PalliativeCare
AUSTRALIA

His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd), Governor-General of the Commonwealth of Australia, Patron

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Professor Bruce Robinson
Chair Medical Benefits Schedule Review Taskforce
Department of Health
CANBERRA ACT 2600
Via email: MBSReviews@health.gov.au

Dear Professor Robinson,

Feedback on Draft Report from the Pain Management Clinical Committee

Thank you for taking the time to meet with Palliative Care Australia (PCA) to discuss the recommendations in the draft report from the Pain Management Clinical Committee under the MBS Review Taskforce. As the peak body for palliative care in Australia, our organisation and our members have a keen interest in ensuring that people receiving palliative care and the practitioners that care for them, are provided with sustainable and safe frameworks to enable equitable and consistent access to appropriate pain management.

While PCA appreciates this review is focused on pain specific MBS items, it is important to note that palliative care is broader than pain management, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of other symptoms, and support to address physical, psychosocial and spiritual needs.

As we have represented to you, the Taskforce and governments previously, the provision of palliative care does not fit well within the current MBS items. Given the Taskforce is committed to providing recommendations related to affordable and universal access, best-practice, value for the individual patient and value for the health system, I again urge you to support a palliative care focused review of the MBS as a priority, leveraging of this pain management review.

As an example, the inability of palliative care specialists to access the same MBS items for inpatient case conferencing and family meetings that rehabilitation specialists and gerontologists do needs addressing. Many tasks often focus around the conduct of family meetings and case conferencing with other health professionals while a person is receiving palliative care. This, in addition to discrepancies in access to community-based MBS items needs to be examined. The role and remuneration under the MBS for general practice and nurse practitioners must be explored to facilitate best practice community-based palliative care, including the provision of home visits, after-hours support and the needs of residents within aged care services.

I highlight to you the recent release of the National Palliative Care Strategy (2018) which represents the commitment of the Commonwealth, state and territory governments to ensuring the highest possible level of palliative care is available to all people. Within this Strategy, there is specific reference to funding mechanisms, including MBS items, to facilitate collaboration and care coordination across all settings.[1]

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[1] National Palliative Care Strategy (2018), Goal4 (Collaboration), Priority 4.4 (p.19)

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I provide the following commentary on specific elements of the draft Pain Management Clinical Committee Report for your consideration:

- **3.3 Areas of responsibility of the Committee**

Please add 'palliative care specialist' in the list of specialty groups referenced on page 18, to reflect that pain management is a core activity of the palliative care specialty, and there was a palliative medicines physician on the Committee.

- **6.1.5 Recommendation 30 - Telehealth**

PCA applauds the Committee for recommending the creation of pain management specific telehealth items for multidisciplinary (medical, nursing and/or allied health professionals) assessment and review for pain management patients. This supports a need to improve the ability of specialists to provide outreach services into the community, and assist people to remain at home for longer through the use of technology and home-based services. PCA consider that to achieve the focus of this recommendation in continuing effective access to services, endorsed Nurse Practitioners will be included.

- **6.2.1. Recommendation 31 - Access to items 132 & 133 - initial co-morbidity consultation**

PCA is pleased that ongoing calls for changes in access by Specialist Pain Medicine Physicians and Palliative Medicine Specialists (with the specific qualification of Fellow of the Australasian Chapter of Palliative Medicine - FAChPM) have been addressed with the recommendations identified for items 132 and 133. However, PCA request that endorsed Nurse Practitioners that specialise in pain and/or palliative pain management are also provided with access to items 132 and 133 for the provision of care that is comparable with the specialist pain and palliative medicine physicians.

Thank you for the opportunity to provide this feedback. Please do not hesitate in contacting Kelly Gourlay, National Policy Advisor, if you wish to arrange to discuss these matters further on (02) 6232 0708 or kelly@palliativecare.org.au

Kind regards

Rohan Greenland
Chief Executive Officer
Palliative Care Australia