

1 April 2020

Department of Health
Via email: surgicalservices@health.gov.au

To whom it may concern

Re: MBS Review Consultation – Stage 5 expansion of specialist items for telehealth

Thank you for the opportunity to provide comment and feedback during this consultation process.

The Clinical Oncology Society of Australia (COSA) is the peak national body representing health professionals from all disciplines whose work involves the care of cancer patients. Our vision is that all Australians receive quality multidisciplinary cancer care from supported and informed health professionals who work in a multidisciplinary manner.

We are actively involved in tele-health and developed clinical practice guidelines for tele-oncology – using telehealth to deliver chemotherapy particularly for cancer patients in regional and remote areas <https://wiki.cancer.org.au/australia/COSA:Teleoncology>

We have also expanded our tele-oncology guidelines to the publication of the COSA Australasian Tele-Trial Model, and its national implementation guide. The Model uses tele-oncology to enable clinicians from larger centres (primary sites) to enrol, consent and treat patients on clinical trials at regional and rural centres (satellite sites), thereby providing patients with access to clinical trials closer to home.
<https://www.cosa.org.au/media/332325/cosa-teletrial-model-final-19sep16.pdf>

With regard to the stage 5 expansion of the new MBS telehealth items for patients and/or providers quarantined and isolated due to COVID-19, we provide the following **summary feedback and recommendations**.

1. COSA notes the MBS items are not relevant to all hospital settings.
2. In private practice there are the following concerns:
 - a. This only applied to services that bulk bill, which many do not. COSA would like to see this applied as a gap payment similar to the chronic disease management plan.
 - b. COSA recommends the current five allied health sessions be increased to 15 total across all disciplines to cover the needs of people undergoing intensive cancer therapy or who have completed treatment within the last six months.
 - c. A streamlined referral process for current telehealth items given patients need to see a GP for the referral and are taking up GP appointment times for just this purpose.

As a multidisciplinary society, our Allied Health members have specifically been consulted in this process. We believe the medical disciplines, such as medical and radiation oncology will have been consulted via the respective Colleges.

Our specific feedback is provided at Attachment A as requested.

For further information please contact me directly at marie.malica@cacner.org.au

Yours sincerely



Marie Malica
Chief Executive Officer

Feedback Template: Phase 5 – Feedback on MBS specialist services for possible expansion to phone and/or telehealth

This template has been developed to enable organisations to identify and provide feedback on additional MBS specialist services which may be appropriate to expand to phone and/or telehealth as part of the ongoing work to support Australians impacted by COVID-19.

The Department requests your organisation identify and provide comments on the specialist items which could be added to the current list of COVID-19 items. The current list of COVID-19 is published on the factsheets page of the MBS online website at: www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Current

As you may be aware, other specialist services have already been expanded to telehealth as part of previous phases to list new COVID-19 items.

In nominating any further specialist items, please address the following as part of your feedback:

- Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why?
- Why is it clinically appropriate to provide the service by phone and/or telehealth?

Feedback is sought by **COB 1 April 2020** and can be submitted to surgicalservices@health.gov.au

This feedback has been provided by COSA

MBS item number	Specialist Service	Feedback
All	Allied CDM services (all 13 items) 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970	<p>Feedback</p> <ul style="list-style-type: none"> • Can the service be provided under the existing COVID-19 items eg. 104 and 105 – if not, why? • Why is it clinically appropriate to provide the service by phone and/or telehealth? <p>Proposal: Structure the Medicare rebate as per the current CDMP (patient to pay gap) to allow access to specialised private services that are not bulk bill only. Remove restriction of bulk billed Allied health services only.</p> <p>It is stated that the services must be bulk billed for new COVID-19 codes (93000, 93013). This will significantly limit the ability for patients with specialised needs (e.g. cancer patients requiring allied health clinicians with expertise in this area) to access the care they need.</p> <p>Many specialist providers including dietetics, physiotherapy, exercise physiology, psychology will not provide bulk bill only service.</p> <p>A suggestion would be to operate the new item numbers as per the CDMP whereby Medicare provides the rebate as a subsidy to the full cost and duration of the consultation at the discretion of the provider.</p> <p>The same is recommended for all other groups of codes.</p>
All	All	<p>Proposal: Make face-to-face and Telehealth and phone item numbers interchangeable (or the same)</p> <p>Given many of these patients will already have CDMPs set up that they are unable to utilise in the COVID-19 climate, it would be important to avoid the need for patients to visit their GP to access a</p>

		<p>new/revised care plan with these revised Telehealth item numbers. Rather, we suggest the ability to transition between codes 10950, 10951, 10952, 10953, 10954, 10956, 10958, 10960, 10962, 10964, 10966, 10968, 10970 and codes 93000, 93013. This will reduce the burden on the primary care system for revision of care plans, and improve timely access to essential allied health services by patients.</p> <p>The same is recommended for all other groups of codes to avoid unnecessary administrative resources in transitioning codes from in-person to Telehealth service eligibility.</p>
	Eating Disorder Management and Pregnancy support codes	Proposal: Remove time restrictions or stipulation of time requirement to allow for specialists to determine clinically appropriate duration based on patient need.
93000 New Item	<p>Allied CDM services Expansion: Additional services (up to a maximum of 15) for people undergoing intensive cancer treatment</p> <p>Additional long (up to 50 minutes) item for people with complex needs</p>	<p>People with a history of cancer represent a vulnerable group during the COVID-19 pandemic. Supportive care services are beneficial to reduce number of unnecessary hospitalisations</p>
New Item	Cancer Management Care Coordination service, at least 30 minutes (not tied to GP practice)	<p>As above.</p> <p>Improved care coordination and care navigation for this vulnerable group will decrease burden on primary care and specialist care</p>