EXERCISE & SPORTS SCIENCE AUSTRALIA

SUBMISSION TO THE MEDICARE BENEFITS REVIEW TASKFORCE IN RESPONSE TO THE

REPORT FROM THE SPECIALIST AND CONSULTANT PHYSICIAN CONSULTATION CLINICAL COMMITTEE

DECEMBER 2018

ESSA

EXERCISE & SPORTS SCIENCE AUSTRALIA

Founded in 1991, Exercise & Sports Science Australia (ESSA) is the peak professional body and accrediting authority for over 8,000 university qualified and Accredited Exercise Physiologists, Exercise Scientists, Sports Scientists, and High Performance Managers.

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Introduction

Exercise & Sport Science Australia (ESSA) is the peak professional body for 8,000 university-trained exercise professionals, including Accredited Exercise Physiologists (who design and deliver effective programs for people with chronic conditions, injuries or disabilities) and Accredited Exercise Scientists (who work to improve the health, fitness and well-being of the general population). ESSA's vision is to achieve member excellence in exercise and sports science that will enrich the health and performance of every Australian.

ESSA welcomes the opportunity to provide feedback to the Medicare Benefits Schedule (MBS) Review Taskforce Report from the Specialist and Consultant Physician Consultation Clinical Committee, 2018. The following response outlines ESSA's comments only to a recommendation that is relevant to the delivery of exercise physiology services and another recommendation which supports the care of older Australians.

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Complex plan recommendations

ESSA does not support removing geriatric complex plan items 141, 143, 145 and 147. ESSA offers no comment on other complex plan items.

Recommendation 5 - Removing consultant physician, geriatric, addiction medicine, and sexual health medicine complex plan items
The Committee recommends removing consultant physician, geriatric, addiction medicine, and sexual health medicine complex plan items from the MBS (items 132, 133, 141, 143, 145, 147, 6023, 6024, 6057, and 6058).

A 2017 Cochrane Review[i] on comprehensive geriatric assessment (CGA) for older adults admitted to hospital found older people who receive CGA rather than routine medical care after admission to hospital are more likely to be living at home and are less likely to be admitted to a nursing home at up to a year after hospital admission.

ESSA particularly supports retaining items 145 and 147 so that frail older Australians in a home setting or aged care facility with complex problems can benefit from a geriatrician's role in treating and assessing them.

Case conference recommendations

ESSA supports Recommendation 10 in full.

Recommendation 10 - Introduce case conference items for allied health professionals (AHPs) and nurse practitioners
The Committee recommends that AHPs who access these items should be limited to those who are eligible to access AHP items under Group M3 of the MBS, including:

- Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, audiologists, chiropractors, diabetes educators, dietitians, exercise physiologists, mental health nurses, occupational therapists, osteopaths, physiotherapists, podiatrists, psychologists, social workers, and speech pathologists.

Allied health professionals are integral in providing multidisciplinary care for people with chronic and complex illnesses. In the development of the Health Care Homes model, this cohort identified the importance of coordination of care across different health care services, involving multi-disciplinary teams; and care and effective communication and collaboration between different health care providers[ii].

Collaboration and team work both between and within primary health care services is also important in the effectiveness of interventions to address behavioural risk factors[iii].

The current structure of the MBS only remunerates General Practitioners for their participation in case conferencing in consulting with at least two collaborating providers. The lack of MBS payments for allied health practitioners is a disincentive to participate in case conferencing and contribute to best practice multidisciplinary care. Allied health practitioners either contribute to these case conferences out of their own pockets or elect not to participate which results in a lower level of co-ordinated care for patients.

The introduction of MBS items case conferencing items for allied health participation should ensure that remuneration should be based on similar session durations as the equivalent GP items.

[i] Ellis, G., Gardner, M., Tsiachristas, A., Langhorne, P., Burke, O., Harwood, R. H., ... & Wald, H. (2017). Comprehensive geriatric assessment for older adults admitted to hospital. Cochrane database of systematic reviews, (9).

[ii] Department of Health. Primary Health Care Advisory Group final report. Better outcomes for people with chronic and complex health conditions. Canberra: Commonwealth of Australia, 2016.

[iii] Laws, R. A., Jayasinghe, U. W., Harris, M. F., Williams, A. M., Davies, G. P., & Kemp, L. A. (2009). Explaining the variation in the management of lifestyle risk factors in primary health care: a multilevel cross sectional study. BMC public health, 9(1), 165.