
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Psychiatry Clinical Committee Report

This document outlines the Medicare Benefits Schedule (MBS) Review Taskforce’s recommendations in response to the report from the Psychiatry Clinical Committee (PCC).

The Taskforce endorsed seven recommendations from the Final Report from the PCC and submitted them to the Minister for Health for Government consideration.

Number of items reviewed	53
Number of recommendations made	10

The recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system through deleting obsolete or low clinical value items; consolidating or splitting items to address potential misuse; modernising item descriptors to reflect best practice; and providing clinical guidance for appropriate item use through explanatory notes.

List of Taskforce Recommendations

1. Continue arrangements for items 291 and 293 - development of GP-requested management plans

These items are functioning as intended and are successfully giving GPs and nurse practitioners (with the appropriate scope of practice) access to high quality management plans for their patients.

Note: At their December 2019 meeting, the Taskforce formed a sub-group of Taskforce members, the Telehealth Working Group, to develop a separate report that considers both telehealth as a broader concept and the telehealth recommendations from thirteen committee reports, including three from the PCC report (Recommendations 2, 3 and 4).

5. Remove the stigma associated with item 319 – complex and severe mental health disorders

The references to specific mental health disorders in the descriptor for item 319 can be stigmatising for patients, and therefore recommend they be removed. It is recommended restrictions remain in place to ensure only patients who could benefit from this service receive this service.

6. Revise the schedule fee for item 14224 - electroconvulsive therapy

The fee for electroconvulsive therapy should be revised to better account for the time and complexity associated with delivering this service.

Note: This recommendation may be impacted by a pending application to MSAC for listing of transcranial magnetic stimulation on the MBS.

7. Greater flexibility of arrangements for items 348, 350 and 352 - non-patient interviews

Psychiatrists routinely conduct interviews with people close to patients (usually family members) to aid in the assessment of a patient, as well as to provide education to those people to assist in the patient's ongoing management. This recommendation proposes introducing new time- tiered items and increasing the service cap to encourage their use and promote flexibility.

8. Clarify arrangements for item 346 - mother-infant group therapy

The Committee agreed there is evidence to support the effectiveness of mother-infant group therapy. The Committee therefore recommends introducing an explanatory note to clarify that item 346 (for group therapy of 2 or more patients) can be used for this purpose, if both the mother and infant have been referred by a GP for this service.

9. Aligning item 289 with best practice - management plans for children and adolescents with complex disorders

Remove the term 'pervasive development disorder' from item 289 and replacing it with the term 'neurodevelopmental disorders', and increase the age limit for eligible patients from 13 to 25.

10. Aligning items 855 to 866 with best practice - case conferencing

Align these items with the changes to specialist and consultant physician items, as proposed by the Specialist and Consultant Physician Consultation Clinical Committee, to ensure there is as little impediment as possible to health professionals forming multi-disciplinary teams.