

# Medicare-subsidised palliative medicine services

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 Royal Australian College of Physicians describes palliative medicine as ‘the specialist care of people with terminal illnesses and chronic health conditions in community, hospital and hospice settings. Palliative Medicine Physicians work collaboratively with a multidisciplinary team of health professionals to provide end of life care, provide relief from pain and symptoms of illness, and optimise the quality of life for a patient. Palliative medicine treats the physical aspects of illness, but also integrates psychological and spiritual facets of patient care’ (RACP 2019). 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, a Fellow of the Australasian Chapter of Palliative Medicine, or both (ANZSPM 2008).

The MBS data presented in this section relate to services provided on a fee-for-service basis for which MBS benefits were paid. The year is determined from the date the service was processed by the Australian Government Department of Human Services (DHS), rather than the date the service was provided. The data presented relates only to specialised palliative medicine attendances and not all services rendered by palliative medicine specialists. It does not include referred attendances by palliative medicine specialists to: public patients in public hospitals; public hospital outpatients; or patients covered by Department of Veterans’ Affairs arrangements.

## Data downloads:

[Medicare-subsidised palliative medicine services tables 2017–18](#)

[Medicare-subsidised palliative medicine services section 2017–18](#)

The information in this section was last updated in September 2019.

## Key points

- 16,159 patients received an [MBS-subsidised palliative medicine specialist service](#) in 2017–18.
- 87,805 MBS-subsidised services were provided by palliative medicine specialists.
- \$6.8 million was paid in benefits for MBS-subsidised palliative medicine specialist services in 2017–18, at an average of \$421 per patient.
- 762.3 subsidised palliative medicine specialist services per 100,000 population were recorded in Western Australia, more than double the national average rate of 354.5.

Patients who are referred to palliative medicine specialists usually have:

- intermediate and fluctuating needs that might result in unplanned use of hospital and other services, and/or
- complex and persistent needs (physical, social, emotional or spiritual) that are not effectively managed through established protocols (PCA 2018).

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.

These data relate only to those palliative care services that are both provided by a palliative medicine specialist and are claimed under specialist palliative care MBS item numbers. 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 practitioners and health professionals also attend to terminally ill patients and provide palliative care, without the service being eligible to be claimed specifically as a palliative care-related service under MBS. Palliative care specialists may also at times use other MBS item numbers when attending to palliative care patients, such as general consultation MBS items (PCA 2015).

The information presented in this chapter relates to MBS-subsidised palliative medicine specialist services in the financial year 2017–18. To provide information on changes over time, data are also presented for the reporting periods 2013–14 to 2017–18. More detailed information on the scope and coverage of the data presented in this chapter is provided in [data sources](#).

## **Types of MBS-subsidised palliative medicine specialist services**

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

- Palliative medicine attendances (specialist consultation with patient)
  - Attendances at hospital or surgery
  - Home visits
- Palliative medicine case conferences (multidisciplinary team meetings)
  - Community case conference—organisation and coordination
  - Community case conference—participation
  - Discharge case conference—organisation and coordination
  - Discharge case conference—participation

In 2017–18 there were 87,805 MBS-subsidised services provided by palliative medicine specialists. Palliative medicine attendances in hospital or surgery made up the majority (69,844; 79.5%) of all MBS-subsidised palliative medicine specialist items in 2017–18, with a further 1 in 12 (7,163) of all items being consultations in the patient’s home. Of all palliative medicine specialist attendances (i.e. specialist consultation with a patient), 90.7% were in a hospital or surgery and 9.3% were home visits. Palliative medicine specialists were more likely to organise and coordinate case conferences for patients (8.2%) than to participate at such conferences initiated by other care providers (4.1%).

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

The rate of subsidised palliative medicine specialist services in 2017–18 varied among states and territories. Western Australia recorded the highest rate (762.3 per 100,000 population), more than double the national average rate (354.5) (Figure MBS.1). This was mainly accounted for by the high rate of palliative medicine attendances in hospital or surgery in Western Australia (671.8).

The highest population rate of palliative medicine case conferences was recorded in Western Australia (90.5 per 100,000 population), followed by New South Wales (65.5).

**Figure MBS.1: MBS-subsidised palliative medicine specialist services, by states and territories, rate per 100,000 population, 2017-18**



Note: Crude rates are based on the preliminary Australian estimated population as at 31 December 2017  
 Source: AIHW. Table MBS 4

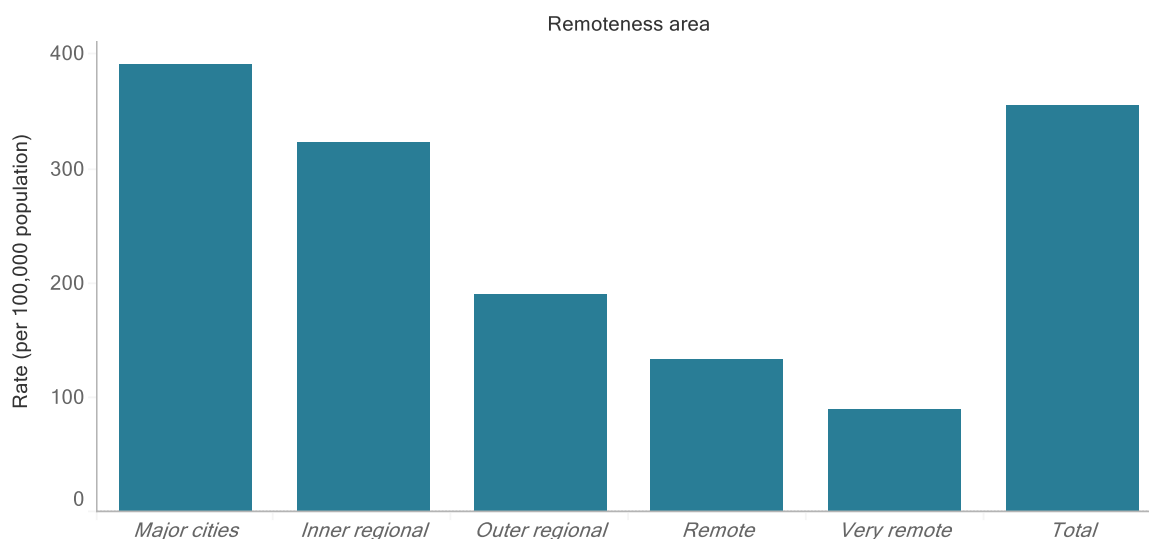
[www.aihw.gov.au/pcsia](http://www.aihw.gov.au/pcsia)

Source: Medicare Benefits Schedule data (AIHW analyses).

Data source: Medicare-subsidised palliative medicine services (38KB XLS)

In 2017–18, the highest rate of MBS-subsidised palliative medicine specialist services was recorded in *Major cities*, followed by *Inner regional areas* (391.5 and 322.7 per 100,000 population, respectively) (Figure MBS.2). The rate in *Major cities* is over 4 times that for *Very remote areas* (89.3).

**Figure MBS.2: MBS-subsidised palliative medicine specialist services, by remoteness area, rate per 100,000 population, 2017-18**



*Note:* Crude rates are based on the preliminary Australian estimated population as at 30 June 2017.

*Source:* AIHW. Table MBS.6

[www.aihw.gov.au/pcsia](http://www.aihw.gov.au/pcsia)

*Source:* Medicare Benefits Schedule data (AIHW analyses).

Data source: Medicare-subsidised palliative medicine services (38KB XLS)

## MBS-subsidised palliative medicine specialist services over time

Between 2013–14 and 2017–18, the total number of MBS-subsidised palliative medicine specialist services increased by a quarter (26.0%) from 69,673 services in 2013–14 to 87,805, an average annual increase of 6.0%. As a population rate, this represents an 18.5% increase over the period, from 299.1 to 354.5 per 100,000.

During this same period, palliative medicine attendances experienced an average annual increase of 3.2%, and palliative medicine case conferences an increase of 15.0%.

## Characteristics of patients receiving palliative medicine specialist services

Nationally, 16,159 patients received an MBS-subsidised palliative medicine specialist service during 2017–18, a rate of 65.2 patients per 100,000 population. During this time

period, about 87,805 MBS-subsidised palliative medicine specialist services were provided, an average of 5.4 services per patient.

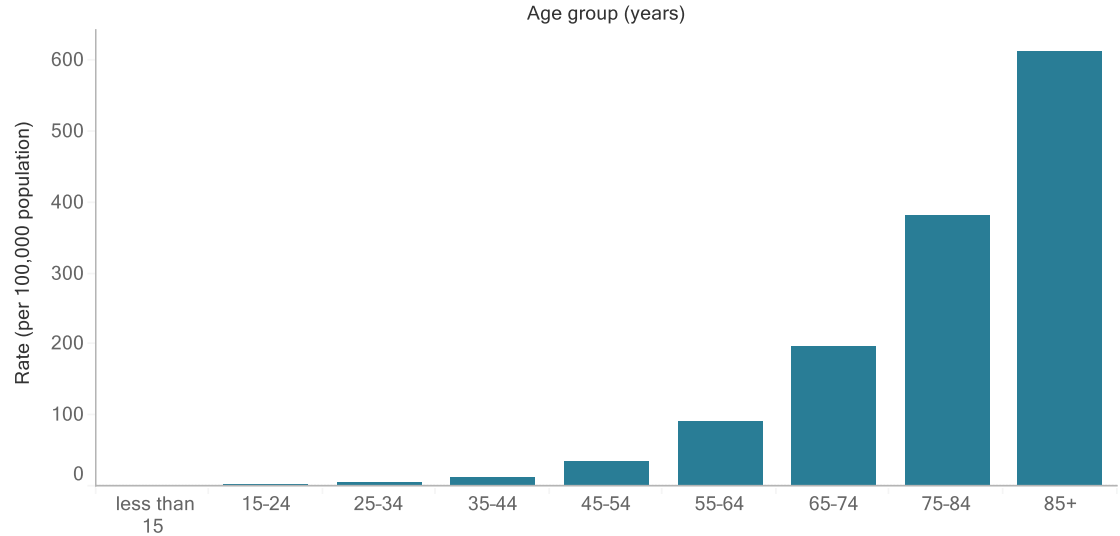
The majority (89.0%) of patients receiving an MBS-subsidised palliative medicine specialist service were aged 55 and older, and almost three-quarters (72.9%) were aged 65 and older. For the 55–64 age group the population rate was 91.2 per 100,000 population, and the rate increases with subsequent age groups, to 195.5 per 100,000 for the 65–74 age group, 381.6 for the 75–84 age group and 611.9 for those aged 85 years and older (Figure MBS.3).

About 1 in 180 (0.6%) patients receiving MBS-subsidised palliative medicine specialist services were aged 24 or under in 2017–18.

Western Australia had the highest rate of MBS-subsidised palliative care patients at 87.5 per 100,000 population, followed by the Australian Capital Territory and New South Wales, with 86.5 and 78.0 per 100,000 respectively.

A slightly higher proportion of male patients (51.3%) received MBS-subsidised palliative medicine specialist services than female patients (48.7%).

**Figure MBS.3: Patients (per 100,000 population) receiving MBS-subsidised palliative medicine specialist services, by age group, 2017-18**



*Note:* Crude rates are based on the preliminary Australian estimated population as at 31 December 2017.  
*Source:* AIHW. MBS Table.2

**Source:** Medicare Benefits Schedule data (AIHW analyses).

Data source: Medicare-subsidised palliative medicine services (xxxKB XLS)

# 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 2017–18. 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 2018).

Just over \$6.8 million was paid in benefits for MBS-subsidised palliative medicine specialist services during 2017–18— equivalent to an average of \$421 per patient. Western Australia had the highest rate of benefits per MBS patient of \$614. Over four-fifths (82.9%) of total benefits paid were MBS items claimed for palliative medicine specialist attendances.

Between 2013–14 and 2017–18, the MBS benefits paid for all palliative medicine specialist services increased by 30.7%, from \$5.2 million to \$6.8 million (current prices). This equates to an average annual increase of 6.9%.

During this same period, the benefits paid for palliative medicine attendances increased at an average annual rate of 3.9%, whereas the benefits paid for palliative medicine case conferences increased at a rate of 13.7% per year.

---

## 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 17 June 2019, <<http://www.anzspm.org.au/c/anzspm?a=sendfile&ft=p&fid=1320262441&sid=>>.

DoH (Department of Health) 2018. Medicare Benefits Schedule Book, effective 1 December 2018. Canberra: Department of Health.

PCA (Palliative Care Australia) 2015. Medicare Benefits Schedule (MBS) Review Taskforce Consultation: submission letter. Canberra: PCA.

PCA 2018. Palliative Care Service Development Guidelines. Canberra: PCA.

RACP (Royal Australian College of Physicians) 2019. Australasian Chapter of Palliative Medicine. Sydney: RACP. Viewed 17 June 2019, < <https://www.racp.edu.au/about/college-structure/adult-medicine-division/australasian-chapter-of-palliative-medicine>>

# Data sources

## Medicare Benefits Schedule (MBS) data

The Australian Government Department of Human Services (DHS) collects data on the activity of all persons making claims through the MBS and provides this information to the Australian Government Department of Health. Information collected includes the type of service provided (MBS item number) and the benefit paid by DHS for the service. The item number and benefits paid by DHS are based on the Medicare Benefits Schedule Book (DoH 2018). Services that are not included in the MBS are not included in the data.

**Table 1 lists all MBS items that have been defined as palliative medicine specialist services.**

MBS item	MBS group and subgroup	MBS item number
<b>Palliative medicine attendances</b>		
Attendance in a hospital or surgery, initial brief video conference	Group A24	3003
Attendance in a hospital or surgery, initial visit	Group A24	3005
Attendance in a hospital or surgery, subsequent visit, minor	Group A24	3014
Attendance in a hospital or surgery, subsequent visit, other	Group A24	3010
Initial home visit	Group A24	3018
Attendance in a hospital or surgery, video conference	Group A24	3015
Subsequent home visit, minor	Group A24	3028
<b>Palliative medicine case conferences</b>		
Organise and coordinate a community case conference 15–<30 minutes	Group A24	3032
Organise and coordinate a community case conference 30–<45 minutes	Group A24	3040
Organise and coordinate a community case conference >=45 minutes	Group A24	3044
Participate in a community case conference 15–<30 minutes	Group A24	3051
Participate in a community case conference 30–<45 minutes	Group A24	3055
Participate in a community case conference >=45 minutes	Group A24	3062
Organise and coordinate a discharge case conference 15–<30 minutes	Group A24	3069
Organise and coordinate a discharge case conference 30–<45 minutes	Group A24	3074
Organise and coordinate a discharge case conference >=45 minutes	Group A24	3078
Participate in a discharge case conference 15–<30 minutes	Group A24	3083
Participate in a discharge case conference 30–<45 minutes	Group A24	3088
Participate in a discharge case conference >=45 minutes	Group A24	3093

The MBS data presented in this website relate to services provided on a fee-for-service basis for which MBS benefits were paid. The year is determined from the date the



service was processed by DHS, rather than the date the service was provided. The state or territory is determined according to the postcode of the patient's mailing address at the last date of service for each patient within the reference period. In some cases, this will not be the same as the postcode of the patient's residential address. Age and sex are determined from the last date of service within the reference period and attributed to all service claims reported for that individual.

## Key Concepts

### Services provided by palliative medicine specialists

Key Concept	Description
MBS-subsidised palliative medicine specialist services	Services provided by a palliative medicine specialist (where specialist palliative care MBS item numbers are used) on a fee forservice 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.