



Media Release

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Review of MBS items for palliative care needed

Palliative Care Australia (PCA) Liz Callaghan is calling for a review of MBS items for palliative care across care settings to improve patient coordination and planning.

“PCA welcomes the announcement today that the Government has accepted major recommendations made by the MBS Review Taskforce to improve patient care, focus on clinical best practice, and provide greater value for money for patients, providers and the health system.

“However I am disappointed that palliative care was not included in the Taskforce’s 2017/18 Public Consultation Timeline, and I encourage the Government to consider this as a future focus as outlined in [PCA’s Pre-Budget Submission](#).

“The Productivity Commission’s [recent report into human services](#) found that between 80,000 and 140,000 of the 160,000 people who die each year in Australia could benefit from high-quality end-of-life care. It also found collaborative reform is needed to improve the effectiveness of end-of-life care across all settings where it is delivered, and to allow users more choice over their place of death and the services they receive.

“To deliver truly patient-centred care, palliative care professionals need to liaise and consult effectively with family members and other health professionals. Palliative care specialists are currently not able to access MBS items for case conferencing and family meetings that other specialists in similar fields can.

“Many tasks performed by palliative care professionals focus around the conduct of family meetings and case conferencing with other health professionals while a person is receiving palliative care

“As an example, rehabilitation specialists and gerontologists can access MBS payments for inpatient case conferencing and family meetings, while palliative care specialists cannot. This needs to be considered as a priority by the MBS Review Taskforce,” Ms Callaghan said.

The availability of an MBS item for primary health professionals to facilitate advance care planning discussions must also be reviewed.

“The role and remuneration under the MBS for general practice and nurse practitioners must be explored to facilitate family meetings, advance care planning discussions and best practice community-based palliative care, including the provision of home visits, after-hours support and the needs of residents within aged care services,” Ms Callaghan said.

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