



12 December 2022

Louise Riley
MBS Review Unit
Medical Benefits Division, Health Resourcing Group
Department of Health and Aged Care

By Email: PCS@health.gov.au

Dear Ms Riley,

Re: Medicare Benefits Scheme (MBS) Heart Health Assessment (HHA) items 699 and 177

I am writing in response to your email of 14 November 2022, addressed to College President Dr Dan Halliday requesting stakeholder feedback to inform the short-term future of MBS Heart Health Assessment (HHA) items 699 and 177.

ACRRM's vision is *the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care*. It progresses this by providing quality vocational training; professional development education programs; setting and upholding practice standards; and through support and advocacy services for rural doctors and the communities they serve.

The College is accredited by the Australian Medical Council to set standards for the specialty of general practice. Our programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of face-to-face specialist and allied health services.

ACRRM welcomes a review of these HHA items. Our members expressed concerns when they were first introduced, and feedback indicates that these concerns largely remain. They centre around the condition-specific nature of these items and their significant limitations in supporting holistic, comprehensive, continuity of care.

Members indicate that better and more comprehensive cardiac care for patients can be delivered less prescriptively and more effectively as part of a more general consultation. The restrictions on claiming an HHA service where the patient has received a separate health assessment in the previous 12 months similarly impact on delivery of appropriate care.

Rural and remote communities deserve equitable access to healthcare. The highest value care will be delivered through a rural generalist practice model founded on continuous, holistic care provided under the supervision of a locally-based primary-care clinician, rather than on MBS items which are disease specific.

It is widely evidenced that health systems based on a strong primary healthcare foundation are the most effective and efficient in terms of cost and health outcomes.ⁱ In the view of the College these items do not add value and certainly not within the rural and remote context.

ACRRM recommends the items be allowed to lapse on 30 June 2023 in line with current timeframes and that funding be redirected towards other funding mechanisms and innovations to support GPs to provide comprehensive and holistic care, with heart health assessments being an integral part of this care.



Thank you again for the opportunity to provide feedback. Please contact Senior Policy and Development Officer Jenny Johnson (policy@acrrm.org.au) should you wish to clarify or further discuss the contents of this letter.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Marita Cowie', with a long, sweeping flourish extending to the right.

Marita Cowie, AM
Chief Executive Officer

ⁱ Starfield, 2002 <https://pubmed.ncbi.nlm.nih.gov/11965331/>