



Medicare Benefits Schedule Review

Intensive Care and Emergency Medicine

This fact sheet outlines the key draft recommendations from the Intensive Care and Emergency Medicine Clinical Committee report. For more information on each recommendation, see the **summary for consumers** or read the **full report**.



Number of items reviewed

29



Number of recommendations

11

✓ Key draft recommendations

Restructure emergency department (ED) items to better reflect current practice

There are currently five items related to ED attendances in a private hospital. These items correspond with five levels of complexity. Two of these levels are rarely used, mostly due to uncertainty in the definitions of these levels. The Committee is therefore proposing the categories be simplified into three categories (standard, advanced and complex) with clearer descriptions. Add-on items are also proposed to support extra issues that may arise in an ED setting (e.g. anaesthesia).

This recommendation ensures ED attendance items accurately reflect the key factors that determine the level of skill, time and risk involved in treating a patient in an ED.



The aim of a **goals of care** plan is to ensure that patients, who are unlikely to benefit from medical treatment aimed at cure, receive care appropriate to their condition and are not subjected to burdensome or futile treatments.

Align intensive care MBS items with current practice and clinical evidence

There are a range of MBS items that support patients receiving treatment in an Intensive Care Unit (ICU) within a private hospital. The Committee is proposing several changes to a number of these items to align them with current best practice and clinical evidence. This includes, for example, changing the descriptors for intra-arterial cannulation to encourage ultrasound guidance where appropriate.

Support the discussion and documentation of 'goals of care' by Intensive Care Specialists

'Goals of care' are ideally defined between a patient and a doctor who is familiar with them and their medical history. They are ideally documented prior to admission to a hospital or an ICU. However, if this hasn't happened, it's still important that patients receive support to make informed choices prior to embarking on intensive treatment.

The Committee agreed this responsibility often falls on Intensive Care Physicians. The involvement for these physicians is significant, involving complex discussions and patients with whom they are unfamiliar. The Committee is proposing a new MBS item be introduced to better support these discussions.

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