RACGP

Royal Australian College *of* General Practitioners

RACGP Submission:

Report from the Medicare Benefits Schedule Review's Participating Midwife Reference Group

June 2019

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1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) for the opportunity to comment on the report from the Participating Midwife Reference Group (the Reference Group).

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

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service.

2. Recommendations

The RACGP recommends that the Taskforce:

- support recommendations that encourage continuity of care between patients and their regular GP and support team-based primary care
- support measures to improve patient access to telehealth services by expanding the scope of providers eligible to participate in consultations. MBS rules that state GP consultations must be conducted face to face should be amended to allow non–face-to-face care where appropriate
- consult with relevant Aboriginal and Torres Strait Islander health organisations to ensure any recommendations regarding birthing on country are clinically safe, while also meeting the healthcare needs of this population cohort.

3. Rationale

3.1 The role of the GP in maternity care

The RACGP welcomes increased access to services for patients where there is a genuine need. It is essential however that any mechanism aiming to increase access does not also fragment care and undermine the continuity of care with a patient's usual GP.

GPs provide a number of important functions in relation to pregnancy care, regardless of whether they have undertaken specialised obstetric training.

As identified in the position statement for Maternity care in general practice, the RACGP supports collaborative relationships between midwives, public and private obstetricians, GPs and GP obstetricians, and child health nurses.

Poor access to GPs is associated with higher rates of pre-term birth and low birthweight.[1] The opportunities for optimising pregnancy outcomes through the provision of preconception counselling, as well as antenatal, intrapartum and postnatal care, should not be underestimated.

GPs provide comprehensive and continuous care across a family's lifespan, including care for the newborn, mother, father/partner and extended family. The relationship with a GP starts well before and lasts long beyond the pregnancy period, and is ongoing throughout the child and mother's lives. The GP has often seen the mother prior to wanting to become pregnant, while she is trying to get pregnant, while she is pregnant (even if the GP is not the doctor taking care of the pregnancy) and then sees the child and the mother for the whole of life care.

The holistic nature of GP care means that GPs can encourage women to make healthy lifestyle changes at a time when they are highly motivated to make healthy choices for the sake of their children. For example, healthy food choices, smoking cessation, avoiding alcohol intake, mental health monitoring and appropriate exercise.

It is essential that any additional care provided by participating midwives, as a result of the recommendations outlined in the report, is coordinated through a patient's usual GP to avoid fragmentation of care and support continuity.

3.2 Birthing on country

The Reference Group notes the cultural importance of being able to birth on country for Aboriginal and Torres Strait Islander women, with their recommendation that homebirth be included in intrapartum items for women with low-risk pregnancies. (Recommendation 8)

The RACGP has previously raised that homebirths are not as safe as clinical alternatives such as hospital care or birthing centers due to being the furthest removed from emergency support services. They are also not covered by professional indemnity insurance, due to their high level of risk.

Aboriginal and Torres Strait Islander women may have specialised clinical and cultural needs before, during and after childbirth, which may also be impacted by their location and access to culturally responsive, comprehensive healthcare. Consultation with relevant Aboriginal and Torres Strait Islander health organisations is required to ensure healthcare meets the needs of this population cohort.

For further information on Birthing on Country, refer to the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and Australian College of Midwives joint position statement.

3.3 The role of telehealth in maternity care

The RACGP supports the intention of the Reference Group's recommendation that GPs be included in the descriptors for current telehealth items (recommendation 11). Allowing GPs to provide care via telehealth will increase access to midwifery care, and improve the continuity and coordination of care for women before, during and after pregnancy.

The use of telehealth can reduce the burden of travel for women in pregnancy, including the risk of being isolated from their local community and home supports. Where referral or transfer of women for birth is necessary, it is essential that systems are in place to support good communication between GPs and other healthcare providers.

It is the RACGP's position that MBS rules that state consultations must be conducted face to face should be amended to allow non–face-to-face care where appropriate. A patient's eligibility to talk to their regular GP via any means should not be determined by where they live, but rather their need. Telehealth services should be available for all patients to communicate with their regular GP where clinically appropriate.

The RACGP's position on telehealth is outlined further in the position statement on on-demand telehealth services and our 2019 Election Statement.

4. Conclusion

4.1 Reinvestment of savings from the MBS Review

The federal government has committed to reinvesting MBS Review savings back into Medicare. The RACGP calls on the Taskforce to provide more transparency regarding this reinvestment by detailing the savings that will be made, and the additional spending that will be required, to implement any recommendations it makes to the government. The RACGP would also like to see, in detail, how the MBS Review savings have been, or will be, reinvested into the health system, particularly into general practice.

While making improvements to the MBS are essential, this alone will not be enough to ensure a sustainable health system in the long term.

The way in which the government supports patients to access general practice services requires a comprehensive redesign. GPs and practices receive minimal or no support for providing essential aspects of patient care, such as:

- continuity of care – formalising relationships between patients and their GP
- health service coordination – improving coordination between various levels of the health and social systems
- comprehensiveness of care – supporting patients to access the range of services they require
- team-based care – ensuring patients are benefiting from access to a multidisciplinary primary healthcare team.

The RACGP's Vision for general practice and a sustainable healthcare system (the Vision) provides solutions to address a range of issues and pressures currently facing general practice and the Australian healthcare system more broadly, and outlines a framework for redesigning government support for excellence in primary healthcare. The Vision demonstrates how well-supported GP led teams can deliver sustainable, equitable and high-value healthcare, benefiting patients, providers and funders. It is a document that should be considered when making any improvements to the MBS or primary care that affects GPs and their teams.

4.2 Ongoing support for the MBS Review

The RACGP notes the recent decision for the MBS Review to conclude by mid-2019, despite commitment in the 2017-18 Federal Budget to fund the review until at least 2020. The RACGP recommends that any changes made as a result of the MBS Review be subject to rigorous monitoring, evaluation, and consultation with stakeholders, to ensure that the intended results are being achieved.

The RACGP looks forward to hearing the final recommendations and outcomes from this Report, and further participation in future MBS Review consultations, including an evaluation of any changes made as a result of the MBS Review.

If you have any questions or comments regarding this submission, please contact Ms Susan Wall, Program Manager – Funding and Health System Reform, on (03) 8699 0574 or at susan.wall@racgp.org.au

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[1] Australian Institute of Health and Welfare 2017. Spatial variation in Aboriginal and Torres Strait Islander women's access to maternal health services. Cat. no. IHW 187. Canberra: AIHW.