Medicare-subsidised palliative medicine services

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

The Royal Australian College of Physicians (RACP) 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 2020).

A palliative medicine specialist is a medical specialist who is a Fellow of the RACP 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 Services Australia 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. Therefore, the presented data are an underestimate of total palliative care activity.

Data downloads:

Medicare-subsidised palliative medicine services tables 2019–20

Medicare-subsidised palliative medicine services section 2019–20

The information in this section was last updated in May 2021.

Key points

- **88,605** MBS-subsidised palliative medicine specialist services were provided by palliative medicine specialists in 2019–20. This represents an average increase of **4.4%** per year over the last 5 years, from 74,555 in 2016–17.
- **17,000** patients received an MBS-subsidised palliative service in 2019–20. Patients each received an average of **5.2** services.
- **$7.1 million** was paid in benefits for MBS-subsidised palliative medicine specialist services in 2019–20, at an average of $417 per patient.
- Nationally, the rate of subsidised palliative medicine specialist services provided in 2019–20 was **347.2** per 100,000 population.

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.

The data presented 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 is an underestimate of total palliative care activity. This is due to the fact that other medical practitioners (general practitioners and medical specialists) 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 2019–20. To provide information on changes over time, data are also presented for the reporting periods 2015–16 to 2019–20. 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:

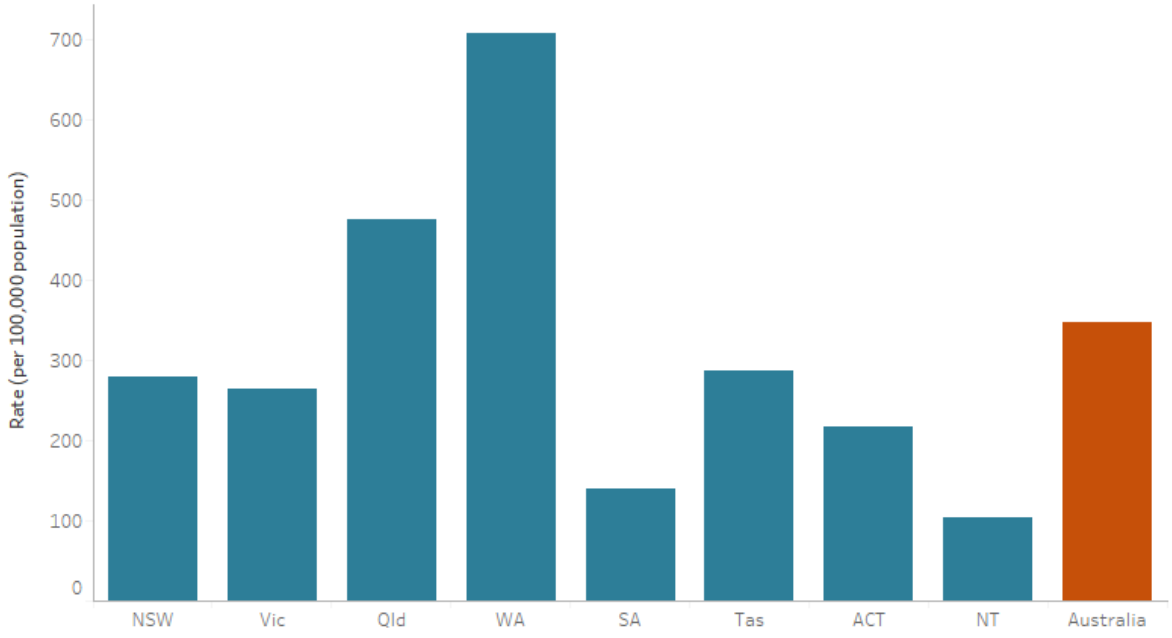
- Palliative medicine attendances (specialist consultation with patient)
  - Attendances at hospital or surgery
  - Home visits
- Palliative medicine case conferences (multidisciplinary team meetings)
  - Community case conference—organisation and coordination
  - Community case conference—participation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

In 2019–20 there were 88,605 MBS-subsidised services provided by palliative medicine specialists (see Table MBS.3). Palliative medicine attendances in hospital or surgery made up the majority (71,077; 80.2%) of all MBS-subsidised palliative medicine specialist services in 2019–20 with a further 1 in 11 (8,369; 9.4%) of all services being consultations in the patient's home. Of all palliative medicine specialist attendances (i.e. specialist consultation with a patient), 89.5% were in a hospital or surgery and 10.5% were home visits. Palliative medicine specialists were more likely to organise and coordinate case conferences for patients (7.4%) than to participate at such conferences initiated by other care providers (2.9%).

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

The rate of MBS-subsidised palliative medicine specialist services in 2019–20 varied among states and territories. Western Australia recorded the highest rate (707.7 per 100,000 population), around double the national average rate (347.2 per 100,000 population) (Figure MBS.1). This was mainly accounted for by the high rate of palliative medicine attendances in Western Australia (659.6 per 100,000 population). The highest rate of palliative medicine case conferences was also recorded in Western Australia (48.2 per 100,000 population), followed by Queensland (45.4).

Figure MBS.1: MBS-subsidised palliative medicine specialist services, by states and territories, rate per 100,000 population, 2019–20



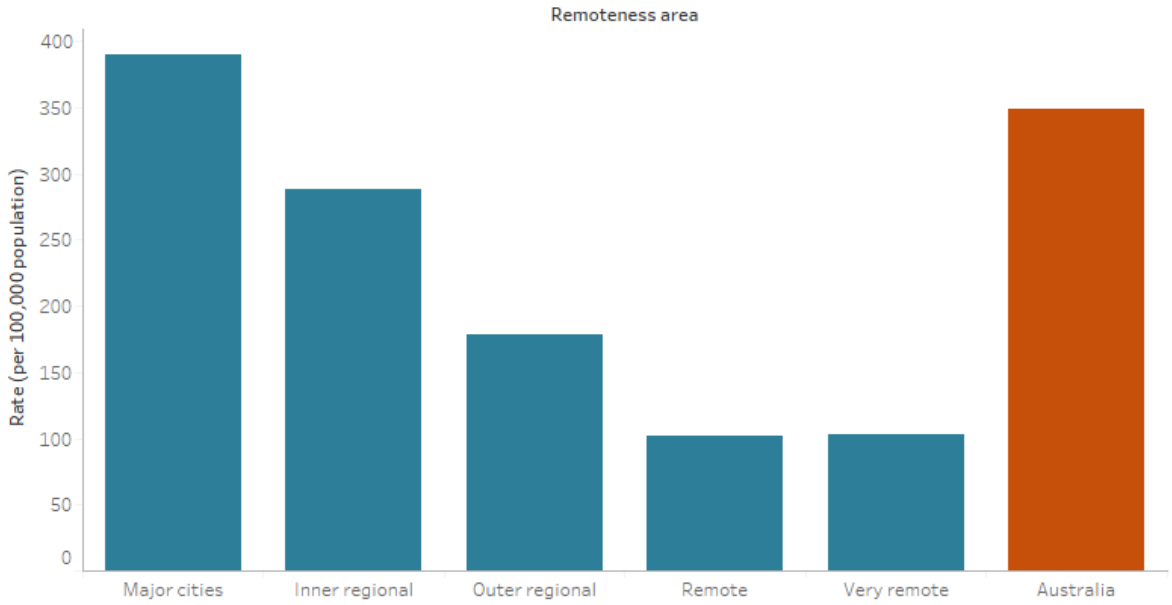
Note: Crude rates are based on the preliminary Australian estimated population as at 31 December 2019.

Source: AIHW. Table MBS 4
http://www.aihw.gov.au/pcsia

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

In 2019–20, the highest rate of MBS-subsidised palliative medicine specialist services was recorded in *Major cities*, followed by *Inner regional* areas (390.0 and 288.0 per 100,000 population, respectively) (Figure MBS.2). The rate in *Major cities* is nearly 4 times that for *Remote* and *Very Remote* areas (101.9 per 100,000 population and 103.2 per 100,000 population, respectively).

Figure MBS.2: MBS-subsidised palliative medicine specialist services, by remoteness area, rate per 100,000 population, 2019–20



Note: Crude rates are based on the preliminary Australian estimated population as at 30 June 2019.

Source: AIHW. Table MBS.6
http://www.aihw.gov.au/pcsia

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

MBS-subsidised palliative medicine specialist services over time

Between 2015–16 and 2019–20, the total number of MBS-subsidised palliative medicine specialist services increased from 74,555 to 88,605, an annual average increase of 4.4%(see Table MBS.7). As a population rate, this represents an increase from 310.8 per 100,000 in 2015–16 to 347.2 in 2019–20, an average rate of increase of 2.8% per year.

Over the 2015–16 to 2019–20 period, the rate of increase was steeper for the number of palliative medicine case conferences than for palliative medicine attendances — an average rate of increase of 7% per year compared with 4.1% respectively.

COVID-19 and MBS-subsidised palliative medicine specialist services

From 2018–19 to 2019–20, the total number of MBS-subsidised palliative medicine specialist services slightly decreased by 0.9% (see Table MBS.7). This may, in part, be driven by a 30.6% reduction in the item *participate in a community case conference*. The

location of attendances also appeared to change slightly, with a 0.9% decrease in attendance at a hospital or surgery, and a 5.1% increase in home visits.

These changes may have been affected, in part, by the onset of the COVID-19 pandemic in early 2020 and subsequent changes to health care resources. Additionally, in response to the pandemic, palliative care specialists were able to use new MBS general telehealth items, which may reduce the use of standard palliative care items. The data presented here covers less than 6 months from the onset of the pandemic in Australia and use of the new MBS items. Further monitoring across subsequent years will provide clarity as to whether or not these changes are linked to the timing of the pandemic. More information about this can be seen in the Data sources section.

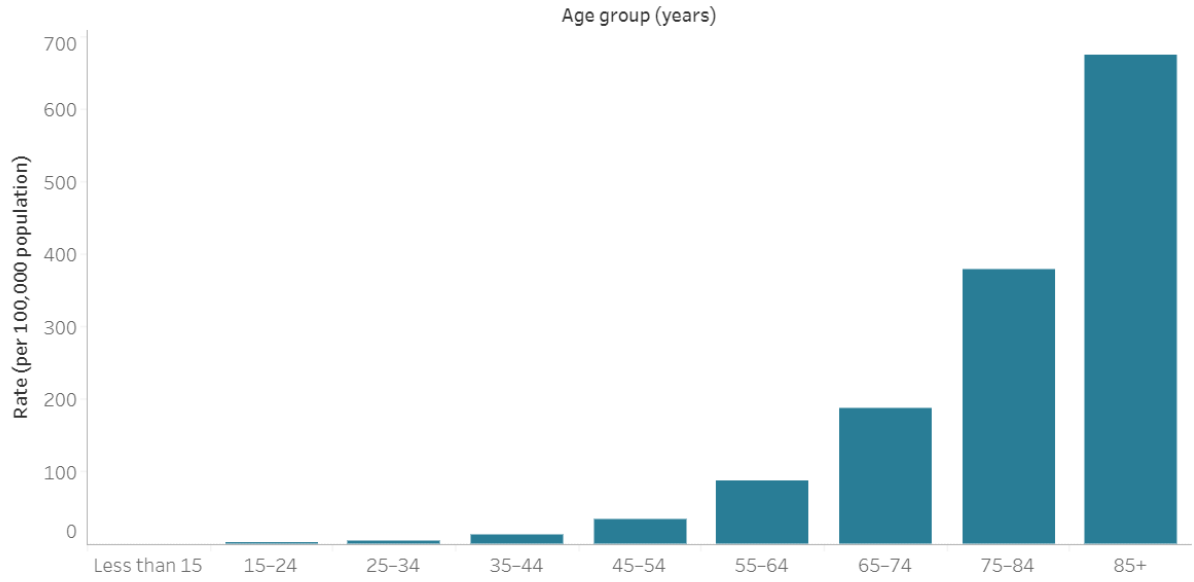
Characteristics of patients receiving palliative medicine specialist services

Nationally, 17,000 patients received an MBS-subsidised palliative medicine specialist service during 2019–20, a rate of 66.6 patients per 100,000 population. During this period, 88,605 MBS-subsidised palliative medicine specialist services were provided, an average of 5.2 services per patient.

Approximately half the patients who received MBS-subsidised palliative medicine specialist services were male (51.6% compared with 48.4% for females). The vast majority (89.6%) of patients receiving an MBS-subsidised palliative medicine specialist service were aged 55 and over, and almost three-quarters (74.4%) were aged 65 and over. Less than 1 in 100 patients (0.6%) receiving MBS-subsidised palliative medicine specialist services were aged 24 or under in 2019–20. The population rate increased substantially with age from age 55 — 87.4 per 100,000 population (55–64 age group) to 187.0 (65–74), 378.6 (75–84) and 675.6 (for those aged 85 years and over; Figure MBS.3). Interestingly, the number of services per patient remained relatively stable (about 5 per patient) from the ages of 35–45 and above.

Western Australia had the highest rate of MBS-subsidised palliative care patients at 92.8 per 100,000 population, followed by the Australian Capital Territory and Queensland, with 86.1 and 77.1 per 100,000 respectively.

Figure MBS.3: Patients (per 100,000 population) receiving MBS-subsidised palliative medicine specialist services, by age group, 2019–20



Note: Crude rates are based on the preliminary Australian estimated population as at 31 December 2019.

Source: AIHW. MBS Table.2
http://www.aihw.gov.au/pcsia

Source: Medicare-subsidised palliative medicine services (38KB 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 2019–20. 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 2020).

Almost $7.1 million was paid in benefits for MBS-subsidised palliative medicine specialist services during 2019–20, equivalent to an average of $417 per patient. The Northern Territory had the highest average benefits per MBS patient at $647 (see Table MBS.8). Over four-fifths (84.9%) of total benefits paid were MBS items claimed for palliative medicine specialist attendances.

Between 2015–16 and 2019–20, the MBS benefits paid for all palliative medicine specialist services increased by 25.7%, from $5.6 million to $7.1 million (current prices),

an average annual increase of 5.9%. The rate of increase for benefits paid during the 5-year period was greater for palliative medicine case conferences than for palliative medicine attendances (average annual rate of 8.8% compared to 5.4%, respectively; see Table MBS.9). The greatest average annual rate increases were observed for home visits (16.1%) and participation in a discharge case conference (26.9%).

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 3 May 2021.

DoH (Department of Health) 2020. Medicare Benefits Schedule Book, Operating from 21 July 2020. 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) 2020. Australasian Chapter of Palliative Medicine. Sydney: RACP. Viewed 18 March 2021.

Data sources

Medicare Benefits Schedule (MBS) data

Services Australia (formerly the Australian Government Department of Human Services) 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 Services Australia for the service. The item number and benefits paid by Services Australia are based on the Medicare Benefits Schedule Book (DoH 2020). Services that are not included in the MBS are not included in the data.

Table 1: List of all MBS items that have been defined as palliative medicine specialist services.

MBS item	MBS group and subgroup	MBS item number
Palliative medicine attendances		
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, after initial attendance	Group A24	3014
Attendance in a hospital or surgery, subsequent visit, other	Group A24	3010
Attendance in a hospital or surgery, video conference	Group A24	3015
Initial home (not at hospital or surgery) visit	Group A24	3018
Subsequent home (not at hospital or surgery) visit	Group A24	3023
Subsequent home (not at hospital or surgery) visit, minor	Group A24	3028
Palliative medicine case conferences		
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

Note: Refer to the Medicare Benefits Schedule Book (MBS) Jul 2020 edition for full item descriptions (pages 309-313) and further information relating to MBS Palliative care (pages 109-110).

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 Services Australia, 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.

During the COVID-19 pandemic, the Australian Government expanded MBS-subsidised telehealth service to allow Australians to access health services from their home or place of care, and help limit the potential exposure of patients and health practitioners to the virus. This includes 6 new temporary MBS items (91824, 91825, 91826, 91834, 91835 and 91836) which could be used by pain and palliative medicine specialists to provide telehealth services, either by videoconference or by telephone, as a substitution for existing face to face MBS consultation services (Department of Health, 2020). These were not coded separately for palliative care specialists and thus were not able to be included in the data presented here.

References

DoH (Department of Health) 2020. Medicare Benefits Schedule Book, Operating from 21 July 2020. Canberra: Department of Health.

Key Concept

Medicare-subsidised palliative medicine services

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 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.