ANZSPM

The Australian & New Zealand Society of Palliative Medicine Inc. ABN 54 931 717 498

MBS Review Taskforce
By email: MBSReviews@health.gov.au

28 June 2019

Dear Sir/Madam,

ANZSPM response to Specialist and Consultant Physician Consultation Clinical Committee Report

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) appreciates the opportunity to make a submission to the MBS Review Taskforce with respect to the report (the Report) from the Specialist and Consultant Physician Consultation Clinical Committee (the Committee).

ANZSPM in principle, supports the approach proposed by the Committee as being reasonable, however there are several aspects of how these items will be remunerated, defined and/or operationalised which could lead to significant issues. Hence, we emphasise that ***further consultation should occur*** when the proposed rebates are developed, to provide confidence that the items based on duration considers the nature of the clinical activities that occur within each time tier by specialty, as its success will be dependent on the remuneration structure that supports it. Importantly, the approach needs to value interdisciplinary management, care for people with multimorbidity and advanced illness, support for their families/carers and recognise that care needs to address not only physical but psychosocial aspects.

ANZSPM is aware of and supports the feedback provided on the Report by the Royal Australasian College of Physicians (RACP) and Palliative Care Australia. In particular, ANZSPM supports RACP comments that:

- Care needs to occur to ensure time-tiered approach does not lead to single disease management or discourage team-based care;
- The Taskforce needs to consider how complexity will be dealt with, especially in situations where it does not correlate with longer consultation time;
- Clarity is needed on how all necessary activities outside of face-to-face consultation in the presence of the patient are included;
- Safeguards are needed to ensure patients are not unnecessarily anxious or focused on the time of the consultation, at the expense of optimal assessment and management;
- The telehealth items also must take into account administration and infrastructure requirements for successful telehealth services;

- As a specialty who also cares for older Australians, we also support that it is imperative that the MBS structure supports optimal access to comprehensive geriatric assessment which has been demonstrated to optimise outcomes.

Additionally, we highlight the following matters which are particular to the practice of Palliative Medicine as requiring further consideration:

- The practice of Palliative Medicine occurs in a range of settings (hospital, ambulatory settings, community and residential setting) which include the whole range of consultation types (initial reviews, follow-up, case conferences) so it is critical MBS items are not restricted by location of consultation;

- The nature of a palliative diagnosis means that patients can experience acute deterioration and symptom crises which require an acute consultation often in the home environment to ensure the person can remain at home if this is their preference, hence the acute/urgent/unplanned items definition needs to include this clinical scenario;

- ANZSPM notes that the nature of Palliative Medicine Specialist consultations with patients facing the end of their lives are typically longer, regardless of whether it is an initial consultation or follow-up, and include a broad range of clinical activities including assessment and diagnosis, shared-decision making and future care planning, and psychosocial and mental health assessment and intervention and recommendation of pharmacological and non-pharmacological treatment;

- ANZSPM suggests that what is defined as face-to-face time should be clarified, as the practice of palliative medicine necessitates review of imaging and test results and other specialist assessments, comprehensive discussions with relatives/carers/persons responsible, communicating management to other specialists, general practitioners and the interdisciplinary team, documenting advance care plans and ambulance plans as critical components of quality palliative care which occur. How these activities will fit within the proposed MBS items is unclear;

- The acuity of palliative care requires verbal communication between specialists and general practitioners to ensure quality care and maintain accurate up to date management plans including medication, and it is unclear how this activity fits within the proposed MBS items;

- Training in Palliative Medicine occurs through two pathways, resulting in Palliative Medicine Specialists holding either Fellowship of the Royal Australian College of Physicians (FRACP) or Fellowship of the Australasian Chapter of Palliative Medicine (FAChPM) (or both). It is critical to ensure equitable delivery of Palliative Medicine services that MBS items are available to both which from our reading of the MBS taskforce report seems to be the case (which ANZSPM notes is currently not the case). This has significant implications to meet community expectations to receive Palliative Care in the home setting, and delivery of the National Palliative Care Strategy (2018);

- There remains inequitable access to Palliative Medicine Services, and issues in rapid response especially for patients within the home setting. The telehealth item restrictions based on geographical distance will restrict innovative approaches which may allow telehealth services to provide rapid palliative medicine response, which may for example avert an avoidable hospitalisation;

- Case conferences are important tools in optimal palliative medicine, but the attendees need to be tailored to the individual's needs and issues to be discussed. The case conference items as proposed will restrict optimal use of this important clinical tool for quality palliative care outcomes.

We welcome the opportunity to discuss these points in further detail if that would be of benefit to the MBS Review Taskforce.

Yours sincerely,

Prof Meera Agar
President

Simone Carton
Chief Executive Officer