

MBS Review
Advisory Committee
Sport and Exercise
Medicine Physicians

A review of access to Group A4 MBS items

Final Report

August 2024

IMPORTANT NOTES

- 1. This report does not constitute the final position on these items, which is subject to:
- consideration by the Minister for Health and Aged Care, and
- the Government.
- 2. This report and the recommendations contained within has been developed by the Department of Health and Aged Care following consultation with stakeholders, and advice provided by the Medicare Benefits Schedule Review Advisory Committee and the Medicare Benefits Schedule Continuous Review Executive.

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Summary

Sport and Exercise Medicine Physicians (SEMPs) are specialist doctors whose scope of practice focuses on the diagnosis and treatment of musculoskeletal injuries and the prescription of exercise in the management and prevention of chronic diseases.

In February 2023, the Australasian College of Sport and Exercise Physicians (ACSEP) requested the Medicare Benefits Schedule Review Advisory Committee (MRAC) consider reclassifying SEMPs as consultant physicians with access to consultant equivalent MBS items (Group A4).

MRAC assessment

The MRAC considered ACSEP's proposal, which claimed that the schedule of fees under Group A4 MBS items more appropriately reflect the repeated and longer-timed preventative treatments that SEMPs provide for a range of chronic conditions, and that a current lack of access to appropriate MBS item numbers, combined with complex cases, has led to high out-of-pocket costs for consumers.

At its November 2023 meeting, the MRAC commenced a review of SEMP access to consultant physician-equivalent MBS items. To help consider the proposal, the MRAC invited a presentation from ACSEP at this meeting.

To inform its recommendation, the MRAC considered the following:

- whether an MBS reclassification would carry potential benefits to patients
- the nature of SEMP consultations
- equivalence with consultant physicians
- SEMP training pathway equivalence to the training pathways delivered by the Royal Australasian College of Physicians (RACP)

Recommendations and actions

The MRAC supports ACSEP's proposal and therefore recommends that SEMPs be reclassified as consultant physicians with access to consultant equivalent MBS items (Group A4).

The MRAC notes that the department will monitor out-of-pocket costs associated with Group A4 MBS item claims when billed by SEMPs through existing post-implementation review processes.

Acronyms and abbreviations

GP general practitioner

MBS Medicare Benefits Schedule

MRAC MBS Review Advisory Committee

RACP Royal Australasian College of Physicians

SEMP Sport and Exercise Medicine Physician

ACSEP Australasian College of Sport and Exercise Physicians

Preamble

Medicare Benefits Schedule Continuous Review

The MBS is a list of health professional services (items) subsidised by the Australian Government for health consumers. MBS items provide patient benefits for a wide range of health services including consultations, diagnostic tests, therapies, and operations.

In October 2020, the Australian Government committed to establishing a continuous review framework for the MBS, consistent with recommendations from the MBS Review Taskforce Final Report.

Established in 2021, the MBS Continuous Review allows for ongoing rigorous and comprehensive reviews of Medicare items and services to ensure that the MBS works for patients and supports health professionals to provide high-quality care.

The MBS Continuous Review involves the ongoing review of Medicare items and services by experts and is supported by the MRAC, whose role is to provide independent clinical, professional and consumer advice to Government about:

- opportunities to improve patient outcomes in instances where a health technology assessment by the Medical Services Advisory Committee is not appropriate
- the safety and efficacy of existing MBS items
- implemented changes to the MBS, to monitor benefits and address unintended consequences.

The MBS Continuous Review Executive

The MBS Continuous Review is governed by the MBS Continuous Review Executive (the Executive), a decision-making body comprised of the Chair and Deputy Chair of the MRAC, and senior executives from the Department of Health and Aged Care. The role of the Executive is to provide direction to the MRAC, including the acceptance and prioritisation of reviews.

Medicare Benefits Schedule Review Advisory Committee (MRAC)

The MBS Continuous Review is supported by the MRAC. The Committee's role is to provide independent clinical, professional and consumer advice to Government on:

- Affordable and universal access by improving access to high value services, especially for rural and remote patients and focusing on MBS funded services that provide for improved access and relevance.
- **Best practice health services** by modernising the MBS through ensuring that individual items and their descriptors are consistent with contemporary best practice and are evidence based.
- Value for patients through an MBS that is continually able to support the
 delivery of services that are appropriate to patient needs, provides clinical
 value, and does not expose the patient to unnecessary risk, harm, or
 expense.
- *Value for the health system* by ensuring the MBS remains sustainable through financing services with high clinical value, at a reasonable cost to patients and the Australian taxpayer.

The MRAC is comprised of practising clinicians, academics, health system experts and consumer representatives. The current MRAC membership is listed in Table 1.

Table 1 MBS Review Advisory Committee members

Member	Speciality			
Conjoint Professor Anne Duggan (Chair)	Policy and Clinical Advisor / Gastroenterology			
Ms Jo Watson (Deputy Chair)	Consumer Representative			
Dr Jason Agostino	GP Epidemiologist and Indigenous Studies			
Dr Matt Andrews	Radiology			
Professor John Atherton	Cardiology			
Professor Wendy Brown	General Surgeon – Upper Gastrointestinal and Bariatric Surgery			
Ms Jan Donovan	Consumer Representative			
Professor Adam Elshaug	Health Services / Policy Research			
Professor Sally Green	Health Services / Systems Research			

Adjunct Associate Professor Chris Helms	Nurse Practitioner			
Professor Harriet Hiscock	Paediatrics			
Ms Alison Marcus	Consumer Representative			
Associate Professor Elizabeth Marles	General Practice, Indigenous Health and Health Policy			
Dr Sue Masel	Rural General Practice			
Professor Christobel Saunders	General Surgeon – Breast Cancer and Reconstructive Surgery			
Dr Clare Skinner	Emergency Medicine			
Associate Professor Ken Sikaris	Pathology			
Ms Robyn Stephen	Paediatric Speech Pathology			
Professor Rosalie Viney	Health Economic Research			
Associate Professor Andrew Singer	Principle Medical Advisor, Department of Health and Aged Care			

Medicare Benefits Schedule Continuous Review guiding principles

The following principles guide the deliberations and recommendations of the MBS Continuous Review:

- a) The MBS:
- is structured to support coordinated care through the health system by:
 - recognising the central role of General Practice in coordinating care; and
 - facilitating communication through General Practice to enable holistic coordinated care.
- is designed to provide sustainable, high value, evidence-based and appropriate care to the Australian community.
 - Item descriptors and explanatory notes are designed to ensure clarity, consistency, and appropriate use by health professionals.
- promotes equity according to patient need.
- ensures accountability to the patient and to the Australian community (taxpayer).
- is continuously evaluated and revised to provide high value health care to the Australian community.
- b) Service providers of the MBS:
- understand the purpose and requirements of the MBS.

- utilise the MBS for evidence-based care.
- ensure patients are informed of the benefits, risks, and harms of services and are engaged through shared decision making.
- utilise decision support tools, Patient Reported Outcome and Experience Measures where available and appropriate.
- c) consumers of the MBS:
- are encouraged to become partners in their own care to the extent they choose.
- are encouraged to participate in MBS reviews so patient health care needs can be prioritised in design and implementation of MBS items.

The MRAC and its working groups recognise that General Practice is a specialty in its own right. Usage of the term 'General Practice' both within this report and in the MBS itself does not imply that it is not a specialty.

The MRAC notes that the MBS is one of several available approaches to funding health services. The MRAC and its working groups apply a whole-of-healthcare-system approach to its reviews.

Government consideration

If the Australian Government agrees to the implementation of recommendations, it will be communicated through Government announcement.

Information will also be made available on the Department of Health and Aged Care websites, including MBS Online, and departmental newsletters.

Background

In 2009, sport and exercise medicine (along with addiction medicine and sexual health medicine) was recognised as a new medical specialty for the purpose of inclusion in the List of Australian Recognised Medical Specialties, maintained by the Australian Medical Council (AMC). From 1 November 2010, sport and exercise medicine physicians (SEMPs) were recognised as a specialty under Medicare and qualified for billing referred Group A3 (specialist) attendance items.

Prior to November 2010, Australasian College of Sport Physicians Fellows had access to MBS Group A16 time-tiered items (items 444, 445, 446, 447, 448, and 449) which were introduced to the MBS on 1 May 2001 by the Health Insurance (General Medical Services Table) Amendment Regulations 2001 (No. 1) for "attendances provided by sports physicians in the practice of sports medicine".

Following speciality recognition in 2010, the Group A16 items were removed, and SEMPs were able to bill referred Group A3 (specialist) attendance items (MBS items 104 and 105).

In Australia, physicians are medical doctors who have completed advanced training in a medical speciality and are then referred to as specialists, specialist physicians or consultant physicians. Becoming a specialist requires admission to a recognised medical speciality training program, with completion of such a program required to then obtain fellowship of one of the recognised specialist medical colleges.

In January 2023 ACSEP submitted a review request to the department seeking a review of SEMP access to consultant physician equivalent consultation items, Group A4 (MBS items 110, 116, 119, 132, 133, and 137).

The MBS Continuous Review Executive considered the ACSEP review proposal at its meeting in October 2023 and agreed for the proposal to progress to the MRAC for review.

Review Proposal

The review purpose, as outlined by ACSEP in its proposal, is to improve patient equity and access to SEMP services through the provision of MBS access to timed, consultant physician equivalent MBS items (Group A4). This change would allow SEMPs to provide the longer consultations required to meet the needs of their patients.

The proposal claimed that SEMP services have become unaffordable for many consumers, with the current MBS items accessible to SEMPs (MBS items 104 and 105) constraining clinical practice in a setting where longer consultations are necessary for the appropriate management of complex care and considered to be 10

best practice. However, a significant out-of-pocket fee is associated with the provision of a long consultation or, care is provided over multiple shorter consultations which may lead to fragmentation of care.

The proposal argued that attracting and training more SEMPs is also hampered by MBS item availability, which results in further access restrictions.

The review proposal sought the MRAC's consideration of two issues with a view to establishing the basis for SEMP access to consultant physician equivalent MBS items:

- whether the ACSEP training pathway for SEMPs is equivalent to the training pathways offered by RACP (and/or other Colleges that are currently considered to be consultant physicians by MBS), and
- whether the service provided by SEMPs is an equivalent service (to that of other consultant physicians).

Group A4 and Group A3 MBS items

Group A4 MBS items, accessible to consultant physicians, carry higher patient rebates than Group A3 items. They include MBS item 110 for an initial attendance (fee of \$168.60) and MBS item 116 for a subsequent attendance (fee of \$84.35).

Group A3 MBS items, currently accessible to SEMPs, include MBS item 104 for an initial attendance (fee of \$95.60) and MBS item 105 for a subsequent attendance (fee of \$48.05).

Table 1: Group A3 and Group A4 MBS items

Group	MBS item	Descriptor	Schedule fee
A3	104	Initial referred specialist professional attendance - first in a single course of treatment	\$95.60
	105	Subsequent referred specialist professional attendance- after the first in a single course of treatment	\$48.05
A4	110	Initial Referred consultant physician attendance - initial attendance in a single course of treatment	\$168.60
	116	Subsequent Referred consultant physician professional attendance -each minor attendance after the first in a single course of treatment	\$84.35

Assessment of main issues

Potential benefits to patients

While undertaking its review the MRAC considered its principle of universal, affordable, and equitable access to high value MBS services for all patients. Patients from lower socio-economic backgrounds are less likely to access SEMP services and those who do access an initial consultation are less likely to continue with the required follow-up consultations, due to the financial barrier. Feedback from consultation conducted during the review highlighted the financial barriers for patients in consulting with a SEMP, particularly the high out-of-pocket fees often exacerbated by the need for multiple consultations. SEMPs are acutely aware that the cost of their services is high, with submissions received in response to consultation highlighting that SEMPs mainly treat patients with chronic musculoskeletal injuries rather than elite athletes. MRAC noted that while patients from lower-socio economic backgrounds would benefit the most from a higher rebate (associated with the Group A4 MBS items), all patients would benefit from SEMPs being more accessible. By lowering the financial barrier, patients can seek care earlier, significantly improve their physical activity, and afford multiple follow-up consultations.

Greater accessibility to SEMP services is also deemed to provide benefits to the wider health system by potentially reducing the volume of GP and emergency department presentations. Patients able to access SEMP services at an early stage are more likely to increase their physical activity. The benefits of earlier invention may include a reduced need for surgical intervention and an improvement in quality of life, which in turn benefits a range of other chronic health concerns such as diabetes, cardiovascular disease, obesity, arthritis, and psychological wellbeing.

Feedback acknowledged the holistic nature of care provided by SEMPs and the potential benefits to individuals and to the wider health care system.

The MRAC noted the consensus view that the main impediment to the provision of SEMP services appears to be the financial barriers faced by some patients in accessing services.

Nature of SEMP consultations

Patients with chronic musculoskeletal conditions or injuries may be referred to a SEMP when their treatment can no longer be managed by a GP or physiotherapist, meaning that patients often present with chronic and complex health conditions.

A typical consultation by a SEMP may involve discussion of a patient's history, physical examination, revision of diagnostic images, and patient education. The 12

main treatment prescribed by a SEMP will be physical exercise, which requires working with the patient to ensure understanding of correct movement and safe modifications. A long consultation of at least 60 minutes duration is considered necessary and appropriate for a patient's first consultation. Repeat consultations are generally required, with subsequent consultations requiring 25 to 45 minutes duration.

The current Medicare rebate in Group A3 MBS items is aligned to a five-to-tenminute consultation pre-surgery, which does not adequately reflect the need for several long consultations. This has negatively impacted the ability of SEMPs to practice.

The MRAC noted that feedback received as part of this review substantiated the nature of SEMP consultations, particularly for patients with chronic and complex health conditions.

Equivalence to consultant physicians

In Australia, the training pathway for medical doctors to become a specialist, specialist physician or consultant physician requires completion of a recognised medical speciality training program followed by fellowship with one of the recognised specialist medical colleges, such as the Royal Australian College of Physicians or the Australian College of Rural and Remote Medicine.

The development of accreditation standards, policies, and procedures for medical programs of study in Australia and the assessment of programs of study, is the remit of the Australian Medical Council Limited (AMC).

In 2008 the AMC assessed the ACSEP education and training program and found that it met the criteria for AMC accreditation as a specialty college. Initial accreditation was granted for the maximum period of six years, until 2014, subject to a follow-up assessment in 2011. The 2011 assessment confirmed accreditation to 2014, which was further reviewed and extended to 2019. In 2018 the AMC released the Accreditation Report: The Training and Education Programs of the Australasian College of Sport and Exercise Physicians which granted accreditation to 2025.

Stakeholder feedback provided support and recognition for the significant SEMP study and training program, stating that it is comparable to other consultant physicians. Many responses considered this training, and expertise should be recognised in the remuneration structure and that a reclassification of SEMPs as consultant physicians would also ensure the long-term viability of the profession.

MBS data was used to inform the MRAC's review. The data compared (Group A3 claims by SEMPs with claiming patterns of consultant physicians) the ratio of initial and subsequent consultations, and the proportion of therapeutic procedures, diagnostic imaging and investigations involved in attendances.

Consultation and feedback

Consultation with relevant and interested organisations, peak bodies and consumers is considered essential in the formulation of advice to government on recommended changes to MBS items.

All feedback provided through consultation processes is considered during an MBS review.

Targeted consultation

To assist and inform the MRAC and its deliberations, the department undertook a targeted consultation activity in early 2024 to seek guidance from a selected group of stakeholders on whether services provided by SEMPs would be more appropriately classified as consultant physicians, based upon the nature and provision of patient care provided.

Stakeholders provided broad support for the reclassification of SEMPs as consultant physicians, advising the work undertaken by SEMPs justifies the proposed reclassification. Feedback stated that a reclassification will benefit patients by improving access and reducing out-of-pocket expenses, provide greater opportunity for treatment in community-based settings and reduce pressure on public hospitals and emergency departments.

Public consultation

A six-week period of public consultation on the review of SEMP MBS access to Group A4 MBS items was published on the department's Consultation Hub between 24 June 2024 and 5 August 2024.

The primary objective for undertaking this process was to seek the views of the public, medical practitioners, and stakeholders on the services provided by SEMPs and ensure that any decision on SEMP access to the MBS is clear, robust, and well-informed.

Consultation sought feedback on the following questions:

- 1. Do you agree that reclassifying Sport and Exercise Medicine Practitioners as consultant physicians with access to Group A4 MBS would benefit patients?
- 2. Do you consider there are any risks or unintended consequences from reclassifying Sport and Exercise Medicine Practitioners as consultant physicians?
- 3. Do you agree that it would be appropriate to align all Sport and Exercise Medicine Physician services to consultant physician fees or only more complex longer duration SEMP services?

A total of 339 responses were received during the public consultation period. This comprised consumers (58%), SEMPs (15%), other medical professionals (including GPs and non-orthopaedic surgeons) (14%), physiotherapists (8%), orthopaedic surgeons (3.5%), and other (1.5%).

Consultation findings

Submissions were received from relevant peak bodies and their individual members, as well as consumers and practicing physicians. Feedback received from consultation, including from medical colleges, provided board support to the proposed changes to the reclassification of SEMP access to group A4 MBS items.

Submissions considered the proposed change would improve access to care, with the new fee structure more appropriately reflecting SEMP practices, and any costs to the MBS would likely be offset by savings in preventative healthcare.

Feedback supports SEMPs access to MBS item numbers that adequately recognise the complexity of their work and the significant benefits they bring to the care of patients.

Responses overwhelmingly supported the MBS reclassification of SEMPs as consultant physicians.

Table 1 provides a summary of the responses received to questions sought as part of the public consultation process, published on the Department's Consultation Hub.

Table 1 Summary of the responses received to questions as part of the public consultation process.

Summary of responses to discussion paper	Yes	No	Maybe	Not answered
Q.1: Do you agree that reclassifying Sport and Exercise Medicine Practitioners as consultant physicians with access to Group A4 MBS would benefit patients?	98.21%	0.89%	0.6%	0.3%
Q.2: Do you consider there are any risks or unintended consequences from reclassifying Sport and Exercise Medicine Practitioners as consultant?	4.17%	88.1%	7.14%	0.6%
*Q.3: Do you agree that it would be appropriate to align all Sport and Exercise Medicine Physician services to consultant physician fees or only more complex longer duration SEMP services?	85.42%	5.36%	8.63%	0.6%

^{*}Question 3 is a two-fold question. However, results for 'yes' have been interpreted as 'yes, it is appropriate to align all Sports and Exercise Medicine Physician fees'.

MRAC recommendation

All feedback received during the review was provided to the MRAC and at its 20 August 2024 meeting, used to inform its position on the issues under consideration.

The review acknowledged that Group A4 MBS items more appropriately reflect a suitable level of compensation for repeated, longer-timed consultations required to treat and manage chronic health conditions.

The review also found that reclassifying SEMP access to Group A4 MBS items would improve access to care with earlier intervention and more frequent follow-ups, improving quality of life for people with chronic and complex conditions and in turn reducing strain on emergency departments.

The MRAC agreed that the ACSEP training pathway is equivalent to that of other colleges currently considered to be consultant physicians under the MBS, and that services provided by SEMPs are of equivalence to that of other consultant physicians. Therefore, the MRAC recommends that Sport and Exercise Medicine Physicians should be granted access to Group A4 MBS items.