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Department of Health

INTRODUCTION OF THE NEW MBS ITEMS FOR NON-MYDRIATIC RETINAL PHOTOGRAPHY

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How new services are listed

- Before a new service is listed onto the Medicare Benefits Schedule (MBS) it is assessed by the Medical Services Advisory Committee (MSAC) to determine its comparative:
 - Safety,
 - Clinical effectiveness,
 - Cost effectiveness; and,
 - Total cost

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MSAC Composition

- The MSAC is an independent non-statutory committee established by the Australian Government Minister for Health in 1998.
- MSAC and its sub-committees are comprised of members from a wide range of clinical disciplines and from fields of health that include health economics, evidence based health care, health policy, and consumers.
- MSAC is a non-legislative committee, and so its advice is not binding. The Minister for Health will decide whether MBS funding will be granted.

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MSAC pathway

- MSAC is supported by two sub-committees:
 - The Protocol Advisory Sub-committee (PASC): provides advice on the decision analytic protocol – that is the population, indication, comparator and outcomes to be examined in the health technology assessment (HTA).
 - The Evaluation Sub-committee (ESC): provides advice on the quality, validity and relevance of the health technology assessments for applications being considered by MSAC.
- MSAC is further supported by HTA groups contracted by the Department of Health and clinical experts.
- Public consultation occurs after suitability of the proposed medical service and continue throughout the application's MSAC process.
- The Department accepts all comments on an application and provide them to the Applicant, Assessment Group and MSAC and its sub-committees.

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RP-NMRC (App 1181) Key dates through MSAC

- **December 2012:** Application received from Centre for Eye Research Australia
- **August 2013:** consideration at PASC
- **October 2014:** consideration at ESC
- **November 2014:** consideration at MSAC

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RP-NMRC (App 1181) Summary of MSAC outcomes

- MSAC supported public funding for bilateral non-mydratic retinal photography for initial or repeat assessment for diabetic retinopathy in patients with medical diagnosed diabetes.
- MSAC agreed that funding should promote uptake where most needed, particularly in primary care in rural and remote settings.
- MSAC identified areas of uncertainty regarding implementation including:
 - The incentives for primary care to invest in the capital and training required to provide this service
 - Ensuring sufficient uptake in areas of most need e.g. rural and remote locations
 - Quality control for the taking and interpretation of the images
 - The need to limit use of RP-NMRC to initial detection of diabetic retinopathy and not for subsequent monitoring of the condition once detected.

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Post MSAC consideration

- A stakeholder forum was held in February 2015 to address the implementation issues identified by MSAC
- This forum resulted in amendments to the item descriptor, one of which was to include endocrinologists and diabetologists who are also the primary providers of their patients' diabetes care.
- Later, the descriptor was separated into two after advice from Department of Human Services that the system could not manage item descriptors that included two time requirements in the one descriptor e.g. 12 months between services for Aboriginal and Torres Strait Islanders and 24 months for the general population.
- Once the issues with implementation were resolved, the Department completed an assessment of the financial impact to Government and sought Cabinet agreement on the proposed listing.

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New MBS items' intent:

- The service is not intended to supplant the comprehensive eye exam as the best test for diagnosing diabetic retinopathy. It is intended to complement by capturing patients who are not attending the optometrist or ophthalmologist to receive this test.
- Only primary care medical practitioners or specialists who are providing the primary glycaemic management of a patient's diabetes can claim Medicare for this service.
- The practitioner claiming Medicare needs to have interpreted the photograph.
- A trained nurse or technician can take the photograph with a separate financial arrangement made outside of Medicare between the nurse or technician and the medical practitioner.
- Aboriginal and Torres Strait Islanders can receive this service once every 12 months and the general population once every 24 months.
- The patient must already have diabetes.
- The patient cannot already have been diagnosed with diabetic retinopathy.
- Any detection of diabetic retinopathy or images of inadequate quality should be followed by a referral in line with NHMRC guidelines.

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Category 2 – DIAGNOSTIC PROCEDURES AND INVESTIGATIONS	Category 2 – DIAGNOSTIC PROCEDURES AND INVESTIGATIONS
<p>MBS 12325 Aboriginal and Torres Strait Islander Peoples Assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy in a person of Aboriginal and Torres Strait Islander descent with medically diagnosed diabetes if performed.</p> <p>a) By the medical practitioner providing the primary glycaemic management of the patient with diabetes (excluding optometrists and ophthalmologists); and, b) 12 months after the previous retinal photograph.</p> <p>This service is not available to patients with: a) An existing diagnosis of diabetic retinopathy; or b) Visual acuity of less than 6/12 in either eye or a difference of more than two lines of vision between the two eyes at the time of presentation.</p> <p>Fee: \$50.00</p> <p>Explanatory notes: This service is separated into two items, MBS item 12325 and MBS item 12326, in line with NHMRC guidelines' recommended frequency of repeat testing in persons of Aboriginal and Torres Strait Islander descent and the general population. This item is intended for the provision of retinal photography with a non-mydriatic retinal camera. Mydriasis is permitted if adequate photographs cannot be obtained through an unaided pupil. Presenting distance vision means unaided distance vision or the vision obtained with the current spectacles or contact lenses, if normally worn for distance vision. Detection of any diabetic retinopathy should be followed by referral to an optometrist or ophthalmologist in accordance with the NHMRC guidelines. Where images are of inadequate quality for detection of diabetic retinopathy, referral to an optometrist or ophthalmologist for further assessment is indicated.</p>	<p>MBS 12326 Assessment of visual acuity and bilateral retinal photography with a non-mydriatic retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy in a person with medically diagnosed diabetes if performed.</p> <p>a) By the medical practitioner providing the primary glycaemic management of the patient with diabetes (excluding optometrists and ophthalmologists); and, b) 24 months after the previous retinal photograph.</p> <p>This service is not available to patients with: a) An existing diagnosis of diabetic retinopathy; or b) Visual acuity of less than 6/12 in either eye or a difference of more than two lines of vision between the two eyes at the time of presentation.</p> <p>Fee: \$50.00</p> <p>Explanatory notes: This service is separated into two items, MBS item 12325 and MBS item 12326, in line with NHMRC guidelines' recommended frequency of repeat testing in persons of Aboriginal and Torres Strait Islander descent and the general population. This item is intended for the provision of retinal photography with a non-mydriatic retinal camera. Mydriasis is permitted if adequate photographs cannot be obtained through an unaided pupil. Presenting distance vision means unaided distance vision or the vision obtained with the current spectacles or contact lenses, if normally worn for distance vision. Detection of any diabetic retinopathy should be followed by referral to an optometrist or ophthalmologist in accordance with the NHMRC guidelines. Where images are of inadequate quality for detection of diabetic retinopathy, referral to an optometrist or ophthalmologist for further assessment is indicated.</p>

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