



# Medicare Benefits Schedule Review

## Urgent After-hours Primary Care

This factsheet outlines the key recommendations arising from the **MBS Review Taskforce's Urgent after-hours primary care funded through the Medicare Benefits Schedule (MBS) Clinical Committee report**. For more detailed information on each recommendation, see the [summary for consumers](#) or read all recommendations in the [full report](#).



Number of items reviewed **4**



Number of recommendations **7**

**The Taskforce's After-Hours Working Group is proposing changes to ensure urgent after-hours MBS items are used appropriately and are contributing to good patient outcomes.**

There are 28 MBS items available for urgent and non-urgent services provided after-hours, including those that take place in consultation rooms, at a patient's home and in residential aged care facilities. This report considers only the appropriate circumstances for 'urgent' after-hours services.

**The Working Group reviewed the four urgent after-hours MBS items only.** These items are claimed most often for home visits and also have higher MBS fees than the non-urgent items – in some cases almost \$100 more.

Attendance	Type of attendance	Applicable time		
		Monday to Friday	Saturday	Sunday/and or public holiday
Standard attendance items	Standard attendance in consulting rooms	8am and 8pm	8am and 12 noon	N/A
Urgent after-hours items	Urgent attendance (after-hours)	7am–8am 6pm–11pm	Between 7am–8am and 12 noon–11pm	Between 7am–11pm
	Urgent attendance (unsociable hours)	Between 11pm–7am	Between 11am–7pm	Between 11pm–7am
Non-urgent after-hours items	Non-urgent after hours at consulting rooms	Before 8am or after 8pm	Before 8am or after 1pm	All day
	Non-urgent after hours at a place other than consulting rooms	Before 8am or after 6pm	Before 8am or after 12 noon	All day



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### ✓ Key recommendations

The Taskforce recognises the importance of home visits to patients, especially in the after-hours period. Therefore, MBS funding should continue for home visits in the after-hours period. However, the Taskforce has also recommended that funding for urgent items should be prioritised for GPs providing services to their own patients.

#### Greater guidance on when and why urgent after-hours items should be used

The Taskforce is recommending various changes to the urgent after-hours items notes to clarify the definition of urgent. These changes will assist practitioners in deciding when to use the urgent after-hours items rather than one of the non-urgent items.

The Taskforce is also recommending restricting the ability to book an urgent GP visit two hours before the after-hours period begins.



**A medical deputising service (MDS)** is an organisation responsible for arranging for medical practitioners to provide after-hours services to patients on behalf of their normal GP.

#### Restrict the use of urgent after-hours items to GPs working predominantly in normal business hours

The Taskforce is recommending that urgent after-hours items only be available to GPs who provide after-hours care to their patients in addition to seeing their patients during their normal working day.

Organisations that provide or facilitate medical services predominantly in the after-hours period, including MDSs, will not be permitted to claim the urgent after-hours items. They can still claim the non-urgent after-hours items.

The Taskforce noted concerns from the medical profession about the inappropriate use of the urgent after-hours items. These concerns included:

- high-priced urgent after-hours items being used routinely for non-urgent services;
- patients choosing to use urgent after-hours home visits as a substitute for having a regular GP; and
- the majority of urgent after-hours services being provided by less than fully-qualified doctors.

Urgent after-hours services grew by over 150% between 2010–11 and 2015–16. The Taskforce concluded that this high growth is not being driven by clinical need but by the emergence of new businesses that promote these services to patients, emphasising convenience and no out-of-pocket costs.

The Taskforce was of the strong view that a patient is best treated by their regular doctor as this facilitates continuity of care.

Patients need to find a doctor they feel comfortable with and see regularly. A regular doctor will develop a clear understanding of their patients' health needs and make the right choices for their patients' treatment.

### About MBS Review

The MBS Review Taskforce is considering how more than 5,700 services can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. It is led by a Taskforce of clinicians, health system experts and consumer representatives.