
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Renal Medicine Clinical Committee

Report

This document outlines the Medicare Benefits Schedule (MBS) Taskforce’s recommendations in response to the Renal Medicine Clinical Committee Report.

The Taskforce considered the recommendations from the Renal Medicine Clinical Committee and feedback from the public consultation.

The Taskforce endorsed all recommendations from the Renal Medicine Clinical Committee and submitted them to the Minister for Health for Government consideration.

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| Number of items reviewed | 7 |
| Number of recommendations made | 6 |

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

Recommendation 1 – Very remote dialysis in a primary care/community based setting

The Taskforce recommends introducing a new MBS item to support the delivery of dialysis by nurses, Aboriginal and Torres Strait Islander health practitioners and Aboriginal health workers in very remote areas of Australia. This new item will help address the economic, cultural and social impacts on Indigenous Australian renal patients who are forced to move to urban areas for dialysis, providing greater access for these patients, and leading to better health outcomes.

The Renal Medicine Clinical Committee amended the wording of this recommendation from 'very remote dialysis item' to 'very remote dialysis in a primary care/community based setting' before making its recommendations to the Taskforce. The amendment was intended to clearly articulate that this item is for use in a primary care/community based setting provided by a primary care practice or Aboriginal Health Service and is endorsed by the Taskforce.

Recommendation 2 – Medical supervision of dialysis items

To ensure consistent rebates for dialysis supervision for all patients, the Taskforce recommended introducing a new MBS item (replacing two items), claimable weekly. This is designed to change the funding of in-centre dialysis supervision to better reflect the role of nephrologist in overseeing and planning treatment and care for patients on dialysis.

Recommendation 3 – Remove item 13106 declotting of an arteriovenous shunt

The Taskforce recommends deleting item 13106. The removal of this item will simplify the MBS. Shunts are no longer used as part of contemporary clinical practice.

Recommendation 4 – Remove insertion of temporary catheter item 13112

The Taskforce recommends deleting item 13112. This procedure has been replaced in clinical practice by alternative procedures.

Recommendation 5 – Change item descriptor for indwelling peritoneal catheter for dialysis items

The Taskforce recommends amending the item descriptor for the removal of an indwelling Tenckhoff peritoneal catheter (item 13110) and aligning it with the item descriptor for the insertion of a Tenckoff peritoneal catheter (item 13109). Amending the descriptor will reduce confusion and increase consistency of the MBS.

Recommendation 6 – Paediatric – adult transition

The Taskforce recommends an ongoing and sustainable service (or funding for such a service) to provide support for the care of adolescent patients with complex kidney disease. This aims to support patients by providing better co-ordinated support for adolescents and young adults who have high incidences of rejecting transplants.

The Taskforce recommends referring the issue of paediatric to adult transition of patients with complex kidney disease to an appropriate Government or inter-Governmental body.