

MBS Review Taskforce - Endocrinology

Thank you for your interest in participating in the MBS Review public consultation for the Endocrinology Clinical Committee report.

This public consultation allows the Australian public, including health professionals, an opportunity to provide feedback on the Endocrinology Clinical Committee Clinical Committee draft report, prior to the final recommendations being provided to government. You can review the [full draft report](#) or the [Summary for consumers](#).

The online consultation survey includes the following sections:

- Responses to the 9 recommendations in the Endocrinology Clinical Committee Clinical Committee draft report (including links to each report recommendation and a summary for consumers to allow for easy reflection on the recommendations)
- 3 questions to provide feedback on the draft report
- 3-4 demographic questions
- 2 questions on privacy and consent of responses.

You can also review a [PDF of the survey questions](#).

Please note: only submissions submitted through this online survey process will be considered.

As part of the first section, you will be given an opportunity to upload additional documents relevant to your feedback or supporting evidence to your response.

You are able to save your responses and return to the survey using the 'Save and Continue Later' button. You can also review and print your responses prior to submitting your completed survey.

This survey will close at 5pm (AEDT) Wednesday 4 October 2017.

By clicking the 'Next' button, you are consenting to participate in the MBS Review Public Consultation for the Endocrinology Clinical Committee Clinical Committee report.

Feedback on Recommendations 1 - 9

Recommendation 1 – Thyroidectomy items 30296 and 30309

Do you agree with Recommendation 1 which proposes to consolidate item 30309 under item 30296, leaving the descriptor for item 30296 unchanged and adding clearer explanatory notes?

See [section 5.1.1](#) of the report and the [Summary for Consumers](#).

Yes

No

Yes, with some changes

Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 2 – Thyroidectomy item 30306

Do you agree with Recommendation 2 which proposes to update the explanatory notes to provide clearer guidance on the appropriate use of hemithyroidectomies in line with best clinical practice?

See [section 5.1.2](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 3 – Thyroidectomy items 30308 and 30310

Do you agree with Recommendation 3 which proposes to consolidate items 30308 and 30310 into one item number and update the explanatory notes to provide clinicians with better guidance on the use of these items?

See [section 5.1.3](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 4 – Thyroidectomy item 30297

Do you agree with Recommendation 4 which proposes to add explanatory notes to item number 30297 to provide better guidance for providers?

See [section 5.1.4](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 5 – Parathyroid items 30315, 30317-8 and 30320

Do you agree with Recommendation 5 which proposes to change item descriptors for all four items to promote best practice and change item number 30318 to 30316 to make the order of items more intuitive?

See [section 5.2](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 6 – Synacthen stimulation test item 30097

Do you agree with Recommendation 6 which proposes to change the item descriptor to require a basal cortisol quantitation prior to a Synacthen stimulation test and add clearer explanatory notes?

See [section 5.3](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

Please provide suggested changes, including your reasoning or evidence

Recommendation 7 – Thyroglossal cyst items 30313 and 30314

Do you agree with Recommendation 7 which proposes to delete 30313 from the MBS and direct providers to instead use item 30314?

See [section 5.4](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 8 – Tumour removal items 30321, 30323-4 and 36500

Do you agree with Recommendation 8 which proposes to consolidate item 30321 into 30323 and consolidate item 36500 into 30324?

See [section 5.5](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

Recommendation 9 – Administration of thyrotropin alfa-rch item 12201

Do you agree with Recommendation 9 which proposes to change the item descriptor to make the nuclear scan (item 61426) optional rather than obligatory?

See [section 5.6](#) of the report and the [Summary for Consumers](#).

- Yes
- No
- Yes, with some changes
- Don't know / Prefer not to say

[If 'No' or 'Yes, with some changes' Max word count = 500]

Please provide suggested changes, including your reasoning or evidence

If you wish to upload a submission or further evidence to support your responses please upload your file(s) below. Maximum file size is 2MB and files need to be .doc, .docx, .pdf, .xls, .xlsx or .txt. A maximum of 10 files can be uploaded.

Feedback questions

Below are some statements about the Endocrinology Clinical Committee draft report. For each statement, please indicate whether you agree or disagree.*

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree | Don't know / Prefer not to say |
|---|-------------------|----------|----------------------------|-------|----------------|--------------------------------|
| The Clinical Committee report was easy to understand | () | () | () | () | () | () |
| There was enough information provided in the Clinical Committee report to support the recommendations | () | () | () | () | () | () |
| There was enough information provided in the Clinical Committee report for me to understand the recommendations | () | () | () | () | () | () |
| The Summary for consumers included in the Clinical Committee report was easy to understand | () | () | () | () | () | () |

[Max word count = 200]

Please provide any further comments or suggestions about the recommendations included in the Endocrinology Clinical Committee draft report in the space below.

[Max word count = 200]

Please provide any further comments or suggestions in relation to consumer content within the draft report.

About you

Any personal information provided will be held in compliance with the Australian Privacy Principles (APP) contained in the Privacy Act 1998 and the Privacy (Market and Social Research) Code 2014.

Are you responding to this consultation as an individual or as a member of an organisation? If you work within a peak body or health care organisation, please indicate whether you will be primarily answering from an individual or organisational perspective.*

I am responding to this consultation as an INDIVIDUAL

I am responding on behalf of an ORGANISATION

[If 'responding as a member of an organisation']

Please provide the name of the organisation you are responding on behalf of.*

[If 'responding as a member of an organisation']

What type of organisation are you responding on behalf of?

Please just give your best guess if you are unsure.*

Allied health

Peak Body or advocacy organisation

Consumer organisation

General Practice

Medical Specialist Practice

Medical corporation

Other Industry

Public hospital

Private hospital

Indigenous health service

State government

Nursing college

Primary Health Network

Private health insurer

Don't know/ not sure

Other professional - please specify: _____

Other government - please specify: _____

Other non-government - please specify: _____

[If 'responding as a member of an organisation']
In which jurisdictions does your organisation operate?
Please select all those that apply*

- ACT
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia
- All Australian States and Territories
- I'd prefer not to say

[If 'responding as an individual']
Are you responding to this consultation primarily as a consumer or health professional?*

- I am responding to this consultation primarily as a CONSUMER
- I am responding to this consultation primarily as a HEALTH PROFESSIONAL
- Don't know / not sure
- Other - please specify: _____

[If 'responding as a health professional']
Have you ever provided services related to Endocrinology?*

- Yes
- No
- Prefer not to say

[If 'responding as a health professional']
Are you a...?*

- Allied Health Professional
- Medical Specialist
- General Practitioner
- Nurse
- Surgeon
- Health worker
- I'd prefer not to say
- Other - please specify: _____

[If 'responding as a consumer']

Have you ever received or accessed services related to Endocrinology?*

- Yes
- No
- Prefer not to say

[If 'responding as an individual']

What is your postcode?*

[If 'responding as an individual']

Do you identify as Aboriginal and/or Torres Strait Islander?*

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Aboriginal and Torres Strait Islander
- No
- I'd prefer not to say

Privacy consent

The questions below apply to the responses you have provided to the online survey only. Any documentation uploaded, including written feedback will be provided in full to the MBS Review Taskforce and Clinical Committees via the Department of Health.

The MBS Review Taskforce would like to access each full response made to this consultation to inform the recommendations for the final version of the report.

Do you consent to your, or your organisation's response to this survey being provided to the MBS Review Taskforce and Clinical Committee via the Department of Health? *

[If 'responding as an individual'] () Yes, I consent to my response (including the demographic details provided in the previous section) being provided to the MBS Review Taskforce and Clinical Committee

[If 'responding as an organisation'] () Yes, I consent to my organisation's response (including demographic details) being provided to the MBS Review Taskforce and Clinical Committee

[If 'responding as an individual'] () Yes, I consent to my response being provided to the MBS Review Taskforce and Clinical Committee (excluding demographic details)

[If 'responding as an organisation'] () Yes, I consent to my organisation's response being provided to the MBS Review Taskforce and Clinical Committee (excluding demographic details)

[If 'responding as an individual'] () No, I only consent to my response being used for Urbis research purposes and reported to the MBS Review Taskforce and Clinical Committee in aggregate form. (Your response will be only be used by Urbis for research purposes. Aggregated responses will be reported to the Taskforce, along with some non-identifiable example comments.)

[If 'responding as an organisation'] () No, I only consent to my organisation's response being used for Urbis research purposes and reported to the MBS Review Taskforce and Clinical Committee in aggregate form. (Your organisation's response will be only be used by Urbis for research purposes. Aggregated responses will be reported to the Taskforce, along with some non-identifiable example comments.)

[If 'responding as a member of an organisation' and 'providing consent to response being provided to Taskforce']
Please provide your name, organisation details and email address.*

Organisation: _____

Role: _____

Email address: _____

[If 'responding as an individual' and 'providing consent to response being provided to Taskforce']
Please provide your name and email address*

Name: _____

Email address: _____

Privacy consent cont

The MBS Review Taskforce would like to publish a sample of comments made to this consultation.

Do you consent to the comments you made as part of this survey being published by the MBS Review Taskforce? *

- Yes, I consent to my comments being published and attributed to my organisation
 - Yes, I consent to my comments being published but not attributed to me or my organisation
 - No, I do not consent to my comments being published
-

Review your response

Do you want to review your response?

- Yes
 - No, I would like to submit my response now
-

Submit your response

Thank you for providing feedback on the Endocrinology Clinical Committee report.

Once you click submit your responses will be submitted and you will not be able to view or amend them.

For further information on the Medicare Benefits Schedule Review and the Taskforce please visit the [Health.gov.au website](https://www.health.gov.au)

For further information or to report any technical issues with this survey please contact Urbis on mbsreview@urbis.com.au