

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 & 30 May 2017

Ref No: SQ17-000925

OUTCOME: 4 - Individual Health Benefits

Topic: After Hours Service

Type of Question: Written Question on Notice

Senator: Griff, Stirling

Question:

Regarding items 597-600 are for “urgent” after hours’ care: Given the MBS goes into detail about timed visits and has very specific criteria, why is “urgent” not clearly defined?

Answer:

The Medicare Benefits Schedule (MBS) Review Taskforce has spent considerable time attempting to define the meaning of urgent in clinical settings. It is difficult to be specific about the definition of urgent because of the wide variation of clinical presentations that may occur.

There are no requirements for the duration of an urgent after hours attendance.

The Taskforce’s draft recommendations on urgent after-hours services have proposed that the urgent after-hours MBS items be available only when:

The patient’s condition requires urgent medical assessment during the after-hours period to prevent deterioration or potential deterioration in their health. Specifically, the patient’s assessment:

1. cannot be delayed until the next in-hours period; and
2. requires the practitioner to attend the patient at the patient’s location or to reopen the practice rooms.