

28 June 2019

Specialist and Consultant Physician Consultation Clinical Committee
Medicare Review Unit, Medical Benefits Division
Australian Government Department of Health

Sent via email: MBSReviews@health.gov.au

Dear Specialist and Consultant Physician Consultation Clinical Committee,

Re: Submission in response to the Report from the Specialist and Consultant Physician Consultation Clinical Committee

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide a submission in response to the *Report from the Specialist and Consultation Physician Consultation Clinical Committee*.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high quality healthcare to benefit the whole community.

To achieve a healthy Australia supported by the best possible healthcare system, AHHA recommends Australia reform the healthcare system over the next 10 years by enabling outcomes-focused and value-based healthcare. This requires:

1. A nationally unified and regionally controlled health system that puts patients at the centre;
2. Performance information and reporting that is fit for purpose;
3. A health workforce that exists to serve and meet population health needs;
4. Funding that is sustainable and appropriate to support a high quality health system.

AHHA's *Healthy people, healthy systems*¹ is a blueprint with a series of short, medium and long-term actions to achieve this goal.

Within this context, AHHA supports the Medicare Benefits Schedule (MBS) Review Taskforce's commitment to providing recommendations to the Minister for Health that will see the MBS deliver:

1. Affordable and universal access
2. Best practice health services
3. Value for the individual patient
4. Value for the health system

AHHA submits the following comments on the *Report from the Specialist and Consultation Physician Consultation Clinical Committee*.

¹ Australian Healthcare and Hospitals Association. 2017. Healthy people, healthy systems. Available at https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_2017_0.pdf.

Recommendation 1 – Introduce time-tiered attendance items

AHHA acknowledges the multiple issues that this recommendation is being proposed to address.

Concerns raised by patients about consultations being charged as initial attendances because they fall outside referral validity periods, even though they are for routine monitoring of conditions, must be addressed. AHHA recommends that, should this recommendation be adopted, monitoring is undertaken to ensure:

- patient ongoing access to specialists and consultants is appropriate for the disease or condition being treated; and
- referral validity periods do not impact on continuity of care with a specialist or consultant, nor create an unnecessary cost burden.

Recommendation 12 – Establish a national minimum data set to inform evidence-based clinical practice and inform patient choice

AHHA supports this recommendation.

Consolidated healthcare data in Australia is poor. However, individual providers such as specialists often hold significant information on the services provided to patients, the conditions for which they are being treated and the progression of patient's recovery or further deterioration of their condition. Consolidating this data could be facilitated ideally through the development of a national minimum dataset that provides common data standards and reporting frameworks.

The challenges in capturing healthcare data for specialist and consultant care outside the hospital sector is recognised. A similar approach to the proposed development of a National Primary Health Care Data Asset may provide the opportunity to move our health system in a direction that can better inform our understanding of population health, patient journeys through the healthcare system and to focus on the outcomes that patients value most. These outcomes should be viewed comprehensively to include clinical, service, and patient-reported outcome and experience measures.

Recommendation 13 – Provide transparency on the cost and quality of consultant specialist services

AHHA supports this recommendation.

Publishing information on health system performance can improve clinical outcomes for patients and benefit the system as a whole. This is intended to occur through both increased consumer knowledge of performance to make informed choices (with low-performing providers losing market share and making meaningful changes to improve performance in response), and increased health care worker knowledge of their own performance motivating them to provide better care.

There is a danger that performance reporting will drive risk-avoidance behaviour by services; this will need to be properly managed to ensure an overall positive impact.

AHHA supports that greater upfront transparency of fees and costs associated with treatment options is required, including removing the practice of shadow billing. AHHA acknowledges the report of the Ministerial Advisory Committee on out-of-pocket costs². The Government's proposed national website to provide Australians with transparency on specialists' fees is welcome, but patients need more information in advance on the potential full costs of specialist care. This must

² Report: Ministerial Advisory Committee on out-of-pocket costs. Available at: [https://www.health.gov.au/internet/main/publishing.nsf/Content/3A14048A458101B0CA258231007767FB/\\$File/Report%20-%20Ministerial%20Advisory%20Committee%20on%20Out-of-Pocket%20Costs.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/3A14048A458101B0CA258231007767FB/$File/Report%20-%20Ministerial%20Advisory%20Committee%20on%20Out-of-Pocket%20Costs.pdf)

include the wide variety of diagnostic and other tests and costs of other team members such as anaesthetists, assistant surgeons and nurse practitioners. Further, action is needed to address exorbitant and/or unexpected out-of-pocket costs that are being charged by some specialists, as identified by the Ministerial Advisory Committee. This includes charging a 'first consultation' fee every time a GP referral is renewed when the consultation is for an ongoing condition.

Recommendation 14 – Improve informed patient consent and shared decision-making practices

AHHA supports this recommendation.

Informed patient consent should explicitly include informed financial consent. Facilitating informed financial consent, as defined by the Commonwealth Department of Health, should be the primary responsibility of doctors. Financial disclosure should include information on not only how much a treatment will cost, but also whether there are alternatives that offer similar benefits at less or no cost to the patient.

Recommendation 18 – Retain the current specialist to specialist referral validity period

AHHA queries the rationale provided for limiting the validity of specialist to specialist referrals to three months.

AHHA notes that the Committee identifies that this may be less convenient to patients but use the justification that the GP needs to maintain oversight (and cite evidence of improved patient outcomes). However, the Committee have not acknowledged the reality of wait times for accessing specialists, which vary significantly by specialist and geographically. Further, consideration does not appear to have been given to the duration required for adequate specialist treatment of a condition for which a patient may have been referred. Consideration should be given to extending the validity of referrals so that they are appropriate for the disease or condition and do not create an unreasonable or inequitable burden on patients.

Recommendation 19 – Introduce a new AHP pathway

AHHA supports this recommendation, including the review of evidence and costs and benefits of suggested pathways.

The Committee should ensure equitable access is considered during further review. While Australians have had access to universal healthcare for more than 30 years, universal coverage is being undermined by uncoordinated reforms and the growth in out-of-pocket costs. Reliance on private health insurance rebates to fund allied health care to avoid 'cost-shifting from health funds to the MBS' is not an acceptable rationale for discarding this recommendation in a patient-centric system that supports the goal of universal care.

Overall, we appreciate the considered attention the Specialist and Consultant Physician Consultation Clinical Committee has given in the MBS Review to pursuing an outcomes-focused, value-based approach to healthcare. I would be pleased to meet with you to further discuss AHHA views.

Sincerely,



Alison Verhoeven
Chief Executive
Australian Healthcare and Hospitals Association