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# Medicare Benefits Schedule Review Taskforce

## Taskforce Findings: Allied Health Reference Group Report

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This document outlines the Taskforce’s recommendations in response to the report from the Allied Health Reference Group (AHRG).

The Taskforce endorsed 16 recommendations from the Final Report from the AHRG and submitted them to the Minister for Health for Government consideration.

Number of items reviewed	26
Number of recommendations endorsed	16
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 Allied Health Recommendations

#### Recommendation 1 – Encourage comprehensive initial assessments by allied health professionals

This recommendation proposes the introduction of an item for initial assessment attendance (of more than 40 minutes) by an allied health professional for a unique presentation and a maximum of one per patient, per provider, per calendar year.

**Note:** The Taskforce supports the rationale behind this recommendation, but agrees more research is needed to develop an appropriate evidence base to support the proposed new item in its current form. There is also concern around the impact creating a new item will have on the use of other items (i.e. subsequent attendances).

The Taskforce agrees that the following needs further exploration:

- the potential clinical benefit to patient needs,
- the impact on fee and out of pocket costs, and
- the appropriate fee structure to support an initial attendance (i.e. would time-tiering model be more appropriate?).

The Taskforce notes that it has also made recommendations based on the work of the Specialist and Consultant Physician Clinical Committee to further address the disparities of initial and subsequent

attendances through the development of a time-tiered model for attendance items. This work may in time determine appropriate approaches to assessing and supporting patients in receiving high-value care.

### **Recommendation 2 – Expand allied health involvement under team care arrangements**

This recommendation proposes increasing the number of allied health appointments under GPMPs and TCAs by stratifying patients to identify those with more complex care requirements (items 721 and 723). This would lead to the creating a follow-on piece of work that identifies and details a model to stratify patients with a GPMP who could benefit from additional allied health appointments.

**Note:** The Taskforce supports the rationale behind this recommendation, but agrees more research is needed to develop an appropriate evidence base on patient needs and the appropriate number of service (or appropriate model of care) to meet those needs. The Taskforce suggests any research into the expansion of allied health under a stratification model for TCAs should include impacts on continuity of patient care and maintaining longitudinal care in collaboration with the patient's primary care provider (i.e. their GP).

### **Recommendation 3 – Improve access to orthotic or prosthetic services**

This recommendation proposes creating a new item in the M3 group for the delivery of orthotic or prosthetic services, lasting at least 40 minutes.

**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 noting integration with the NDIS and public hospital systems will be key for patient outcomes. Should inclusion in the MBS be considered in the future, appropriate MSAC process should be followed.

### **Recommendation 4 – Understand the effectiveness of group allied health interventions**

This recommendation proposes conducting a systematic review of current evidence to support evidence-based expansion of group allied health interventions.

**Note:** While supportive of the objective behind this recommendation, the Taskforce notes limitations in a fee for service model and agrees 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 5 – Incentivise group therapy for chronic disease management**

This recommendation proposes introducing a practice incentive payment for allied health professionals who provide group therapy under items 81105, 81115 and 81125.

**Note:** Same as above (Rec 4)

#### **Recommendation 6 – Improve access to paediatric allied health assessments**

This recommendation proposes an update to the clinical terminology and condition examples aligning M10 items with other MBS Specialist paediatric complex plan items.

#### **Recommendation 7 – Improve access to complex paediatric allied health assessments for children with potential ASD, CND or eligible disability diagnosis**

This recommendation proposes increasing the number of MBS appointments available for children with a potential ASD, CND or eligible disability diagnosis from four to eight, including a review by the referring practitioner required between the first four and additional four appointments.

#### **Recommendation 8 – Encourage multidisciplinary planning for children with potential Autism Spectrum Disorder or eligible disability diagnosis**

This recommendation proposes allowing up to two assessment items to be used for case conferencing for children with a potential ASD, CND or eligible disability diagnosis (items 82000, 82005, 82010 and 82030).

#### **Recommendation 9 – Improve access to M10 treatment items as group therapy**

This recommendation proposes allowing M10 treatment items to be delivered as group therapy under the Helping Children with Autism (HCWA) program.

**Note:** While supportive of the objective behind this recommendation, the Taskforce notes responsibility for this recommendation now belongs with the NDIS, as the HCWA program is being transitioned to the NDIS (to be completed by 30 June 2020).

**Recommendation 10 – Improve access to M10 items for patients with severe speech and language disorders**

This recommendation proposes including children with severe speech/language disorders in the list of eligible disabilities under M10 items and developing a list of concerns or “red flags” for GPs to help identify when children may have these conditions.

**Recommendation 11 – Improve access to the ASD and eligible disability assessment to people under 25**

This recommendation proposes increasing the current age limit on ASD and eligible disability assessment and treatment to 25 years of age.

**Recommendation 12 – Improve allied health collaboration during assessments**

This recommendation proposes allowing inter-disciplinary referral between allied health professionals (currently a maximum of 4 in total) during the assessment phase for ASD, CND and eligible disabilities, rather than requiring the patient’s GP to conduct the referral.

**Recommendation 15 – Support the codifying of allied health research and evidence**

This recommendation proposes the Government consider creating an allied health research agenda to facilitate the creation of an allied health research base, with investment in allied health research—potentially funded by the Medical Research Future Fund.

**Note:** While supportive of this recommendation, the Taskforce notes this is outside the remit of the MBS Review.

**Recommendation 16 – Pilot non-fee-for-service allied health payment models**

This recommendation proposes the Government consider undertaking a piece of work to investigate and trial different ways to integrate allied health providers into primary health, other than paying for each individual service that is provided.

**Note:** While supportive of this recommendation, the Taskforce notes this is outside the remit of the MBS Review.

**Recommendation 17 – Enhance communication between patients, allied health professionals and GPs**

This recommendation proposes the Government consider investing in a Chronic Disease Management (CDM) pathway education campaign for allied health professionals and GPs to promote ‘shared decision

making' and provide financial support for GPs and allied health professionals to set up shared formal referral, communication and health records processes.

**Note:** While supportive of this recommendation, the Taskforce notes this is outside the remit of the MBS Review.

**Recommendation 18 – Expand the role of allied health in the Australian public health care system**

This recommendation proposes:

- a. enabling MBS-funded allied health services to be accessed through health assessment items,
- b. the creation of a GP Primary Prevention Plan (GPPP) to provide access to allied-health services to patients with risk factors early, and
- c. expanding publicly funded, community-based allied health group interventions aimed at lifestyle modification.

**Note:** While supportive of the objective behind this recommendation, the Taskforce agrees that expansion is a longer-term consideration that will be informed by broader directions in primary care and evidence gathering through robust research.