

Time to develop Medicare for the 21st Century

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The most exhaustive inquiry into the mechanics of Medicare in its 36 years makes a compelling case for extensive reforms that must be commenced now if Australians are to retain access to best available 21st Century health care, the Consumers Health Forum said today.

The Medicare Benefits Schedule (MBS) Taskforce has reviewed more than 5,700 Medicare items and made more than 1,400 recommendations “to strengthen, modernise and protect Australia’s world class health system”. It has identified numerous opportunities to improve health outcomes for all Australians into the future, its final report states.

“CHF welcomes this deep and detailed report [*An MBS for the 21st Century*](#) and its advocacy of consumer-centred health care,” the CEO of CHF, Leanne Wells, said today.

“The 1980s Medicare model is being rapidly overtaken by the huge shifts in health care and the escalation of chronic conditions and this report shows why the Government and providers must change in areas such as remuneration to meet consumer needs and make the most of modern medicine.

“We congratulate the work of Taskforce Chair, Professor Bruce Robinson, and the scores of clinicians and consumers who contributed to this marathon inquiry over five years, sometimes in the face of intense criticism.

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“The Taskforce has seized the unique opportunity of the inquiry to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues, including alternative funding models.

“We welcome the Taskforce’s acknowledgement of key issues that plague consumer access to care: the challenges encountered in navigating a complex, fragmented system and increasing out of pocket expenses. These are perennial problems that must be addressed.

“On top of recommendations it has already made, the taskforce also proposes wider measures which CHF would support.

These are centred on:

- Embedding a consumer-centric focus in the MBS and in any future changes – a timely reminder that Medicare is our public health insurance scheme designed to rebate patients for the costs of care
- Improving monitoring, so data and research can be used to support practitioners in delivering care and underpin future changes to the MBS.
- Rebalancing healthcare financing from near exclusive reliance on ‘fee-for-service’ to complementing with ‘block’ and ‘blended’ payments in order to support more clinically appropriate modes of patient care.
- Reviewing continuously to assure the patient and community that safe, high quality and high value care is provided by the MBS.

“The need to rethink the dependence of Medicare payments on fee for service is a priority if we are to move to better integrated, value-based, multidisciplinary primary care,” Ms Wells said.

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“We support the Taskforce recommendation for the expansion of the Voluntary Patient Enrolment initiative which enables block funding to general practices and supports an ongoing doctor-patient relationship. This would give practices flexibility to offer a mix of services more responsive to their mix of patients and, as the report says, this would be particularly beneficial for those patients with ongoing chronic and complex care needs. Such a change would be integral to much needed primary care reforms foreshadowed by Health Minister Greg Hunt.

“Already key achievements have been spurred by the Taskforce and these are chronicled in the Final Report. We must see a commitment to implementing the more macro recommendations made.

“The Taskforce report was accompanied by the [Final Report from the Consumer Panel](#) which reported that there was genuine consumer involvement in the Review which was considered positive, effective, and influenced outcomes.

“The Consumer Panel noted that consumer involvement “changed the tone of clinical committee discussions for the positive, changed the culture of how the task of reviewing clinical items was approached and improved the overall credibility of the MBS Review by ensuring that it was dual-led and was not simply performed by clinicians, for clinicians”.

“CHF was involved in the Review nominating representatives to committees and participating in the consultations. We welcome the Panel’s finding that some of its key outputs, which ultimately contributed to the success of the Review, were the induction of consumers to clinical committees, the Consumer Resource and the consumer elements of the clinical reports including the summary tables, which explained the recommendations in plain English,” Ms Wells said.

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