



Re: MBS Health Assessment Items Review Consultation

26 September 2024

Dear Department of Health and Aged Care,

Inclusion Australia is the national peak organisation representing the rights and interests of Australians with an intellectual disability and their families. Founded 70 years ago in 1954, our mission is to work to make sure people with an intellectual disability have the same opportunities as people without disability.

Our strength is in our national representation and our connection to our community. We have a member organisation in every state and territory across Australia:

- ACT Down Syndrome and Intellectual Disability (ACT DSID)
- Council for Intellectual Disability (NSW)
- Developmental Disability WA (DDWA)
- Inclusion Northern Territory (Inclusion NT)
- Parent to Parent (P2P, Queensland)
- South Australian Council on Intellectual Disability (SACID)
- Speak Out Advocacy (Tasmania)
- Victorian Advocacy League for Individuals with Disability (VALID).

We are pleased to have the opportunity to provide our views for the MBS Health Assessment Items Review Consultation. We also participated in the intellectual disability workshop for the review for Medicare Benefits Schedule (MBS) health assessment items on 23 September.

Inclusion Australia has done extensive work on annual health assessments for people with an intellectual disability. This is the focus of our current project for the Department of Health and Aged Care, [It's Doctor Time](#), which launched in August 2024. This is a campaign to encourage more people with intellectual disability to see their GP for a yearly health check.

As we note in the [It's Doctor Time General Practitioner's Kit](#), compared with the general population, people with intellectual disability experience:

- More than twice the rate of avoidable deaths
- Twice the rate of emergency department and hospital admissions
- Higher rates of unrecognised or poorly treated physical and mental health conditions
- Lower rates of preventive healthcare.

While there was at one time specific MBS codes for [annual health assessments for people with an intellectual disability](#), these MBS codes no longer exist. At the same time, there is clinical guidance on conducting comprehensive medical assessments for patients who may be overlooked in standard consultations, including people with an intellectual disability, as noted on p. 3 of the consultation discussion paper.

The impact of not having specific MBS codes for annual health assessments for people with an intellectual disability makes it more difficult to monitor their uptake of annual health assessments. The lack of these codes also makes the process of an annual health assessment for people with an intellectual disability more complicated for GPs and might therefore act as a disincentive.

We know from the limited research available that uptake of annual health assessments by people with an intellectual disability is quite low, with the consultation discussion paper (pp. 6-7) noting that less than 13.4% of estimated patients under age 40 living with an intellectual disability accessed an annual health assessment between 2016-17 and 2022-23, and with only 2.3% of the patients who did receive an annual health assessment receiving it more than once within this timeframe. Figures shared with us by the Department of Health and Aged Care for our *It's Doctor Time* project indicate roughly 7% of people with an intellectual disability who are NDIS participants or receive the DSP have had an annual health assessment.

This consultation is seeking to: “improve the operation of the MBS primary care arrangements to support preventative health and early intervention” (p. 13). The consultation seeks feedback on whether there should be minimal change to a broad restructuring of the arrangements.

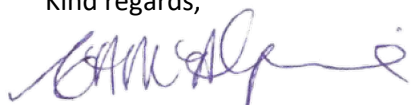
As the Disability Representative Organisation for people with an intellectual disability and their families, **we recommend the introduction of MBS codes specific for annual health assessments for people with an intellectual disability**. Creating these new MBS codes would enable closer monitoring of the utilisation of annual health assessments by people with an intellectual disability. This is in line with the ‘restructuring approach’ (p. 15) by adding in new MBS items.

We would also support the proposition mentioned in the consultation paper (p. 15) to enable the use of a co-claim for use of the [Adult Comprehensive Health Assessment Program \(CHAP\)](#), enabling the assessment to be conducted over more than one visit, with each visit billable to MBS and allowing triple bulk billing to be claimed.

In addition, we support the submission by the National Centre of Excellence in Intellectual Disability Health.

Thank you again for the opportunity to participate in the intellectual disability workshop for the review for MBS health assessment items and to provide this written submission. Inclusion Australia would be pleased to continue this conversation and provide additional information if requested.

Kind regards,



Catherine McAlpine, CEO

Inclusion Australia