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Faculty of Pain Medicine
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Dean
Faculty of Pain Medicine
Australian and New Zealand
College of Anaesthetists

10 February 2022

The Hon Greg Hunt MP
Minister for Health
Parliament House
Canberra ACT 2600

Email: Minister.Hunt@health.gov.au

Dear Minister Hunt

MBS pain management item number changes from 1 March 2022

The Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists have recently been advised of changes to item mapping in the Medicare Benefits Scheme (MBS) affecting both pain medicine and anaesthesia which will come into effect on 1 March 2022.

The Pain Management Clinical Committee made recommendations to the Medicare Benefits Schedule (MBS) Taskforce for changes to pain management item numbers that would resolve specific anomalies in the current Medicare system that were identified as particularly inhibitory of the provision of multidisciplinary team care outside hospital pain clinics. The recommendations were cost neutral for the federal budget, with the $40 million costs for patients of pain specialists to access complex consultations recovered elsewhere.

The 2021-22 federal budget included the anticipated savings of $40 million over three years. The changes to MBS pain management item numbers taking effect on 1 March 2022 create the firm impression that your government has effectively banked the savings from these reforms but have reneged on implementing them as recommended by the Pain Management Clinical Committee. This completely negates the careful consideration given by the committee, which had widespread support from the sector.

Your decision to implement the changes in this way represents a cut of $40 million to much-needed pain services in Australia and this will have a significant impact on some of the most marginalised patients in our community. At the same time the government is missing a generational opportunity to enable equity of access to high quality care provision by specialist pain teams.

The lack of access for all pain specialists to an equivalent of the 132 MBS item number, (in addition to not supporting *Chronic Disease Management* (CDM) access for pain specialists, and not implementing the recommended item numbers to address multidisciplinary group access), means that community practice for pain specialists in the private sector will remain financially non-viable unless heavily subsidised by revenue from procedures.

One in five Australians suffer the effects of chronic pain and many are waiting two – four years to see a specialist pain medicine physician. The public system, already overburdened by the COVID-19 pandemic, will inevitably become further strained due to your decision.

ANZCA House
630 St Kilda Road, Melbourne VIC 3004
+61 3 9510 6299
fpmdean@anzca.edu.au

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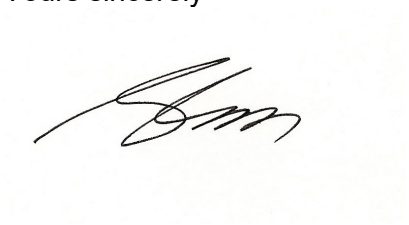
On behalf of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists, representing nearly 8,000 specialists in Australia, I urge you to reconsider your decision to omit these crucial reforms to address a major barrier to equitable access to quality pain care. Your endorsement of the *National Strategic Action Plan for Pain Management* with state and territory governments means little if this opportunity is allowed to pass.

We intend to advocate strongly in the lead-up to the implementation date, and beyond, to highlight the inequity created by this policy decision until it is addressed.

I look forward to your urgent consideration of this matter and am available to discuss this critical oversight with you and your departmental officers.

Yours sincerely



Associate Professor Michael Vagg
Dean, Faculty of Pain Medicine

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