

MBS Review Taskforce - Dermatology, Allergy and Immunology

Thank you for your interest in participating in the MBS Review Public Consultation for the Dermatology, Allergy and Immunology Clinical Committee report.

This public consultation allows the Australian public, including health professionals, an opportunity to provide feedback on the Dermatology, Allergy and Immunology 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 27 recommendations in the Dermatology, Allergy and Immunology Clinical Committee draft report (including links to each report recommendation and a Consumer Summary Table 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.

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 7pm (EST) Friday 21 July 2017.

By clicking the 'Next' button, you are consenting to participating in the MBS Review Public Consultation for the Dermatology, Allergy and Immunology Clinical Committee report.

Feedback on Recommendations 1 - 6.2

Recommendation 1 - Phototherapy

Do you agree with Recommendation 1 which proposes changes to items 14050 and 14053 to consolidate them into one item number that includes therapy administered in a whole body cabinet or hand and foot cabinet?

Refer to [Section 5.1](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 2 - Treatment of benign and malignant neoplasms

Do you agree with Recommendation 2 which proposes to remove item 30195?

Refer to [Section 5.2.1](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 2.1 - Treatment of benign and malignant neoplasms

Do you agree with Recommendation 2.1 which proposes to mandate histopathology by removing "confirmation of malignancy by specialist opinion" from the descriptor of item 30196?

Refer to [Section 5.2.2](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 2.2 - Treatment of benign and malignant neoplasms

Do you agree with Recommendation 2.2 which proposes to consolidate item 30197 under 30196?
Refer to [Section 5.2.3](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 3 - Allergy

Do you agree with Recommendation 3 which proposes to remove item 12003 for testing more than 20 allergens and consolidate under item 12000?

Refer to [Section 5.3.1](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 3.1 - Allergy

Do you agree with Recommendation 3.1 which proposes to split item 12000 and change item 21981 in to four items that more accurately describe the allergens tested and the scope of practice required for each?

Refer to [Section 5.3.2](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 3.2 - Allergy

Do you agree with Recommendation 3.2 which proposes to remove item 53600?
Refer to [Section 5.3.3](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 4 – Treating malignant lesions by liquid nitrogen cryotherapy using repeat freeze-thaw cycles

Do you agree with Recommendation 4 which proposes to change the wording of the descriptor by replacing “specialist” with “AMC recognised dermatologist” for item 30202?
Refer to [Section 5.4.1](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 4.1 – Treating malignant lesions by liquid nitrogen cryotherapy using repeat freeze-thaw cycles

Do you agree with Recommendation 4.1 which proposes to consolidate item 30203 under item 30202?
Refer to [Section 5.4.2](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 4.2 – Treating malignant lesions by liquid nitrogen cryotherapy using repeat freeze-thaw cycles

Do you agree with Recommendation 4.2 which proposes to remove item 30205 for item 30202 to be used instead?

Refer to [Section 5.4.3](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 5 – Definitive removal of palmar or plantar warts

Do you agree with Recommendation 5 which proposes to remove items 30185 and 30186?

Refer to [Section 5.5](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 6 – Laser photocoagulation

Do you agree with Recommendation 6 which proposes a number of changes to the item descriptor and compliance requirements for item 14100?

Refer to [Section 5.6.1](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 6.1 – Laser photocoagulation

Do you agree with Recommendation 6.1 which proposes a range of changes to items 14106, 14109, 14115 and 14118 to change the item descriptors, compliance requirements and consolidating item numbers into the following three items:

- area of treatment less than 150 cm²
- area of treatment 150 to 300 cm²
- area of treatment greater than 300 cm²

Refer to [Section 5.6.2](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 6.2 – Laser photocoagulation

Do you agree with Recommendation 6.2 which proposes a number of changes including the item descriptor and compliance requirements for item 14124?

Refer to [Section 5.6.3](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Feedback on Recommendations 7-18

Recommendation 7 – Mohs

Do you agree with Recommendation 7 which proposes a number of changes including changing the item descriptors and splitting each Mohs item into two separate items for 31000, 31001 and 31002?

Refer to [Section 5.7](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 8 – Telangiectases or starburst vessels

Do you agree with Recommendation 8 which proposes to remove items 30213 and 30214?
Refer to [Section 5.8](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 9 – Treatment of pre-malignant skin lesions

Do you agree with Recommendation 9 which proposes to leave item 30192 unchanged?
Refer to [Section 5.9](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 10 – Skin lesions, multiple injections of hydrocortisone or similar preparations

Do you agree with Recommendation 10 which proposes to restrict the use of item 30210 to patients less than 16 years old where older patients can be treated under item 30207?
Refer to [Section 5.10](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 11 – Superficial radiotherapy

The Dermatology, Allergy and Immunology Clinical Committee has referred its recommendation regarding superficial radiotherapy to the Oncology Clinical Committee for consideration. A public consultation regarding this recommendation will take place later in 2017.

Refer to [Section 5.11](#) and the [Summary for consumers](#).

Recommendation 12 – Administration of immunomodulating agent

Do you agree with Recommendation 12 which proposes to leave item 14245 unchanged?

Refer to [Section 5.12](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 13 – Bone or cartilage excision

Do you agree with Recommendation 13 which proposes to leave item 31340 unchanged?

Refer to [Section 5.13](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 14 – Laser excision of face or neck tumours

Do you agree with Recommendation 14 which proposes to change the item descriptor for item 30190 to exclude common lesions that are not severely disfiguring tumours and change the wording “confirmed by specialist opinion” to “confirmed by AMC recognised dermatologist opinion”?

Refer to [Section 5.14](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 14.1 – Laser excision of face or neck tumours

Do you agree with Recommendation 14.1 which proposes to introduce a new item for removing less than 10 tumours, including lesions that we previously covered under item 30195?

Refer to [Section 5.14](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 15 – Laser resurfacing for face or neck

Do you agree with Recommendation 15 which proposes to change the item descriptors for 45025 and 45026 to add the use of fractional ablative lasers (Erbium and CO2) and add the words “non-ablative” to the bracketed part of the item descriptors?

Refer to [Section 5.15](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 16 – Vermilionectomy using laser

Do you agree with Recommendation 16 which proposes to change the item descriptor for 45669 to require biopsy proof?

Refer to [Section 5.16](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 17 – Treatment of rhinophyma using laser

Do you agree with Recommendation 17 which proposes to add the phrase “Rhinophyma or a moderate or severe degree” to the item descriptor for 45652 and include a requirement for photo evidence to be captured for compliance?

Refer to [Section 5.17](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

Please provide suggested changes, including your reasoning or evidence

Recommendation 18 – Full-face chemical peel

Do you agree with Recommendation 18 which proposes a number of changes to the item descriptor for 45019?

Refer to [Section 5.18](#) and the [Summary for consumers](#).

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

[If answer is 'No' or 'Yes, with some changes':]

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 Dermatology, Allergy and Immunology 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	()	()	()	()	()	()

Please provide any further comments or suggestions about the recommendations included in the Dermatology, Allergy and Immunology Clinical Committee draft report in the space below.

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 answer is '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 answer is 'Health Professional']:

Have you ever provided services related to Dermatology, Allergy or Immunology?*

- Yes
- No
- Prefer not to say

[If answer is '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 answer is 'Consumer']:

Have you ever received or accessed services related to Dermatology, Allergy or Immunology?*

- Yes
- No

Prefer not to say

[If answer is 'Individual']

What is your postcode?*

[If answer is '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? *

[If 'responding as an organisation'] () 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 Dermatology, Allergy and Immunology 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