FIGHT ALZHEIMER'S SAVE AUSTRALIA
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Dear Professor Robinson

Alzheimer's Australia Submission to the MBS Review

Alzheimer's Australia welcomes the opportunity to provide a submission to the MBS Review.

Alzheimer's Australia is the peak body providing support and advocacy for people with dementia and their families and carers in Australia. Dementia is the second leading cause of death in Australia[1], and there is no cure.

The care and support of people with dementia is one of the largest health care challenges facing Australia. It is estimated that there are now more than 342,800 Australians living with dementia, and over a million people involved in their care; and that by 2050 there will be nearly 900,000 people with dementia[2]. Each week there are 1,800 new cases of dementia in Australia, and this is expected to increase to 7,400 new cases each week by 2050[3].

In addition to its profound social impact, dementia has an enormous impact on the health and aged care system, with the cost of dementia to these sectors calculated to be at least $4.9 billion per annum.[4] Dementia will become the third greatest source of health and residential aged care spending within two decades, with the costs to these sectors alone reaching around 1% of GDP[5].

Traditional responses to dementia based on residential care are becoming unsustainable due to high and steadily growing service demands. In addition, changes in community expectations are creating greater demand for community based, consumer-driven models of support and a broader range of specialist services, with 70% of people with dementia choosing to remain living at home[6].

As the incidence of dementia is correlated with advancing age, and dementia is often co-morbid with other conditions, people with dementia are frequent users of healthcare services. Both the 70% of people with dementia who live at home, and the 30% who live in residential aged care services, have a need and a right to have good access to high quality, appropriate Medicare-

1 Australian Bureau of Statistics (2015) *Causes of Death, Australia, 2013: Cat no. 3303.0*
2 Australian Institute of Health and Welfare (2015) *http://www.aihw.gov.au/dementia/*. Accessed 4 Nov 2015
3 Access Economics (2009) *Keeping Dementia Front of Mind: Incidence and Prevalence 2009-2050*. Report for Alzheimer's Australia.
4 Australian Institute of Health and Welfare (2012) *Dementia in Australia.*
5 Australian Institute of Health and Welfare (2012). *Dementia in Australia*. Cat. no. AGE 70. Canberra: AIHW.
6 Australian Institute of Health and Welfare (2012) *Dementia in Australia.*

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funded services, particularly general practice services, specialist services, and allied health services.

Alzheimer's Australia welcomes the focus of the MBS Review on reshaping the MBS to achieve better patient outcomes, including by ensuring that low-value services cease to be funded, and that MBS items are evidence-based, fit for purpose, and reflect contemporary medical practice. We offer the following comments in relation to MBS-funded services for people with dementia.

MBS support for comprehensive, continuing, and co-ordinated care

As noted above, ageing is a significant risk factor for dementia, and dementia is often associated with other health conditions. MBS fee-for-service funding for general practice consultations is geared to episodic care rather than long-term care. Long consultations for people with chronic and complex conditions including dementia are not adequately incentivised, given the high acuity level and complexity of treatment.

In addition, there is often fragmentation and poor communication between healthcare providers. The identification of care co-ordinators and funding through the MBS for this role would be of great assistance to people with dementia and their carers. General practice providers should be incentivised to provide comprehensive and continuing care to people with dementia, and should have a role in care co-ordination with the rest of the health and aged care systems and with other services, such as disability services. This is likely to require a move from pure fee-for-service funding to at least a blended payments model, probably with elements of capitated funding and outcomes-based funding.

General practice providers could also be incentivised to keep people with dementia living successfully in the community for longer and to reduce avoidable admissions to hospital and residential aged care, through the provision of high quality, safe care and support in the community setting for the person with dementia and the carer.

MBS support for timely diagnosis and effective management of dementia

There are clear benefits to early diagnosis and management of dementia, yet many people live and die with the condition without ever being diagnosed[7]. The average time between first symptoms and diagnosis is 3.1 years[8]. Obtaining a timely diagnosis of dementia can be even more difficult for people with younger onset dementia[9].

As a consequence of late and non-diagnosis, the majority of people with dementia and their families in Australia slip through the gaps and miss out on crucial opportunities for early

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7 Phillips, J., Pond, D., & Goode, S., (2011). Timely Diagnosis of Dementia: Can we do Better? Alzheimer's Australia Paper No 24. Available: https://fightdementia.org.au/sites/default/files/Timely_Diagnosis_Can_we_do_better.pdf

8 Speechly, C. (2008). The pathway to dementia diagnosis. *Medical Journal of Australia, 189*, 487-9

9 van Vliet D. et al (2013). Time to diagnosis in young-onset dementia as compared with late-onset dementia. *Psychological Medicine*. 2013 Feb;43 (2):423-32.

intervention in the form of treatment, support, advance planning and understanding of their condition[10].

Thorough assessment and accurate diagnosis of dementia requires the attention and time of experienced and trained healthcare professionals. GPs are the first point of contact for people concerned about their memory as well as people with unrecognised signs who present for other health reasons. Consequently, they should ideally offer interventions including: identification of dementia symptoms; undertaking appropriate assessment; making provisional diagnosis where possible; referring to specialist services if uncertain about symptoms and to confirm provisional diagnoses; providing ongoing medical management of the condition; and referring to community services[11].

Some of the major reasons behind late and non-diagnosis of dementia in primary healthcare relate to the need for better education and information, both for healthcare providers and for consumers. However, the need for appropriate payment mechanisms must also be recognised. It is widely acknowledged that the MBS fee-for-service payment system is not ideal for supporting management of chronic conditions in primary healthcare, and dementia is no exception. There are ways in which GPs can obtain appropriate remuneration for the time required to provide proper dementia assessment and ongoing management through the MBS[12],and some GPs do an excellent job of identifying symptoms, undertaking thorough physical and cognitive assessments, making provisional diagnoses, and referring to specialist services. Unfortunately however, many general practices do not perceive a sustainable business case to focus on this work. Incentives are needed for primary care providers to incorporate detailed assessment and management of cognitive impairment into sustainable business models.

Alzheimer's Australia supports the recommendations made by the Ministerial Dementia Advisory Group in 2012, proposing changes to the MBS to better support people with dementia to have access to timely diagnosis and effective management of dementia in primary care. These recommendations call on the Government to:

- Allow reimbursement through the MBS for time spent by health professionals assessing, diagnosing and managing dementia and consulting with carers.
- Add MBS item numbers for cognitive function assessment, using validated tools, to allow GPs and credentialed health professionals to conduct an assessment if they have concerns; and for general practice nurses to do in-home cognitive function assessment.
- Expand existing psychology MBS item numbers for neuropsychological testing of people who may have dementia.

10 Phillips, J., Pond, D., & Goode, S., (2011). *Early Diagnosis of Dementia: Can we do Better?* Alzheimer's Australia Paper No 24. Available: www.fightdementia.org.au/ research-publications/alzheimers-australia-numbered-publications.aspx

11 Phillips, J., Pond, D., & Shell, A. (2010). *No time like the present: The importance of a early diagnosis of dementia.* Alzheimer's Australia Quality Dementia Care Standards Series, Number 7. Available: www.fightdementia.org.au/research-publications/quality-dementia-care-papers.aspx

12 Abbey, J. (2006). *Palliative care and dementia*. Alzheimer's Australia discussion paper 7. Available: www.fightdementia.org.au/research-publications/alzheimers-australia-numbered-publications.aspx

- Modify MBS item numbers 348 and 350 to make them available to GPs for discussions with informants, both before and after diagnosis, including family members and carers.
- Modify MBS item number 707 to allow targeted examination and assessment of symptomatic changes in memory and thinking.
- Modify MBS item numbers 734–799 to recognise a carer as an important person who qualifies as a 'service provider' for case conferences, and allow the inclusion of someone (eg practice nurses, dementia link nurse) in the role of case coordinator.

Broader strategies that could be considered include:

- Developing and implementing an accreditation program to allow specially trained GPs to confirm dementia diagnoses and prescribe symptomatic Alzheimer's medications (cholinesterase inhibitors and memantine), with provision of supplementary payments for a range of dementia services.
- Actively promoting wider and more effective use of existing MBS items such as health assessments, management plans and team care arrangements.
- Reviewing, and where necessary, revising MBS items to ensure that they can effectively support identification, assessment and management of dementia.
- Introducing additional MBS items where necessary; for example, to allow independent consultation with carers as part of a comprehensive assessment and management process.
- Creating incentives for cognitive screening and assessment as part of the 75+ health assessment.

MBS support for engagement of general practice with residents in aged care homes

It is well recognised that engagement of general practice with residents in aged care facilities is often inadequate, and this contributes to costly hospitalisations. Better incentives are needed to increase participation by GPs and primary healthcare nurses in care provision in this setting. Better general practice engagement would improve the quality of care for residents of aged care services and assist in reducing avoidable hospital admissions.

Thank you for the opportunity to provide input to this consultation. Please contact us if you require further information.

Yours sincerely

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