

16 July 2024

Conjoint Professor Anne Duggan Chair of MRAC
Via email: MRAC.ECG@health.gov.au

Dear Conjoint Professor Anne Duggan,

Re: Medicare Benefits Schedule Review Advisory Committee (MRAC) Draft report for open consultation: Post-implementation review of changes to electrocardiogram (ECG) Medicare Benefits Schedule (MBS) items

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to MRAC's [Draft Report: Post-implementation review of changes to ECG MBS items](#) (the Review) as part of the open consultation process.

Aligned with our recent [submission](#) to MRAC in March 2024, the RACGP calls for the restoration of patient Medicare rebates for general practitioners (GPs) interpreting electrocardiograms **without further delay**. It has been almost four years since the initial changes were introduced to the disadvantage of patients and their GPs, and any further delay compromises access to care for patients across Australia.

The RACGP supports the recommendations of the report, which seek to ensure ECG MBS items reflect responsibility and clinical duty more appropriately and are not limited by specialty. In our [previous submission](#) on this topic, the RACGP strongly opposed the removal of MBS item 11700 (trace and formal report). We also recommended that GPs be allowed to bill MBS item 11714 in line with other non-GP specialists and consultant physicians. As such, we are supportive of the recommendation to enable access for all medical practitioners to MBS item 11714.

We agree that it is important to incentivise clinical decision-making and autonomy, and that interpretation of ECG traces should not be limited by medical specialty. The reinstatement of adequate provision and funding within the MBS for GPs to provide both tracing and interpretation of ECG results is essential in the management of care for patients experiencing or at risk of cardiac complications.

The RACGP recommends government:

1. Introduce the revised ECG MBS items 11714 and 11707, **effective immediately** (as aligned with the MRAC's recommendations).
2. Prioritises interoperability and seamless exchange of information across the health system, inclusive of ECG traces, clinical notes and reports, along with ensuring the technology is widely available and easy to use.

We urge the government to **act decisively** on this matter. Prolonging this any further, as acknowledged in the report, will continue to serve as a barrier to patients accessing the critical care they need. This will lead to poorer health outcomes, potentially because of lack of access to affordable care. Our rural and remote patients have been particularly disadvantaged as reduced access to cardiologists means that rural GPs are tasked with writing the clinical notes and reporting, however the patient does not benefit from an appropriate rebate for the service. All Australians deserve equal access to high-quality healthcare, and **patients should never be discouraged from seeking the healthcare they need due to cost**.

The role of GPs in performing ECGs

GPs are specialists. They have the skills and competency to conduct, interpret and report on ECGs. GPs are 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 interpretation except in circumstances where further advice is required from a non-GP-specialist.

Directing patients to their regular GP is optimal to ensure an efficient healthcare system, support patient health and wellbeing and avoid unnecessary visits to already strained emergency departments. The RACGP acknowledges the report's draft recommendations which seek to recognise the valuable work GPs do with ECGs and how important these services are for patient care and management. The MRAC must ensure the MBS is structured to support its principles of enabling coordinated care through the health system by recognising the central role of general practice in coordinating care and facilitating communication.¹ This will enable continuous and coordinated care, along with promoting equity according to patient need.

Impact of changes on patient access

From 1 August 2020, MBS items for ECGs that include reporting were made unavailable to GPs. Patient rebates for GP-performed ECGs were removed, with the intent of the changes being to reduce low value service provision. However, they instead potentially compromised patient safety by prioritising the 'efficacy' of existing MBS items, based on 'seemingly low-value ECGs' over patient access to affordable and appropriate care.¹ The previous Medicare benefit of \$27.45 for the ECG trace and report in a clinic (MBS Item 11700) was reduced to \$16.15 under the item number 11707, and the description of the number limited the activity to be for a trace only, with no report.

The changes to the ECG MBS items in 2020 significantly impacted their usage and the availability of ECG services in general practice. In 2019/20, when GPs could still bill MBS Item 11700 for an ECG trace and report, patient benefits paid for this item were \$82.9 million. In 2022/23, benefits for the trace only item that GPs were restricted to (MBS Item 11707) were only \$16.8 million. This represents a significant drop in funding for patients to access ECG services through their GP. As a result of the changes, there was a 70% reduction in ECG services provided to patients by GPs and other medical practitioners. This meant approximately 2.2 million fewer total ECG services between 2020/21 and 2021/22.

The 1 August 2020 ECG MBS amendments continue to compromise patient access to timely diagnosis and management of heart conditions. The restoration of ECG tracing and reporting item numbers is critical to rectify this. Patients currently must access ECGs via more expensive non-GP specialists to receive Medicare rebates, and therefore face higher and potentially prohibitive out-of-pocket costs. As acknowledged within the Review, the previous 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 non-GP Specialists.¹

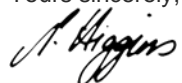
The removal of funding for GPs to trace and report on ECGs is occurring in the context of a cost-of-living crisis and rising out-of-pocket costs more broadly which are continuing to place more pressure on affordable patient care. **The removal of these item numbers also had a particular impact on Aboriginal and Torres Strait Islander health and those living in rural and remote areas.** Rural and regional GPs and those working in Aboriginal Controlled Community Health Organisations (ACCHOs) may not have easy access to a non-GP specialist to provide an ECG to, limiting patient access to essential healthcare. Rural and regional patients already face higher out of pocket fees compared to urban counterparts. This risks limiting access to only those who can afford to see a non-GP specialist rather than a universal healthcare system with equity at its core driver.

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. As a national peak body representing over 40,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

The RACGP is committed to working with government to support the implementation of appropriately redesigned ECG MBS items for the sector.

I would welcome the opportunity to discuss these issues further. If you have any questions or concerns regarding this letter, please contact Samantha Smorgon, National Manager – Funding and Health System Reform, on (03) 8699 0566 or via samantha.smorgon@racgp.org.au.

Yours sincerely,



Dr Nicole Higgins
President



RACGP
Royal Australian College
of General Practitioners

Healthy Profession.
Healthy Australia.

References

¹ Department of Health and Aged Care. MBS Review Advisory Committee Electrocardiogram Working Group, Electrocardiogram Post-implementation Review – Draft Report. Australian Government, Canberra. Jan 2024. Available at https://consultations.health.gov.au/medicare-reviews-unit/10d2ece5/supporting_documents/MRAC%20ECG%20PIR%20Draft%20Report%20%20February%202024.pdf