RACGP | Aboriginal and Torres Strait Islander Health

RACGP Aboriginal and Torres Strait Islander Health

Submission: Report from the Aboriginal and Torres Strait Islander Health Reference Group of the Medicare Benefits Schedule Review Taskforce

Healthy Profession.
Healthy Australia.

Report from the Aboriginal and Torres Strait Islander Health Reference Group of the Medicare Benefits Schedule Review Taskforce

1. Executive Summary

The Royal Australian College of General Practitioners (RACGP) welcomes improvements outlined in the report from the Aboriginal and Torres Strait Islander Health Reference Group (the Reference Group) of the Medicare Benefits Schedule (MBS) Review Taskforce, which will support evidence-based, culturally safe, coordinated care for Aboriginal and Torres Strait Islander people.

RACGP Aboriginal and Torres Strait Islander Health (the Faculty) consulted with its members, and addresses each of the Reference Group report's recommendation in this submission, outlining where amendments or further changes are required.

This submission also provides additional feedback relating to models of primary care financing and funding and the introduction of an item for a cardiovascular risk assessment.

1.1 Key Recommendations

The RACGP calls for:

- eligibility for bulk-billing incentives for allied health appointments to mirror that of GP bulk-billing incentives
- group allied health and follow-up services to be counted separately from individual sessions, to ensure increased availability for all services
- changes to identified item descriptors and item titles
- an increase in the number of allied health sessions available through a health assessment (item 715) and GP Management Plans (GPMPs)
- new allied health items to cover optometry and dental
- the RACGP and National Aboriginal Community Controlled Health Organisation (NACCHO) to continue to oversee the content of the National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (National guide), based on input from Aboriginal and Torres Strait Islander-led Project Reference Group and key stakeholders
- guaranteed funding to enable updates to the NACCHO/RACGP National Guide to ensure it reflects current evidence and best practice to inform the 715 health assessment templates
- clinical discretion in the delivery of health assessments, outlined in the explanatory note or template
- a change to reporting requirements for health practitioners who carry out allied health sessions
- an increase in the number of sessions available for services provided on behalf of a medical practitioner by Aboriginal Health Workers (AHWs), Aboriginal Health Practitioners (AHPs) or nurses
- an increase in the rebate for identified services provided on behalf of a medical practitioner by AHWs, AHPs or nurses
- further development of the example descriptors and/or explanatory notes included in the Reference Group's report, with relevant stakeholders
- consideration of the impacts and opportunities of a broader range of MBS items for Aboriginal and Torres Strait Islander health that was analysed by the Reference Group and recognition of the complexity and skill required to deliver Aboriginal Health through higher MBS rebates

- lessons from the roll out of the new cardiovascular risk assessment MBS item be applied to the implementation of recommendations from the MBS Review, taking more time to consult and consider potential unintended consequences.

2. Introduction

The RACGP thanks the MBS Review Taskforce for the opportunity to comment on the Aboriginal and Torres Strait Islander Health Reference Group Report.

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 advocates for affordable, equitable and safe access to high quality health services, which facilitate the best possible health outcomes for all Australians.

RACGP Aboriginal and Torres Strait Islander Health was formed in 2010 to raise awareness of the health needs of Aboriginal and Torres Strait Islander people. With over 9,000 members, the Faculty undertakes a range of activities to improve Aboriginal and Torres Strait Islander health outcomes.

The RACGP previously provided a submission to the Reference Group in August 2017, which summarised the RACGP's recommendations on Aboriginal and Torres Strait Islander Health MBS items. Additionally, RACGP representatives attended a stakeholder consultation with the Reference Group in August 2018, where we provided an update on the current NACCHO/RACGP partnership project.

It is noted that whilst some of the RACGP's recommendations have been incorporated into the Reference Group report, there are some notable exceptions, and areas that require amendment. These are outlined in our commentary on individual recommendations.

3. Feedback on Recommendations

3.1. Recommendation 1 – Bulk-billing incentives for allied health appointments

The RACGP supports this recommendation, however recommends that the eligibility for a bulk-billing incentive for allied health appointments should be consistent with the eligibility for general practitioner bulk-billing items (items 10990, 10991 and 10992).

Taking this approach would ensure the item covers Commonwealth concession cardholders, as well as Aboriginal and Torres Strait Islander people.

3.2. Recommendation 2 – Enable all allied health services available to Aboriginal and Torres Strait Islander peoples to be provided as group services

The RACGP broadly agrees with this approach, but seeks clarification regarding how the number of group services will be tallied, and whether these sessions are counted cumulatively with individual allied health sessions per patient, per calendar year.

To increase the availability of required sessions, the RACGP recommends group and individual allied health sessions be tallied separately, which will enable access to a greater number of sessions overall.

3.3. Recommendation 3 – Change the name of M11 and M3 items

The RACGP supports the suggested changes to the name of M11 and M3 items.

In addition, and consistent with the RACGP's earlier submission to the Reference Group, it is our view that the following amendments are also required:

- update 81345 and 81350 item descriptors to state that referral for chiropractic and osteopathic services should be for evidence-based therapy only. This would support GPs when referring for allied health services, as evidence for these services is limited to certain clinical presentations.
- change 81325 item title to 'Mental Health Nurse, Mental Health Worker or Social Worker' service, to ensure consistency with other item titles in the 81300 series of allied health items, and to indicate more clearly to which professions a GP can refer the patient.

3.4. Recommendation 4 – Pool access to allied health items that are available following the completion of a health assessment and the creation of a GPMP/TCA

The RACGP supports this recommendation, which will create more opportunities for Aboriginal and Torres Strait Islander people to access much-needed allied healthcare.

Should the General Practice and Primary Care Clinical Committee (GPPCCC) recommendation to link allied health services to GPMPs, rather than Team Care Arrangements (TCAs), be implemented, assurances are required that this would not affect the overall number of sessions available, and appropriate resources are committed to support claiming of the items.

3.5. Recommendation 5 – Increase the number of allied health sessions available for Aboriginal and Torres Strait Islander peoples

To support rigorous care for patients who require intensive support, the RACGP recommends allied health sessions available through the MBS should be uncapped. If capping is necessary, a maximum of 25 sessions should be allocated per patient, per calendar year.

Any increased access to allied health sessions should apply through a health assessment (item 715) and GPMP/TCA (consistent with recommendation four of this report).

The RACGP maintains there is still a need for new allied health items for optometry and oral health, as recommended in our original submission to the Reference Group. There are currently no allied health items available to support access to these services, yet, there is a high burden of dental and eye health issues and disease complications amongst Aboriginal and Torres Strait Islander people[1], and limited access in rural and remote areas.

The RACGP recommends introducing:

- optometry as an allied health service for follow up after an item 715 (eg patient with diabetes that needs retinopathy screening), with a proposed patient rebate at the same value for allied health services ($62.25)
- an oral health item for dentists, dental hygienists or dental therapists for use following a health assessment, and for more than fluoride application only, with a proposed rebate at same value for allied health services ($62.25), for up to four consultations per year.

Both topics are also covered in the National guide, and as such, would be included under the proposed guidelines for a health assessment (item 715), should recommendation seven of this report be adopted.

3.6. Recommendation 6 – Create a new item for group service delivery of comprehensive follow-up services after a health assessment

Similar to Recommendation 2 of the Reference Group report, the RACGP broadly agrees with this approach, but seeks clarification regarding how the number of group services will be tallied, and whether these sessions are counted cumulatively with individual follow-up sessions per patient, per calendar year.

To increase the availability of required sessions, the RACGP recommends group and individual follow-up sessions are tallied separately, which will enable access to a greater number of sessions overall.

To support rigorous follow up with patients who require intensive support, the availability of a group service for the delivery of comprehensive follow-up should be uncapped. If capping is necessary, a maximum of 25 services should be allocated per patient, per calendar year.

3.7. Recommendation 7 – Ensure that health assessment templates and content reflect best practice

The RACGP welcomes this recommendation, with some qualification.

The RACGP recommends providing ongoing funding for regular updates of the National guide, in partnership with NACCHO, and development of resources to ensure 715 health assessments meet patient priorities and are an effective first step towards ongoing preventive healthcare. To remain consistent, Medicare descriptors should also be regularly reviewed and include reference to the National guide as the source for the health assessment.

We note the suggestions for topic inclusions in the National guide, (Audit-C tool, cardiovascular disease risk calculation and sexual health check). It is our position that the RACGP and NACCHO must retain discretion and autonomy over the content of the National guide, based on advice from the National guide Aboriginal and Torres Strait Islander-led Project Reference Group, authors and expert reviewers.

Whilst the RACGP supports the proposed continuity of care clauses in this recommendation, the item 715 explanatory note should be updated to allow for clinical discretion in the delivery of health assessments, particularly in remote areas where access to referred services are particularly constrained. This will enable a GP, and other relevant members of the practice team, to tailor the health assessment to an individual's needs and is consistent with health assessment principles.[2]

The RACGP notes that the Reference Group considered creating an age tier for younger patients in the delivery of a health assessment, but did not reach a decision. The National guide includes life-cycle charts, which provides advice on age-appropriate preventative care, as such using the National guide supports age-appropriate healthcare, regardless of whether this is reflected through the MBS.

3.8. Recommendation 8 – Update the allied health referral form for Aboriginal and Torres Strait Islander peoples' health assessment

The RACGP supports this recommendation, but further changes are also required to ease reporting burdens for health practitioners providing allied health services following a health assessment, particularly for those who find reporting onerous when employed by the same service as the referring GP.

As outlined in our original submission, the requirement to provide a written report to a GP for items 81300-81360 likely results in under claiming, due to the report format specified in the MBS. It is anticipated My Health Record will better support this kind of reporting in time, however it is not considered to be currently able to do so. A clause that removes the need for a written report if documentation occurs in the patient's medical record (progress notes) would be sensible and a practical alternative.

The RACGP recommends updating the 10950 item descriptor and M11.1 (items 81300 – 81360) explanatory note to state that notes made in the patient record shared by the referring GP, the AHW or AHP, and eligible allied health practitioner, are sufficient to satisfy the reporting requirement for this item.

3.9. Recommendation 9 – Enable qualified Aboriginal and Torres Strait Islander health workers to claim for certain follow-up items

The RACGP welcomes recommendations nine and ten, which support multidisciplinary follow-up health services, and recognise the varying availability of medical practitioners between health services.

Despite this, the RACGP maintains that the number of services supported through the MBS, and in some cases the rebates available, are too low.

These items are valuable to support team-based care and allow GPs to delegate to other members of the primary healthcare team. Inadequate resourcing limits team-based care and the opportunity to improve care coordination through targeted and additional activities, such as: health coaching, care coordination or self-management support. This is particularly noticeable in cases where the AHP or nurse is in regular contact with a family or follow up after the health assessment is intensive, as is required for patients with multi-morbidities.

The RACGP recommends:

- items 10987 and 10997 be uncapped, and if capping is necessary, suggest 25 sessions per patient, per calendar year
- item 10997 attract the same rebate ($24) as item 10987.

3.10. Recommendation 10 – Enable nurses to claim for certain immunisation and wound-care items provided on behalf of a medical practitioner, when provided in Aboriginal and Torres Strait Islander primary health care

The RACGP supports the intent of this recommendation, however considers the rebate available is too low. The RACGP recommends items 10988 and 10989 attract the same proposed rebate ($24) as other nurse and AHP items.

In addition, the RACGP questions the Reference Group's decision that expanded access to items 10988 and 10989 should only apply to Aboriginal and Torres Strait Islander primary healthcare services.

The availability of a patient rebate for a service should not be based on where or which service/practice the patient chooses to attend.

3.11. Recommendation 11 – Investigate the best way to integrate Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies into the MBS

A range of community-based healthcare professionals are needed to deliver quality healthcare to Aboriginal and Torres Strait Islander people. The RACGP supports access to evidence-based health services and culturally responsive care, particularly as a way to enable a comprehensive model of care that supports social, cultural and emotional wellbeing services through the MBS.

As such, we would welcome the inclusion of traditional healers into the MBS, with the expectation that Aboriginal Community Controlled Health Organisations facilitate the delivery of the service.

Through the lens of holistic health, this approach could also consider support for roles such as environmental health officers, which would be extremely valuable to address primordial prevention of a range of issues, particularly in remote areas, including rheumatic heart disease and kidney disease.

The RACGP supports further research and consideration of alternate funding mechanisms to support these health professionals prior to implementation of this recommendation.

As outlined above, removing the cap on the number of allied health sessions available per patient, per calendar year, could support this recommendation.

3.12. Recommendation 12 – Invest in the growth and sustainability of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce

The RACGP strongly supports the development of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce.

Further to the actions outlined in the Reference Group's report, the RACGP also recommends looking at mechanisms to support AHW and AHP employment in mainstream practices, hospitals, Primary Health Networks (PHNs) and state based community-health services.

3.13. Recommendation 13 – Invest in an awareness campaign that explains the roles and scopes of practice of Aboriginal and Torres Strait Islander health workers and health practitioners

Though awareness raising is an important aim, the RACGP considers that the effectiveness of awareness raising campaigns is not supported by the evidence. A focus on the actions outlined in Recommendation 12, should be prioritised, with the awareness raising campaign one element of broader actions to raise the profile and sustainability of AHWs and AHPs.

3.14. Recommendation 14 – Establish an MBS data governance, reliability and monitoring group to provide guidance and oversight of Aboriginal and Torres Strait Islander peoples' MBS claims data to ensure accuracy

The RACGP supports stronger Aboriginal and Torres Strait Islander data governance and decision-making authority.

Work towards this recommendation can draw lessons from the current work underway on the Primary Healthcare Data Asset, the review of the Voluntary Indigenous Identifier Framework, and the existing reporting Aboriginal Community Controlled Health Organisations (ACCHOs) undertake against the national Key Performance Indicators.

It is noted that the Australian Institute of Health and Welfare, the Health Services Data Advisory Group in the Department of Health, and the Health Data Portal Project are all currently working towards improvements in data management and governance that could also provide insights to progress this recommendation.

While the RACGP is broadly supportive of strengthening data infrastructure and is currently involved in related in work to achieve this, data collection and analysis is a complex issue, with a range of trust, privacy and reporting burden issues that need to be addressed. Importantly, the benefits to the patient and the quality of service delivery must remain key considerations in the collection of any dataset.

3.15. Recommendation 15 – Ensure that all MBS revenue generated from the 19(2) Directions for state and territory clinics, funded under the Indigenous Australians' Health Programme, delivering primary health care to Aboriginal and Torres Strait Islander peoples is invested back into primary health care services

The RACGP strongly agrees with this, and recommends that a legislative solution may be required, to ensure that core funding to primary healthcare is not reduced or lost.

3.16. Recommendation 16 – Enhance social and emotional well-being support for Aboriginal and Torres Strait Islander peoples through an MBS rebate for social and emotional well-being support services delivered by accredited practitioners

The RACGP understands it is possible to implement this recommendation within existing structures, or it could be incorporated into the delivery of Recommendation 11 the Reference Group's report.

Should this be pursued, it would likely require the nomination of designated practitioners, which could include: community-endorsed traditional healer, alcohol and other drug worker, social and emotional wellbeing worker, mental health worker, social worker and psychologist, and availability for individual and group consults.

3.17. Recommendation 17 – Promote culturally safe health services for Aboriginal and Torres Strait Islander peoples to all health providers

The RACGP strongly agrees with this recommendation, which aligns with Recommendation 12 in the Reference Group report. The RACGP has a number of activities underway to support the development of a culturally responsive primary healthcare system. Whatever the preferred approach, it must be noted that cultural safety literature suggests that providing one-off training only is not effective.[3, 4] Ongoing mentoring and support for practice staff is also required.

As the new Practice Incentive Payment (PIP) Quality Improvement is rolled out, and the PIP Indigenous Health Initiative is under review, it will be important to monitor how these initiatives evolve to include cultural safety capabilities, and the effectiveness of any measures to support cultural safety delivered through these processes.

4. Additional feedback and recommendations

4.1. Alignment with the GPPCCC report

This submission considered the GPPCCC and other Primary Care Committee reference group reports, noting that several of those recommendations complement and support the direction of the Reference Group's report.

To ensure the recommendations from the Reference Group are effective, the RACGP recognises the following recommendations from the GPPCC report which may enhance healthcare delivery for Aboriginal and Torres Strait islander people:

- resourcing flexible communications for GP-to-patient services, allowing for MBS support for non-face-to-face consultations, with appropriate protections in place to prevent misuse
- differential rebates for patient enrolment, that benefit patients with higher needs, such as Aboriginal and Torres Strait Islander patients
- the need for better evidence on what constitutes a quality health assessments and that clinicians consult the NACCHO/RACGP National guide to a preventative health assessment for Aboriginal and Torres Strait Islander people (National guide) in the delivery of health assessments to Aboriginal and Torres Strait Islander people
- a prison release health check (through items 703, 705 and 707), although further clarification is required on any potential limitations in claiming this item in conjunction with item 715.

The RACGP's submission to the GPPCCC Committee is available on our website for further information.

4.2. Models of Primary Care Financing and Funding

The RACGP notes with interest the Reference Group discussions regarding models of primary care financing and funding, and the consideration of a range of ideas relating to how best to support patients and the growth of the Aboriginal and Torres Strait Islander workforce. The RACGP would like to remain involved in discussions about the most appropriate funding frameworks for primary healthcare.

Aboriginal and Torres Strait Islander people claim MBS at a far lower rate than is required according to need.[1] The impacts and opportunities available to improve Aboriginal and Torres Strait Islander health outcomes through the MBS should be considered more broadly. The MBS is a major funding source for the Aboriginal health sector, and as such, the Reference Group should consider a broader range of MBS items.

In addition, to strengthen the value of the MBS in delivering Aboriginal and Torres Strait Islander health improvements, further work must be done to understand the often complex nature of consultations in Aboriginal health which requires a higher skill set, as such MBS rebates should reflect the complexity of these services.

As reflected in the Reference Group discussions, owing to the comprehensive and holistic care delivered through ACCHOs, grant funding is still required to ensure the delivery of quality care to Aboriginal and Torres Strait Islander people. The structure and quantity of funding must align with the specific need of Aboriginal and Torres Strait Islander patients. Similarly, whilst the MBS supports preventative healthcare at a clinical level (through the 715 health assessment, for example), community and population level preventative health interventions also require support, which may not be serviced through a fee-for-service model.

4.3. MBS item to support a cardiovascular risk assessment

The RACGP notes that the Australian Government has recently implemented a new MBS item to assess cardiovascular risk.[5] This is consistent with the RACGP's recommendation to the Reference Group to introduce a new MBS item to support a cardiovascular risk assessment for Aboriginal and Torres Strait Islander people and is a welcome development.

However, the speed with which the item was implemented, and the lack of consultation has meant that the implementation of the item was far from optimal. There are important lessons that can be applied to the subsequent implementation of recommendations from this review, particularly in relation to adequate consultation. The RACGP strongly encourages transparent and ongoing monitoring of the utilisation and outcomes of this new item, as it applies to Aboriginal and Torres Strait Islander people, particularly any unintended consequences.

5. Conclusion

The RACGP looks forward to hearing about the final recommendations and outcomes from the Reference Group, and further participation in future consultations.

If you have any questions or comments regarding this submission, please contact Ms Leanne Bird, Faculty Manager – RACGP Aboriginal and Torres Strait Islander Health, on (03) 8699 0313 or via email on leanne.bird@racgp.org.au

References

1. Australian Health Ministers' Advisory Council, 2017, Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report, AHMAC, Canberra.
2. Swinglehurst D, Greenhalgh T, Roberts C. 2012. Computer templates in chronic disease management: ethnographic case study in general practice. BMJ Open. 2**:**e001754. doi: 10.1136/bmjopen-2012-001754
3. Durey A. 2010. Reducing racism in Aboriginal health care in Australia: where does cultural education fit? Australian and New Zealand Journal of Public Health. Jul;34 Suppl 1:S87-S92.
4. McDermott, D. 2012. Can we educate out of racism? *Med J Aust.* 197(1): 15. doi:10.5694/mja12.10936
5. Hunt, G (Minister for Health). 2019. New dedicated Medicare item for heart health checks, media release, 24 February, accessed from: http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2019-hunt027.htm