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**Submission to MBS Review Taskforce  
Report from the Consumer Panel**

**December 2019**

## **About The Royal Australasian College of Physicians (RACP)**

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the reports from the Consumer Panel of the MBS Review Taskforce. Our comments will be structured as follows:

- Comments on Consumer Panel roles
- Comments on Consumer Impact and Influence in review
- Comments on Recommendations

The College sought the view of a representative of its Consumer Advisory Group in developing this submission.

### **Comments on Consumer Panel role**

Sections 4 and 5 of the report focuses on the Consumer Panel's role in supporting the work of the MBS Review Taskforce Committee and in addressing systemic improvements to the MBS respectively. The RACP would like to offer a few observations on some aspects of this role that were highlighted in these sections of the report:

- The mentoring of new consumer representatives on committees by more experienced consumer representatives (point e, p. 21) is important and helpful, and also both enables informed proxies to attend meetings which the original representatives are unable to do so and facilitates succession planning for consumer representatives on committees.
- While the development of Plain English guidelines is a commendable initiative for making the MBS more accessible to consumer groups (p. 22) it may be helpful to also consider other forms of media for conveying information on aspects of the healthcare system including the MBS such as short videos. The use of alternative audio-visual media is not unprecedented – for example the Australian Health Practitioner Regulation Agency (AHPRA) has developed short videos on the notification process.

### **Comments on consumer impact and influence**

Section 6 of the report focuses on the results of surveys of MBS Review Committee Chairs and consumer representatives on consumer representatives' impact and influence in the review. The College would like to offer the following comments on this section.

#### ***Chairperson survey feedback***

- There is a discussion on pp. 25-26 on how some chairs prioritised areas of consumer expertise including lived experience. We note that in order to fully contribute, consumers must believe that their voice and input is valued, particularly if that consumer is the sole consumer representative on the panel. It is therefore important and invaluable for chairs to actively seek out input and encourage the confidence and contributions of consumer representatives. The Chair could help this process by articulating that the role of the consumer representative is to be a "critical friend" and should not be afraid of offending anyone by speaking out.
- On p. 28 a response to the survey of MBS Committee Chairs noted that one of the best ways for medical professionals to move beyond professional self-interest was to have an articulate consumer explaining how their needs were not being met. We suggest that one way to focus a MBS review committee on the needs of consumers could be by starting each committee meeting off with a "Patient Story", which could be either positive or negative but will have lessons regardless.
- We welcome the suggestion from one of the Chairs surveyed (p. 28) that in future the Taskforce consider appointing more consumers to committees. This is valuable and can help redress power asymmetries between consumers and medical practitioners on committees, including that frequently medical professionals existing professional or academic relationships or shared networks with other committee members. Having more than one consumer on the Committee can also help each feel more comfortable speaking up and allow them to support each other..

- We strongly endorse the comment that regional and rural consumers need more representation on committees (p. 28).
- One of the suggestions from the survey of Chairs is for a more formal liaison between consumers and the Chair (p. 29). One approach might be to have a mentor assigned from the committee to the consumer representative. This would enable the consumer to attend the meeting, and then have someone to either email or phone afterward to discuss issues and seek any clarification.
- We endorse the suggestion that the agenda for Committee meetings should structure inclusion of consumer contributions (p. 29).

### **Consumer survey feedback**

- We note that only half of the consumer representatives surveyed responded.
- One of the suggestions made by consumer respondents to the survey on how to enhance future engagement of consumers on clinical committees is the provision of consistent and comparable data (p. 33). We note that one of the issues that matters most to patients is the overall patient journey and it may be useful to develop measures of this which could incorporate both qualitative and quantitative measures.
- Another suggestion made by consumer respondents to the survey on how to enhance future engagement of consumers on clinical committees is the provision of secretariat support (p. 34). We agree and note that good secretariat and administrative support is vital for an effective committee as they are the go to person for communication and guidance
- We second the comment of one of the consumer respondents on the need for whole system reform (p. 34). This includes themes like building health literacy, doing things differently, engaging with consumers/carers and the integration of social care and health care.

### **Recommendations**

The RACP would like to provide its views on the following recommendations of the Consumer Panel:

- **Recommendation 1: Apply principle-based decision making to build a consumer-centred MBS and other health priorities.** We commend the reference to use of PREMs and PROMs in point 11 of this recommendation.
- **Recommendation 2: The Consumer Panel Consumer Engagement resource is used as a reference in future planning for ongoing review of the MBS.** While we support this, we note that each community is different in terms of the health services needed and the population served and therefore it may be appropriate for the engagement resource to be tailored or customised accordingly.
- **Recommendation 3: Consumer priorities and perspectives are key drivers in an ongoing cycle of MBS review.** We support ongoing review of the MBS on a regular basis. This will enable health services to keep up to date with the changing health needs of the population. We would also see point 1(b) which refers to value as it pertains to its 'Contribution to holistic, integrated, coordinated health (and social) care)' as an important priority as well as point 7 'Integrated, coordinated care'. The recently developed and published [RACP Model of Chronic Care Management](#) underlines the RACP's commitment to these priorities. We also endorse the entire priority captured under Point 1 of 'Value' in all its dimensions and refer to the RACP's [Evolve](#) initiative to drive high-value, high-quality care in Australia and New Zealand and reduce low value care as another example of the importance we place on this priority. Finally, and without excluding endorsement of all the other priorities listed under this recommendation we also commend 'Informed consent and informed financial consent' (point 4) and 'Appropriate access' (point 2) as other significant priorities, noting that the RACP recently endorsed the recent [AMA Guide to Informed Financial Consent](#) and has representatives on current Department of Health Out of pocket Costs working groups.
- **Recommendation 4: A genuine evidence-informed partnership between consumers, clinicians, researchers and policymakers drives an ongoing MBS cycle of review.** We recommend that consumer groups which should be engaged should include the Consumer Health Forum as well as State Health Consumer Councils which have more understanding of needs at the State levels. On

point number 4 on health literacy, we note that a relevant stakeholder is NPS MedicineWise which has resources directed at consumer education.