COTA
For older Australians

Submission to the MBS Review Taskforce re the

Preliminary Report on Urgent after-hours primary care services funded through the MBS

Prepared by
COTA Australia

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COTA Australia

COTA Australia is the national consumer peak body for older Australians. Its members are the State and Territory COTAs (Councils on the Ageing) in each of the eight States and Territories of Australia. The State and Territory COTAs have around 30,000 individual members and more than 1,000 seniors' organisation members, which jointly represent over 500,000 older Australians.

COTA Australia's focus is on national policy issues from the perspective of older people as citizens and consumers and we seek to promote, improve and protect the circumstances and wellbeing of older people in Australia. Information about, and the views of, our constituents and members are gathered through a wide variety of consultative and engagement mechanisms and processes.

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Response

Older Australians are significant users of after-hours primary care in their homes and in residential aged care facilities, and therefore the conclusions and recommendations of the preliminary report are of particular interest to COTA.

COTA is mindful that all opportunities to strengthen fiscal sustainability in the health system need to be explored, and on the surface the significant increase in the cost of delivering after-hours primary care is a concern. We are also wary of changes in market supply (in this case a burgeoning MDS sector) driving demand and straining public budgets in human services.

However, overall COTA is uneasy and unconvinced about the key conclusions and recommendations in the preliminary report.

We are unclear how the Review Taskforce has come to the position that a negative impact on the provision of after-hours GP service in residential aged care is 'not anticipated'[1]. There is insufficient evidence in the report to support this conclusion. COTA is unconvinced of the accuracy of the prediction as we are aware of the ongoing difficulty of attracting regular GPs to deliver service in aged care facilities even in business hours, let alone after hours.

Regular GPs can access the after-hours urgent and non-urgent MBS items now, but to a large degree do not do so to the extent required to meet the need in aged care facilities. We are greatly concerned that (without evidence to the contrary) removing Medical Deputising Service (MDS) access to urgent after-hours items is likely to result in an even greater shortage of appropriate primary care in residential aged care facilities than is currently the case.

Analysis and discussion of the broader implications of the recommendations for access to appropriate after-hours primary care in the home is surprisingly thin in the report.

We note that the geographical statistical areas (SA3) identified with high use of MBS funded after-hours primary care services include many where a high proportion of the population are from low socioeconomic status (SES) households. In lower SES areas, where chronic disease risk factors are highest, the fact that a patient receives medical attention, via whatever means, is likely to make more of a difference - to their health and to avoided long term healthcare cost - than it would elsewhere. This is particularly the case for older residents in those areas.

The report also states that the Taskforce is not convinced that the growth in urgent after-hours home visits has had a significant impact on hospital emergency department services[2]. A more definitive, evidence-based analysis of this critical factor is needed to inform such critical decision-making than is presented in the report.

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[1] Medicare Benefits Schedule Review Taskforce, Preliminary Report for consultation. *Urgent after-hours primary care services funded through the MBS.* 2017, P9 http://www.mbsreview.com.au/reports/after-hours-report_1.html

[2] Op Cit P6

COTA argues that much more investigation of the potential consequences of the proposed changes is needed before the Minister accepts the recommendations. Before tightening the rules applying to MBS-funded after-hours services, the Commonwealth must have a stronger grasp of the likely implications of the changes for:

- Emergency Department presentations, by SA3 area – particularly those SA3 areas where the greatest per capita drop in MBS after-hours services is likely;
- (as a subset of the above) the increase in Emergency Department presentations by residents of aged care facilities, by SA3 area;
- the cost to MBS of GP services delivered in normal hours (in the clinic and in the home), by SA3 area – particularly those SA3 areas with greatest likely per capita drop in MBS after-hours services; and
- (as a subset of the above) the cost to MBS of GP services delivered in normal hours (in the clinic and in the home) to residents of aged care facilities, by SA3 area.

We also note that the report says that MDS services are often delivered by less qualified clinicians and that the use of after-hours MBS items by MDS interferes with continuity of care by the patient's regular GP. These are both important concerns. However, COTA would like to see the issue of lower clinician qualifications unpacked a bit more, in order to understand the implications of this for service quality and safety.

For the use of MDS to interfere with continuity of care by the patient's regular GP there needs to be a regular GP who provides individualized patient centered care. Our understanding is that this is far too infrequent in residential aged care.

We are also not clear why a better administrative reporting arrangement between the MDS and the regular GP (where one exists) cannot be implemented and enforced, at least improving communication between clinicians in the interest of the patient.

Finally, we believe that the review would have benefited from a deeper analysis of:

- the impact of price signals in the MBS on the supply of the after-hours medical workforce
    - not just whether higher urgent item rebate increases supply and distorts demand, but also if the lower non-urgent rebate reduces supply and results in failure to meet legitimate after-hours demand;
- the whole-of-system and longer term health outcome and cost implications of limiting access to after-hours primary care; and
- options for stronger monitoring, regulation and management of MBS funded after-hours primary health service delivery.

Conclusion

COTA is unable to support the proposed changes to current MBS after-hours items in their current form without any indication of their likely effect on older Australians. Without analysis to the contrary, we are concerned that older people, to a disproportionate extent, will face a reduction in an important area of service delivery if the recommendations are implemented.

We appreciate the opportunity to express our views on this matter and would be happy to meet with the Taskforce to expand further on our concerns.

We trust the Taskforce will appreciate that we reserve the right to approach the Government directly, in addition to this response to the Preliminary Report.