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MBS Review Advisory Committee Colonoscopy Working Group Draft Findings Report

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About Private Healthcare Australia

Private Healthcare Australia (PHA) is the Australian private health insurance industry's peak representative body. We have 24 registered health funds throughout Australia as members and collectively represent 98% of people covered by private health insurance. PHA member funds provide healthcare benefits for over 14 million Australians.

Response

Thank you for the opportunity to contribute to the MBS Review Advisory Committee Colonoscopy Working Group Draft Findings Report (the Report). PHA shares the concern expressed by the working group that "The [Colonoscopy Working Group] considered that the implemented changes had neither achieved their purpose nor were on track to do so. Further, the benefits for patients and the healthcare system have not been realised at this stage."

This is a damning assessment, and it is disappointing that the actions of some providers have subverted the intent of the MBS Review's recommendations. Consumers continue to receive services where the burden of treatment is higher than the burden of disease, while many consumers continue to miss out on necessary care.

The Working Group has made a number of recommendations which are broadly supported by PHA, and we provide some commentary below to strengthen the response.

MBS items for colonoscopy services are amended to require the reporting of results to platforms that enable ready access to results by all healthcare providers.

This recommendation is supported. Ensuring patients and other healthcare providers have access to results of tests and procedures should be mandatory. This will help prevent harm and reduce low value care.

This recommendation should be adopted immediately; there is no reason to deny patients' access to information about their own health care.

The Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy amends the recertification approval process to require compliance with Quality Statement 9 of the Colonoscopy CCS.

This recommendation is supported.

Improved education of both providers (including GPs, endoscopists and private hospitals) and patients is needed to promote high-quality colonoscopy.

This recommendation is supported.

However, it is clear from the data that a small number of providers are deliberately providing care outside of the established guidelines. Education alone is unlikely to remove low value care from the system where opportunities to profit exist.

PHA notes that health funds may have a greater role in prompting members over 50 to take the faecal occult blood test (FOBT). Funds could, for example, use the screening registry to target promotion for FOBTs to eligible populations in regions with low compliance. PHA has recommended that member health funds consider providing more support to their customers through promoting FOBTs.

The Department and/or other agencies, including AIHW, to promote or develop clinical decision support tools that inform the absolute risk of colon cancer for different age groups for both patients and clinicians.

This recommendation is partially supported. Clinical decision support tools are necessary, but it should be the clinical societies that develop the substantive guidelines behind the tools.

Clinical support tools could be funded by government, and the clinical leaders providing oversight may wish to enlist the support of academics, government, private health funds, hospitals, software providers and other stakeholders in developing the tools. These tools should by informed by data, including from the Australian Institute of Health and Welfare, however it is not the place of the AIHW to develop clinical support tools.

This recommendation assumes that the clinical guidelines are comprehensive. However, the guidelines for bidirectional endoscopy (both upper and lower GI tract) are lacking. PHA encourages the Gastroenterological Society of Australia to update their guidelines to ensure issues for postmenopausal women with iron deficiency anaemia are addressed.

Improve equity of access for regional and remote populations by supporting ongoing development of the GP-endoscopist workforce through rural generalist training and expanding outreach models.

This recommendation is supported.

Separate the positive FOBT indication from MBS item 32222 and limit direct access to colonoscopy to only FOBT-positive patients or those with a positive history of blood in the stool.

This recommendation is supported.

PHA recommends retention of item number 32222 where there is a positive FOBT or bleeding. PHA also recommends a new MBS item with tighter clinical indicators for how it is used. This could include, for example, a requirement for people with a negative FOBT to see a gastroenterologist for a consultation rather than automatic referral for colonoscopy, reducing the number of unnecessary colonoscopies.

Measures to reduce unnecessary procedures and address low value care in the Australian health system, will improve the health and wellbeing of the population, relieve the burden on our hospital system and help keep private health insurance premiums affordable. This is an important goal as Australians face increasing cost of living and financial stress and need access to affordable healthcare.