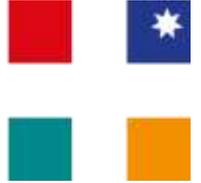


Australian
Private Hospitals
Association



MBS Review Diagnostic imaging: Breast imaging and Nuclear medicine

3 October 2018

Australian Private Hospitals Association ABN 82 008 623 809

Contents

Introduction	1
Nuclear medicine recommendations.....	2
Breast imaging recommendations.....	3
Private hospitals in Australia	4
The Australian Private Hospitals Association	4
Bibliography	Error! Bookmark not defined.

Introduction

The Australian Private Hospitals Association (APHA) is appreciative of the opportunity to make a submission to the Medicare Benefits Schedule (MBS) Review in response to the recommendations in the two reports from the Diagnostic Imaging Clinical Committee; Breast Imaging (2018) and Nuclear Medicine (2018).

In this response, the APHA has focused on issues that could arise for private hospitals if these recommendations were adopted. Some of these issues lie outside the scope of the terms of reference for the MBS Review, for example they pertain to potential implications for the regulations governing private health insurance.

The Private Health Insurance (Benefit Requirements) Rules 2011 (Compilation No. 50, as of [10 July 2018](#): “the Rules”) make detailed reference to relevant MBS items, and it is therefore essential to consider whether recommendations from the MBS Review will give rise to the need for changes to private health insurance regulation.

The issues in this submission are raised with the intention of informing implementation of the proposed recommendations should they be adopted by the Australian Government.

The APHA also advocates there should be sufficient time allocated by the Department of Health for the implementation of the flow-on changes when changes are made to the MBS, such as the Rules (above) and the National Procedure Banding Committee processes, especially when there are changes to a large number of MBS items simultaneously.

In making these comments, APHA remains fully supportive of the objectives of the MBS Review and recommendations intended to promote sound, evidence-based clinical practice.

Nuclear medicine recommendations

The APHA is largely supportive of the recommendations made in the nuclear medicine report, and will therefore not address all recommendations separately. Below are the APHA comments for a select number of recommendations.

Abolishment of NK items: The APHA notes the recommendation made by the Nuclear Medicine Working Group on page 18 supporting the deletion of all nuclear medicine NK items from the MBS.

The APHA further notes the impending report on Capital Sensitive items and reserves the right to make comment regarding NK items and other capital sensitivity changes for the release of that report.

Recommendation 1: The APHA broadly supports the simplification of the items listed under Recommendation 1, with the caveat of highlighting reservations previously raised with the Department of Health on the recommendations from the Cardiac Services Clinical Committee regarding electrocardiogram (ECG) testing.

The APHA suggests the recommendation regarding MBS item 61303 should be considered in light of the consultation outcomes of the cardiac services report recommendations.

Recommendation 3: The consolidation of the 20 items listed and the creation of four new MBS items according to diagnosis, staging, response assessment and suspected residual or recurrent cancer should be done with caution, and the APHA advocates the new items should be added to the Rules where appropriate.

Currently, only three of the 20 items under this recommendation (61541, 61553 and 61565) are listed in the Rules, and they are all Type C Category 5 Table I4. However, with the new structure of PET services, it will be essential to capture any of the new items provided in private settings in the appropriate schedule of the Rules.

Recommendation 17: The APHA notes of the four items, only three are currently listed in the Rules (MBS items 61437, 61438 and 61458 are listed as Type C, Category 5, Table I4).

If the Australian Government accepts the recommendation of consolidating these items by removing the reference to imaging technology, only one item will remain in the Rules (MBS item 61461 is not currently listed), which means private hospitals will no longer be remunerated to do LOCALISED STUDY using thallium. (R).

As the intent of the clinical committee is to consolidate these items into one descriptor by broadening the descriptor, and not to limit usage, the APHA suggests to either:

- add item 61461 to the Rules, or
- keep item 61458 instead and delete item 61461.

Breast imaging recommendations

The APHA is largely supportive of the recommendations made in the breast imaging report, and will therefore not address all the individual recommendations separately. Below are the APHA comments for a select number of recommendations.

Recommendation 1: The APHA notes all of the existing items under recommendation 1 are currently listed in the Rules as Type C, Category 5, Table I1. As the added item under this recommendation will complement the others listed, the APHA suggests the new item will also be added to the Rules under the same table.

Recommendation 8: The APHA supports the addition of an MBS item to remunerate the cost of a marker clip. The APHA suggests it should also be added to the Rules.

Private hospitals in Australia

The private hospital sector makes a significant contribution to health care in Australia, providing a large number of services and taking the pressure off the already stretched public hospital system.

According to the most recent data available, the private hospital sector treats:

- 4.4 million separations a year.

In 2016–17, it delivered:

- More than a third of chemotherapy
- 60% of all surgery
- 79% of rehabilitation
- 73% of eye procedures
- Almost half of all heart procedures
- 73% of procedures on the brain, spine and nerves.

Australian private hospitals by numbers:

- Half (49%) of Australian hospitals are private
- 657 private hospitals made up of:
 - 300 overnight hospitals
 - 357 day hospitals
- 34,339 beds and chairs
 - 31,029 in overnight hospitals
 - 3,310 in day surgeries
- 69,299 full-time equivalent staff (AIHW 2018, ABS 2018).

The Australian Private Hospitals Association

The APHA is the peak industry body representing the private hospital and day surgery sector. About 70% of overnight hospitals and half of all day surgeries in Australia are APHA members.