

[www.maternityconsumernetwork.org.au](http://www.maternityconsumernetwork.org.au)

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**“Better outcomes for Mothers and Babies mean better outcomes of the whole community”**



## Request

1. Commitment to the implementation of the MBS report with an accelerated process for implementation to ensure principles of NSAMS draft are upheld.
2. Commitment to working group to focus on larger body of work on funding reform – bundled payments.
3. NSAMS documents specific mention of access to midwifery continuity of carer as a priority area.
4. Commitment to public available clinician data to improve accountability, safety and informed choice.
5. Consumer satisfaction surveys implemented and publicly available.

## Background:

### Funding Reform for Maternity Care

An essential step toward improving maternity care, including equitable access geographically and socio-economically, is to restructure the way maternity systems are funded by federal and state governments and attach accountability to payments.

- Fee-for-service structure of funding doesn't align with maternity care – the emphasis is currently on intervention rather than outcomes, which could be interpreted as encouraging medicalised intervention rather than supporting evidence based, outcomes targeted continuity of care. Australia's complication and caesarean rates are higher than warranted and far above WHO recommendations, and there are wide variances between providers with the same capabilities, same funding, same demographic.
- Evidence supports and consumer demand increasing for access to continuity of midwifery care, which is cost effective but currently less financially productive for health services.
- Bundled funding already implemented effectively in some other countries – England, Canada, NZ, some U.S. states
- Single payment to cover a full package of care over a defined period of time, spanning multiple episodes and settings of care, rather than separate payments each visit.
- Evidence that bundling can lead to less fragmentation and better co-ordination & quality of care
- Woman in charge of choosing model of care, provider. Split into blocks to reflect periods of increased care needs & accommodate change of care provider if woman chooses to. Supports retention of primary carer through episodes of collaboration with allied/specialist providers if required and standardised minimum of 6 weeks postnatal care.
- Medicare rebates to better reflect duration and value of service, taking into consideration outcomes i.e. perinatal mental health screening and support, breastfeeding support. Currently different rebates for midwifery-led care/obstetric-led care for same service.

For more information:

MBS Participating Midwives Review

The 2017 Independent Hospital Pricing Authority report on Bundled Pricing for Maternity Care ([https://www.ihpa.gov.au/sites/default/files/bundled\\_pricing\\_for\\_maternity\\_care\\_-\\_final\\_report.pdf](https://www.ihpa.gov.au/sites/default/files/bundled_pricing_for_maternity_care_-_final_report.pdf))

### **Public data and consumer satisfaction**

Currently, there is no universal consumer satisfaction reporting collected from maternity consumers across Australia, nor an easily accessible way for consumers to see how their care providers are treating consumers via outcomes. In order to assess whether our maternity healthcare system is delivering safe and high-quality health care, it is important to measure consumer experience and ensure they can access data on their care provider.

Satisfaction is the one of the most frequently reported outcome measures for quality of care. Assessment of satisfaction with maternity services is crucial.

According to the International Consortium of Health Outcome Measures, consumer satisfaction reporting allows:

Informed Decisions for consumers:

By publishing health outcomes data, patients can choose the physicians and treatments that best suit them.

Quality Improvement:

Outcomes data can help physicians evaluate how they're doing compared to their peers worldwide and provide an opportunity to learn from each other to improve the care they provide

Improving Costs:

If physicians make treatment decisions based on outcomes, patients are more likely to receive high quality care and payers only pay for services that achieve results.

The Birth Satisfaction Survey dataset from ICHOMs allows a range of consumer experiences during antenatal, birth and postnatal care to be reported.

Publicly available clinician data is imperative to ensuring hospitals and maternity care providers are providing high-quality, safe and continuously improving care. It allows the constant drive of performance improvement whilst allowing consumers accurate information about their care provider outcomes.

More information:

<https://www.ichom.org/>

## Medicare Review and the National Maternity Plan

MBS review – Report of the Participating Midwife Reference Group.

- Concurrent to NSAMS process
- No formal process to consider or draw on intersections
- Large number of discussion points require further dedicated work with appropriate stakeholders – similar group to Participating Midwife Reference Group with Commonwealth Dept. support and jurisdictional input where required
- Stakeholder consultation appears to be focusing on medical lobby
- No chance of resolving prior to election and therefore concerns as ALP not as supportive

## NSAMS

- Commonwealth taken over – difficult body of work with stakeholder differences
- Result potentially document with little to no direction in areas of consumer concern i.e. midwifery continuity of carer not even mentioned
- Reason this is a bigger issue is that ‘most’ women can access GP shared care, public hospital maternity care and, for those who want it, private obstetric care
- Around 8% of women can access midwifery continuity of carer – therefore they are asking for expansion in this area.
- Significant ‘buck passing’ – states often not taking responsibility for increasing the model

**MBS review has significant opportunity to increase women’s access to midwifery continuity of carer – Commonwealth area of responsibility.**

## Overlap between MBS review and NSAMS

- 12 recommendations from the Participating Midwife Reference Group resolve and overlap with issues outlined in the NSAMS draft document
- The MBS report offers immediate solutions to problems outlined in NSAMS by:
  - increasing access to telehealth,
  - aligning postnatal care items with women’s clinical needs,
  - reflecting antenatal and intrapartum items that promote continuity and access for vulnerable women,
  - ensuring that in both the antenatal and postnatal period women have access to specific Medicare items which include descriptors relating to monitoring and intervention around their mental health and
  - specific items to include birth debrief
- Longer term, with a group dedicated to this area, the MBS review offers a significant opportunity for massive health savings, increased access for vulnerable groups and alignment of funding with women’s needs and improved outcomes.

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