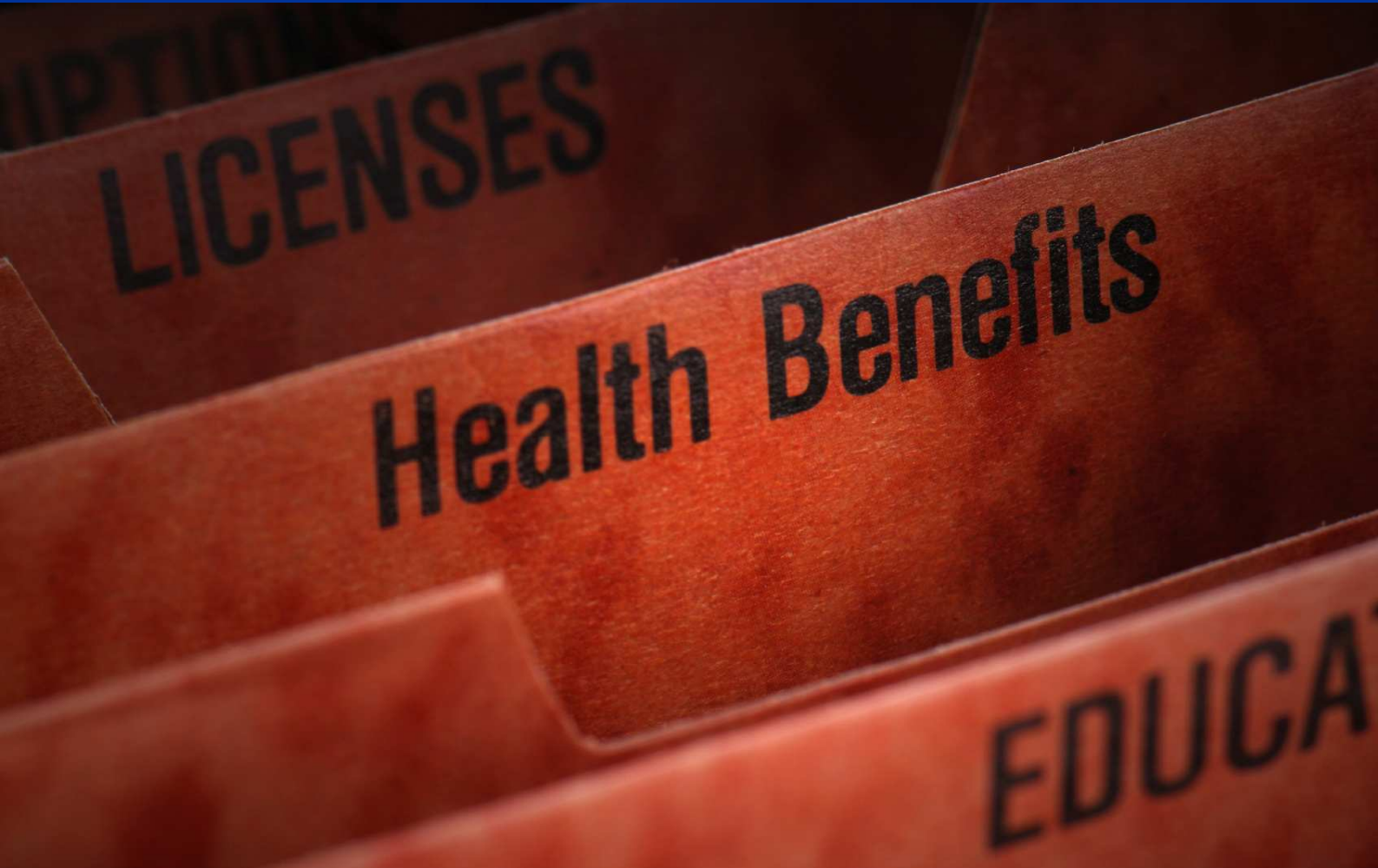




# POSITION STATEMENT

Victorian Healthcare Association

VHA 2009 Board Endorsed Position Statement



## ***Integrated Community Health—MBS***

*“Optimising health outcomes for all Victorians”*

# The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. The VHA promotes the improvement of health outcomes for all Victorians from the perspective of its members that include public hospitals, rural and regional health services, community health services and aged care facilities.

## 1.1 The VHA position

There are approximately 100 community health services that operate from 250 sites in Victoria. This comprises services integrated within public health services and hospitals, as well as independent or 'stand-alone' community health centres.

The VHA is supportive of Victoria's existing models of healthcare service structures and modalities. The VHA is however concerned about significant system flaws that limit access to primary and community health, as a result of rigid funding models. Within the current Victorian health system, integrated community health (state owned) facilities managed under the auspice of public hospital do not have the ability to claim Medicare Benefits Schedule (MBS) items in a way that best meets community need, unlike independent community health centres. This increases pressure on public nursing and allied health professionals and is compounded by no reimbursement being provided for the additional services.

Integrated health services are required to provide primary healthcare services in compliance with the *Health Insurance Act 1973*. This Act has inherent restrictions precluding 'public hospitals' being paid directly for certain primary health related items under the Commonwealth MBS. This significantly limits the legal clarity provided to the boards of integrated community health services in considering increases to the level or number of primary and community health services provided to many communities within Victoria.

## 1.2 Policy context

The *National Health and Hospitals Reform Commission's* final report *A Healthier Future for All Australians* recently argued strongly for strengthened primary healthcare services in the community and for reshaping the MBS. Similarly, a review of the MBS primary care items is being undertaken by the Department of Health and Ageing alongside development of the *National Primary Health Care Strategy* – with a focus on reducing red tape for doctors, simplifying the MBS, and giving more support to preventative healthcare. These concepts all align comfortably with the principles of this VHA Position Statement.

*Produced by The Victorian Healthcare Association (VHA). This document has been prepared by the VHA with input and feedback from VHA members. While this position statement aims to broadly reflect the views of the health sector in Victoria, it remains the position of the VHA and does not supersede any submission or position stated by any member agency.*

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### 1.3 What this means?

This legal standing is incongruent with the policy direction of the Department of Health (DoH) which is that no growth funding is available for community health services and that services should focus on growing their services through the MBS. This is intrinsically problematic for integrated services as the MBS models are unattractive for an allied health professional or nurse because:

1. There are substantial payments to agencies for overhead costs such as the costs of reception and administration staff, rising technology costs and the use of rooms and facilities
2. They do not have a guaranteed income due to a high proportion of 'do-not-attends' and uncertainty around the number of referrals
3. Individual practitioners lose access to and accrual of sick, annual and long service leave entitlements. This is because they are engaged as a contractor and not an employee, and therefore not entitled to leave through the provisions of enterprise agreements as they are when employed by a health service

The VHA proposes that this model is inequitable and negatively impacts the services available to particular portions of the Victorian population, especially across rural and remote Victoria. The current system severely hampers the ability of services to increase the scope of clinical streams provided to meet contemporary health needs.

This leads to gaps in service provision in regional and rural locations, which are already suffering from a limited workforce, existing inequities, the impacts of drought and the sustainability of many communities. For example, a community with a stand-alone community health service, but not an integrated community health service, has a greater ability to access MBS items than a community with only an integrated community health service. This is particularly problematic in rural and remote areas where the workforce is not large enough to attract private providers willing or able to bill via MBS (EPC) items.

### 1.4 What needs to happen?

Integrated community health services utilise a range of models for allied health practitioners to access the MBS with variable service modalities and service outcomes. It is apparent that a number of different models are currently being trialled and that a range of lessons will be learnt from these trials in the next 12 months. The VHA suggests that legal advice is necessary for each individual model, as there is currently a level of ambiguity requiring a clear answer to give boards, services and practitioners clarity and assurance regarding the potential risk and reward of each model.

Resolving this is particularly important in order to put boards, managers and practitioners at ease. Currently, inequity exists across the state depending on what services are in which communities, and the Department of Health policy position is ambiguous. On the one hand, services are being encouraged to use the MBS to increase their services; however they are not being supported to do so through transparent advice on the appropriateness of models.

The VHA has identified that this aspect of the current system is both unfair and unsustainable. Further, it is in conflict with Victorian Government policy documents such as *A Fairer Victoria*, as access to General Practitioners and a full complement of allied health services is currently not universal for a number of communities in Victoria that do not have stand-alone community health services.

The VHA encourages the Department of Health to obtain legal advice regarding amending the *Health Insurance Act 1973* and the existing models to ensure equality in accessing MBS item for CHC and Integrated Health Services. This could ensure that integrated services receive MBS funding directly for GP, allied health and nursing services rather than the cumbersome and unattractive 'contractor' option detailed above.

Primary health services, whether independent or integrated community health centres are a crucial service platform to implement the principles of comprehensive primary healthcare. They are also crucial to ensure Victoria's communities are able to access services throughout the full continuity of care, particularly in terms of early intervention. Access barriers to practitioners remain across pockets of Victoria due to the issues highlighted in this paper. The VHA encourages speedy resolution of the current issues confronting services in providing optimal care to their communities of interest.



**The Victorian Healthcare Association**

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