

# Medicare Benefits Schedule (MBS) Review

AN UPDATE ON RECENT PROGRESS

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*MBS Review Taskforce*

## The Taskforce's vision

To ensure that the Medicare Benefits Schedule (MBS) provides affordable universal access to best practice health services that represent value for both the individual patient and the health system.

## Objectives of the Review

- ❖ Improve clinical value
- ❖ Improve the financial value
- ❖ Address overuse, misuse and underuse of services
- ❖ Ensure the MBS is contemporary and supports best practice
- ❖ Provide recommendations to Medical Services Advisory Committee (MSAC) on new items

## Taskforce connections to rural and remote health

- ❖ **Dr Matt McConnell** – Public Health Physician working at Country Health SA Local Health Network. He has been a lecturer at the University of Adelaide, involved with teaching medical students and healthcare professionals in medicine, public health and clinical practice.
- ❖ **Professor Paul Glasziou** – Professor of Evidence-Based Medicine at Bond University. He has worked in General Practice for 20 years in a variety of practice settings, rural and metropolitan, in Australia and the UK.
- ❖ **Dr Steve Hambleton** – Former Federal President of the Australian Medical Association (AMA) 2011-2014. He served on the AMA Council of General Practice at a State and Federal level for more than 15 years. Dr Hambleton has been a Member of the Royal Australian College of General Practitioners since 1987, has been a clinical preceptor teaching General Practice Registrars. He was awarded an honorary Fellowship of the RACGP in September 2014 for his services to general practice. He maintains an active general practice in Brisbane after a 30 year career in general practice in rural and metropolitan locations.

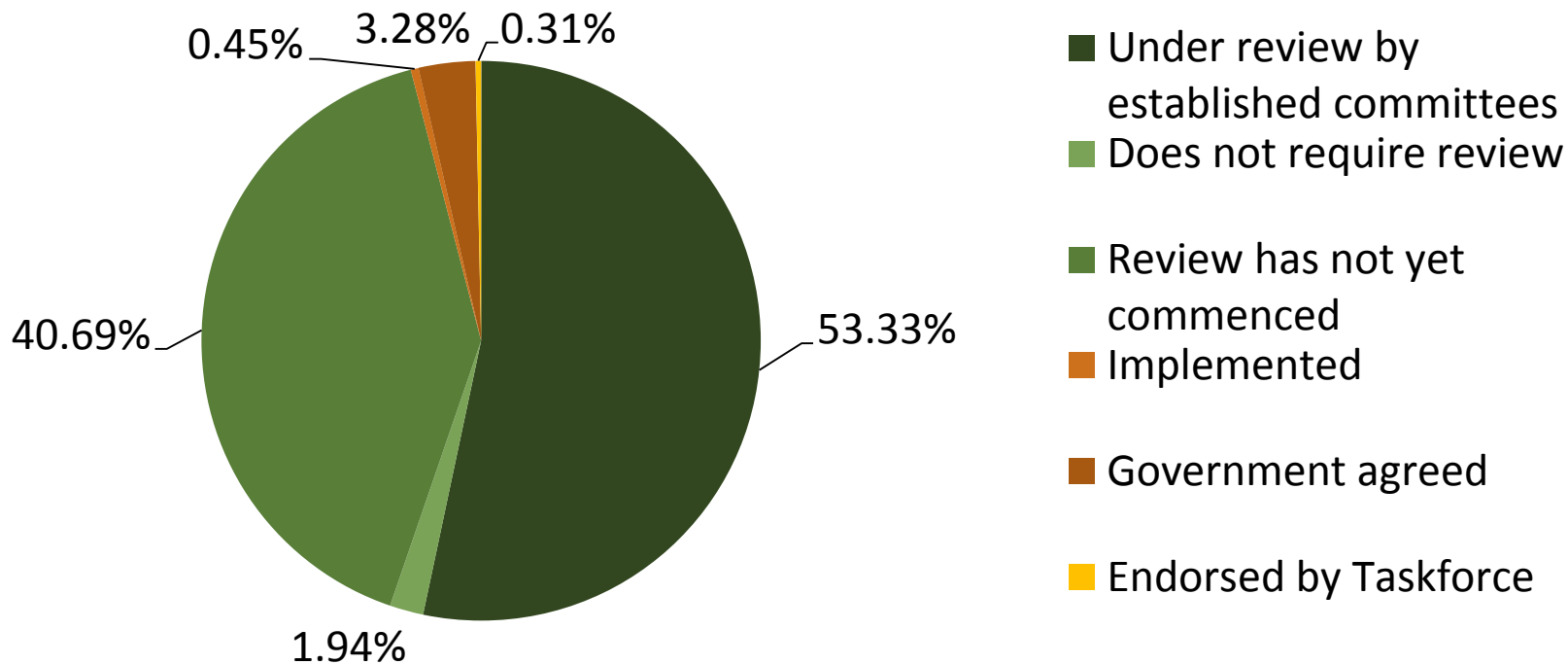
## The process

A review of one clinical area can take up to two years



To date **18** clinical committees have been established, supported by **30+** working groups. More than **440** clinicians, consumers and health system experts have contributed to the process.

## Item level progress as at 30 August 2017



## Recent public consultation

Cardiac services

Endocrinology

Intensive care and  
emergency  
medicine

Pathology –  
endocrine tests

Closed: 4 October 2017

Participate in the next consultation at: [www.mbsreview.com.au](http://www.mbsreview.com.au)

## Recent changes to the MBS

Recommendations were made by the Taskforce to Government in 2016 on the following committees:

- ❖ Diagnostic imaging – bone densitometry
- ❖ Diagnostic imaging – low back
- ❖ Ear, nose and throat surgery
- ❖ Gastroenterology
- ❖ Obstetrics
- ❖ Thoracic medicine
- ❖ Principles and rules

Government decisions on recommendations were announced on 23 August 2017.

Changes take effect on:



\*Changes for colonoscopy will take effect on 1 March 2018

## Highlights for rural health – Principles and Rules Committee

### Better access to aftercare arrangements for patients

<b>What are the changes?</b>	<b>Why are the changes being made?</b>	<b>What does this mean for providers and patients?</b>
The current restrictions on the claiming of aftercare services by a GP will be removed.	To allow GP attendance to a patient's aftercare following a procedure, and eligible for MBS benefits.	Improved access to MBS services in rural or areas where it may be difficult for patients to access ongoing specialist post-operative care.



## Highlights for rural health – Principles and Rules Committee

Increased MBS rebate for GP performed procedures and improved access

<b>What are the changes?</b>	<b>Why are the changes being made?</b>	<b>What does this mean for providers and patients?</b>
<p>The MBS fees and rebates for selected minor procedures will be increased from the GP rate to the specialist rate.</p>	<p>Some minor procedures performed by specialists and GPs should be equally remunerated.</p>	<p>GPs will now receive the MBS benefit at the specialist rate. Patients will receive increased MBS benefits if a procedure performed by a GP and will no longer require specialist referral.</p>

## Next steps for rural health

Key proposed recommendations currently being considered:



**New MBS item number for dialysis services in very remote areas**



**A new MBS item number to recognise planning patient treatment and other non-direct patient care**

## Future committees under consideration\*

- Aboriginal and Torres Strait Islander health
- Allied health
- Colorectal surgery
- Consulting services
- General surgery
- Mental health services
- Neurology
- Vascular surgery
- Nurse practitioner & participating midwife
- Ophthalmology
- Oral & maxillofacial surgery
- Paediatric surgery
- Pain management
- Plastic & reconstructive surgery
- Thoracic surgery
- Urology

\*Subject to endorsement by the Taskforce

## Information and feedback



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