



Consumers Health
Forum OF Australia

SUBMISSION

**CHF Response to the Report
from the Ophthalmology
Clinical Committee**

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Consumers Health Forum of Australia 2019
*CHF Response to the Report from the
Ophthalmology Clinical Committee*

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CONTENTS

Contents

Introduction	4
General Comments	4
Response to the Recommendations....	5

Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the diverse interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. We are pleased to respond to this Report from the Ophthalmology Clinical Committee.

Our positions are developed through consultations, research, and events like the Thought Leadership Roundtables involving consumers, health care providers, policy experts, academics and people in government. Further information about us and our publications can be found on our website, www.chf.org.au.

Thirty years following the creation of Medicare Benefits Scheme (MBS), a review is long overdue. CHF members believe that this review and a commitment to the regular evaluation of Medicare items is essential to maintaining a world class health system and ensuring that funding is available for high value care.

General Comments

Through CHF's ongoing research work and engagement with our members, we consistently hear that issues of access, cost and quality are critically important to consumers when accessing healthcare. All three issues are raised across all parts of the health system but are especially prominent in relation to specialist care. These three factors shape the way we have considered this report and our response to the recommendations.

We thank the Committee for their thorough assessment of the issues and believe many of the recommendations present the opportunity to improve the value and quality of care consumers receive. We have identified some issues where we believe the recommendations as proposed would lead to unintended consequences that would increase costs for consumers and ultimately limit access to care. In these cases, we have outlined our concerns and would be happy to continue to engage with the Committee and the Taskforce to discuss these matters further and identify alternative solutions.

Response to the Recommendations

Key Recommendations:

CHF has no comment on recommendations 1, 2 and 3

Recommendation 4 – new items to specify left and right eye injections

Recommendation 5 – monitor treatment frequency for eye injections

Recommendation 6 – RANZCO education of clinicians on appropriate treatment regimes

CHF supports these recommendations.

CHF supports changes to these items to enable the collection of more accurate data by categorising treatments into left or right eye injections. This additional data will help to identify the level of treatment being provided and enable further investigation where there is significant variation in clinical practice.

As the Committee's report notes, treatment regimens are still evolving with some variation in patient treatment frequency accepted as appropriate. However, it is likely that some of the current variation represents low value care and this additional data will assist with the identification of these cases. CHF supports the collection of better data, the monitoring of that data and the use of that data to inform guidelines and clinical education on best practice, in order to ensure consumers are receiving high quality care.

Recommendation 7 – reclassification to a type C procedure to discourage eye injections being performed in a hospital or day surgery.

CHF does not support this recommendation without additional safety and funding mechanisms being in place to accompany it.

CHF acknowledges the advice in the RANZCO Choosing Wisely guidelines that eye injections should not be performed in a hospital or day surgery unless there is a valid clinical indication, and that they can be safely performed on an outpatient basis. Further to this, the guidelines note the need to follow a set of 'standard well published protocols' in order for these procedures to be performed safely in an outpatient setting. CHF seeks clarification about the requirements for outpatient settings, including private doctors' rooms, to be accredited against the RANZCO Choosing Wisely guidelines. CHF would like to see accreditation against these guidelines be a mandatory requirement for any outpatient facility that wishes to perform eye injections.

Additionally, we are concerned about the potential for this change to result in a significant increase in out of pocket costs for consumers as private health insurance would no longer be able to contribute to the cost of the procedure in an outpatient setting. CHF understands that the Minister for Health is currently working on changes that would enable health funds to cover

specialist treatment delivered outside of hospitals. CHF believes that eye injections are one example of the types of treatments that could be covered under this arrangement.

CHF also recognises the need for more capacity in the public system to provide these injections to patients without private health cover, and this will be discussed further under other recommendations.

CHF would be supportive of this recommendation if the protocols outlined in the RANZCO Choosing Wisely guidelines were made an accreditation requirement for outpatient rooms where these procedures would be performed; and if eye injections were included as treatments that could be covered in outpatient settings under the Government's reforms to private health insurance.

CHF has no comment on recommendations 8, 9, 10 and 11.

Recommendation 12 – better access to telehealth

CHF supports efforts to expand access to telehealth for all consumers, and notes this is particularly relevant to ophthalmology due to the significant disparity in access to care in rural and remote areas.

CHF supports measures that seek to reduce the barriers to providing care via telehealth for clinicians and consumers. In order for the process to be as simple as possible, we'd suggest a common approach across specialities as much as possible, though we acknowledge that ophthalmology is somewhat unique in having optometrists as a single referral group. CHF looks forward to the opportunity to comment on the final recommendations from the Optometry Clinical Committee.

Recommendation 13 – implement an ongoing review process for all ophthalmology MBS items

CHF supports this recommendation.

CHF believes that this MBS review and a commitment to the regular evaluation of all Medicare items is essential to maintaining a world class health system and ensuring that funding is available for high value care. We support a review of any changes after 12 months and call for any review to give specific consideration of the impacts on consumers (particularly regarding issues of access and cost).

Recommendation 14 - targeted improvement of rural and remote eye services

CHF supports this recommendation.

CHF believes this is an area requiring ongoing focus and investment, noting that 84% of ophthalmologists live in metropolitan areas and access to care in many rural and remote areas is severely limited by lack of access to specialist care. This, alongside higher rates of eye

disease in rural and remote areas, particularly amongst the Aboriginal and Torres Strait Islander population, means that targeted investment is needed.

Recommendation 15 - new items for the treatment of glaucoma

CHF supports this recommendation.

CHF supports any proposed new items being submitted and considered through the regular Medical Services Advisory Committee (MSAC) process to ensure rigorous assessment of clinical efficacy and value for money.

Recommendation 16 - funding for ophthalmology staff specialist positions in the public system

CHF supports this recommendation.

The Committee's report has identified some telling statistics that demonstrate the lack of ophthalmologists working in the public sector, and the flow on effects this has for consumers seeking access to care in the public system. These include:

- The Department of Health Workforce Report (2018), which found there were 990 accredited ophthalmology specialists with current medical registration in 2016, and only 16 per cent of these specialists worked in the public sector.
- In 2016/17, the median waiting time for admissions from public hospital elective surgery waiting lists for ophthalmology was 73 days.

This creates a significant equity issue with regards to access to care that must be addressed.

Recommendation 17 – consumer education

CHF supports this recommendation but notes that education alone will not be sufficient to remove cost as a barrier to care for many consumers.

CHF believes that alongside information about the costs of services, consumers also need to be provided with clear and transparent information about quality and outcomes, noting that higher prices often do not equate to higher quality care.

Additionally, the workforce shortages discussed in recommendation 16 will limit consumers' ability to shop around and choose between providers, particularly for those in rural and remote areas. Transparent information about cost is one component of a range of measures needed to bring down cost pressures for consumers.

Recommendation 18 – reduce the rebate for intravitreal injection items

CHF does not support this recommendation.

Noting the issues raised under recommendations 16 and 17 about the cost barriers that already exist for consumers when accessing care, CHF is greatly concerned that the proposed change

would make the cost of intravitreal injections prohibitive for many consumers. Past experience suggests that a reduction in the rebate is unlikely to lead to a reduction in specialists' fees, and so the result of this change would likely be to simply shift costs from the MBS onto the consumer.

CHF is not best placed to comment on the relative complexity of the procedure compared to peri/retrobulbar injections, but we fear that the unintended consequence of this recommendation would be to make cost a barrier to care for many consumers, with the flow on effect being that many would either restrict their treatment or not seek treatment at all.

We acknowledge the Taskforce's proposal that these injections could be performed by other health professionals, including nurses and optometrists, at a lower cost. We understand that training and additional investment would be required to make this a viable option for optometrists, and that it would take time and funding to ensure the right settings are in place to support this change (as acknowledged by the Taskforce in recommendation 19).

CHF member organisation Macular Disease Foundation Australia (MDFA) have surveyed almost 700 consumers who would likely be impacted by this proposal and used those results to inform further analysis of the economic impacts of this change. Their key findings were:

- A small number of treatments are currently provided in public settings and 18-23% of private treatments are bulk billed. A reduction in the rebate would threaten the viability of these services.
- Under the current Medicare rebate of \$259.75, patients have an average annual out of pocket cost of \$1,900. Patients who are affected in both eyes experience almost double this cost.
- Under the new proposed rebate, out of pocket costs for consumers are expected to rise from \$1,900 to \$3,900 per year, per eye, on average.
- It is estimated there will be an additional 22% rate of non-adherence to treatment due to increased costs, leading to a significant proportion of Australians living with age-related macular degeneration suffering severe vision loss or blindness.
- The changes are estimated to have a direct net cost to Government of \$168 million from 2019-2024, as people lose their vision and require greater support across health, aged care and social services (taking into account the estimated savings from to the MBS and PBS from the rebate cut).

CHF does not support this recommendation. We recognise the opportunity to consider more efficient and cost-effective ways of delivering this treatment, but any changes require a full analysis of the likely impact on consumers and their ability to access essential care. There is also a need to engage more closely with a range of health professionals to determine the viability of different models of care. CHF would be happy to contribute to this work but believes it is not appropriate to make any changes to the rebate for this item until that process has occurred.

Recommendation 19 - a review of the broader ophthalmology workforce

CHF supports this recommendation.

CHF recognises the need to take a broad, whole-of-system approach when reviewing ophthalmology workforce issues in order to fully understand the impacts of current shortages and consider different approaches to addressing existing gaps. This review must look at both short and long-term solutions, and the impacts on consumers need to be a primary consideration throughout this process.