



Professor Bruce Robinson  
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Dear Professor Robinson

MBS Review – Wound Management Working Group

Thank you for the opportunity to comment on the 2019 report from the Wound Management Working Group. The Australian Private Hospitals Association (APHA) is generally supportive of the proposed recommendations, but wishes to make the following comments.

The APHA emphasises sufficient time needs to be provided by the Department of Health (the Department) for any item to be classified or reclassified within the National Procedure Banding Schedule (NPBS), and for the resulting changes to be provided to hospitals in advance of their effective date. The APHA advocates the Department provide full details of the amended items (proposed fee, proposed classification, and any proposed amendments to descriptors) at least 90 days prior to the effective date so they can be considered by the National Procedure Banding Committee, and so there is sufficient time for hospitals and health insurers to negotiate contract changes and implement billing and payment system changes.

Furthermore, any new items under recommendations 9 and 10 should be classified in the *Private Health Insurance (Benefit Requirement) Rules 2011* (the Rules) where appropriate. The items did not have direct comparators identified in the working group report, therefore the APHA reserves our view on the appropriate classification until further detail on descriptors and MBS fees are made available.

Recommendation 15 raises a number of concerns regarding hospital-acquired wounds, and the APHA wishes to highlight these concerns are already being dealt with by the Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Care Standards, which all private hospitals are obliged to meet. The private hospital sector is directly engaged with the Australian Commission on Safety and Quality in Health Care on a range of projects including public reporting of quality and safety indicators amongst which reporting on hospital-acquired conditions will be addressed.

The APHA also wishes to further understand the wound consumables scheme which is proposed under recommendation 25. In particular, will this be a nation-wide scheme (like the Pharmaceutical Benefits Scheme) and will the private sector be able to access this scheme for wound care consumables?

We welcome the opportunity to comment on this report, and we look forward to further discussions regarding the implementation of recommendations once these are finalised.

The APHA requests to be included in any Implementation Liaison Group (ILG) should it be convened for the changes to wound care items.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Roff', with a stylized flourish at the end.

**Michael Roff**  
**CHIEF EXECUTIVE OFFICER**  
**12 February 2020**