NACCHO
National Aboriginal Community Controlled Health Organisation
Aboriginal health in Aboriginal hands
www.naccho.org.au

Medicare Benefits Schedule ECG items

Submission to the ECG Review Committee

May 2021

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide about three million episodes of care per year for about 350,000 people across Australia, including about one million episodes of care in very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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NACCHO thanks the Department of Health for the opportunity to provide a late submission on recent changes to Medicare Benefits Schedule (MBS) items for electrocardiograms (ECGs).

NACCHO acknowledges the input of the Queensland Aboriginal and Islander Health Council (QAIHC), the Aboriginal Health Council of South Australia (AHCSA), the Aboriginal Health Council of Western Australia (AHCWA) and the Tasmanian Aboriginal Centre (TAC) on this submission.

NACCHO strongly supports the submissions to this Inquiry from QAIHC and the Royal Australian College of General Practitioners (RACGP).

Cardiovascular disease (CVD) is a leading cause of preventable morbidity and mortality in Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander Australians have CVD hospitalisation and death rates that were more than 60% higher than non-Indigenous Australians[1].

CVD still accounts for a quarter of Aboriginal and Torres Strait Islander deaths overall and 21% of all premature years of life lost. In addition, cardiovascular related events and mortality in the Aboriginal and Torres Strait Islander population occur, on average, about 10–20 years earlier than in non-Indigenous Australians[2].

NACCHO estimate that around 51% of Aboriginal and Torres Strait Islander people access health care through an ACCHO or Aboriginal Medical Service (AMS), with around 49% accessing mainstream health services. The proportion of Aboriginal and Torres Strait Islander people accessing ACCHOs/AMSs is higher in rural and remote areas, and lower in urban centres[3].

NACCHO has significant concern regarding the changes made in August 2020 to cardiac diagnostic services on the MBS and supports the April 2021 submission of the RACGP, which notes:

> *This is of serious concern for Aboriginal and Torres Strait Islander people, for whom there is a high rate of cardiovascular disease, and therefore a greater need for ECGs. Aboriginal Community Controlled Health Services need to bulk bill patients because the patients cannot afford the out-of-pocket costs. This creates further disadvantage for Aboriginal and Torres Strait Islander people as the health service must absorb a funding cut, resulting in less services for one of the most disadvantaged groups in our community where support is needed the most. This unconscious bias creates more disadvantage at a time when the Government had made a renewed commitment to reducing the gap between Indigenous and non-Indigenous people.*

The provision of timely ECG diagnostic services for Aboriginal and Torres Strait Islander people is critical, particularly in regional and remote areas where the incidence of rheumatic heart disease is prevalent. ECG is a key diagnostic criteria for diagnosis of acute rheumatic fever. Barriers to

[1] Australian Institute of Health and Welfare 2020. Cardiovascular disease. Cat. no. CVD 83. Canberra: AIHW. https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/cardiovascular-health-compendium

[2] Cardiovascular disease risk assessment for Aboriginal and Torres Strait Islander adults aged under 35 years: a consensus statement, Jason W Agostino, Deborah Wong, Ellie Paige, Vicki Wade, Cia Connell, Maureen E Davey, David P Peiris, Dana Fitzsimmons, C Paul Burgess, Ray Mahoney, Emma Lonsdale, Peter Fernando, Leone Malamoo, Sandra Eades, Alex Brown, Garry Jennings, Raymond W Lovett and Emily Banks, Med J Aust 2020; 212 (9): 422-427. https://www.mja.com.au/journal/2020/212/9/cardiovascular-disease-risk-assessment-aboriginal-and-torres-strait-islander

[3] Aboriginal and Torres Strait Islander Health Performance Framework - Summary report 2020 https://www.indigenoushpf.gov.au/publications/hpf-summary-2020

performing ECG may lead to misdiagnosis[4]. As both QAIHC and the RACGP note, ACCHO GPs will continue to provide ECG services to patients, but will no longer be able to claim against the MBS. ACCHOs are unlikely to pass on associated fees to patients, as this is contrary to the integrated care model. As a result, ACCHOs will absorb the related costs of this activity. While this change is unlikely to compromise the timeliness of patient care in ACCHOs, it will affect the ability of ACCHOs to claim a rebate services, which impacts on the sustainability of the service.

However, for Aboriginal and Torres Strait Islander people accessing mainstream services, the impact of this change is potentially severe. Mainstream health services are unlikely to willingly absorb the cost of providing ECG services, meaning costs are passed onto the patient, or diagnosis delayed by referral. Diagnostic delays compromise care for vulnerable Aboriginal and Torres Strait Islander patients and are likely to result in delays in treatment for patients presenting with conditions requiring urgent or emergency care. This has the potential to increase CVD related morbidity and mortality for Aboriginal and Torres Strait Islander peoples.

For Aboriginal and Torres Strait Islander people in regional, rural and remote locations, the risk of diagnostic delay is further exacerbated by limited access to specialist services[5]. Rural and remote health services are far more dependent on primary health care services, particularly GPs to provide timely diagnosis and care. This change risks further exacerbating existing health discrepancies between urban, regional and remote Aboriginal and Torres Strait Islander communities. As such, it is vital that GPs have the ability provide a full range of high-quality services to patients in the community and that care remains affordable and accessible for patients.

NACCHO support QAIHC's position that these changes devalue the skill of GPs, fundamentally compromise the opportunistic, comprehensive model of care delivered by ACCHOs and may contribute to widening the current health gap for our most vulnerable communities.

Australian Governments recently renewed their commitment to closing the life expectancy gap for Aboriginal and Torres Strait Islander people within a generation[6]. These changes undermine that commitment.

Recommendation

NACCHO recommends the urgent reinstatement of MBS Item 11700 for GPs to ensure they can continue to provide high quality, comprehensive and timely care to Aboriginal and Torres Strait Islander communities.

[4] The 2020 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd edition) https://www.rhdaustralia.org.au/arf-rhd-guideline

[5] Specialist outreach services in regional and remote Australia: key drivers and policy implications, Belinda G O'Sullivan, Johannes U Stoelwinder and Matthew R McGrail, Med J Aust 2017; 207 (3): doi: 10.5694/mja16.00949 https://www.mja.com.au/journal/2017/207/3/specialist-outreach-services-regional-and-remote-australia-key-drivers-and

[6] https://www.closingthegap.gov.au/