Services provided by palliative medicine specialists

This section provides information on the number and types of Medicare Benefits Schedule (MBS) subsidies for palliative care-related services provided by palliative medicine specialists, along with the characteristics of patients who received these services.

The Australian and New Zealand Society of Palliative Medicine describes palliative medicine specialists as the 'general physicians of end of life care, able to coordinate a wide array of palliative treatment options (including chemotherapy, radiotherapy, surgical options, pharmacological options) and psychosocial care, based on a knowledge of the disease, burden versus benefits of palliative therapeutics and the wishes of patient and family' (ANZSPM 2009:162). A palliative medicine specialist is a medical specialist who is a Fellow of the Royal Australasian College of Physicians and has completed the College's training program in palliative medicine, or a Fellow of the Australasian Chapter of Palliative Medicine, or both (ANZSPM 2008).

Key points

- In 2014–15, about 13,000 patients received an MBS-subsidised palliative medicine specialist service.
- There were about 71,500 MBS-subsidised services provided by palliative medicine specialists.
- $5.3 million was paid in benefits for MBS-subsidised palliative medicine specialist services in 2014–15, at an average of $411 per patient. Over the past 5 years, MBS benefits paid for all palliative medicine specialist services increased by almost 80%.
- Western Australia recorded the highest rate of subsidised palliative medicine specialist services of 605 per 100,000 population, double the national average rate (303).

The information in this section was last updated in May 2016.

Patients who are referred to palliative medicine specialists usually have high-level and complex needs (physical, social, psychological, emotional), including:

- an exacerbation of a previously stable symptom, and/or
- identified needs (physical, social, emotional or spiritual) that exceed the capacity (knowledge, resources, facilities) of the primary care providers (PCA 2005).

It should be noted that a patient may access more than one type of MBS-subsidised palliative medicine specialist service during the reporting period presented and that each service presented in this section is counted separately.

The data relate only to when palliative care services provided by a palliative medicine specialist are being claimed under the MBS. In other words, the reported number of patients who receive palliative medicine services are likely to be an underestimate of total palliative care activity. This is due to the fact that other medical specialists (such as geriatricians and oncologists) may also often attend to terminally ill patients and provide palliative care, without the service being eligible to be claimed as a palliative care-related service in the MBS (Parker et al. 2008).

The information presented in this chapter relates to MBS-subsidised palliative medicine specialist services in the financial year 2014–15. To provide information on changes over time, data are also presented for the reporting periods from 2010–11 to 2014–15. More detailed information on the scope and coverage of the data presented in this chapter is provided in data sources.

References

ANZSPM (Australian and New Zealand Society of Palliative Medicine) 2008. Defining the meaning of the terms consultant physician in palliative medicine and palliative medicine specialist. Canberra: ANZSPM. Viewed 19 November 2015, <http://www.anzspm.org.au/c/anzspm?a=sendfile&ft=p&fid=1320262441&sid=>.

ANZSPM 2009. Caring for people at the end of life: submission to the National Health and Hospitals Reform Commission. Canberra: ANZSPM Incorporated. Viewed 19 November 2015, < http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/430/$FILE/430%20-%20ANZSPM.pdf >.

Parker MH, Cartwright CM & Williams GM 2008. Impact of specialty on attitudes of Australian medical practitioners to end-of-life decisions. Medical Journal of Australia 188:450–6.

PCA (Palliative Care Australia) 2005. A guide to palliative care service development: A population based approach. Canberra: PCA.

Types of MBS-subsidised palliative medicine specialist services

Broadly, the MBS-subsidised palliative medicine specialist services can be categorised as follows:

- Palliative medicine attendances
  - Attendances at hospital or surgery
  - Home visits
- Palliative medicine case conferences
  - Community case conference–organisation and coordination
  - Community case conference–participation
  - Discharge case conference–organisation and coordination
  - Discharge case conference–participation.

In 2014–15 there were about 71,500 MBS-subsidised services provided by palliative medicine specialists. Palliative medicine attendances in hospital or surgery made up the majority (85%) of all MBS-subsidised palliative medicine specialist items in 2014–15, with a further 5% of all items being consultations in the

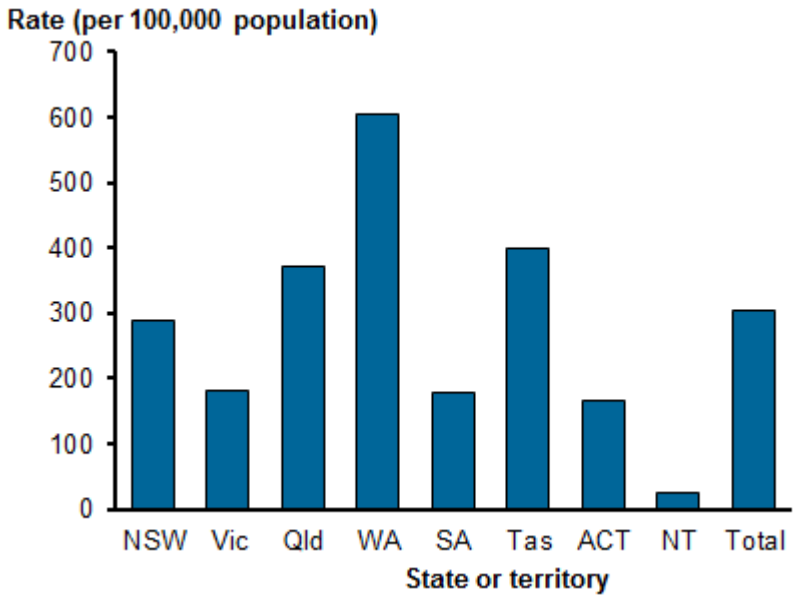
patient's home. Palliative medicine specialists were more likely to organise and coordinate case conferences for patients (7.1%) than to participate at such conferences initiated by other care providers (3.1%).

MBS-subsidised palliative medicine specialist services by state and territory and remoteness

The rate of subsidised palliative medicine specialist services in 2014–15 varied among states and territories. Western Australia recorded the highest rate (605 per 100,000 population), double the national average rate (303 per 100,000 population) (Figure MBS.1). This was mainly due to the high rate of palliative medicine attendances in Western Australia (564 per 100,000).

Palliative medicine case conferences were predominantly recorded in New South Wales (57 per 100,000 population), followed by Western Australia (41 per 100,000).

Figure MBS.1: Palliative medicine specialist services subsidised through Medicare, by states and territories, 2014–15



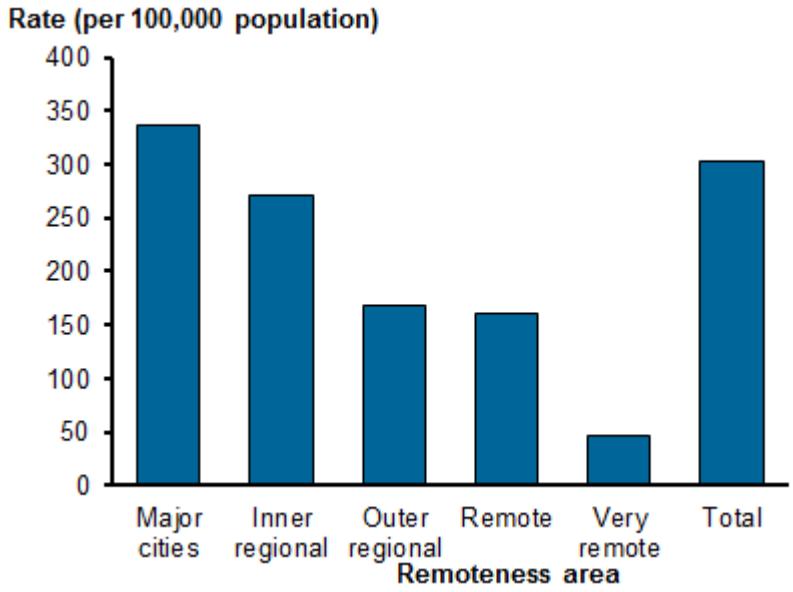
Notes

1. Crude rates are based on the preliminary Australian estimate population as at 31 December 2014.
2. Data for this figure are shown in Table MBS.4.

Source: Australian Government Department of Health analysis of MBS data, unpublished.

In 2014–15, the highest rate of MBS-subsidised palliative medicine specialist services was recorded in *Major cities*, followed by *Inner regional* areas (336 and 271 per 100,000 population, respectively). The rate in *Major cities* is about 7 times that for *Very remote* areas (Figure MBS.2).

Figure MBS.2: MBS-subsidised palliative medicine specialist services, by remoteness area, 2014–15



Notes

1. Crude rates are based on the preliminary Australian estimate population as at 30 June 2014.
2. Data for this figure are shown in Table MBS.6.

Source: Australian Government Department of Health analysis of MBS data, unpublished.

MBS-subsidised palliative medicine specialist services over time

Over the 5 years to 2014–15, the total number of MBS-subsidised palliative medicine specialist services increased by two-thirds (66%) from 42,934 services in 2010–11 to 71,479, an average annual increase of 14%. As a population rate, this represents a 56% increase between 2010–11 and 2014–15, from 194 to 303 per 100,000.

During this same period, palliative medicine attendances experienced an average annual increase of 12%, and for palliative medicine case conferences an annual increase of 29%.

Australian Government expenditure on MBS-subsidised palliative medicine specialist services

This section outlines the Australian Government's expenditure through the MBS for palliative care-related services provided by palliative medicine specialists in 2014–15. Benefits paid are based on the MBS, with the schedule allocating a unique item number to each service, as well as indicating the scheduled payment amount. Further information on the specific MBS items and item groups for palliative medicine specialists can be found in the Medicare Benefits Schedule Book (DoH 2015).

Just over $5.3 million was paid in benefits for MBS-subsidised palliative medicine specialist services in 2014–15—equivalent to $411 per patient. Western Australia had the highest rate of benefits per MBS patient of $660. Over four-fifths (85%) of total benefits paid were MBS items claimed for palliative medicine specialist attendances.

Over the 5 years to 2013–14, the MBS benefits paid for all palliative medicine specialist services increased by almost 80% (from nearly $3.0 million to over $5.3 million). This equates to an average annual increase of 16%.

During this same period, the benefits paid for palliative medicine attendances increased at an average annual rate of 14%, whereas the benefits paid for palliative medicine case conferences increased at a rate of 30% per year.

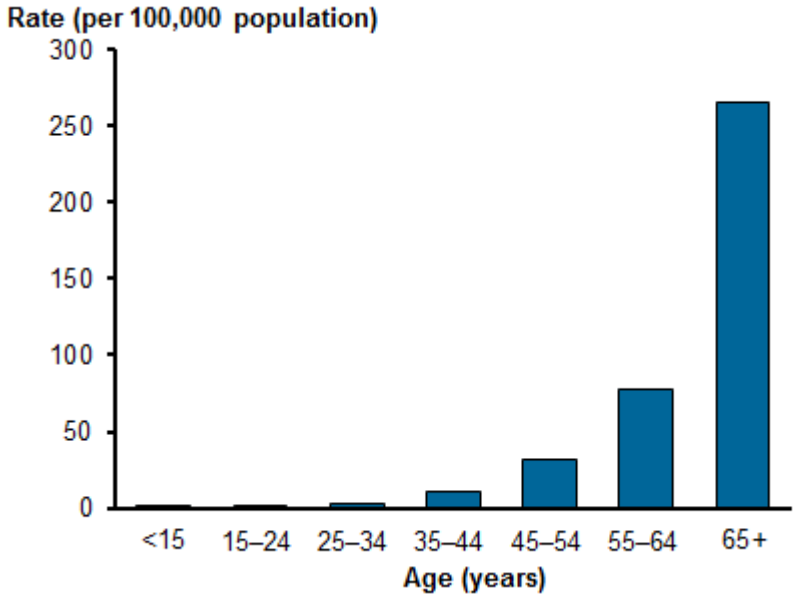
Characteristics of patients receiving palliative medicine specialist services

Nationally, about 13,000 patients received an MBS-subsidised palliative medicine specialist service during 2014–15, a rate of 55 patients per 100,000 population. During this time period, about 71,500 MBS-subsidised palliative medicine specialist services were provided, an average of 6 services per patient.

Of the 12,992 patients receiving an MBS-subsidised palliative medicine specialist service, almost three-quarters (72%) were aged 65 and older, with almost 9 in 10 (88%) aged 55 or older. For the 65 and older group, the population rate for 2014–15 was 266 per 100,000 population. For the 55–64 age group the rate was 78 per 100,000 population (Figure MBS.3). About 1 in 150 (0.6%) patients receiving MBS-subsidised palliative medicine specialist services were aged 24 or under in 2014–15. Queensland had the highest rate of MBS-subsidised palliative care patients at 75 per 100,000 population, followed by New South Wales at 63 per 100,000.

There was an almost equal split between females (49%) and males (51%) for MBS-subsidised palliative medicine specialist services.

Figure MBS.3: MBS-subsidised palliative medicine specialist services, by patient age group, 2014–15



Notes

1. Crude rates are based on the preliminary Australian estimate population as at 31 December 2014.
2. Data for this figure are shown in Table MBS.2.

Source: Australian Government Department of Health analysis of MBS data, unpublished.

References

DoH 2015. Medicare Benefits Schedule Book, effective 1 December 2015. Canberra: DOHA.

Key Concepts

Palliative medicine specialist

Key Concept	Description
MBS-subsidised palliative medicine specialist services	MBS-subsidised palliative medicine specialist services are services provided by a palliative medicine specialist on a fee for-service basis that are partly or fully funded under the Australian Government's Medicare program. These services cover patient attendances (or consultations) provided in different settings, as well as services such as case conferencing. These item groups, along with the relevant MBS item numbers, are listed in data sources.