

## A better MBS for rural and remote Australians

### **Tim Usherwood**<sup>1</sup>

<sup>1</sup>General Practice and Primary Care Clinical Committee of the Medicare Benefits Schedule Review Taskforce

This paper and presentation will provide an update on the work of the Medicare Benefits Schedule (MBS) Review Taskforce (Taskforce) from the Chair of the General Practice and Primary Care Clinical Committee (GPPCCC).

On 22 April 2015, the Government announced a program of work to deliver a Healthier Medicare and announced the establishment of the MBS Review Taskforce. It is considering the more than 5,700 items on the MBS and how they align with contemporary clinical evidence/practice, promote access, and improve health outcomes for patients. Our aim is to promote safe and high quality health care by supporting skilled and appropriate delivery of clinical services.

Today, the Taskforce is approximately half way through the Review. To date, it has involved 17 Clinical Committees, around 40 Working Groups, a Consumer Panel and a Principles and Rules Committee with around 400 of Australia's leading clinicians, consumer representatives and health system experts participating.

Consultation is a core component of the review process, with the next round of Taskforce recommendations soon to be open for public input.

### **MBS Taskforce results—rural and remote**

The Taskforce recognises the challenges faced by Australians living in rural and remote Australia in accessing appropriate health services. The review is examining how the MBS can address the needs of rural and remote consumers in terms of value, health outcomes, access to providers and service availability. The Taskforce also recognises the needs of GPs in rural areas who often provide a broader scope of practice than GPs in major cities.

This presentation will highlight some of the areas of the MBS that have been identified as requiring changes to deliver positive benefit on health service delivery in rural and remote Australia.

### **General Practice and Primary Care Clinical Committee**

The GPPCCC was established in October 2016 to report to the Taskforce on the general practice services funded under the MBS. The Committee is also exploring how best to support GPs as stewards of the health system. High quality primary care is the cornerstone of a high performing health care system, and GPs have a central role, a principle strongly supported by the health industry in Australia. Stewardship is a major ongoing focus of the GPPCCC, considering mechanisms to support consumers and GPs ensure safe, effective and equitable health care, maximizing value to individuals and the community now and into the future.

This presentation will demonstrate some of the methods and data behind the review including preliminary findings. These include significant variation in the delivery of services across urban, regional and remote areas, with evidence of poor access in remote and some rural regions.

Examples of rural and remote issues considered throughout the deliberations of other clinical committees will also be presented.

### Next steps—GPPCCC

The GPPCCC will continue its work throughout 2017 and will focus on MBS consultations, Chronic Disease Management (CDM), Health Assessments (HA) and Medication Management Review items. In 2015/16, these items totalled 1.23 million services and \$5.9 billion in benefits paid.

The Taskforce's community consultations have highlighted the diversity of needs for patients in rural and remote Australia. These have emphasised the need for different approaches to supporting rural and remote clinicians and their patients. The challenge for the GPPCCC is isolating solutions under the MBS to improve service delivery and promote more equitable access to the MBS into the future.

### Presenter

Tim Usherwood is Professor of General Practice at the University of Sydney; Honorary Professorial Fellow at the George Institute for Global Health; and Deputy Chair of Western Sydney PHN. He has worked as a general practitioner in Aboriginal health since 1997. His research is concerned primarily with the development and evaluation of strategies to improve health outcomes in chronic disease & primary care, with a particular focus on vascular disease, and on access to care by marginalized communities.