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# Medicare Benefits Schedule Review Taskforce

## Urgent after-hours primary care services funded through the MBS

### Taskforce Findings

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This document outlines the Medicare Benefits Schedule (MBS) Taskforce's (the Taskforce) final conclusions and recommendations relating to urgent after-hours primary care services funded through the MBS.

The Taskforce released a [preliminary report for public consultation](#) based on the principles and recommendations developed by the After-Hours Working Group (AHWG).

The Taskforce and the AHWG considered the feedback from public consultation and did not make any amendments to the recommendations.

The Taskforce endorsed all recommendations from the report and submitted the final recommendations to the Minister for consideration.

**Number of items reviewed: 4**

**Number of recommendations made: 7**

## Taskforce conclusions

1. MBS funding should continue to be available for home visits, including in the after-hours period. Funding should continue to be available for after-hours services provided by a patient's GP, as well as by a medical deputising service (MDS).
2. The rebates for urgent after-hours services should only be payable in circumstances where a GP who normally works during the day is recalled to work for management of a patient who needs, in the opinion of the GP, urgent assessment. The higher rebate recognises the additional clinical value provided by, and lifestyle and financial imposts on, GPs who deliver these services to their own patients, the practice's patients or patients of other local practices where on-call work is shared.

In this setting it is more likely that there will be better patient triage, based on the GP's (or a closely supervised GP trainee's) knowledge of the patient's circumstances, better access to patient records facilitating management, and better follow-up to ensure continuity of care.

3. Where a business has been established specifically to routinely or exclusively provide care in the after-hours period (including a MDS) then all of the other (non-urgent) items for after-hour services should remain available to these entities.
4. The MBS items for urgent after-hours attendances should not be available where the patient has made an appointment prior to the commencement of the after-hours period (that is, 6 pm on weeknights).

## Taskforce recommendations

The Taskforce is recommending changes to the four urgent after-hours items (items 597-600) only. These changes would be implemented through revised MBS item descriptors and explanatory notes for these items. The proposed new descriptors and notes are provided in the [report](#).

### 1. No changes to non-urgent (standard) after-hours items.

All primary care medical services that operate in the after-hours period, including MDSs and any other organisation that provide or facilitate medical services predominantly in the after-hours period, will continue to have access to the standard after-hours items.

### 2. Revise item descriptors for the four urgent after-hours items to restrict the use of these items to GPs and other medical practitioners working within a general practice setting.

Organisations that provide or facilitate medical services predominantly in after-hours periods, including MDSs, will not be permitted to claim the urgent after-hours items. Doctors employed by a MDS or obtaining work from a MDS will not be permitted to claim urgent after-hours items.

- 3. Revise item descriptors for the four urgent after-hours items to replace the current wording of “the patient’s condition requires urgent medical treatment” with “the patient’s condition requires urgent medical assessment”.**

The need for an assessment, rather than treatment, is the actual trigger for the service. Treatment may or may not be necessary on the basis of that assessment.

- 4. Revise item descriptors for the four urgent after-hours items to require that urgent after-hours services must be requested in the same unbroken after-hours period during which the attendance occurs.**

The option to book an urgent attendance up to two hours prior to the commencement of the after-hours period in which the attendance occurs will be removed.

- 5. Revise item descriptors for the four urgent after-hours items to add a requirement that the attending practitioner determines that the “urgent assessment” of the patient’s condition is required.**

There will be a requirement that the attending practitioner determines that the urgent assessment of the patient’s condition is necessary and for this to be recorded.

- 6. Revise the item descriptors for the four urgent after-hours items to provide a fuller definition of ‘urgent’.**

There will be a fuller definition of ‘urgent’, being that the patient’s assessment:

1. cannot be delayed until the next in-hours period; and
2. requires the GP to attend the patient at the patient’s location or to reopen their practice rooms.

- 7. Professional Services Review continue to monitor clinician use of after-hours MBS items.**