients presenting at health services in areas with high sexually transmitted infection burden.

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Services Advisory Committee (MSAC) for the opportunity to provide comment on the consultation for MSAC application 1627.

The RACGP strongly supports this application for the point-of-care (POC) test for sexually transmitted infections to be available through the Medical Benefits Schedule (MBS). This is an important tool with great potential to improve health outcomes.

This application builds on the work of the Quality Assurance for Aboriginal & Torres Strait Islander Medical Services (QAAMS). The QAAMS network and support will be crucial in ensuring results remain accurate enough to make clinical judgements. Use of these tests conforms with advice in the National Aboriginal Community Controlled Health Organisation (NACCHO)/RACGP National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People.

We provide comments below on test eligibility:

- Determining prevalence of chlamydia, gonorrhoea or *Trichomonas vaginalis* requires good local data which will be dependent on previous testing and surveillance. This would make some services ineligible for using POC testing under the MBS, or determining eligibility becomes very complex. How will this be addressed?
- If the test is used effectively, STI positivity rate may decrease below the threshold and prevalence may change over time. This will again render some services ineligible for rebates. It is unclear how the MBS will address changes in eligibility if this occurs.
- Setting eligibility at >90% of Aboriginal and Torres Strait Islander patients in a service may make some services ineligible because they act as the sole bulk billing service in a rural centre. If local changes in patient demographics occur, these services will lose their MBS eligibility for their point of care testing, or alternatively gain eligibility over time.
- The application implies that urban Aboriginal Community Controlled Health Organisations will not be eligible for the test. There are many advantages to having POC testing for STIs available in urban services. The RACGP recommends a pathway be included to enable Aboriginal Community Controlled Health Organisations and other services such as government run Aboriginal Medical Services (who have an exemption that allows them to bill the MBS) especially if they are already part of the QAAMS program to be eligible for POC testing (as it appears the figures use modelling based on these criteria).

- Ensuring there is sufficient culture and sensitivity testing will be an important part of evaluating the implementation of POC testing for STIs. Without this there may be changes in resistance patterns which may not be detected.

If you have any queries regarding this submission, please contact Stephan Groombridge at stephan.groombridge@racgp.org.au or telephone +61 3 8699 0544.

Yours sincerely,

Dr Karen Price
President