

MBS Review Taskforce - Renal Medicine

Thank you for your interest in participating in the MBS Review Public Consultation for the Renal Medicine Clinical Committee report.

This public consultation allows the Australian public, including health professionals, an opportunity to provide feedback on the Renal 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 6 recommendations in the Renal Medicine 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.
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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 7pm (EST) Friday 21 July 2017.

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

Feedback on Recommendations

Recommendation 1 – Very remote dialysis

Do you agree with Recommendation 1 which proposes a new item for nurse assisted dialysis in very remote areas of Australia?

Refer to [Section 4.1](#) and [Summary for consumers](#).

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

[If 'No' or 'Yes, with some changes']

Please provide suggested changes, including your reasoning or evidence

Recommendation 2 – Medical supervision of dialysis items

Do you agree with Recommendation 2 which proposes a change of funding of in-centre dialysis supervision to better reflect the role of the nephrologist in overseeing the treatment and planning of care for patients on dialysis?

Refer to [Section 4.2](#) and [Summary for consumers](#).

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

[If 'No' or 'Yes, with some changes']

Please provide suggested changes, including your reasoning or evidence

Recommendation 3 – Arteriovenous shunt

Do you agree with Recommendation 3 which proposes to remove item 13106 (Declotting of an arteriovenous shunt)?

Refer to [Section 4.3](#) and [Summary for consumers](#).

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

[If 'No' or 'Yes, with some changes']

Please provide suggested changes, including your reasoning or evidence

Recommendation 4 – Insertion of temporary catheter

Do you agree with Recommendation 4 which proposes to remove item 13112 (Insertion of a temporary catheter)?

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

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

[If 'No' or 'Yes, with some changes']

Please provide suggested changes, including your reasoning or evidence

Recommendation 5 – Indwelling peritoneal catheter for dialysis

Do you agree with Recommendation 5 which proposes to align the item descriptors for items 13109 and 13110 so the only difference is whether it is for insertion and fixation, or removal of the catheter?

Refer to [Section 4.5](#) and [Summary for consumers](#).

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

[If 'No' or 'Yes, with some changes']

Please provide suggested changes, including your reasoning or evidence

Recommendation 6 – Paediatric-adult transition

Do you agree with Recommendation 6 which proposes an ongoing and sustainable service (or funding for a service) should be created to provide support for the care of adolescent patients with complex kidney disease?

Refer to [Section 4.6](#) and [Summary for consumers](#).

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

[If '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 Renal 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	()	()	()	()	()	()

Please provide any further comments or suggestions about the recommendations included in the Renal Medicine 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 to this consultation as a member 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 renal 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 renal medicine?*

- 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 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 Renal 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
