

MBS Review Consumer Consultation Workshop

Professor Bruce Robinson
Chair, MBS Review Taskforce

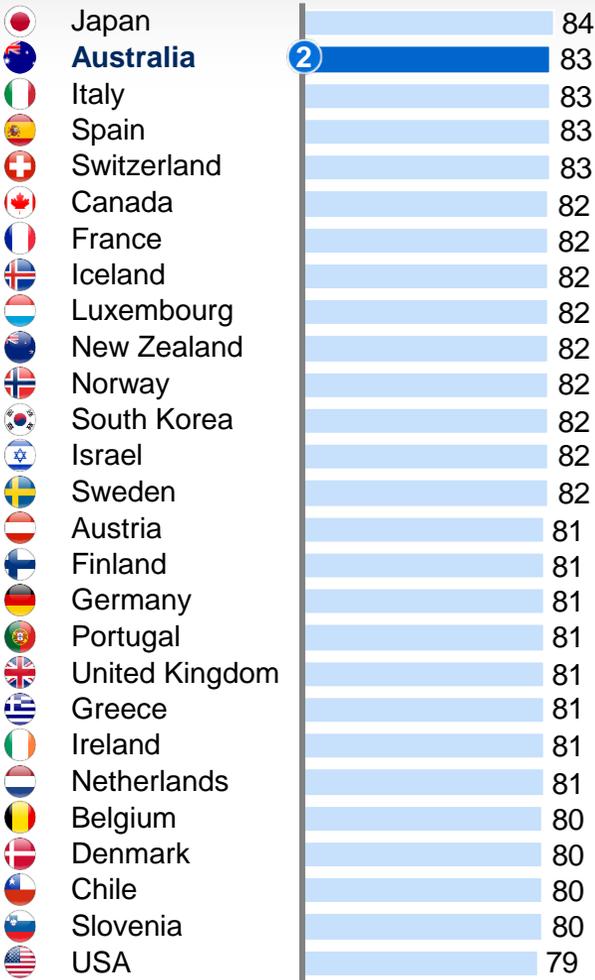


Australian Government
Department of Health

Australian achieves very strong outcomes compared to peer systems

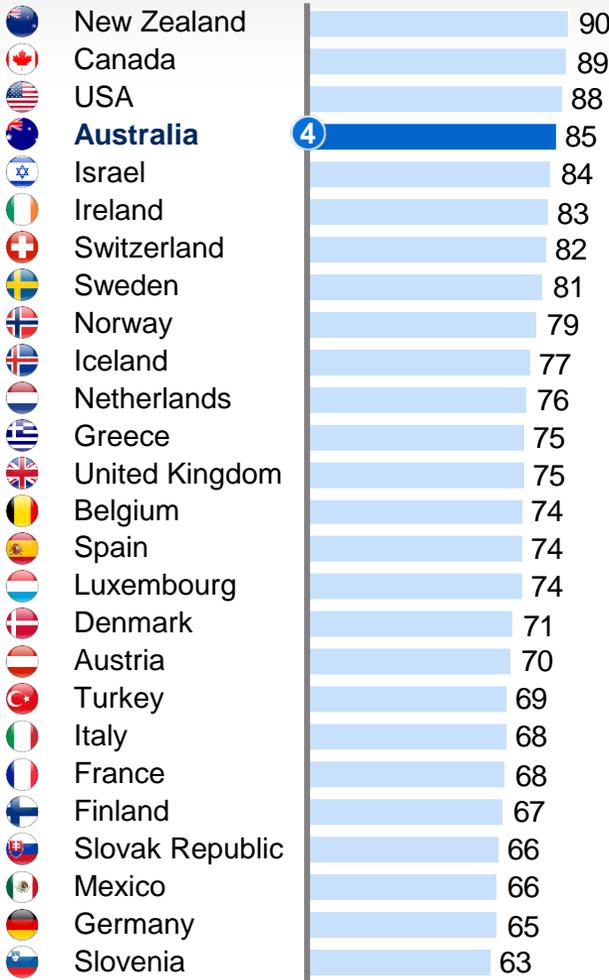
Life expectancy at birth (years)

Years per capita, 2013



Self-reported health score

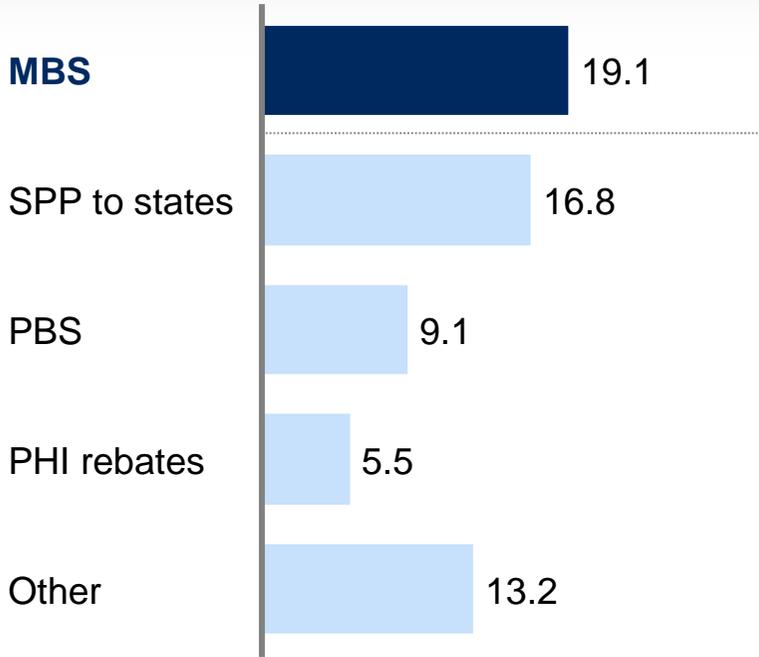
(%) of population aged 15+ who report their health to be good/very good, 2011¹



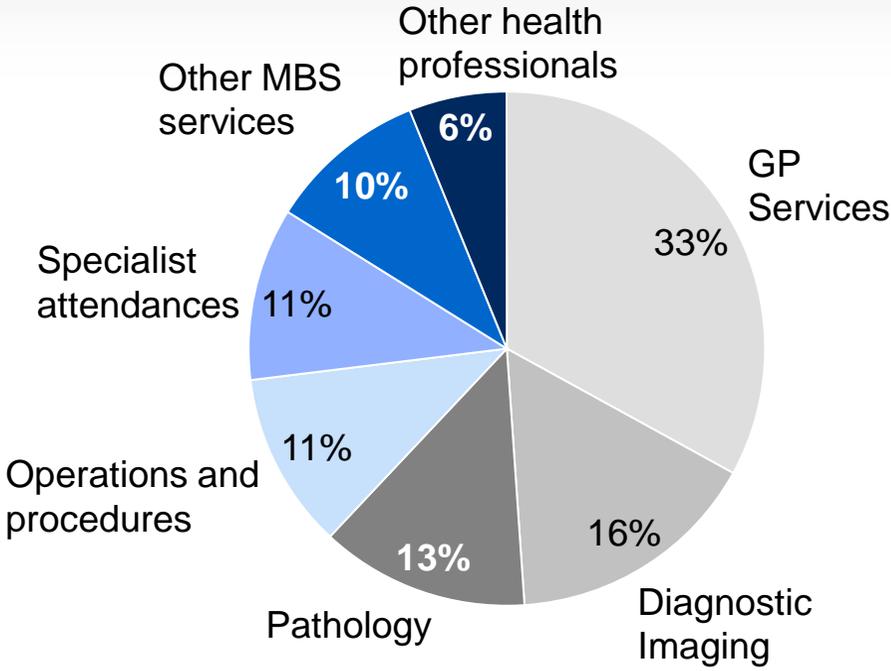
¹ 2011 data for most countries. Exceptions: for some countries only prior data is available (2006-2010). Newer data is used (2012-2013) where available.

The MBS is a significant component of the Australian healthcare system

Government health expenditure¹
AUD (billions), 2013-14



Breakdown of MBS expenditure²
Percent, 2013-14

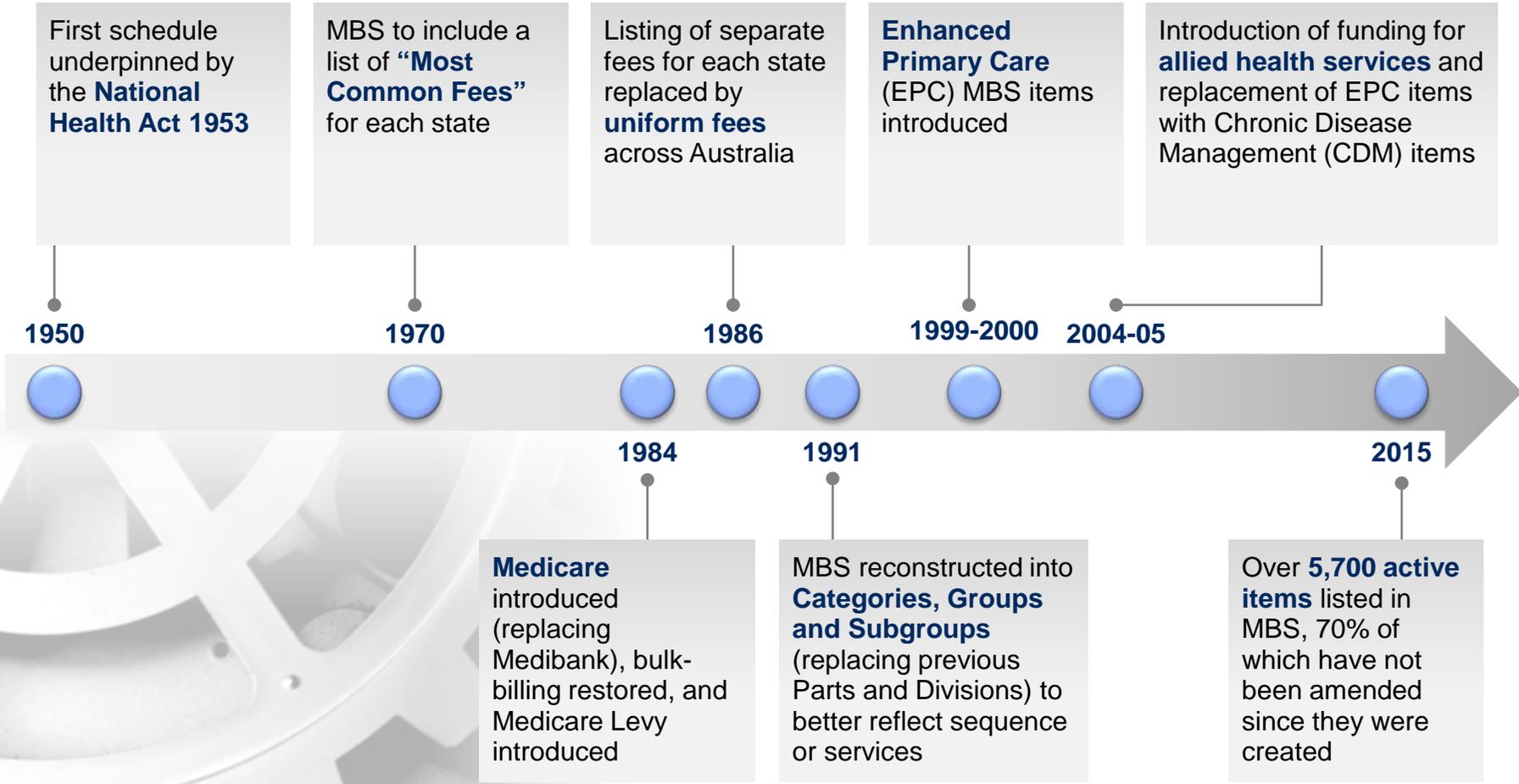


Medicare benefits constitute ~ 30% of Australian government health expenditure

¹ Federal government spend only; not including capital expenditure

² 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



The MBS Review Taskforce



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Dr
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Associate Professor
Adam Elshaug

There are a variety of reasons to review the MBS

1

Items not consistent with best practice

2

Poor value / superseded

3

Inappropriate frequency/
intensity

4

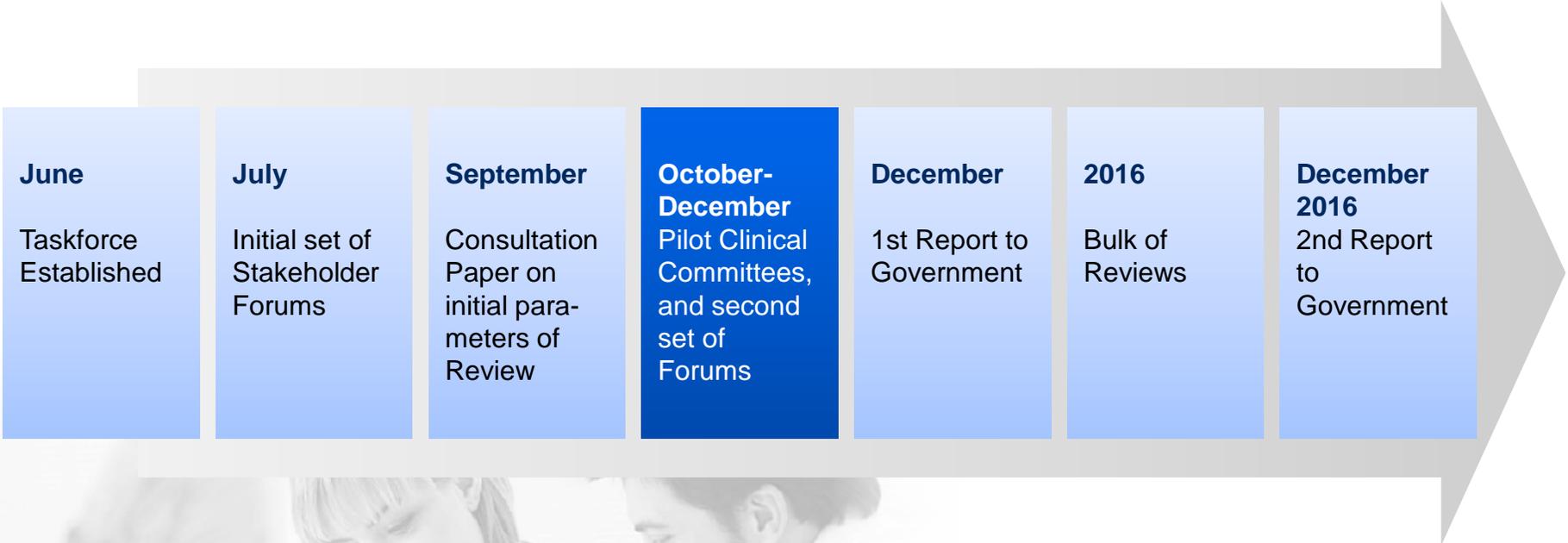
Rebate inappropriate over time

5

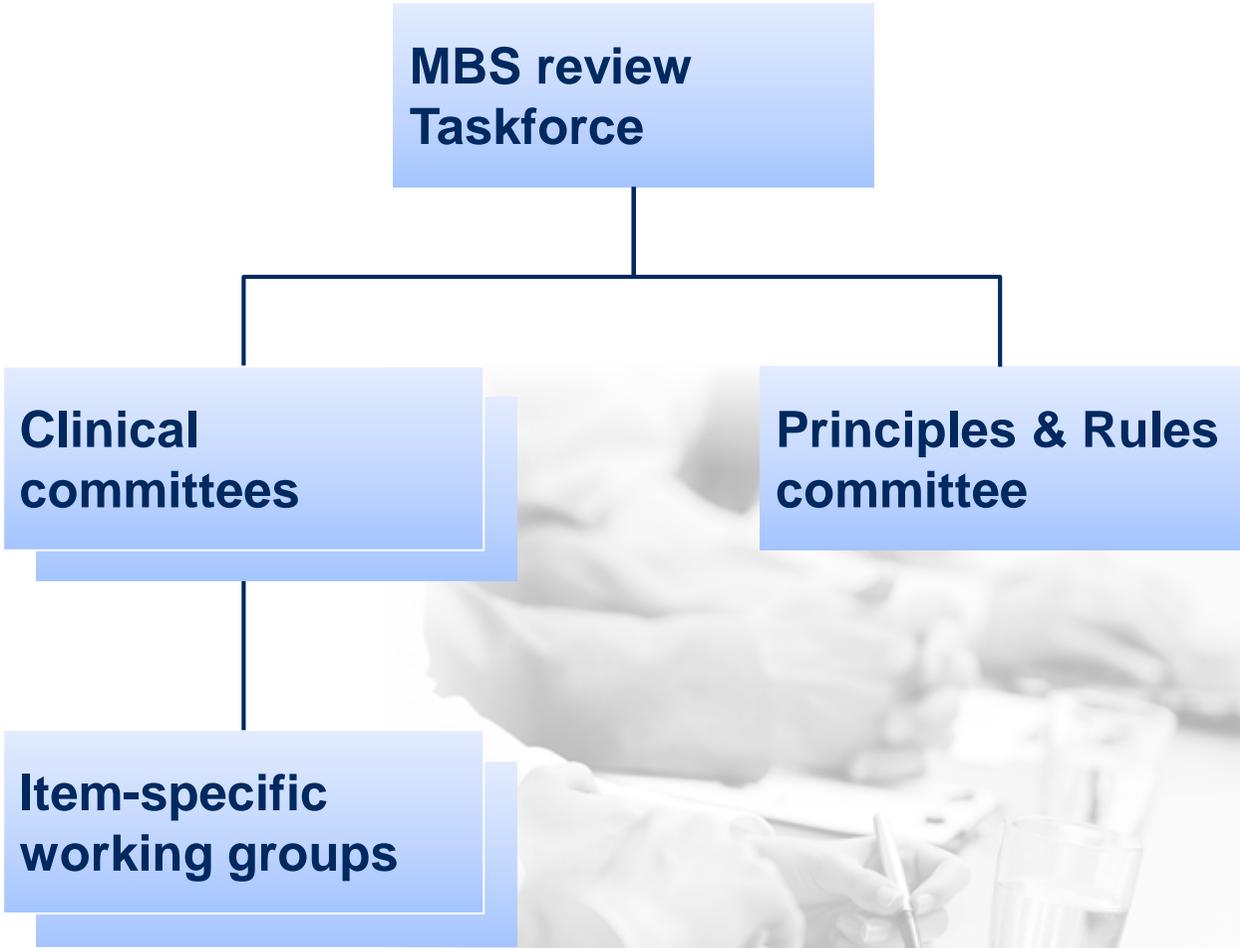
Open up funding for new items and technologies



Overview of MBS review process and where this forum fits



MBS review activities have been distributed among several groups



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 October¹
- Objective is to quickly address high-priority items and to test the rapid review methodology

Based on stakeholder input

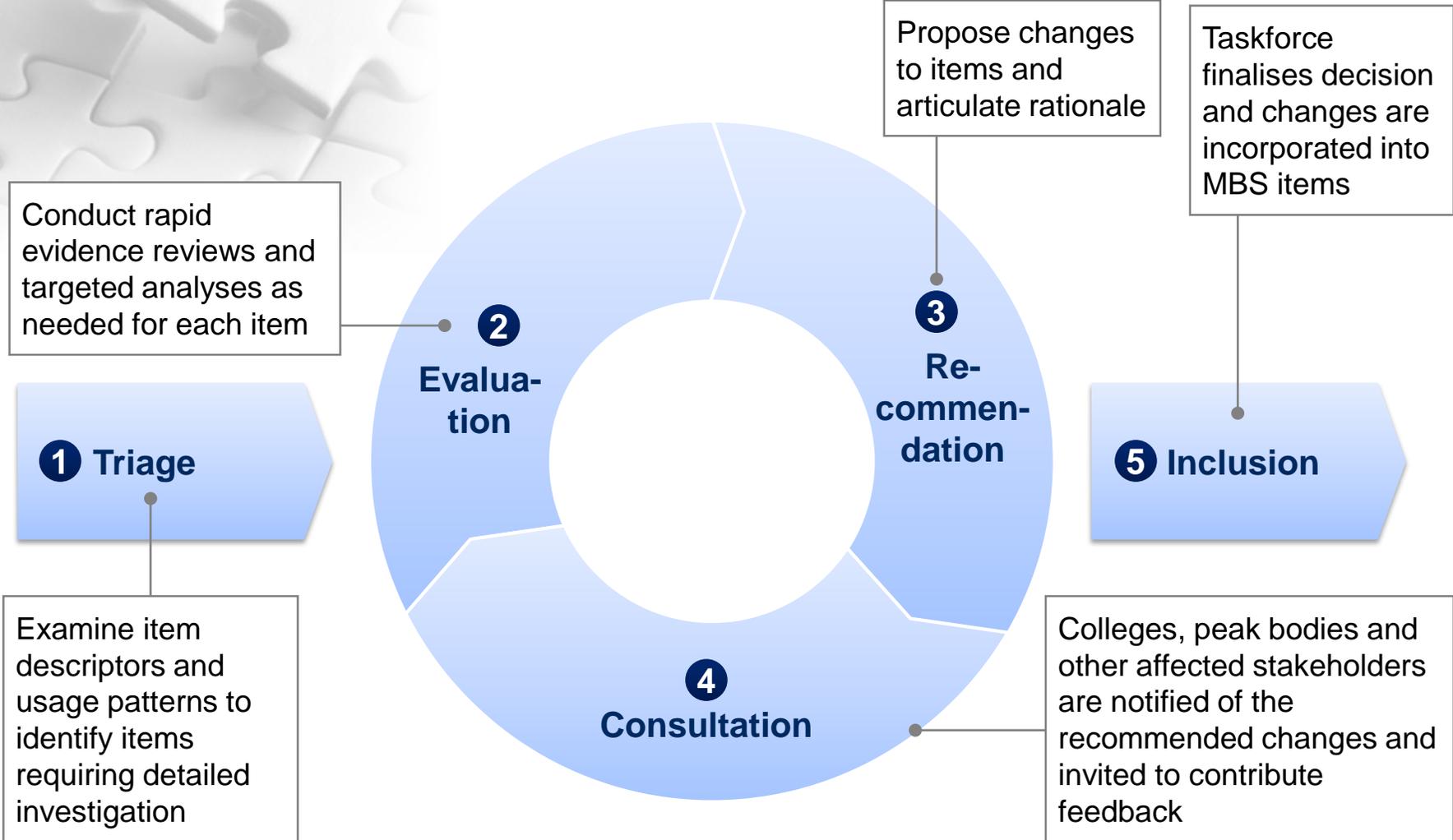
- **Selection** of priority areas was based on:
 - Stakeholder **feedback** on high-importance items
 - Initial **taskforce** assessment of MBS categories
 - A **cross-section** of committee types

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

¹ Obstetrics, ENT, Gastroenterology, Thoracic surgery, Pathology, and Diagnostic Imaging.

The Clinical Committees are following a consistent five-step approach



The Rules Committee is considering cross-cutting issues whose implications extend across the Clinical Committees

Description of the Rules Committee

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

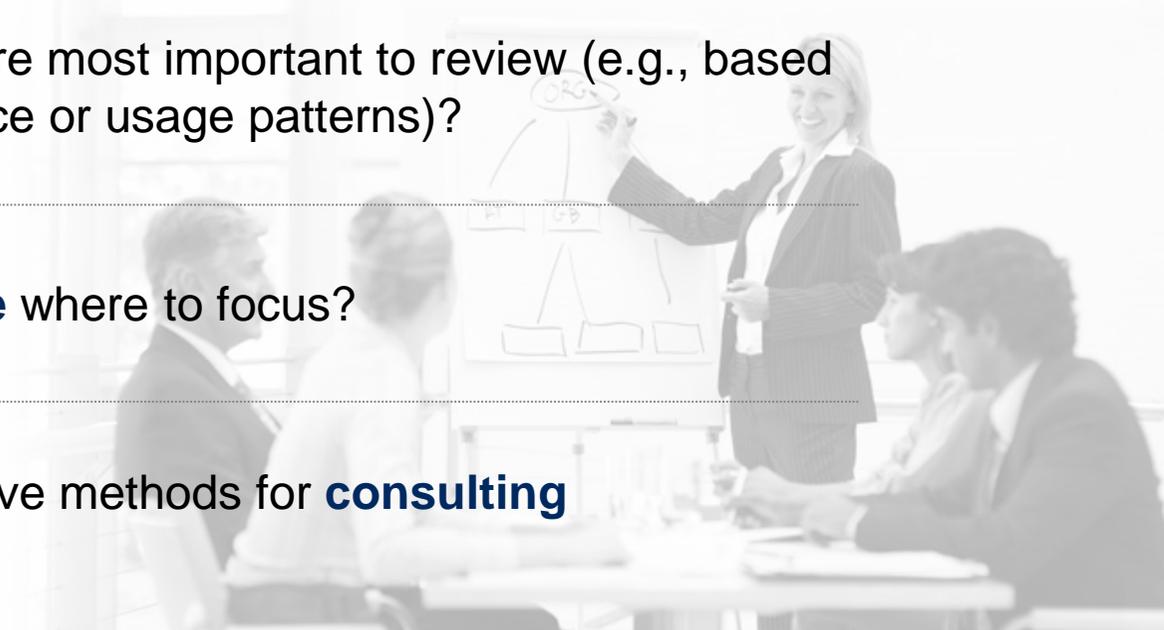
Examples of issues raised by stakeholders

- **Referral regulation:** what role should the GP play?
- **Ongoing MBS reviews:** how frequently should items be revisited?



Previous Stakeholder Forums provided valuable guidance on five topics

- 1 Which broader **shifts** are required in the structure and administration of the MBS?
- 2 Which **barriers** must be addressed, to ensure significant and sustained improvements in practices and outcomes?
- 3 Which **specific issues** are most important to review (e.g., based on literature, obsolescence or usage patterns)?
- 4 How should we **prioritise** where to focus?
- 5 What are the most effective methods for **consulting** stakeholders?



Today we are asking for your detailed input on 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'¹
 - Acts and regulations
 - MBS / public hospital interface
 - Compliance
- Access and effective usage of MBS data

Key questions for input today

- How has the MBS worked well or not worked well for you?
- Experience around potentially unnecessary medical consultations, procedures or tests?
- Experience of the application of Medicare rules?
- What information do consumers need to make decisions about their health services?
- How should consumers be engaged in the review process?

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

1. Potentially unnecessary medical consultations, procedures or tests.

Examples we have heard from stakeholders

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

“*The GPMP numbers 721, 723 are **massively abused.***”

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

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

2. Application of Medicare rules

Examples we have heard from stakeholders

“
We need consistent application of rules, to identify and audit **over-users**
”

“
It is important that the decision making is **transparent**
”

“
Specialist-to-specialist **referrals** should last the same time as GP referrals. Patients incur another consultation fee to do this now via the GP
”

“
“I feel it is currently a **great system** which works well, and I've used it A LOT!!”
”

3. What information do consumers need to make decisions about their health services?

For example:

*More information about the **out-of-pocket** costs of services?*

*More information about **evidence** of whether treatments work and are safe?*

*More information about what different specialists **charge** and comparative **outcomes** for their patients?*

***Plain** English version of the Medicare Benefits Schedule?*



4. How should consumers be engaged in the review process?

For example:

*As members of
Clinical
Committees?*

*Through public
consultation on
draft
recommendations?*

*Through health
consumer
organisations?*

*What other
options?*



Our continuous dialogue with stakeholders is happening via six channels

Implications for stakeholders



Consultation Papers contain major questions and updates

- The ongoing consultation paper is the best resource to learn about open questions and the Review's approach
- Emerging recommendations will also be communicated for additional consultation prior to adoption



The Consultation Hub provides immediate opportunity for input

- All stakeholders are invited to contribute input into the consultation process via this online tool
- Feedback is channeled to the appropriate Committee



Professional organisations are being continually engaged

- Clinical Committees and the Review Team are holding ongoing dialogues with medical Colleges, professional organisations and colleagues



Stakeholder forums seek live feedback

- Forums help to shape the direction of the Review
- Feedback will be integrated with online comments and shared with relevant Clinical Committees



Distribution list members are kept up-to-date regularly

- The Review team shares regular newsletters and updates via a central distribution list (sign up via website)



MBS Review website provides key materials

- The MBS Review website contains all relevant information about the program, including outcomes of these Forums



Email : MBSReviews@health.gov.au



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