

# MBS Review Taskforce - Intensive Care and Emergency Medicine

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Thank you for your interest in participating in the MBS Review public consultation for the Intensive Care and Emergency Medicine Clinical Committee report.

This public consultation allows the Australian public, including health professionals, an opportunity to provide feedback on the Intensive Care and Emergency Medicine 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 11 recommendations in the Intensive Care and Emergency Medicine 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](#).

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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 Intensive Care and Emergency Medicine Clinical Committee report.

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## Feedback on Recommendations

### Recommendation 1 – Emergency medicine

Do you agree with Recommendation 1 which proposes to restructure Emergency Department attendance items (501-536) into three tiered base items with add-on items?

Refer to [Section 4.2](#) 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**

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### **Recommendation 2 – Emergency medicine**

Do you agree with Recommendation 2 which proposes to use a consistent item framework for all emergency attendances, regardless of what type of medical provider attends to the patient?

Refer to [Section 4.3](#) 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**

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### **Recommendation 2.1 – Emergency medicine**

The Intensive Care and Emergency Medicine Clinical Committee has referred its recommendation to allow referred in-hospital attendance services provided by Emergency Physicians to attract a patient rebate equivalent to that received for attendances by Consultant Physicians to the Consultation Services Clinical Committee to review.

Refer to [Section 4.4](#) and the [Summary for consumers](#).

### **Recommendation 3 – Intensive care**

Do you agree with Recommendation 3 for intensive care management items 13870, 13873 and 13876 to remain unchanged?

Refer to [Section 5.2](#) 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**

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**Recommendation 4 – Intensive care**

Do you agree with Recommendation 4 which proposes to remove the differential fees for managing counterpulsation by intraaortic balloon for the first day (item 13847) and subsequent days (item 13848)?

Refer to [Section 5.3](#) 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**

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**Recommendation 5 – Intensive care**

Do you agree with Recommendation 5 which proposes consideration of an expedited MSAC assessment for listing MBS items for extracorporeal life support, and revise items 13851 and 13854 to clarify that they are intended to cover ventricular assist devices (VADs)?

Refer to [Section 5.4](#) 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**

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**Recommendation 6 – Intensive care**

Do you agree with Recommendation 6 which proposes a revision of the item descriptors for intra-arterial cannulation (item 13842) and central vein catheterisation (item 13815) to encourage providers to use ultrasound guidance?

Refer to [Section 5.5](#) 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**

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**Recommendation 7 – Intensive care**

Do you agree with Recommendation 7 which proposes to introduce an MBS item that covers discussion and documentation of goals of care by an Emergency Physician or Intensive Care Specialist for patients where relevant goals of care have not yet been decided?

Refer to [Section 5.6](#) 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**

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**Recommendation 8 – Gastric lavage**

Do you agree with Recommendation 8 which proposes to remove Gastric lavage (item 14200) from the MBS?

Refer to [Section 6.1](#) 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**

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**Recommendation 9 – Rapid response system / code blue attendance services**

Do you agree with Recommendation 9 which proposes consideration of an expedited MSAC assessment for listing an MBS item for a rapid response system/code blue attendance service?

Refer to [Section 6.2](#) 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**

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**Recommendation 10 – Intensive care**

Do you agree with Recommendation 10 for intensive care procedure items 13818, 13830, 13857 and 13881–13888 to remain unchanged?

Refer to [Section 6.3](#) 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**

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**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

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# Feedback questions

Below are some statements about the Intensive Care and Emergency Medicine 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 Intensive Care and Emergency Medicine Clinical Committee draft report in the space below.**

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[Max word count = 200]

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

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## 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.\***

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*[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: \_\_\_\_\_

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*[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 Intensive Care and Emergency Medicine?\***

- 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 Intensive Care and Emergency Medicine?\***

- Yes
- No
- Prefer not to say

*[If 'responding as an individual']*

**What is your postcode?\***

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*[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

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## 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: \_\_\_\_\_

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## 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 Intensive Care and Emergency Medicine 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](http://Health.gov.au)

For further information or to report any technical issues with this survey please contact Urbis on [mbsreview@urbis.com.au](mailto:mbsreview@urbis.com.au)