



MEDICARE BENEFITS SCHEDULE REVIEW ADVISORY COMMITTEE (MRAC) TERMS OF REFERENCE

The Medicare Benefits Schedule (MBS) Review Advisory Committee (MRAC) supports a continuous review framework that ensures the MBS is contemporary, sustainable, evidence-based, and supports universal access to high value care for all Australians.

The MRAC is governed and administered by the Department of Health, Disability and Ageing under the remit of the Minister for Health and Aged Care.

The MRAC is guided by the MBS Continuous Review Executive, a body comprising the Chair and Deputy Chair of the MRAC, the First Assistant Secretary (FAS) of the Medicare Benefits and Digital Health Division (MBDHD), the Assistant Secretary of the MBS Policy and Reviews Branch, and a departmental medical adviser. It is chaired by the FAS, MBDHD. The matters for which the MBS Continuous Review Executive provides direction to the MRAC include but are not limited to, acceptance of reviews, prioritisation of reviews, external communication, and management of conflicts of interest.

The MRAC complements existing services provided by the Medicare Services Advisory Committee (MSAC) in performing its role in evaluating new services and undertaking health technology assessments.

These Terms of Reference are subject to review annually.

Purpose

The MRAC is an independent, clinician and consumer-led, non-statutory committee, established to advise Government on publicly funded services listed on the MBS.

The MRAC aims to improve patient access to high value care through consideration of the appropriateness of existing MBS services, in addition to wider health reform solutions which may include alternate funding models or means of service provision and the addition of new services where a health technology assessment (HTA) is not appropriate.

The MRAC examines how the MBS is used in practice and recommends improvements based on contemporary clinical evidence. It also allows for the monitoring of previously implemented changes and assists with identification of priority areas where targeted research, investment or support is required, through the assessment of cross-speciality items, to maximise system benefits.



Role

The MRAC:

1. Undertakes thematic assessments across the MBS to examine issues including, but not limited to, consistency between items, methods of service delivery, and multidisciplinary models of care.
2. Considers changes in service delivery that may inform both MBS and non-MBS approaches (such as alternative funding models) to improving patient health outcomes and deliver high-value care to the community.
3. Considers applications from the sector for MBS changes where the informed considerations of the MRAC do not require a new stand-alone HTA assessment.
4. Identifies key areas for review as informed by patterns and trends in MBS data and other identified evidence and data sources.
5. Undertakes a schedule of work that builds upon the work of the MBS Review Taskforce and aligns with Government and Department of Health and Aged Care priorities.
6. Provides clinical and service delivery advice on policy issues identified by the department, relevant to the scope of the committee.

Principles

MRAC applies to its deliberations and decision making the dimensions of quality which are: Safe, effective, efficient, equitable, accessible, patient centred, sustainable and integrated care.

In undertaking its work, the MRAC observes the following principles:

Principle 1: Outcome focussed

- Optimal clinical outcomes for patients through application of the principles of high-quality care achieving high value MBS services for all Australians.

Principle 2: Evidence based

- 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.

Principle 3: Patient centred

- Value for patients through an MBS that is continually able to support the delivery of high-quality services and promotes patient-centred support and decision making.
- Equitable, through an MBS that supports services that are free of discrimination or bias resulting from a person's abilities or social, economic, demographic (including sex, gender, age, ethnicity, cultural background) and geographic characteristics.



Principle 4: Sustainable

- Value for the health system and patients by ensuring the MBS remains sustainable through funding services with high clinical value and avoiding low value services and unnecessary administrative burden.

Principle 5: Collaborative, Coordinated and Integrated

- Through an MBS that:
 - promotes and incentivises co-ordinated multidisciplinary teams of providers able to work to their full scope of practice
 - recognises the central role of the patient's general practitioner or primary care nurse practitioner in achieving holistic care for patients
 - promotes and incentivises appropriate clinical governance to reduce fragmentation and duplication and delivers better health outcomes.

Membership

Membership comprises an independent Chairperson, a Deputy Chair, and skills-based members, which will include a minimum of:

- two general practitioners

And the following representatives:

- non-general practice medical specialists
- clinicians with experience in rural and remote practice
- allied health practitioners
- Aboriginal and Torres Strait Islander primary health care provider
- consumers
- nurses and/or nurse practitioners
- health systems experts.

MRAC membership may be reviewed by the department at any time based on emerging issues or changing needs.

Meeting arrangements

MRAC meetings are held quarterly and may only be held when a quorum of members is present, consisting of at least 50 per cent of members in addition to the presence of the Chair or Deputy Chair.

In the event a member is not able to attend a meeting, members are not permitted to nominate an alternate representative as a proxy unless prior arrangement has been made with the Chair and Secretariat, and a Confidentiality Agreement has been signed.