Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30 May 2011

Question: E11- 473

OUTCOME 3: Access to Medical Services

Topic: REVIEW OF EXISTING MBS ITEMS FOR EVIDENCE OF THEIR QUALITY AND SAFETY

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Senator Fierravanti-Wells asked:

a) What evidence will be considered in relation to each of those four projects (ophthalmology, obesity, colonoscopy and pulmonary artery catheterisation)?

b) Will the outcomes be implemented as budget measures or will proposals be open for consideration by stakeholders and published publicly prior to decisions on implementation, contrasting that with what happened with cataract surgery?

Answer:

a) Each review considered published literature, Medicare Benefits Schedule (MBS) and hospital data, and advice from clinical experts nominated by the relevant medical colleges. In addition, the ophthalmology review also incorporated a clinical practice guideline concordance exercise.

Levels and quality of evidence were categorised according to National Health and Medical Research Council (NHMRC) levels of evidence and were critically appraised. Clinical guidelines were rated according to the Appraisal of Guidelines for Research and Evaluation (AGREE) appraisal instrument.

The selection and appraisal of evidence was undertaken by independent, external evaluators experienced in health service evaluation.

In addition to clinical questions of quality and safety, a review of MBS Schedule fees is also being undertaken for ophthalmology items. The MBS fee review of ophthalmology is intended to examine evidence showing the length and cost elements of services, including: indirect costs, which are the general costs of ophthalmology practice that are not incurred directly as part of providing a service. For example, rent, utilities, stationery, communications, cleaning and reception staff might all be considered indirect costs; direct costs, which are the costs of consumables, major equipment and some technical staff that are incurred in the direct provision of services. For example, a phaco-emulsification machine used in cataract surgery, a disposable syringe or a technician to assist with a service might be considered direct costs; and professional costs, which is a cost based upon the work of the service provider.

The purpose of this work will be to examine the costs incurred in the provision of services and compare those results to the existing MBS fees to determine whether the MBS fees reflect the resources used. This will then be discussed with the profession to determine whether changes might be appropriate.

b) The review process includes two periods of public consultation during which time the relevant documents are published on the Department's website. While key stakeholders, identified during the course of the review, are invited to lodge submissions, feedback is welcome from any individual or organisation during these periods.

The first period of public consultation sought feedback on the review protocol which outlined the approach to the review. The second public consultation period seeks comment on the review report outlining the evidence-based assessment. The feedback received during public consultation will be summarised and provided to the Medical Services Advisory Committee (MSAC) for consideration.

All outcomes of reviews will be considered by the MSAC in consultation with relevant stakeholders, including clinical craft groups and consumers. Outcomes will be publicly available, as MSAC provides a Public Summary Document outlining its rationale and advice to the Government. The MSAC will also consider the outcomes of the ophthalmology fee review.