



Australian Government

Medical Services Advisory Committee

Public Summary Document

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

Medicare Benefits Schedule (MBS) items considered Application 1171 covering items: 6051, 6052, 6057, 6058, 6059, 6060, 6062, 6063, 6064, 6065, 6067, 6068, 6071, 6072, 6074, 6075.

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 sexual health medicine (SHM) 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 SHM 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 6051 to 6075 that an average of 3,400 patients per year would benefit from the 16 new SHM MBS items estimated to cost \$10.1 million over four years.

Based on input from the Australasian Chapter of Sexual Health Medicine (AChSHM), it was anticipated that, over time, all SHM services provided under attendance items in Groups A1 and A2 would shift to the new SHM items in Group A32. Additionally, it was estimated that there would be no shift of additional SHM 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.

However, MBS data analysis of Groups A1, A2, A3, A4, A8 and A15, two years prior to, and two years post-implementation of Group A32 items onto the MBS, suggests this has not occurred. The overall under-utilisation of the new SHM services may be attributed to less than anticipated numbers of medical professionals registering to claim the new SHM items

and SHM specialists continuing to bill services from Group A1, A2, A3, A4, A8 and A15 post-implementation.

Table 1: SHM Attendance Items – Service utilisation and benefits paid – 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	4,017	4,772	18.8%	\$ 407,833	\$ 500,503	22.7%
VIC	296	478	61.5%	\$ 33,342	\$ 61,233	83.7%
QLD	2,694	2,434	-9.7%	\$ 247,058	\$ 247,179	0.0%
SA/NT	2,758	2,850	3.3%	\$ 254,481	\$ 256,270	0.7%
WA	1,260	1,708	35.6%	\$ 136,653	\$ 204,474	49.6%
TAS	445	641	44.0%	\$ 65,154	\$ 91,143	39.9%
Total	11,470	12,883	12.3%	\$ 1,144,521	\$1,360,802	18.9%

Source: DHS Medicare statistics (2017-18 and 2018-19)

It was predicted by the sector that these services would shift to Group A32 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 A32 items onto the MBS, suggests this has not occurred with a subsequent increase in service utilisation by SHM specialists across these Groups

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

4. Background

The AChSHM operates under the auspices of the Royal Australasian College of Physicians. AChSHM 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 AChSHM submitted an application to MSAC requesting increased fees for professional attendances provided by SHM specialists, noting that the Group A3 ‘specialist’ item fee structure did not reflect the consultative and complex nature of SHM practice.

In August 2013, MSAC supported the introduction of 16 new modified physician-equivalent consultation items for professional attendances and multidisciplinary case conferences by SHM specialists (in Group A32), 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 SHM items (6051 to 6075) 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.