



Medicare Benefits Schedule Review

Cardiac Services

This fact sheet outlines the key draft recommendations from the Cardiac Services Clinical Committee report. For more detailed information on each recommendation, see the **consumer summary table** or read the **full report**.



Number of items reviewed **188**



Number of recommendations **97**

✓ Key draft recommendations

Make Exercise Stress Tests (ESTs) the gatekeeper for other cardiac imaging tests

An EST, sometimes called a treadmill test, helps a doctor determine how well a person's heart handles work. The test can help a doctor determine whether a person has coronary heart disease or is at risk of having a heart attack.

The Committee is proposing that this test be the first test for patients who have symptoms of heart problems and whose risk of having a heart attack is less than 10 per cent, as defined by current clinical guidance. More intensive tests should only be conducted if a patient has an abnormal EST. This change will ensure patients receive the right test at the right time and aren't subjected to unnecessary and wasteful tests.

Restructure stress echo items to limit unnecessary testing

A stress echo is similar to an EST but also includes an ultrasound of the heart. Stress echo services have grown by 12 per cent per year over the last five years, however only 1–3 per cent have led to interventions, such as surgery. The Committee noted the concerns of experts that too many patients are unnecessarily

receiving stress echos. The Committee is therefore recommending new restrictions to ensure patients aren't subjected to unnecessary stress echos.

Amend electrocardiography (ECG) items to reflect current practice

An ECG is a test that measures the electrical activity of the heart using electrodes on the skin. More than 2.7 million ECG services are claimed every year at a cost of \$71 million. The Committee found considerable variability in the use of ECG services around the country, suggesting people are not receiving this service when clinically necessary.

The Committee has recommended that ECGs done on referral from a doctor should attract a higher rebate than those done directly by a GP or specialist. To be eligible for the higher rebate, a formal report and the ECG trace need to be provided to the referring doctor. This is similar to how X-ray and pathology tests are conducted. The lower rebate will still be available for ECGs performed outside of hospitals.

About MBS Review

The MBS Review is led by an independent Taskforce of clinicians and health system experts, working together with medical specialities across the nation to determine how the MBS can be modernised, aligned with contemporary clinical evidence and support good patient outcomes.