

## Senate Community Affairs Committee

### ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### HEALTH PORTFOLIO

#### Supplementary Budget Estimates 2015 - 2016, 21 October 2015

Ref No: SQ15-000707

**OUTCOME:** 3 - Access to Medical and Dental Services

**Topic:** MBS Item Numbers

**Type of Question:** Written Question on Notice

**Senator:** Di Natale, Richard

**Question:**

- a) Have you got any indicators of likely MBS target item numbers?
  - i) Will they be cut or the descriptors changed to reflect modern procedures?
  - ii) Is so, isn't that effectively a new MBS item number listing?
- b) What are the justifications for no new item numbers a part of the review? Have you got any indicators of likely MBS target item numbers?
- c) Is there any possibility of using regional weighting for item numbers?

**Answer:**

- a) The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce), will review all of the more than 5,700 services listed on the MBS to ensure they reflect contemporary clinical evidence, cost-effectiveness, and services that will deliver better patient outcomes. In addition, it is part of the Taskforce's role to review and recommend updates to various pieces of legislation that underpin the MBS.
  - i) This matter is for the Taskforce to consider, taking into account the findings and recommendations of the relevant Clinical Committee and the outcomes of consultation.
  - ii) The Terms of Reference for the MBS Review Taskforce do not preclude it from recommending new items or services be added to the MBS. Where the Taskforce recommends the addition of new items to the MBS, the Minister will decide whether to seek advice from the Medical Services Advisory Committee (MSAC), taking into account expert advice and consultation. Whether MSAC advice is needed will likely depend on what kind of change it is. For example:
    - An existing item or items might be combined to form a new item or items that better describe an existing service. While this might look like a new item, it is really just a better description of an existing service. There would seem to be little benefit from MSAC reviewing this kind of change, as the patient groups and clinical and cost effectiveness should not have changed.
    - Where good clinical practice requires the addition of a service not effectively captured by the MBS, the Minister might ask MSAC for expedited advice.
    - Where a proposed new item is for a completely novel treatment or technology, the Minister may choose to ask for a full MSAC review of the evidence.

- b) Please see response to part a).
- c) This matter is for the Taskforce to consider.