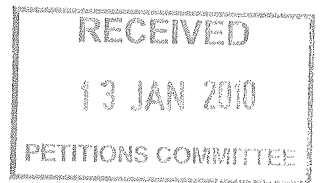




**THE HON NICOLA ROXON MP
MINISTER FOR HEALTH AND AGEING**



Mrs Julia Irwin MP
Chair
Standing Committee on Petitions
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Mrs Irwin *Julie*

Thank you for your letter of 29 October 2009 regarding the treatment of lymphoedema.

The petition that you refer to asks that lymphoedema be recognised as a chronic medical condition. For the purposes of the Chronic Disease Management (CDM) items (which replaced the former Enhanced Primary Care items in 2005) on the Medicare Benefits Schedule (MBS), a chronic (or terminal) medical condition is one that has been or is likely to be present for six months or longer, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke. The MBS does not list all possible medical conditions that are regarded as chronic medical conditions, and does not preclude lymphoedema from being considered as such. It is up to GPs to use their clinical judgement, taking into account both the eligibility criterion and the general guidance, to determine whether a patient with lymphoedema is eligible for treatment under the Medicare CDM items.

Under the CDM items, patients who have a chronic medical condition and complex care needs and are being managed by their GP under a GP Management Plan (GPMP item 721) and Team Care Arrangements (TCAs item 723), can be referred for up to five Medicare-rebatable allied health services (items 10950-10970) each calendar year. Specific categories of allied health professionals, including physiotherapists and occupational therapists who meet specific eligibility requirements, and who are registered with Medicare Australia and in private practice, are able to provide these CDM (individual) allied services.

The allied health services available under Medicare are not intended to fully cater for patients who require more intensive ongoing treatments. Rather, these Medicare services complement services provided by State and Territory Governments and increase access to private allied health services by making them more affordable.

The Australian Government also supports access to allied health services more generally through subsidies on private health insurance premiums and through targeted non-Medicare initiatives, such as the More Allied Health Services Program funded through rural Divisions of General Practice.

In addition to the CDM allied health (individual) services, patients with lymphoedema may be eligible for Medicare benefits in respect of monitoring and support services, provided by a practice nurse (or registered Aboriginal Health Worker) on behalf of a GP (MBS item 10997). This item is available to patients who have a chronic or terminal medical condition and are being managed by their GP under a GPMP, TCAs, or a multidisciplinary care plan. Activities that a practice nurse or other health professional may undertake on behalf of and under the supervision of a GP are not prescribed but must be within the nurse's professional competencies. A maximum of five services can be claimed per patient per calendar year.

The petition requests that provision be made within Medicare for the cost of compression garments. The Australian Government acknowledges that the cost of necessary medical aids and appliances can be a significant financial burden, particularly for people living with chronic disease.

Medical aids/equipment are provided by the States and Territories as part of their responsibility for the provision of health services. The Australian Government's role under the current health funding arrangements is to provide health grants to the State and Territory Governments. It is a matter for each State and Territory to determine its priorities and the funds that are allocated between the many competing areas of government spending on health and hospital services. All State and Territory Governments operate aids and appliances programs to assist residents with the cost and/or provision of appropriate equipment, aids and appliances in the community setting.

In addition, some private health funds provide benefits for aids and appliances, but are free to determine the nature of health related goods that attract benefits and any restrictions or limitations on such benefits. The payment of benefits usually depends upon the insured person holding a policy that covers aids and appliances.

The petition also requests the establishment of regional and rural lymphoedema treatment centres, funding for a public education campaign, central register of lymphoedema treatment practitioners and a national lymphoedema helpline and website.

The Australian Government recognises that our health system is in need of reform to meet a range of long-term challenges, including access to services, the growing burden of chronic disease, population ageing, workforce shortages, and the escalating costs of new health technologies. The recently released report of the National Health and Hospitals Reform Commission, *A Healthy Future for All Australians*, provided a long-term, comprehensive view and health reform options. For your interest, page 22 of the report (*Recommendations/Restoring people to better health and independant living/paragraph 41*) recommends affordable access to aids and other devices to be considered under reforms to integrated safety net arrangements.

The Government is using the recommendations of this report as a basis for direct consultation with the health sector and the Australian public between now and the end of the year. At the end of this process, discussions will occur at a Council of Australian Governments meeting about health system reform.

The Australian Government has established a website to enable members of the public and organisations in the health sector to engage with the Government about options for health reform. It is seeking debate which is realistic about the reforms that need to be undertaken, as well as about the cost implications and how they are to be funded. Views can be provided at www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/home

I trust that the above information is of assistance.

Yours sincerely

NICOLA ROXON

16 DEC 2009