



Changes to the urgent after-hours primary care MBS item

Outcomes of the Australian Government review

In response to significant concerns raised by professional medical bodies and Medicare data showing an increase far in excess of population growth in the use of and expenditure on Medicare items for urgent after-hours home visits, the Medicare Benefits Schedule (MBS) Review Taskforce has reviewed the four items for urgent after-hours services (items 597, 598, 599 and 600).

Areas of focus for review:

- routine use of 'urgent' MBS items for services which may not be urgent
- not all urgent care can be provided at home
- urgent after-hours services growing because of new business models, not clinical need
- urgent after-hours home visits are often provided by clinicians less qualified than a patient's regular GP.

The taskforce concluded that MBS funding should continue to be available for home visits, including in the after-hours period, and that funding should continue to be available for after-hours services provided by a patient's GP, as well as by a Medical Deputising Services (MDS).

Effect of the changes to after- hours services

Initial recommendations from the taskforce included no longer allowing doctors who work mainly in the after hours period, including those working for MDS, to claim urgent after-hours item numbers. However the government has adopted an alternative option to allow these doctors to claim a new **urgent care item in the sociable hours**.

Current rebate:	From 1 Mar 2018 the rebate will be:	From 1 Jan 2019 the rebate will be:
\$129.80	\$100.00	\$90.00

Recommendations from the taskforce also included a reduced rebate for doctors predominately working in the after hours for the unsociable after hours 11pm-8am. This has not been approved and the normal urgent care item remains for this period.

Other key changes

- a ban on pre-booking urgent after-hours services (up to two hours) before the after-hours period
- a stricter definition of 'urgent' - medical assessment could not be delayed until the next in-hours period
- introducing minimum triage standards for MDS, to better identify genuinely urgent cases
- a crackdown on direct-to-consumer advertising by deputising companies
- introduction of a new urgent after-hours item with a flat fee for subsequent attendees at the same location whether you are a non-vocationally recognised (VR) or non-VR GP.

Taskforce recommendations and the Australian Government's response are available at <http://www.mbsreview.com.au/after-hours.html>

Potential impacts of changes

The majority of areas within the EMPHN catchment have access to after hours GP services via their local clinic or a clinic located within a 10-15km radius. The taskforce was adamant that there would be no flow on effect to delivery of services to Residential Aged Care Facilities (RACFs.) Most of the GPs working as part of the EMPHN Commissioned Visiting GP Service are VR GPs and the changes will not effect this service.

EMPHN will continue to communicate with GPs, key stakeholders and organisations affected by the changes to monitor the impact, if any, on after- hours services for the community, particularly in areas where MDS coverage is currently limited or under review.

After-hours services for patients

EMPHN funds a number of initiatives to enhance the community's access to after hours services, particularly those who live in outlying areas and the vulnerable populations.

Patients can visit the National Health Services Directory

<https://about.healthdirect.gov.au/nhsd> to find available after-hours services in their area.

Patients can also call **NURSE-ON-CALL 1300 60 60 24** to receive advice from a registered nurse.

FOR MORE INFORMATION

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