

# MBS Review Stakeholder Forum

Australian Government – Department of Health



**Australian Government**  
**Department of Health**

# Contents

## Introduction

- **Background to the MBS review** **15 minutes**
- **Overview of approach and status**

Insights from the pilot reviews 10 minutes

Discussion and feedback on focus to date 30 minutes

Which cross-committee issues should the Review consider? 45 minutes

Break 15 minutes

Which issues with specific items should the Clinical Committees examine? 30 minutes

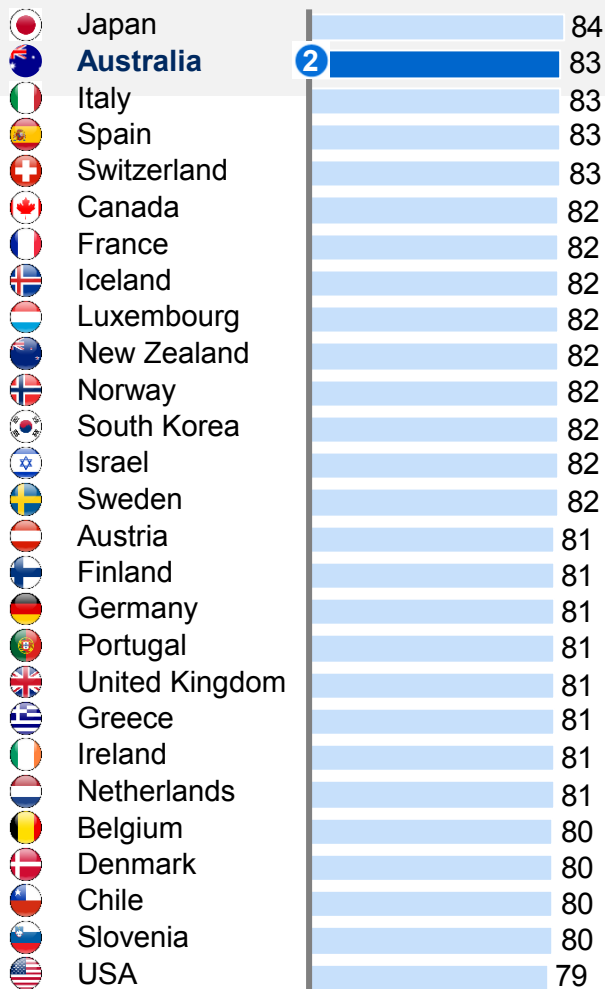
Open Q&A 30 minutes

Wrap-up and opportunities for further input 5 minutes

# Australia achieves very strong outcomes compared to peer systems

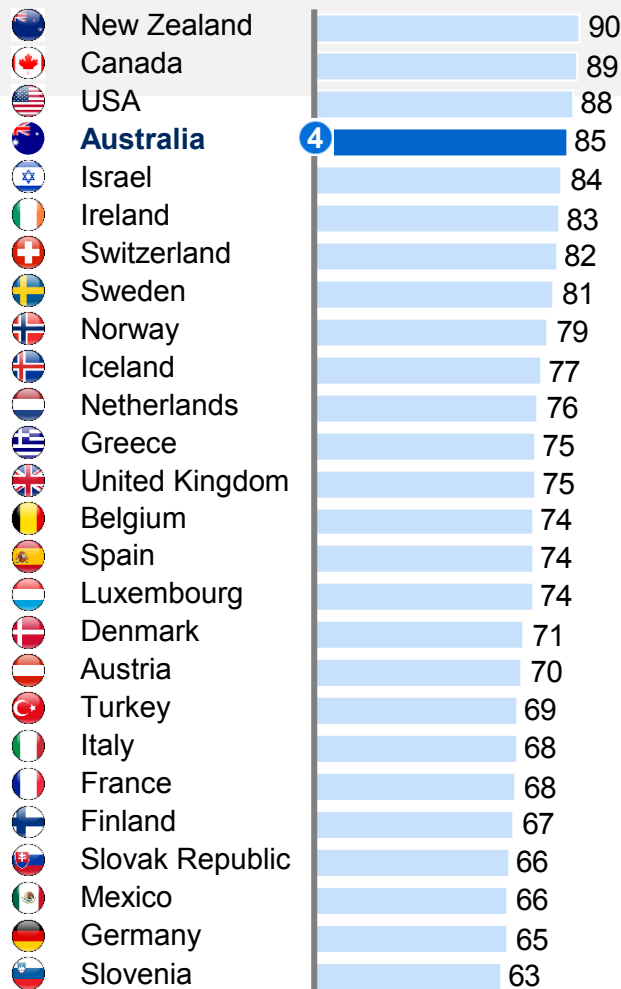
## Life expectancy at birth (years)

Years per capita, 2013



## Self-reported health score

(%) of population aged 15+ who report their health to be good/very good, 2011<sup>1</sup>

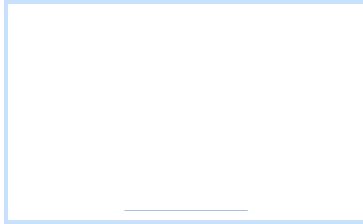


<sup>1</sup> 2011 data for most countries. Exceptions: for some countries only prior data is available (2006-2010). Newer data is used (2012-2013) where available.

# The primary purpose of the MBS review is to achieve better value for the Australian healthcare system through improved patient health outcomes



- Cease funding **unsafe** and obsolete services, which provide no or negligible clinical benefit and, in some cases, may harm patients



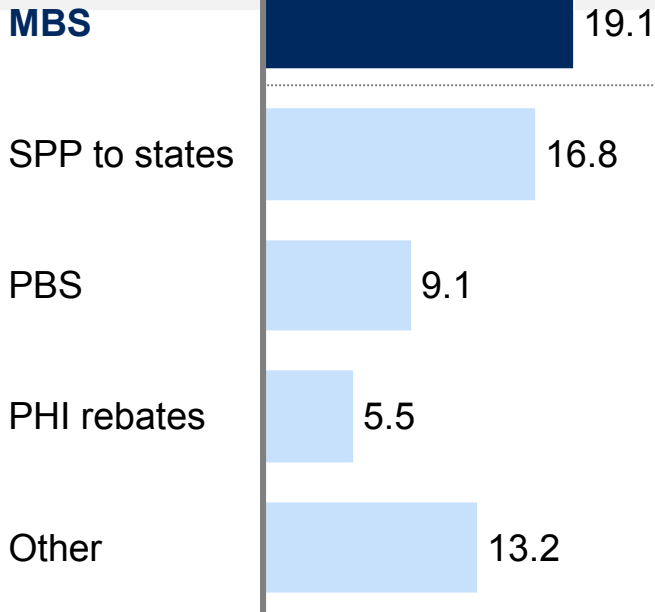
- Address concerns about **low-value** care, clinically unnecessary service provision and adherence to clinical guidelines



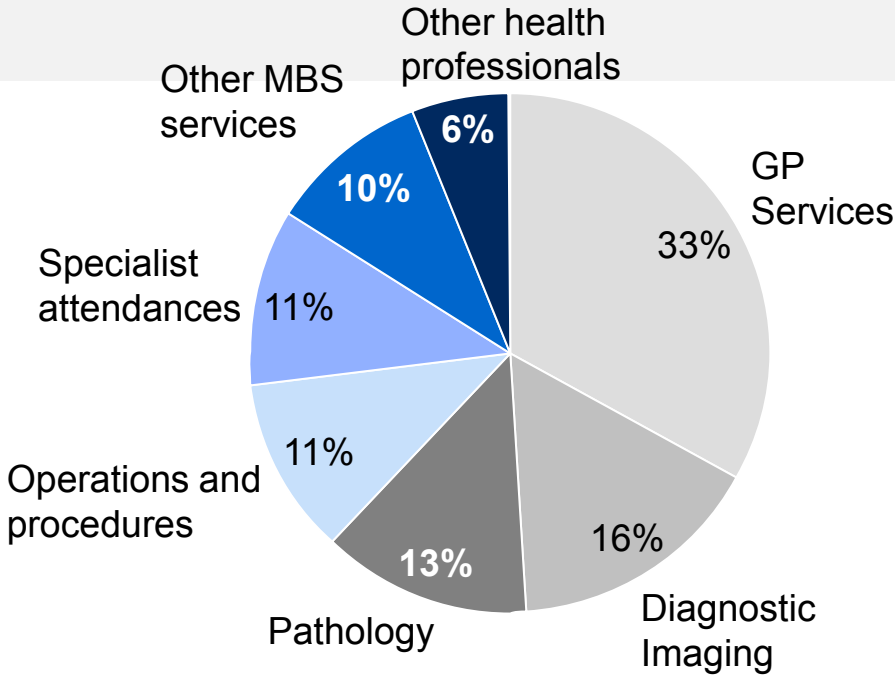
- There is **no savings target** – scope for reinvestment in high-value services

# The MBS is a significant component of the Australian healthcare system

**Federal Government health expenditure <sup>1</sup>**  
AUD (billions), 2013-14



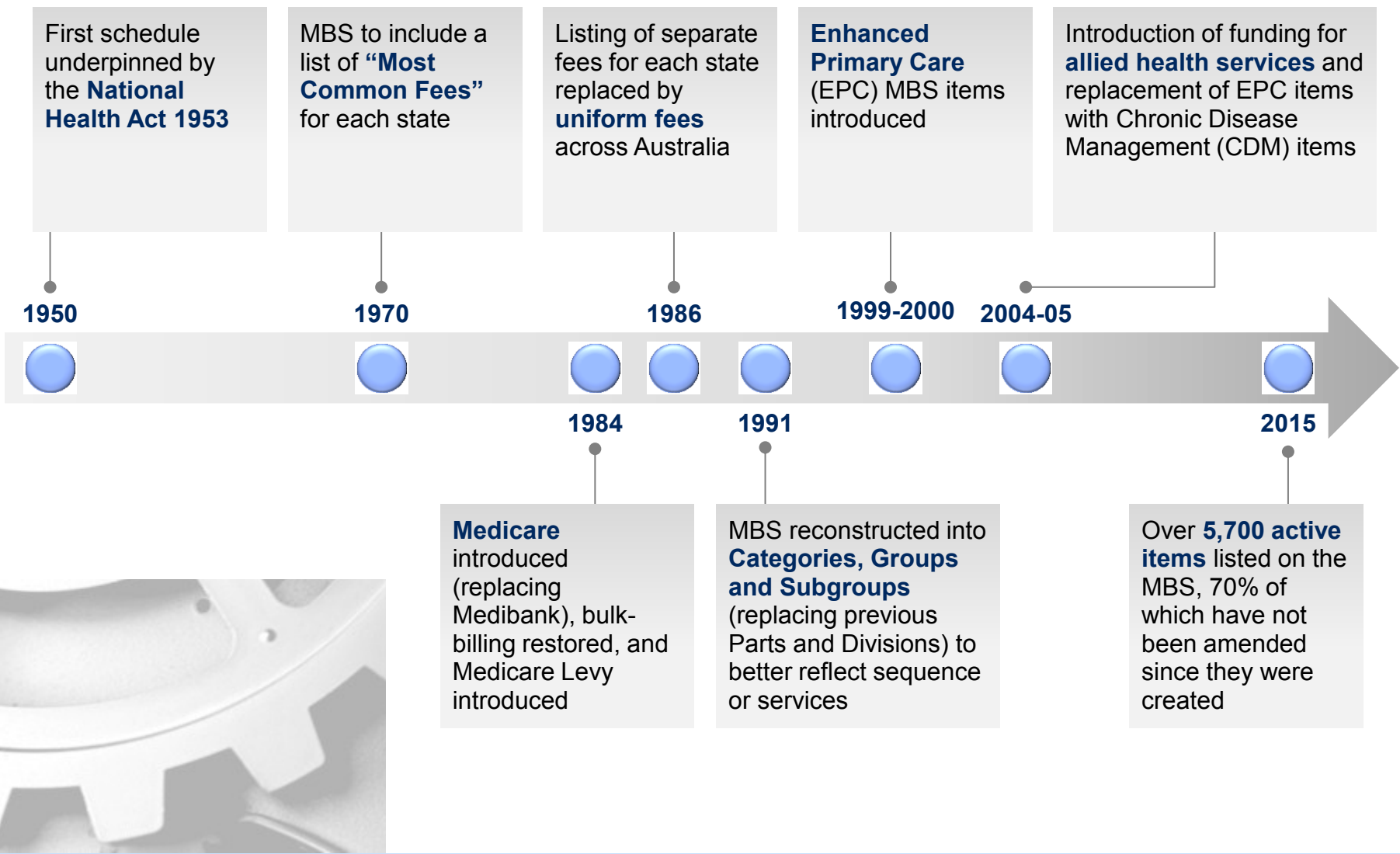
**Breakdown of MBS expenditure <sup>2</sup>**  
Percent, 2013-14



**Medicare benefits constitute ~ 30% of Australian Government health expenditure**

<sup>1</sup> Not including capital expenditure  
<sup>2</sup> Operations and Procedures include anaesthetics services; other MBS services include radiotherapy, obstetrics, IVF and other diagnostics; other health professionals include optometry, allied health and psychology services

# The MBS has evolved significantly since its inception

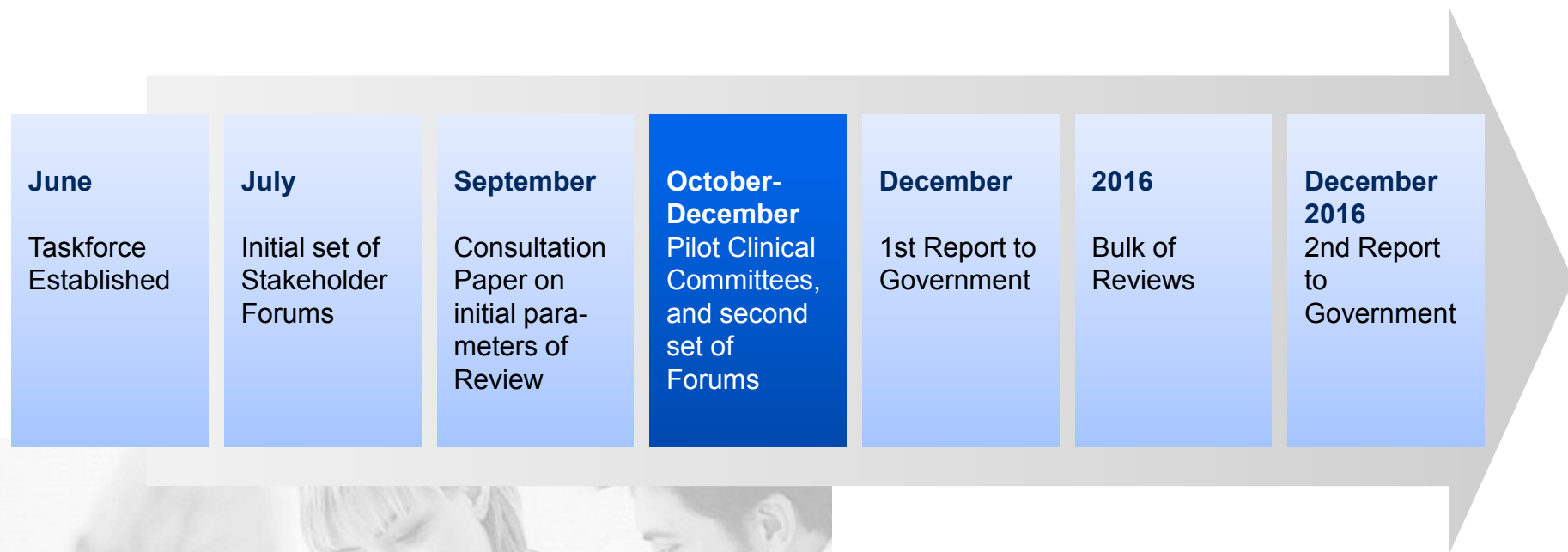


# What will this review mean for patients and consumers?

- 1 More evidence-based care
- 2 Increased access to valuable, yet underutilised, treatments
- 3 Prevention of unnecessary treatments and tests
- 4 More appropriate referrals and appointments
- 5 Adoption of new, best-practice, health care technologies

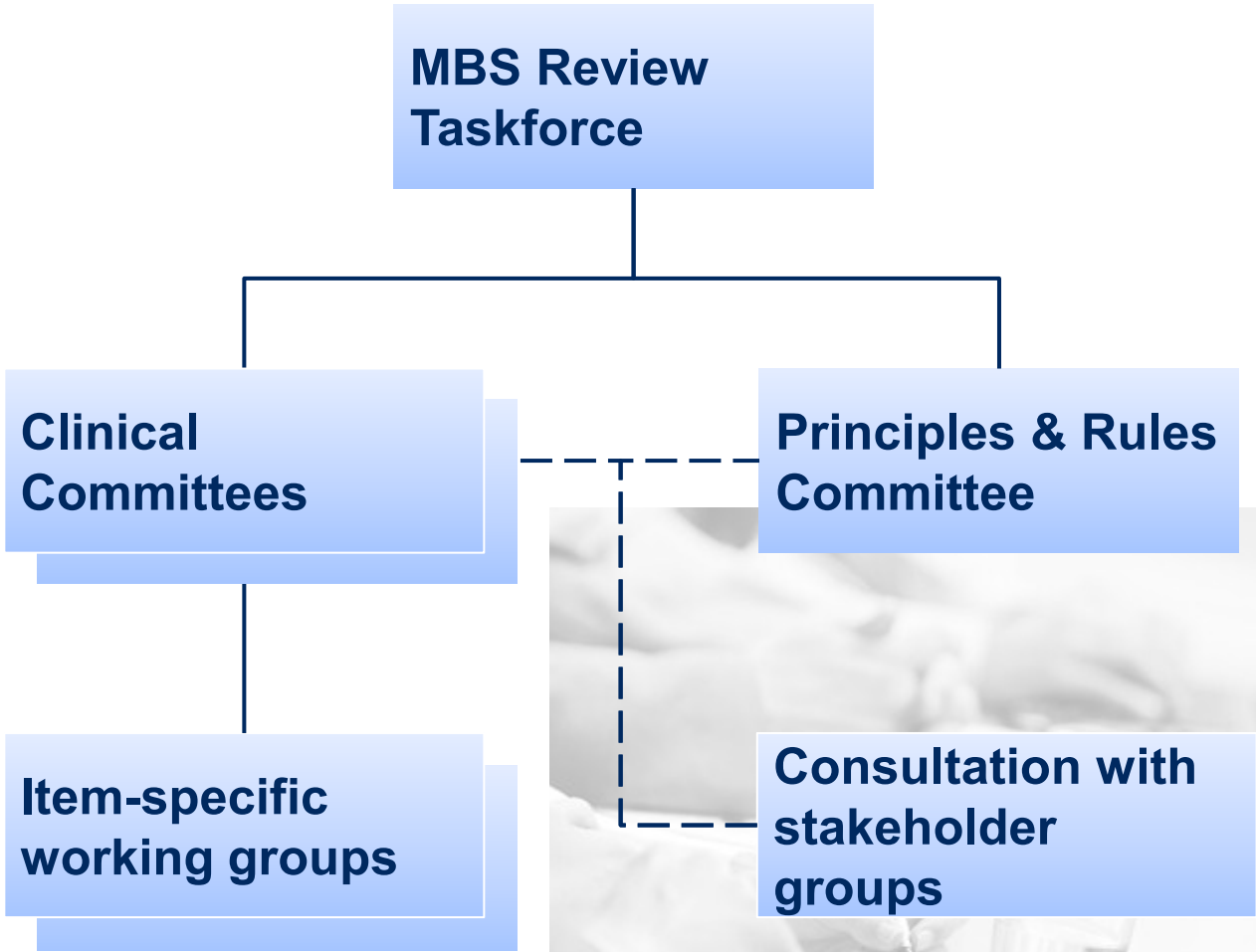


# Overview of MBS review process and where this forum fits





# MBS review activities have been distributed among several groups



# The MBS Review Taskforce



**Professor**  
Bruce Robinson



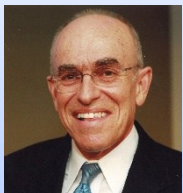
**Ms**  
Rebecca James



**Professor**  
Paul Glasziou



**Dr**  
Lee Gruner



**Professor**  
Michael Besser



**Dr**  
Michael Cogle



**Dr**  
Steve Hambleton



**Professor**  
Michael Grigg



**Dr**  
Bev Rowbotham



**Professor**  
Nick Talley



**Dr**  
Matthew McConnell



**Dr**  
Matthew Andrews



**Associate Professor**  
Adam Elshaug

# The Principles and Rules Committee examines issues which affect many or all Clinical Committees

## Description of the Principles and Rules Committee

- The Taskforce will recommend updates to the **legislation** which underpins the MBS
- The Committee contains a **broad range of participants**, including Taskforce members clinicians, and others
- Stakeholders are invited to **actively contribute** to the refinement of Rules

## Examples of issues raised by stakeholders

- **Referral regulation:** what role should the GP play?
- **MBS item descriptors:** how can MBS items be more clearly defined and user-friendly?
- **Ongoing MBS reviews:** how frequently should items be revisited?
- **Rural delivery of care:** how should items be regionally adjusted?

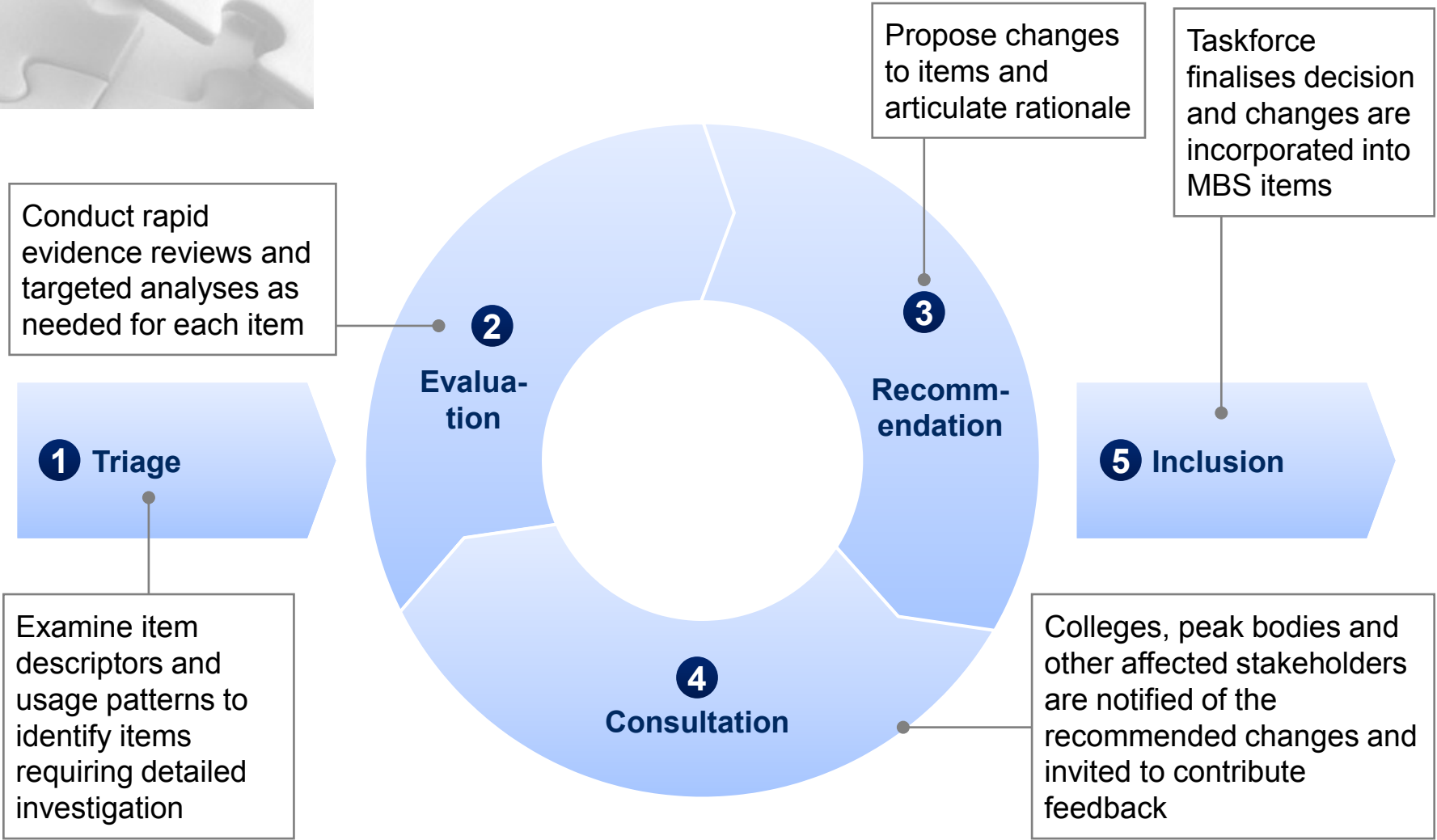
# To ensure the Review is clinically led, each category is being evaluated by a peer-nominated clinical committee

## Examples of Clinical Committees

		Chair	Examples of members
Obstetrics		Prof. Michael Permezel	Midwife, GP obstetrician, specialist OB, rural obstetrician, pathologist
Diagnostic imaging		Prof. Ken Thomson	Radiologist, nuclear medicine specialist, GP, health economist
Gastro-enterology		Prof. Anne Duggan	Gastroenterologist, general surgeon, GE nurse, GP
Thoracic		Prof. Christine Jenkins	Thoracic medicine, respiratory and sleep specialists, GP
ENT		Prof. Patrick Guiney	ENT surgeon, paediatrician, GP working in Indigenous health



# The Clinical Committees are following a consistent five-step approach



# An initial wave of six pilot clinical committees has been launched

## A rapid start

- Of the 30 Clinical Committees, **6 priority areas** were launched in October<sup>1</sup>
- Objective is to quickly address high-priority items and to test the rapid review methodology

## Based on stakeholder input

- **Selection** of priority areas was based on:
  - Stakeholder **feedback** on high-importance items
  - Initial **Taskforce** assessment of MBS categories
  - A **cross-section** of committee types

## Promising signs of progress

- Triage of items carried out
- Preliminary list of obsolete items is being examined further
- Target areas are being moved into evaluation (e.g., sleep studies, pre-natal testing)
- Several new items have been proposed

<sup>1</sup> Obstetrics, ENT, Gastroenterology, Thoracic surgery, Pathology, and Diagnostic imaging.

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Open Q&A 30 minutes

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# Medical Benefits Schedule (MBS) Review

## AN OBSTETRIC PERSPECTIVE





# MBS Review



Who?

## MBS Review – Obstetric Clinical Committee

Specialist O&Gs

incl MFM Subspecialist

General Practitioner O&Gs

Other Specialist (Epidemiologist)

Midwife

Community rep

Health Department support ++

# MBS Review



## Examples of Review Items

Knee arthroscopy

CT scans for lower back pain

Sleep studies

Ferritin and Iron studies

Adenoidectomy, tonsillectomy and grommets

Prenatal pathology tests

# MBS Review



## Early Clinical Committees

### Diagnostic Imaging

Bone densiometry, PE and acute DVT, Knee Imaging

### Obstetrics

Ear, Nose and Throat

Haematology

Respiratory

Endoscopy / Colonoscopy

# MBS Review



What should the Obstetric Group look at?

Prepregnancy and Antenatal pathology tests?

# MBS Review



What will the Obstetric Group look at?

Prepregnancy and Antenatal pathology tests

Vitamin D, Ferritin, TSH

U&E, LFT, Cholesterol

Parvovirus ab, CMV ab, Toxoplasma ab

# MBS Review



What will the Obstetric Group look at?

## Prepregnancy and Antenatal pathology tests

Vitamin D, Ferritin, TSH

U&E, LFT, Cholesterol

Parvovirus ab, CMV ab, Toxoplasma ab

Possible change?

Should recommend “first antenatal visit blood tests” be grouped into a single item number?

# MBS Review



## What will the Obstetric Group target?

### Ultrasound?

Widespread use of point of care ultrasound in obstetrics, but many smaller practices find the credentialing process difficult

# MBS Review



## What will the Obstetric Group target?

### Ultrasound?

Widespread use of point of care ultrasound in obstetrics, but many smaller practices find the credentialing process difficult

Possible change?

Should point of care ultrasound billing be rolled into the antenatal visit item number?



# MBS Review



What will the Obstetric Group target?

Antenatal visits?

# MBS Review



## What will the Obstetric Group target?

### Antenatal visits?

Large variation in numbers of visits and practices  
increasingly using midwives to do some antenatal visits

# MBS Review



## What will the Obstetric Group target?

### Antenatal visits?

Large variation in numbers of visits and practices  
increasingly using midwives to do some antenatal visits

### Possible change?

Is there any value in going back to a single item number  
for all antenatal visits?

e.g. Assume an average of 10 visits for PG and 7 for MG?  
(NICE guideline)

# MBS Review



## What will the Obstetric Group target?

### Pregnancy Planning and Management

16590 (intends to manage birth - 324) and 16591 (not - 142)

Many 16590 (esp in some states) who never deliver a baby

Possible change?

Restrict 16590 to only those with obstetric admitting privileges at the hospital where the patient is booked?

# MBS Review



What will the Obstetric Group target?

## Pregnancy Planning and Management

16590 (intends to manage birth - 324) and 16591 (not - 142)

Many 16590 (esp in some states) who never deliver a baby

# MBS Review



What will the Obstetric Group target?

Labour and Birth?

# MBS Review



## What will the Obstetric Group target?

### Labour and Birth

16519 (non-complex) & 16522 (complex)?

Substantial variation probably not due to clinical complexity

# MBS Review



## What will the Obstetric Group target?

### Labour and Birth

16519 (non-complex) & 16522 (complex)?

Substantial variation probably not due to clinical complexity

Possible change?

More objective descriptors

e.g. add morbid obesity, remove “serious condition endangering mother”



# MBS Review



## What will the Obstetric Group target?

### Labour and Birth

16519 (non-complex) & 16522 (complex)?

More work (less help) rurally

Possible change?

Rural Loading

# MBS Review



What will the Obstetric Group target?

## Mid-trimester miscarriage or termination of Pregnancy

Currently around  $\frac{1}{4}$  of the 16519 yet mostly much more complex/difficult and extremely demanding in time and emotional support for the patient

# MBS Review



## What will the Obstetric Group target?

### Mid-trimester miscarriage or termination of Pregnancy

Currently around  $\frac{1}{4}$  of the 16519 yet mostly much more complex/difficult and extremely demanding in time and emotional support for the patient

### Possible change?

Restructure the current mid-trimester item number for 16.0 to 22.9 weeks at a substantially higher rate

# MBS Review



What will the Obstetric Group target?

## Postnatal Care

More resources into Postnatal care?

HOW?

# MBS Review



## What will the Obstetric Group target?

### Postnatal Care

More resources into Postnatal care?

Possible change?

Definitive item for a postnatal check that includes a mental health assessment

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# We are asking for your detailed input on two of the current questions in our current Consultation Paper

## Main topics of the Consultation Paper

- Vision and terms of reference
- Survey of Medicare and the MBS: background, utilisation and expenditure
- Overview of MBS review process
- Review of MBS legislation and 'rules'
  - Acts and regulations
  - MBS / public hospital interface
  - Compliance
- Access to and effective usage of MBS data

## Key questions for input today

- Which **cross-committee issues** applying to several areas across the MBS should be reviewed?
- Which **issues with specific items** should be brought to the attention of the clinical committees and for what reasons?

Participants are invited to provide more comprehensive input into the consultation process. Current round of stakeholder input is due by **November 9**



# Today, we would like to focus the group’s input on two actionable themes

## Theme

## Objective



**Cross-committee issues**



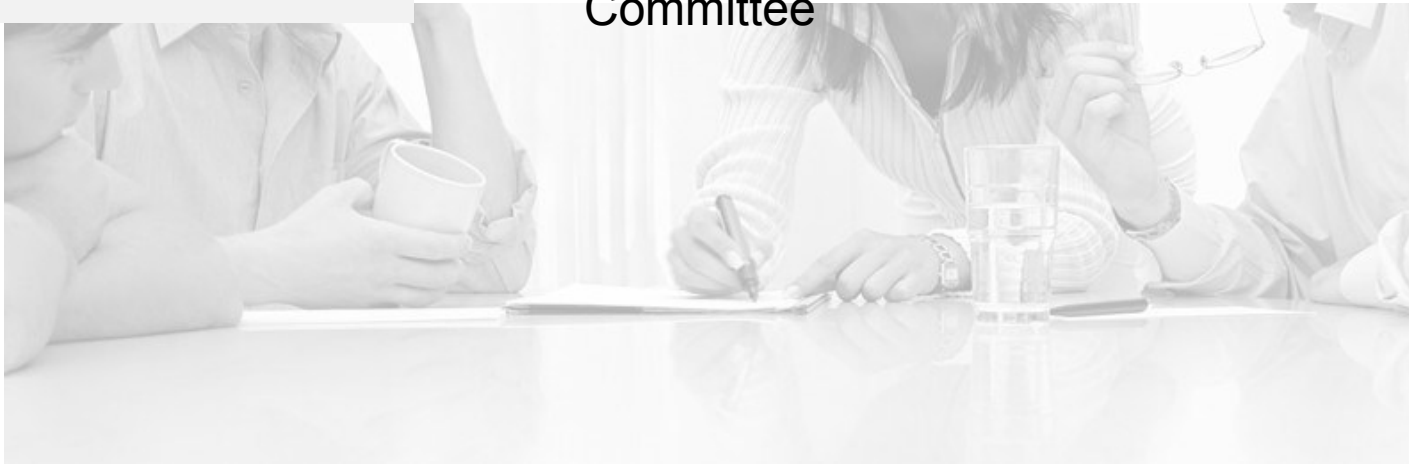
Identify and examine issues whose implications extend across the Clinical Committees



**Specific items**



Advance suggestions of items or groups of items requiring attention by Clinical Committee



## Examples we have heard from stakeholders

“

Lack of rebates for telephone services is limiting for **rural and remote** consumers

”

“

Allow specialist-to-specialist **referrals** to last the same duration as GP referrals

”

“

Some **imaging**, i.e. MRI for certain areas, should be restricted to ordering by specialists

”

“

There are outdated areas where **nurses** undertake health assessments or other tasks, but are required to have a GP sign these off

”

# Instructions for Group Discussion on cross-committee issues

- |  |  |  |
|--|--|--|
| <p><b>1</b> Each table will engage in a group discussion on cross-committee issues. Select a participant to <b>report back</b> to the Forum. Use the provided template pages to note your personal feedback, which will be collected at the end of the session</p> |  |  |
| <p><b>2</b> Spend 30 minutes brainstorming and prioritising <b>cross-committee themes</b> and/or improvements to the Rules governing MBS – where should the Principles and Rules Committee focus?</p>  |  |  |
| <p><b>3</b> Agree within your group on the top 5 options and <b>report back to the plenary group</b>, including any additional themes the Review should consider</p>   |  |  |

# Exercise: which cross-committee issues should be prioritised?

Please discuss these cross-committee issues with your group and rank the top 5 which seem most important to address. Feel free to add additional suggestions of your own on the next page

Cross-committee issues suggested by stakeholders	Priority
▪ <b>Transparency</b> surrounding usage, variation and fees charged	
▪ <b>Item descriptors</b> (e.g., elements to describe and regulate services)	
▪ <b>Frequency</b> of MBS item reviews	
▪ Complementing the MBS with <b>outcomes-based</b> reimbursement	
▪ <b>Mutually exclusive items</b> (i.e. items that should not be claimed together)	
▪ Factoring in the <b>costs</b> of delivering a service	
▪ The range of eligible <b>providers</b> for a given service	
▪ Payments and/or exemptions from select requirements for providers in <b>rural areas</b>	
▪ <b>Referrals</b> (e.g. time limits, etc.)	

## Exercise: which other cross-committee issues should be considered?

**Based on your experience and group discussion, please add additional suggestions for consideration beyond the current list**

### Additional cross-committee issues for the Principles and Rules Committee to consider

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**Cross-committee issues**



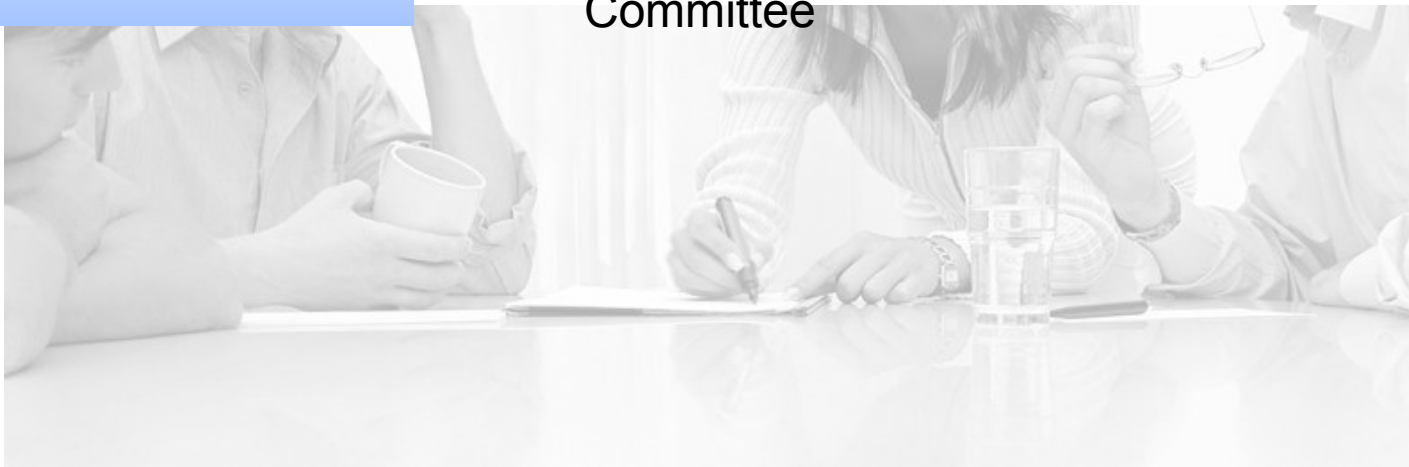
Identify and examine issues whose implications extend across the Clinical Committees



**Specific items**



Advance suggestions of items or groups of items requiring attention by Clinical Committee





## Examples we have heard from stakeholders

“ There is excessive ordering of electrolytes and LFT's as part of **‘routine antenatal blood tests’** ”

“ On psychology item caps: **‘10 sessions just aren't enough** for some people’ ”

“ Intravenous pyelograms and barium meals and enemas have been **superseded** but still attract a Medicare rebate ”

“ Item 715 does not align with the Government's own **‘Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations’** ”

# Instructions for Group Discussion on specific items

- 1

Take five minutes to note down your thoughts on the template: which item changes would you recommend to a Clinical Committee to **improve patient outcomes** and benefit the health system?
- 2

Spend 10 minutes discussing potential item changes within your table, capturing key ideas and questions on the provided **template**
- 3

Take five minutes at the end to **debrief** your table's top 3-5 insights. The final 10 minutes of this section will be spent in plenary discussion

# Exercise: which MBS items require review?

Please suggest items or groups of items which you would advise Clinical Committees to focus on, and describe why. Discuss specific changes in your group, then share your thoughts with the forum

Item name or number	Why it needs to be reviewed (e.g. obsolete, low-value etc.)

# Who would you like to nominate for the Clinical Committees?

Name of Nominee	Organisation	Specialty / Expertise

*Also take a moment to nominate yourself or colleagues to Clinical Committees using the templates provided on your table*

Nominations would be particularly welcome for 7 areas:

- Allergy and immunology
- Anaesthesia
- Dermatology
- Endocrinology
- Optometry
- Oral and maxillofacial surgery
- Renal medicine

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# Our continuous dialogue with stakeholders is happening via six channels



**Consultation Papers contain major questions and updates**



**The Consultation Hub provides immediate opportunity for input**



**Professional organisations are being continually engaged**



**Stakeholder forums and webinars seek live feedback**



**Distribution list members are kept up-to-date regularly**



**MBS Review website provides key materials**

# By providing input via the Consultation Hub, you can subsequently be kept involved throughout the Review process



The screenshot displays the Australian Government Department of Health Consultation Hub interface. At the top, the Australian Government Coat of Arms is positioned to the left of the text 'Australian Government' and 'Department of Health'. Below this, there are two tabs: 'Consultation Hub' (selected) and 'Find Consultations'. The main content area is titled 'Broad Audience Survey'. A survey question asks, 'Do you think that there are parts of the MBS that are out-of-date and that a review of the MBS is required?'. This question is marked as '(Required)' in red. There are three radio button options: 'Yes' (selected), 'No', and 'Unsure'. Below the options, a text prompt says 'If Yes, please identify the areas you think are out-of-date.' followed by a large, empty text input box. At the bottom of the survey area, there is a link labeled 'Information on the MBS'.

<https://consultations.health.gov.au/medicare-reviews-unit/mbs-review/consultation/intro/view>





**Email :** MBSReviews@health.gov.au



**Website:** <http://www.health.gov.au/internet/main/publishing.nsf/content/consultation-mbsreviewtaskforce>