RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

1 April 2021

Professor Sally McCarthy
Chair – MBS ECG Review Committee

By email: cardiacservices@health.gov.au

Dear Professor McCarthy

**Review of changes to MBS ECG items**

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health (the Department) for the opportunity to provide a submission on changes to Medicare Benefits Schedule (MBS) items for electrocardiograms (ECGs).

The August 2020 changes to ECG items threaten patient access to timely diagnosis and management of heart conditions. It is vital that general practitioners (GPs) can provide high-quality services to patients in the community and that care remains affordable and accessible for patients.

The Cardiac Services Clinical Committee and the MBS Review Taskforce seemingly adopted a flawed set of assumptions regarding geographical variations in use of ECG item numbers. This resulted in the incorrect assumption that they represented low value care or over-servicing.

The RACGP has been contacted by numerous members who are concerned about the impact of these changes and the potential outcomes for providers and patients.

**Role of GPs in performing ECGs**

GPs are specialists in their own rights who have trained for years, and not merely conduits for referral of patients to other specialists. GPs are skilled at conducting, interpreting and reporting on ECGs. GPs and their teams can spend considerable time preparing for ECGs – setting up equipment, reviewing the trace, analysing patient history, deliberating on outcomes, and taking appropriate clinical action. The GP is also responsible for recording results and interpretation in the patient's medical record. GPs usually do not need to refer ECG results to medical consultants for ECG interpretation except in circumstances where further advice is required from another specialist practitioner. Having developed this skill, GPs are saving the health system a considerable amount of cost by providing this service directly to patients and responding to issues in a timely manner. This prevents the need for additional secondary and tertiary investigations and care that results in increased costs to the patient and the health care system.

**Reduction in support for community-based care**

The changes have significantly reduced the support available for ECGs conducted by GPs, who provide this care at lower cost and greater convenience and speed to patients than other medical specialists.

As a result of the changes, MBS items for ECGs that include reporting are no longer available to support patients requiring this care provided by GPs. Patient rebates for GP-performed ECGs are restricted to item number 11707 for tracing only. GPs previously used item 11700 (ECG tracing and report), which had a rebate of $27.45. Item 11707 has a rebate of $16.15, which is an increased cost to the patient of $11.30 based on previous fees.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel **1800 4RACGP** | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
**racgp.org.au** ACN 000 223 807 ABN 34 000 223 807

Since the introduction of item 11707, GPs have provided a total of 477,835 ECG services using this item, or an average of 79,000 per month.[i] If all of these services were previously billed under item 11700, the total reduction in benefits paid to patients since August is nearly $5.4 million (nearly $900,000 per month). This is a significant increase in out-of-pocket costs at a time when per person personal health spending has increased on average 3.4% over the last decade[ii].

**Impact of the changes on patient access**

It is likely that reduced access to ECG tracing and interpretation due to excessive costs will increase demand to hospital departments or result in lack of early detection of heart disease. Timely access to ECGs through a patient's GP results in early diagnosis and management to prevent secondary complications.

This is of serious concern for Aboriginal and Torres Strait Islander people, for whom there is a high rate of cardiovascular disease[iii], and therefore a greater need for ECGs. Aboriginal Community Controlled Health Services need to bulk bill patients because the patients cannot afford the out-of-pocket costs. This creates further disadvantage for Aboriginal and Torres Strait Islander people as the health service must absorb a funding cut, resulting in less services for one of the most disadvantaged groups in our community where support is needed the most. This unconscious bias creates more disadvantage at a time when the Government had made a renewed commitment to reducing the gap between Indigenous and non-Indigenous people.

Furthermore, patients who are receiving psychotropic medications are at risk of developing a cardiac arrhythmia, which should be assessed regularly with an ECG (every six to 12 months). Again, the patient's usual GP is best placed to monitor the impact of any medication to ensure early identification and treatment of changes in cardiac health.

**Recommendation – Allow item 11714 to be used to support access to ECGs performed by GPs**

The RACGP recommends item 11714 be used to support access to ECGs performed by GPs in line with other specialists and consultant physicians. This would allow GPs to continue to claim item 11707 for tracing only, as well as item 11714 where a trace and clinical note (not a formal report) is provided as part of a patient's care. This reflects current usual practice.

GPs are medical specialists, and it is the RACGP's position that GPs should be paid the same as other medical specialists for doing the same work. This is particularly relevant in rural and remote areas where a GP may be the only provider offering a particular service. The rebate for item 11714 ($21.25) is still significantly lower than the rebate for item 11700 ($27.45), however it reduces the financial impact on patients receiving this service, and consequently the timely access to ECGs for diagnosis and appropriate management.

We recommend the descriptor for item 11714 be changed from "Twelve-lead electrocardiography, trace and clinical note, by a specialist or consultant physician" to "Twelve-lead electrocardiography, trace and clinical note, by a medical practitioner".

Our shared goal should always be ensuring we support high-quality care, while prioritising care that can be provided in community settings to reduce pressure on secondary and tertiary services. The RACGP looks forward to contributing to the work of the MBS ECG Review Committee in the coming months.

Please contact Ms Leonie Scott, National Manager – Policy and Advocacy, on (03) 8699 0031 or at leonie.scott@racgp.org.au if you have any questions or comments regarding this submission.

Yours sincerely

**Dr Karen Price**
President

---

[i] Based on the number of services provided between August 2020 and January 2021 (the most recent month for which MBS billing data is available).
[ii] Australian Institute of Health and Welfare 2020. Health expenditure Australia 2018–19. Health and welfare expenditure series no.66. Cat. no. HWE 80. Canberra: AIHW.
[iii] Heart Research Institute. Heart disease in Indigenous communities. Newtown, NSW: HRI, 2021. Available at www.hri.org.au/heart-disease-indigenous-communities [Accessed 22 March 2021].