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# Medicare Benefits Schedule Review Taskforce

## Taskforce Findings: Aboriginal and Torres Strait Islander

### Health Reference Group Report

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This document outlines the Medicare Benefits Schedule (MBS) Review Taskforce’s recommendations in response to the report from the Aboriginal and Torres

Strait Islander Health Reference Group.

The Taskforce endorsed 13 recommendations from the Final Report from the Aboriginal and Torres Strait Islander Health Reference Group and submitted them to the Minister for Health for Government consideration.

Number of items reviewed	21
Number of recommendations endorsed	13
Number of Independent Taskforce recommendations	0

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 endorsed Aboriginal and Torres Strait Islander Health Recommendations

### Recommendation 1 – Bulk-billing incentives for allied health appointments

This recommendation proposes creating new items (mirroring items 10990, 10991 and 10992) for the provision of allied health services following a health assessment and/or the creation of a GPMP/TCA.

**Note:** While supportive of the objective behind this recommendation, the Taskforce does not believe that a bulk-billing solution is the best mechanism for TCAs and health assessments, and suggests an alternative mechanism should be considered instead (for example, a block payment may be more appropriate).

**Recommendation 2 - Enable all allied health services available to Aboriginal and Torres Strait Islander peoples to be provided as group services**

This recommendation proposes creating new items (mirroring M11 items) for the provision of allied health services as group therapy.

**Note:** While supportive of the objective behind this recommendation, the Taskforce does not believe that a fee for service model is the best way to support delivery of these services and suggests an alternative (non-MBS) mechanism should be considered instead. Further research should be undertaken on evidence-based models of successful non-MBS group therapy. Such evidence could inform consideration of non-fee for service solutions.

**Recommendation 4 – Pool access to allied health items that are available following the completion of a Health Assessment and the creation of a GP Management Plan/Team Care Arrangement**

This recommendation proposes pooling allied health services for Aboriginal and Torres Strait Islander patients who have had an Aboriginal and Torres Strait Islander peoples' health assessment and a TCA for a total of 10 services through a single referral form and reviewing the implementation of this recommendation to avoid unintended consequences.

**Recommendation 5 - Increase the number of allied health sessions available for Aboriginal and Torres Strait Islander peoples**

This recommendation proposes recommends increasing the number of available allied health sessions following a health assessment (item 715).

**Note:** While supportive of the objective behind this recommendation, the Taskforce does not believe that a fee for service model is the best way to support delivery of these services and suggests an alternative (non-MBS) mechanism should be considered instead. The Taskforce notes that there are limitations in the fee for service model given variance possibilities (e.g. workforce, viability of service delivery, urban versus rural, how to appropriately support), and that this is a broader issue than the MBS.

**Recommendation 7 – Ensure that Health Assessment templates and content reflect best practice**

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This recommendation proposes regularly updating the *National Guide to a Preventive Health Assessment for Aboriginal and Torres Strait Islander People* to ensure that it aligns with current practice and evidence and becomes a “living guideline”.

Once this has occurred, the Department of Health’s templates for item 715 should be updated to align with the national guide, and the item descriptor for item 715 should be amended to require an Aboriginal and Torres Strait Islander peoples’ Health Assessment to be completed using a template issued by the Department of Health, or a template that contains all the components of the form issued by the Department of Health.

### **Recommendation 8 – Update the allied health referral form for Aboriginal and Torres Strait Islander peoples’ health assessment**

This recommendation proposes changing the ‘*Referral Form for Follow-Up Allied Health Services Under Medicare for People of Aboriginal or Torres Strait Islander Descent*’ to ensure clear communication between the patient and the GP and facilitating access to allied health services.

**Note:** Acknowledging the MBS may not be the appropriate mechanism to provide flexible culturally sensitive health care services, the Taskforce recommends that ongoing consideration to existing limitations be included in a research agenda.

### **Recommendation 9 - Enable qualified Aboriginal and Torres Strait Islander health workers to claim for certain follow-up items**

This recommendation proposes enabling qualified Aboriginal and Torres Strait Islander health workers to claim all items that Aboriginal and Torres Strait Islander health practitioners can currently claim (items 10987, 10988, 10989 and 10997), where these services fall within their scope of practice (as defined by the relevant state or territory).

**Note:** The Taskforce is supportive of the objective behind this recommendation, however, given the expansionary nature of this recommendation, it agrees this recommendation should follow the appropriate MSAC process. Further, the Taskforce agrees the MBS may not be the appropriate mechanism to provide flexible culturally sensitive health care services, and recommends ongoing research on how the needs of Aboriginal and Torres Strait Islander peoples can best be met through MBS and non-MBS means.

**Recommendation 10 - Enable nurses to claim for certain immunisation and wound-care items provided on behalf of a medical practitioner, when provided in Aboriginal and Torres Strait Islander primary health care**

This recommendation proposes enabling nurses working in Aboriginal and Torres Strait Islander primary health care services to be added to the list of eligible health practitioners providing immunisation and wound care services under items 10988 and 10989. It also recommends the change of the term “practice nurse” to “nurse” across the MBS to be in line with current professional nomenclature.

**Note:** While supportive of the objective behind this recommendation, the Taskforce does not believe that a fee for service model is the best way to support delivery of these services and suggests an alternative (non-MBS) mechanism should be considered instead. Additionally, the Taskforce agrees the current incentive payments are not effective and suggests this is explored through an alternative pathway – one option could be to reduce the PNIP and roll it into a new item. The Taskforce also suggests that credentialing/scope of practice considerations should be considered in any further discussions around this recommendation.

**Recommendation 11 - Investigate the best way to integrate Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies into the MBS**

This recommendation proposes the Government investigate the best way to integrate Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies into the MBS, including Ngangkari healers and other Aboriginal and Torres Strait Islander health professionals who do not have formal registration bodies.

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees this is outside the remit of the MBS Review. The Taskforce notes that the issue of other practitioner access to appropriate funding is a wider issue than just the MBS, and should be considered across the entire healthcare system through an alternative (non-MBS) mechanism.

**Recommendation 12 - Invest in the growth and sustainability of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce**

This recommendation proposes:

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- a. increasing access to education pathways to become an Aboriginal and Torres Strait Islander health worker or health practitioner,
- b. facilitating the transition to work, and
- a. strengthening the career path for Aboriginal and Torres Strait Islander health workers and health practitioners.

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees this is outside the remit of the MBS Review and suggests an alternative (non-MBS) mechanism should be considered instead.

**Recommendation 13 - Invest in an awareness campaign that explains the roles and scopes of practice of Aboriginal and Torres Strait Islander health workers and health practitioners**

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees this is outside the remit of the MBS Review and suggests an alternative (non-MBS) mechanism should be considered instead.

**Recommendation 14 - Establish an MBS data governance, reliability and monitoring group to provide guidance and oversight of Aboriginal and Torres Strait Islander peoples' MBS claims data to ensure accuracy**

This recommendation proposes changes to improve awareness about, and the transparency and use of, data related to Aboriginal and Torres Strait Islander peoples identification and associated service usage.

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees this is outside the remit of the MBS Review and suggests an alternative (non-MBS) mechanism should be considered instead.

The Taskforce also supports the idea of a data governance framework, noting enhanced identification would assist greatly with improved data quality and subsequent better patient outcomes, but agrees that this work would likely need to happen in a wider context than the MBS. Further work on the mechanisms for how this work would be undertaken should be explored.

**Recommendation 17 - Promote culturally safe health services for Aboriginal and Torres Strait Islander peoples to all health providers**

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees this is outside the remit of the MBS Review. The Taskforce notes this is a wider issue than just the MBS, and should be considered across the entire healthcare system through an alternative (non-MBS) mechanism.