Family Planning Victoria

Submission to Medicare Benefits Schedule Review Taskforce Consultation

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family planning victoria
Sexual & Reproductive Health
Care. Education. Advocacy.

About Family Planning Victoria

Family Planning Victoria (FPV) is a not-for profit, state-wide provider of reproductive and sexual health care, education and advocacy. Governed by a voluntary board of directors, we have been providing comprehensive reproductive and sexual health services in Victoria for over 40 years.

We provide a range of services which are accessible, culturally relevant and responsive to the needs of the diverse Victorian community. These services include clinical care, education and training to help build the capacity of educators and health care professionals working in the reproductive and sexual health sector. These services aim to empower disadvantaged, at risk and marginalised people who experience difficulty accessing mainstream services.

We value partnerships with organisations in metropolitan, regional and rural Victoria committed to the reproductive and sexual health of all Victorians. Our key stakeholders include state, federal and local government. We are members of Family Planning Alliance Australia (FPAA) through which we are associated with the International Planned Parenthood Federation.

Proposal 1: A Bundled Payment for the provision of Medication Termination of Pregnancy (MTOP) response to terms of reference

Recommendation

In the states of Australia where MTOP is a legal medical intervention it is recommended that a bundled payment for MTOPs provided in primary care, GP practices and Hospital outpatient settings be implemented.

This initiative would support the concepts of care pathways and encourage a health provider to take responsibility for organising or providing the group of services related to the provision of MTOP. The recommendation also supports the further development and implementation of client centred care models of practice.

Rationale

Over the last two years a number of general practices have begun to provide MTOP in community settings. Four Victorian practices shared information with Family Planning Victoria (FPV) and the identified care pathways shows potentially 9 separate visits to healthcare providers for women related to the provision of an MTOP

FPV analysis shows the maximum number of visits to health care practitioners could include:

- Visit 1. Initial clinic assessment
- Visit 2. Diagnostic ultrasound service attendance
- Visit 3 Pathology attendance for Rhesus testing
- Visit 4 Local hospital attendance for Anti D administration if required
- Visit 5 MTOP prescription appointment
- Visit 6 Pharmacy attendance to collect medications
- Visit 7 Pathology attendance for sensitive blood pregnancy test
- Visit 8 Review appointment (implant insertion may occur at this appointment, but not IUD insertion)
- Visit 9 LARC insertion appointment

Of the practices surveyed one has in-house ultrasound and some have in-house blood taking services and arrangements with pharmacies that enable a reduction in visits. FPV is aware of 2 other general practices that provide MTOP and have in-

house ultrasound. While rhesus testing could be undertaken in general practice it would not be cost effective or safe unless a considerable volume of testing occurred.

The expansion of the delivery of MTOP in community settings is an outstanding achievement however the variance in the number of services within the episode of care for the women accessing MTOP suggests that a bundled payment approach would be appropriate

MTOP Model at Family Planning Victoria

FPV has developed a model of care which emphasises patient-centred care. Our model consists of an initial nurse phone consultation which gives the woman information to assist with her decision and then a maximum of 2 visits inclusive of follow up and contraception. Visits include:

- Visit 1: MTOP prescription appointment which includes:
    - Further information about the procedure
    - Ultrasound onsite
    - A blood test for Rhesus factor onsite
    - Administration of anti D if Rhesus negative
    - Administration of the first of the two abortion medications
- Visit 2: Review clinic appointment and LARC insertion 2 weeks later

This Model includes the role of Registered Nurses and GPs and involves a maximum of 2 visits. A full comparison of models is available in **Table 1** attached.

Proposal 2: A bundled payment for the insertion of intrauterine device (IUDs) in primary care settings, GP services and hospital outpatients

Recommendation

To assist with increasing the availability of Long Acting Reversible Contraception (LARC) to women a bundled payment approach could be implemented. This initiative would assist with the recognition of the role Registered Nurses play in the provision of safe, high quality and cost effective reproductive and sexual health services.

Rationale

Currently an episode of care in Primary Care and GP practices related to the insertion of an IUD involves an initial appointment, an insertion appointment and a review consultation. The consultations can vary in length of time hence MBS rebates and the current MBS rate for insertion is $45.00. The expectation of national standards related to having a second health practitioner present for the insertion (in most cases undertaken by nurses) is not acknowledged in the insertion rebate amount currently available.

If the concept of bundled payment was applied then one payment would be made which in term would support a more client centred approached which could result in a reduced number of visits to the service provider, greater participation of skilled nurses and be more cost effective.

Proposal 3: Enhancing Registered Nurse access to MBS

Recommendation

Broadening Registered Nurse access to specific MBS item numbers through the Provider Number pathway would incentivise Registered Nurses to expand their scope of practice to provide a range of services that would prove more cost effective and represent enhanced access to a range of interventions that are understood to have significant social and economic benefits.

Family Planning Victoria considers there are a range of opportunities related to Reproductive and Sexual health service provision that could be considered in this recommendation which would impact on improving access and cost of service provision

Rationale

Nurses are recognised as integral to the provision of quality, safe, cost-effective clinical care in the health system, particularly in Primary Care and General Practice environments. They undertake delegated responsibility for the creation of care pathways, care planning and implementation as well as providing a range of routine clinical services that reflect their skill base and scope of practice.

MBS access for Registered Nurses in the General practice environment is restricted to the chronic disease management item (10997), Pap testing (if credentialed) and wound dressings. The General Practice is incentivised to employ Nurses through the Practice Nurse Incentive Program (PNIP) - the income derived from this Program used to offset the cost of employing the Nurse. The Service Incentive Program (SIP) acts as an incentive for Practices to offer standard of care interventions to priority clinic populations and is also, often, Nurse led. Enrolled Nurses (with limited scope of practice and or clinical skill base) are preferentially recruited to General Practice environments over Registered Nurses as they are cheaper to employ.

Whilst the PNIP and SIP's may be seen as a cost effective mechanism for the provision of safe and quality care, the practical reality is that the Nurse operating under the supervision of a General Practitioner (GP) is required to involve the GP at several stages of a fragmented care pathway to 'sign off' on care interventions that the Nurse has created or performed allowing the GP to access GP MBS items relating to those activities, currently unavailable to Nurses.

Neither the current MBS nor the PNIP or SIP incentivise Registered Nurses working in the General Practice environments to expand their scope of practice to a range of clinical services that may be of an identical nature to the service that a GP or Nurse Practitioner may provide. Furthermore neither is the endorsed Nurse Practitioner (NP) operating in a General Practice environment (or in a Family Planning service) incentivised with regard to some clinical interventions that a GP may have access to for performing an identical procedures (e.g. hormonal contraceptive device insertion).

In the current system a Registered Nurse is not able, either, to order routine pathology without referring to a GP (e.g. for Sexually Transmitted Disease screening) which also fragments care and access to a relatively simple but effective population screening program.

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Table 1: Comparison of models of abortion care in community GP settings, a Private Service and FPV's proposed model of care
Clinics a-d provided FPV with confidential information on their abortion care models.

		GP MTOP provider	Private Service	FPV
Initial contact with service	Clinical Narrative	3 x doctor led Clinic b: dedicated appointments held over for women requesting service, provided woman is aware to ask. Clinics a & d: appointments usually booked into regular clinic system 1 nurse led Clinic c: Nurse consult[#] with brief doctor visit for referral for ultrasound and Rhesus testing	Nurse telephone consultation. Counselling available if uncertain. Single visit. Dedicated nurse appointment followed by a doctor appointment. Ultrasound and Rhesus testing performed in house	Nurse telephone consultation. Option for pregnancy choices session with nurse if requiring information to make a decision. Referral for external counselling if required. Single visit. Dedicated nurse appointment followed by a doctor appointment. Ultrasound and Rhesus testing performed in house
	Range of MBS[*] rebate available to clinic or client where private billed	Doctor led clinic: Range $125.05 (HCC holder prolonged consult[#] and pregnancy test) -$37.05 (non HCC[*] holder standard consult[#]) Nurse led clinic: Range $56.55 (HCC standard consult[#], pregnancy test)-$16.96 (standard consult[#] no HCC) All clinics can refer for external counselling if the woman is uncertain of her decision	Client rebate Range: $147.45 (prolonged consult[#], pregnancy test and ultrasound)-$37.05 (long consult[#])	Range: $153.60 (HCC prolonged consult[#], pregnancy test and ultrasound)-$37.05 (no HCC standard consult[#])
Rhesus testing	Clinical Narrative	All clinics refer externally, bulk billed. Clinic b has blood taking facilities within the practice building.	In house	In house
	MBS rebate to pathology company	Item 65090: $9.50 paid to pathology company	No rebate	No rebate

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Ultrasound	Clinical Narrative	Clinic b: In house usually at second visit Clinic a, c & d: referred externally. Usually bulkbilled	In house	In house
	MBS rebate to radiology practice	Clinic a, c & d=item 55700 if bulkbilled and HCC years=$57 or =$51 Clinic b Ultrasound rebate included in second clinic visit		
Clinic visit 2	Clinical Narrative	3 x doctor led Dedicated longer appointment booked 1 clinic nurse led. Dedicated longer appointment booked, doctor checks consent and prescribes	No visit, completed in visit 1	No visit, completed in visit 1
	Rebate to clinic client	Doctor led: Range $149.65 (HCC holder prolonged consult[#] and ultrasound)-$37.05 (no HCC holder standard consult[#]) Nurse led clinic: Range $47.90 (HCC standard consult[#],)-$16.96 (no HCC brief consult[#])	Nil	Nil
Medication		Client referred to external pharmacist, clinic b pharmacy is in the practice building.	Medication dispensed in house at visit 1	Medication dispensed in house at visit 1

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		Additional fee for medication: $6.10 for HCC holders and $37.70 for others	Cost of medication may be included in total cost.	Additional fee for medication: $6.10 for HCC holders and $37.70 for others
Follow up call	Clinical narrative	Offered by nurse in all but one clinic.	Offered by nurse	Offered by nurse
	Subsidy	Nurse time subsidised by practice nurse incentive	No subsidy for practice nurse	No subsidy for practice nurse
Review visit	Clinical narrative	Between one and three weeks. Provision of contraceptive implant may be at this visit. Two clinics asked the woman to attend pathology the day prior to the visit for a sensitive blood pregnancy test. Provision of IUD, where available at a separate visit	Two weeks. Insertion of an IUD at a separate visit. Insertion of implant usually at a separate visit	Two weeks. Insertion of IUD or implant available
	Range of MBS rebate available to Clinic or client where private billed	Doctor led: Range $188.60 (HCC prolonged consult#, pregnancy test ultrasound and implant insertion)-$37.05 (standard consult#) Nurse led: range $132.35 (HCC holder standard consult#, pregnancy test, ultrasound and implant insertion	Rebate to client Range $143.95 (HCC prolonged consult#, pregnancy test ultrasound)-$37.05 (standard consult#, non HCC)	Range $199.15 (HCC prolonged consult#, pregnancy test ultrasound and IUD insertion)-$37.05 (standard consult#, non HCC)
Follow up in the event of complications or failed procedure		All have spoken to local hospital, but no formal MOU	Provide own aftercare unless an emergency occurs. Nearest hospital is used.	FPV have a MOU with Eastern Health and will provide services within its catchment

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Insertion of IUD	Clinical narrative	Two clinics offered in house IUD insertion. Neither provided this at review visit	Separate visit and charge. Varies from $100 to $450 depending on type and whether general anaesthetic is required	Offered at review visit if clinically appropriate
	Range of MBS rebate available to Clinic or client where private billed	131.65 (HCC, prolonged consult#, pregnancy test, IUD insertion)-$82.60 (non HCC, IUD insertion standard consult#)	120.80 (HCC, standard consult#, pregnancy test, IUD insertion)-$82.60 (non HCC, IUD insertion standard consult#)	
Additional payments for clients		All clinics bulk billed HCC holders. Two clinics bulkbilled all clients. Non HCC holders: One clinic charged an additional $20 out of pocket and another used its regular private billing schedule	Out of pocket fee varies from $420 to $560 depending on gestation and HCC status Additional fee for IUD insertion up to $200	
Maximum Medicare rebate	Assumes IUD insertion	$594.95	$412.20	$352.75
Summary of clinical experience of the woman for an uncomplicated MTOP and follow up IUD insertion		May involve up to 9 visits to health care practitioner, if the woman wishes to have an IUD inserted: 1. Initial clinic visit 2. Ultrasound 3. Pathology for Rhesus testing 4. hospital casualty for Anti D 5. Second clinic visit 6. Pharmacist	May involve as few as 3 clinic visits 1. Initial clinic visit, including ultrasound and Rhesus testing 2. Review clinic visit 1. IUD insertion	May involve as few as 2 clinic visits 1. Initial clinic visit, including ultrasound and Rhesus testing 3. Review clinic visit including IUD insertion

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		GP MTOP provider	Private Service	FPV
		7. Pathology for βHCG 8. Review clinic visit 9. IUD insertion		

*MBS=Medicare Benefits Schedule; HCC=Health Care Card

Brief consult=<6 minutes, Standard consult = <20 minutes, Long consult =20-40 minutes, Prolonged consult >40 minutes