



The Australian College of Specialist Psychologists Inc.

PO Box 447, South Fremantle WA 6162

Telephone: 08 9487 1859

www.acsp.net.au

Feedback on the Teleconference initial meeting between the Medical Services Advisory Committee (Medicare panel) and the Australian College of Specialist Psychologists on Wednesday 3 August 2011

Participants

Department of Health and Aging: Medical Services Advisory Committee (MSAC)

Dr Brian Richards – Executive Manager and Principal Medical Adviser, Health Technology and Medical Services Group - Medical Benefits Division (Chair)

Dr Anthony Moore – Medical Advisor, Medical Benefits Division

Dr Andrew Boyden – Medical Advisor, Medical Benefits Division

Mr David Percy – Fees Policy and Analysis Section

Ms Jacqueline Mitchell - Chronic Disease & Allied Health Finance Section

Ms Marcela Valenzuela – MSAC Secretariat

with

The Australian College of Specialist Psychologists

Dr. Jillian Horton – President of the Australian College of Specialist Psychologists

A teleconference with the above participants was undertaken to raise a number of problems relating to Medicare administrative requirements and items in the Medical Benefits Schedule for specialist psychologists. The teleconference occurred because of the many difficulties which had been raised by specialists who work within the Medicare system, and the Medicare audit process which has further highlighted problems in the system. It was also an opportunity to provide the panel with information about specialist psychologists, our training and the services we can provide to community members.

Five main areas of concern were outlined for the panels consideration. These were:

1. Problems arising due to Medicare administrative requirements (GP referral and GP reviews/re-referrals) and the Medicare auditing system.
2. Monitoring of PD for specialist psychologists by the APS rather than the PsychBoard of Australia.
3. Expansion of MBS items to include the services of other psychology specialists who work with mental health and related matters (Clinical Neuropsychology, Child and Developmental Psychology, Counselling Psychology, Forensic Psychology and Health Psychology).
4. Scope of the MBS items (eg lack of assessment items, lack of family and couple therapy options, capacity for double sessions and travel allowances for people travelling long distances etc).
5. Having specialist psychologist assisting the MASC or other Medicare panels on items relating to psychology and mental health.

Mr Percy (Fees Policy and Analysis Section) also explained that the panel also deals with issues regarding MBS rebate levels and submissions for an increase in rebates.



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Dr Richards explained that role of the Medical Services Advisory Committee (MSAC) is to advise the Australian Minister for Health and Ageing on evidence relating to the safety, effectiveness and cost-effectiveness of new medical technologies and procedures and to be involved in policy and give advice to the Ministers how MBS items can be changed or if new items should be considered to be admitted. It is then a Cabinet decision if the changes are made. From the 1st July 2011 allied health items came under the scope of the MSAC. All applications for new and amended consultation, consultation-related and allied health items will be managed and assessed under MSAC's new processes.

My understanding is that there is a process to giving evidence for additions or changes to MBS items, whereby firstly an Eligibility form is sent out to individuals/groups who wish to make a submission and the MSAC Secretariat then assesses the form against criteria for possible Protocol Advisory Subcommittee (PASC) evaluation and subsequent MSAC consideration. PASC is the subcommittee that defines the questions for public funding.

The MSAC committee in the end apparently advises Government if the arguments presented in a submission are valid and reasonable and if changes should be considered. Key issues they consider are whether the changes/additions of items are cost effective, efficient, in keeping with government policy, and if there is sufficient budget available. Submissions including arguments for changes to MBS rebate levels have to justify "input costs" to the service. That is, what are the general costs of the service/practice in terms of rent, computers, admin staff, cleaners, furniture and equipment etc and how this needs to be translated into a reasonable fee. The existing service and length of services required are part of the equation to work out what fee is appropriate.

Dr Richards said that the MSAC does not deal with issues relating to Medicare audit processes and how these are done, nor the administration regarding PD requirements. Both of these issues need to go to the Department of Humans Services. He did indicate however, that until Medicare requirements are changed, specialist psychologists do need to meet the current requirements.

During the teleconference there was considerable discussion especially about point one, and the result was that the MSAC offered to consider an application from the ACSP on the issues raised and they would send the Eligibility form to get the process going. This has been received. The ACSP was invited to submit the Eligibility form together with a letter outlining the concerns of the College and recommended changes to the MSAC, and if the application is deemed to be eligible for consideration we would then be notified of the next step. The ACSP will consider making this application after the findings of the Senate Inquiry into Better Access cuts and other issues has been tabled, as their report may address some of the issues raised in the meeting.

Dr. Jillian Horton
President of the Australian College of Specialist Psychologists