Australian Government

Medical Services Advisory Committee

Public Summary Document

Report to the Medical Services Advisory Committee (MSAC) Executive on utilisation of MBS items for Addiction Medicine

Medicare Benefits Schedule (MBS) items considered Application 1171 covering items: 6018, 6019, 6023, 6024, 6025, 6026, 6028, 6029, 6031, 6032, 6034, 6035, 6037, 6038, 6042.

Date of MSAC consideration: **MSAC 1 August 2013**

Date of utilisation review: **MSAC Executive Meeting, 18 October 2019**

1. Purpose

The purpose of the report presented to the Medical Services Advisory Committee (MSAC) was to inform MSAC about the real world impacts on the utilisation of MBS items for addiction medicine (AM) which commenced on 1 November 2016. The MSAC uses this information to ensure that the new item/s are being utilised as intended. The report is not intended to be a review of the clinical information covered during the application process.

2. MSAC Executive's advice

After consideration of utilisation data for AM items for the period 1 November 2016 to 30 June 2019, MSAC Executive recommended no further action at this time.

3. Predicted vs Actual Utilisation

It was estimated for items 6018 to 6042 that an average of 2,500 patients per year would benefit from the 15 new AM MBS items estimated to cost $10.2 million over four years.

Based on input from the Australasian Chapter of Addiction Medicine (AChAM), it was anticipated that, over time, all AM services provided under attendance items in Groups A1 and A2 would shift to the new AH items in Group A31. Additionally, it was estimated that there would be no shift of additional AM specialists from the public to the private sector (following introduction of the new items), as those specialists who are likely to bill Medicare are already doing so, and those who are not are unlikely to shift from public practice to private practice.

Although utilisation of the new AM items is slightly lower than predicted for the period 1 July 2017 to 30 June 2019, data shows that service utilisation for these items has increased indicating a shift by AM specialists to bill the new AM services.

Table 1: Utilisation and benefits paid for all AM services (Group 31) – State Comparison – 2017-18 and 2018-19

	Number of Services			Benefits Paid Amount		
	2017-18	2018-19	Growth %	2017-18	2018-19	Growth %
NSW/ACT	7,638	11,946	43.9%	$572,328	$973,066	51.8%
VIC	2,939	4,932	50.6%	$293,494	$522,336	56.1%
QLD	1,215	1,608	27.8%	$100,501	$139,813	32.7%
SA/NT	2,094	1,828	13.5%	$175,650	$182,980	4.08%
WA	928	913	-1.6%	$77,816	$80,899	3.8%
TAS	157	37	-123.7%	$7,960	$3,625	-74.8%
Total	**14,971**	**21,264**	**34.7%**	**$1,227,748**	**$1,890,640**	**42.5%**

Source: DHS Medicare statistics (2017/18 – 2018/19)

It was predicted by the sector that all of these services would shift to Group A31 items once the new items were introduced. However, MBS data analysis of Groups A1, A2, A3, A4, A8 and A15, two years prior to, and two years post-implementation of Group A31 items onto the MBS, suggests this has not occurred with a subsequent increase in service utilisation by AM specialists across these Groups.

Nationally, the overall growth in services and benefits for all AM items increased from 2017-18 to 2018-19 and the utilisation of AM services was highest in major Australian cities compared to remote and very remote locations (Table 1 refers).

4. Background

The AChAM operates under the auspices of the Royal Australasian College of Physicians. AChAM was formally recognised as a new specialty by the Australian Medical Council and Australian Government in 2009 and granted access to the Group A3 'specialist' items on the MBS from 1 November 2010.

In 2012, the AChAM submitted an application to MSAC requesting increased fees for professional attendances provided by AM specialists, noting that the Group A3 'specialist' item fee structure did not reflect the consultative and complex nature of AM practice.

In August 2013, MSAC supported the introduction of 15 new modified physician-equivalent consultation items for professional attendances and multidisciplinary case conferences by AM specialists (in Group A31), with higher fee structures that align with consultant physicians. The intent of the new items was to expand treatment options for patients, increase access to public or private sector services, and improve rebates for telehealth items to support patients in rural and regional Australia.

The AM items (6018 to 6042) were reviewed by the Specialist and Consultant Physician Consultation Clinical Committee (SCPCCC) as part of the MBS Review. These recommendations are still under consideration by the SCPCCC.

5. Further information on MSAC

Further information is available on the MSAC Website at: www.msac.gov.au.