

12 February 2020

Attn: Roland Balodis  
Department of Health  
Via email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

**Re: Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Wound Management Working Group (WMWG)**

Thank you for the opportunity to provide feedback on the recommendations from the report of the Wound Management Working Group (WMWG). Podiatry plays a key role in the treatment of chronic wounds and the Australian Podiatry Association was pleased to be involved in the round table discussions.

As a whole the recommendations begin to address the burden on the health system in Australia brought about by chronic wounds and we are encouraged by the increasing access for patients to the services being proposed by the Wounds Management Working Group.

Podiatrists are the experts in recognising, treating and debriding foot wounds and should play a key role in any proposed MBS items for the treatment of chronic wounds of the foot and lower limb.

Current best evidence states that treatment of chronic wounds necessitates a coordinated, interdisciplinary approach that harnesses the complementary skills of medical, surgical, allied health disciplines and nursing.

Without access to such coordinated interdisciplinary systems, more patients end up in hospital, stay in hospital longer, and undergo more amputations.

Early intervention and management are essential in preventing foot ulceration and maintaining a person's quality of life, mobility and preventing avoidable lower limb amputation. Podiatrists play an essential role as part of preventing foot ulceration and management of diabetic foot ulcers.

Our feedback on the recommendations is as follows:

**Recommendation 1: GP Initial wound assessment**

The Australian Podiatry Association (the Association) supports the creation of an initial wound assessment to be conducted by the GP and the clinical criteria for determining when a wound is chronic or at risk of becoming chronic. Early detection and intervention in the treatment of chronic wounds will significantly diminish the risks of severe infection. Improving access to appropriate wound management should be of a priority in the primary care setting.

It is the recommendation of the Association that the establishment of a clear clinical pathway for referral should be triggered by this item number. Consideration of the development of a risk assessment tool, similar to the Australian cardiovascular risk charts is also supported.

**Recommendation 2: GP wound assessment review**

The Association supports comprehensive review assessment after an initial 2-week period enabling access to the proposed items for an additional 4 weeks to a maximum of a further 10 services.

**Recommendation 3: Practice Nurse wound treatments**

The Association supports suitably qualified nurses providing wound management. However, if the wound is on the foot or lower limb the Association strongly recommends that podiatrists should be included in this item number.

Podiatrists are suitably qualified in wound management and have the skills and expertise in performing offloading and sharp debridement and should be included in the short term management of a chronic wound of the foot or lower limb. Patients with a chronic wound of the foot or lower limb would benefit from the immediate referral to a podiatrist for offloading.

**Recommendation 4: Nursing care under team care arrangements**

The Association is generally supportive of suitably qualified nurse practitioners being considered part of the care planning team for the purposes of Team Care Arrangements.

**Recommendation 5: Increased access to allied health services**

The Association strongly supports the proposed increase to the number of allied health services under the Team Care Arrangements.

The current arrangements for patients on a chronic disease management plans is 5 visits annually.

Our recommendation is that the number of allied health services available under a GP chronic disease management plan should be increased to 12 visits, however these should be initiated from the initial wound assessment and not as an "add on" to the 5 already on a chronic disease management plan. The current arrangements are on an annual basis which does not serve the treatment of wounds which can arise at any stage throughout the management plan.

This would ensure appropriate monitoring and treatment of wounds and is in line with the updated allied health treatment cycle implemented by the Department of Veterans Affairs on 1<sup>st</sup> October 2020.

The annual limit of 5 items per year on a chronic disease management plan is inadequate in treating patients and has a direct consequence of insufficient care. The most obvious example is the diabetic foot with high rates of amputations resulting from improper care.

It is also imperative that there is an investment in preventative care to encourage high-risk patients to engage in regular and ongoing preventative health care services. The funding gap between initial diagnosis and assessment means patients may not have the financial means to maintain preventative treatment leading to complications going untreated until it's too late. This results in the patient placing an even greater burden on the hospital system as their condition worsens.

Clarification is sought on how the additional visits would be administered. Would they retain the MBS item numbers currently in use for Allied Health treatment on chronic disease management plans?

Or would new MBS item numbers be created for specific wound management from Allied Health providers? If the latter is the case, we would recommend item numbers specifically for podiatrists be created for ongoing wound management.

#### **Recommendation 6: Podiatry interventions and appliances**

The Association strongly supports research being undertaken to determine the cost-effectiveness of podiatry interventions and appliances in the management of chronic wounds.

Podiatry does improve outcomes for patients with chronic wounds of the foot and lower limb through the various interventions and appliances included in this recommendation such as appropriate offloading, customised pressure alleviation devices, orthoses, total contact casting and medical grade footwear.

Podiatry is the only suitably qualified allied health provider of these services however these types of appliances are under-utilised in the treatment of chronic wounds due to funding mechanisms.

As the International Working Group on the Diabetic Foot (IWGDF) guidelines 2019 state in their guidelines on offloading list of recommendations 1:

- In a person with diabetes and a neuropathic plantar forefoot or midfoot ulcer, use a non-removable knee-high offloading device with an appropriate foot-device interface as the first-choice of offloading treatment to promote healing of the ulcer.

The Association would willingly be included in any research projects to determine the cost-effectiveness of podiatry interventions and applications.

**Recommendation 7: Mandatory referral when required**

If there is no improvement of a wound the Association supports the mandatory referral to an appropriate specialist or wound care provider and reiterates that podiatrists should be included in these wound care providers.

**Recommendation 8: Remote and non-face-to-face services (real time or asynchronous)**

The Association agrees that a face to face service is ideal but recognises that in some circumstances telehealth is an appropriate alternative, especially when referring to the ongoing management of wounds. The initial consultation and assessment being a face to face service followed by the management in telehealth or other technologies is supported.

Telehealth is increasingly being recognised as an effective way to improve access to health services for people living in regions where access to certain services may be limited. A wide body of research has demonstrated that telehealth consultations can be equivalently effective for patients and improve continuity of care and overall patient outcomes.

**Recommendation 9: New item for venous compression bandaging  
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**Recommendation 10: New wound debridement items**

The Association supports the addition of item numbers for venous compression bandaging and wound debridement items and notes that podiatrists should not have to undertake any additional training in order to utilise this item. Podiatrists are qualified to assess, diagnose and treat conditions of the foot and lower limb.

**Recommendation 11: Negative pressure wound therapy**

Considerations should be given to the development of an MBS item number for negative pressure wound therapy.

**Recommendation 12: Education and Training of RACF staff**

The Association is a strong supporter of providing affordable and universal access to best practice wound management services to residents of RACF's. Quality indicators should be produced for education and training of staff in RACF including nurses, assistants in nursing, personal care assistants and Aboriginal and Torres Strait Islander health practitioners.

The inadequate prevention and management of wounds was highlighted in the Royal Commission in to Aged Care Quality and Safety Interim Report and whilst podiatry services are provided in RACF's appropriate wound care is seriously lacking.

Patients in RACF's should be provided with ongoing wound management on a more regular basis than would appear to be in place at RACF's at present. Such irregularity in treatment significantly increases the risk of developing infections or wounds, particularly for those identified through assessment as being at higher risk of such complications.

Podiatrists are the experts in recognising, treating and debriding foot wounds. In many facilities it is the registered nurse who is expected to fulfil this role amongst many other duties, leaving such treatment to personal care assistants who are frequently exposed to such conditions without the understanding of the implication of inadequate treatment of such conditions. The Association recommends immediate referral to a Podiatrist when a chronic wound of the foot or lower limb is identified within a RACF, and the training of RACF staff in the recognition and monitoring of foot and lower limb wounds.

**Recommendation 13: Review funding for chronic wounds in RACF**

The Association strongly supports the review of funding for the management of complex wounds in aged care, for example via the Aged Care Funding Instrument.

**Recommendation 14: Access to wound care experts in RACF**

The Association is of the firm belief that podiatrists are the experts in recognising, treating and debriding foot wounds and should play a key role in any wound care within a RACF. We seek clarification on what the WMWG identifies as wound experts within any RACF.

**Recommendation 15: Hospital acquired wounds**

Mechanisms should be developed to monitor and provide feedback on wounds incurred in the hospital system in order to improve provision of care and prevention of wounds in this setting.

**Education, Credentialing and accreditation.**

Podiatrists are suitably qualified through their undergraduate education to provide ongoing management of chronic and complex wounds.

The Association supports the additional education and credentialing of any nurses, GP's or Aboriginal & Torres Strait Islander practitioners undertaking wound management.

The Association is willing to be involved in any development to define competencies, credentialing or accreditation should be met in order to treat and manage chronic and complex wounds.

**Recommendation 23: Remove bulk-billing restriction**

The restrictions on prohibiting practitioners from charging for the cost of wound dressing or other consumables applied during a bulk billed consultation severely limits the services being provided to patients and can act as a deterrent to utilising these consumables. The Association supports removing this restriction.

In summary the Australian Podiatry Association welcomes the opportunity to provide feedback on the recommendations from the WMWG and is encouraged by the proposed new MBS items in ongoing management of chronic and complex wounds.

The Australian Podiatry Association would welcome any further involvement in the development of these item numbers.

Yours sincerely



Nello Marino  
CEO  
Australian Podiatry Association