



Australian Association of Developmental Disability Medicine Inc.

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The Australian Association of Developmental Disability Medicine (AADDM) is an organisation of medical practitioners who specialise or have an interest in improving the health and function of the over 500,000 Australian children, adolescents and adults with intellectual disability (ID). AADDM aims to improve the health of children, adolescents and adults with intellectual and developmental disability through professional development and advocacy

The Medicare Benefits Schedule (MBS) review provides an opportunity improve health services funding in order to better meet the health care needs of people with intellectual disability (ID). We would like to draw the following health concerns for people with ID to your attention and suggest that these issues inform relevant aspects of the MBS review.

People with ID have poorer health and higher mortality rates

People with intellectual disability have poor health status and reduced life expectancy of up to 20 years. Overall they have very high rates of physical and mental health problems which are often not diagnosed or appropriately treated. The most comprehensive community based study found that people with disability have 5.4 health conditions per person, half of which were unrecognised or poorly treated. Significant gain in life expectancy can be achieved with good medical care that identifies treatable health conditions.

People with ID experience barriers to good health care

People with ID experience many barriers to receiving health services. These include: communication barriers between patients and health professionals, complexity of diagnosis, lack of general and specialised skills in the health workforce, passive or active discrimination within the health systems and absence of tailored health promotion campaigns and research focusing on people with intellectual disability.

People with ID encounter special challenges that are different to those of people with other types of disabilities in a number of important aspects and are very likely to receive inappropriate and inadequate treatment, or be denied healthcare altogether. As identified in international reports and by the WHO, people with intellectual disability, and their families, face enormous obstacles in seeking the kind of basic healthcare many of us take for granted.

Impact on health care services

There is increased use of the health system by people with ID across the lifespan, yet reduced participation in health promotion programmes. The Royal Australian College of Physicians recommends that multidisciplinary models of care should be established at the time of diagnosis of intellectual disability. These should be characterised by lifespan and integrated models of care, intersectoral collaboration and be fully funded.

AADDM recommends that the MBS Review Taskforce consider the following:

Modification of the vision statement

This should be modified to include reference to reduction of health inequalities experienced by vulnerable populations such as people with ID,

The Medicare Benefits Schedule provides affordable universal access to best practice health services that represent value for the individual patient and the health system and lead to reduction in health inequalities across the community

Funding of reasonable adjustments

This is to enable people with ID to overcome barriers to healthcare. The health care of people with ID is complex. Reasonable adjustments may include longer time for consultation, use of easy to read health information, additional tools demonstrated to assist health care for people with ID. This may include Service Incentive Payments (SIP) for GPs.

Increased emphasis on integrated models of care

Complex, multidisciplinary and intersectoral models are required by vulnerable, disenfranchised populations including people with ID under MBS. These include case conferencing and preparation of complex care plans. Restrictions should be eased on the number that can be claimed in a 12 month period.

GP (Items 735 to 758) and specialist multidisciplinary or discharge case conferencing items should be maintained and allowed to include carer/advocate, support worker or practice nurse as part of the team members required to be present in order to claim this item number. People with ID often require specific and individualized assistance to access health care and follow up recommendations.

Easing of restrictions of specialist to specialist referrals for people with very complex health care needs to prevent unnecessary visits to a doctor merely to meet bureaucratic referral requirements.

Introduction of an item number for paediatricians to consult with parents without the child present and to consult with other health, education and disability professionals. This is especially important where the child has ID and severe challenging behaviour that may prevent or disrupt specialist consultation or attendance.

Funding of an annual health assessment of people with ID

An annual health assessment, supported by a tool such as the Comprehensive Health Assessment Program (CHAP), is an evidence based health intervention that is accepted around the world as a high value health care intervention.

Reconsider introducing a specific item number for annual health checks for people with ID to enable GPs to monitor their own practice and to provide a system level measure of health service usage by people with ID.

Unexpected hospitalisation of an adult with ID should trigger a funded annual health assessment referral in order to detect undiagnosed health problems.

Provide an item number for specialists to contribute to annual health care plan.

Better care for people with ID and mental health problems

The current MBS item structure presents difficulties for people with intellectual and developmental disabilities and complex needs including mental health needs. The preferred way of working with people with an intellectual disability has been articulated in the Department of Health funded document “Accessible Mental Health Services for People with an Intellectual Disability: A Guide for Providers (The Guide)”, which was launched by the RANZCP in May 2014. This document stipulates the importance of working in a collaborative and coordinated manner with key disability and related supports, and providing regular comprehensive reviews which coordinate interventions and management. Significant changes are required to the MBS Item schedule in order to accommodate these practice points. These changes would include, but not be limited to:

1. Increased flexibility around Case Conferences by Consultant Psychiatrists - (Items 855 to 866), case conference reimbursement should be available regardless of whether there is another medical practitioner present, and there should be no annual cap on this reimbursement.
2. Increasing the allowable frequency for claims associated with item number 291, up to two times per year for patients with intellectual or developmental disabilities.
3. Inclusion of item numbers which enable adequate reimbursement for unlimited separate interviews of disability and other related support people, including key disability workers, family and paid carers.
4. Enhancement of Telepsychiatry - (Items 353 to 370) to include higher reimbursement for complex case reviews and extended sessions. This manner of working is essential given the limited professional resource available in this area, and is an essential component of making specialist services accessible.

Enhanced allied health care

Extension of allowable allied health visits beyond the current 5 and clearly linking these to the health care plan.

Expectations that people with ID may access more of some types of health services may

People with ID are likely to be inadequately accessing primary health and health promotion services in relation to their health care needs.

AADDM is pleased that the MBS is being extensively reviewed and hope that the complex health care needs of people with ID may be better met in the future. We are keen to contribute further to this review.

Yours sincerely

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