



Ms Cassandra Walker
Private Health Industry Branch
Department of Health

sent via email: PHI@health.gov.au

Dear Ms Walker,

**Proposed PHI of the 2021 budget announcement of new Medicare
Benefits Schedule items for rTMS**

Lived Experience Australia (LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA via a media release, publicly welcomed the announcement within the 2021 May Federal Budget that rTMS would be allocated MBS item numbers allowing consumers with treatment resistant depression access to the latest treatment, in an affordable manner.

LEA has been contacted by concerned families around the restrictions as we understand regarding rTMS that will affect access to and affordability of receiving rTMS.

These are outlined here:

- 1) **Existing patients** – Under the advices, existing patients who have accessed rTMS in the past will not be eligible to receive treatment under the MBS.
- 2) **Capping of the number of treatments** – Under the MBS an initial treatment cycle of 35 treatments, followed by further re-treatment option of additional 15 treatments, capped at 50 per lifetime.
- 3) **Private Health Insurance** – coverage for an inpatient admission may not be fully covered under PHI if during that admission, other forms of treatment have not seen the optimum progress, and the psychiatrist subsequently recommends rTMS.
- 4) **Proposed Type C certification** – for people accessing inpatient treatment, where their progress despite other methods has failed, a psychiatrist certification for rTMS will be required as this classification refers to treatments not required within a hospital setting.
- 5) **Psychiatrist delivered** – the MBS item number for the delivery of an initial treatment course and retreatment by a psychiatrist. Currently following the prescription of rTMS by a psychiatrist, the actual delivery of treatment in most cases is by a trained nurse.
- 6) **Unclear information** – clarity around the nature of how the rTMS will be taken forward under MBS.

- 7) **Affordability**– having the choice of treatment options including rTMS will be out of reach for those people who have had a great benefit from rTMS in the past, relapsed, and require further treatments beyond the 50 per their lifetime, will not be able to access this because of out-of-pocket costs.
- 8) **Choice** – not all rTMS is appropriate for outpatient settings. Inpatient admissions are required where people have relapsed, to fully investigate other types of treatment which if failed, rTMS should be recommended.
- 9) the MBS restrictions could remove choice, the cornerstone of PHI.

LEA requests that strong consideration be given:

1) Reclassifying Type C to Type A Procedure

This would alleviate concerns consumers and families have about whether PHI will cover their inpatient admission without a psychiatrist certification.

2) Removing the capping of treatments to 50 per lifetime.

rTMS is a game changer for many people where other treatments such as different types of anti-depressants, ECT etc have not shown much improvement. LEA requests strong consideration for repeat courses in consumers who have had a good result from access to the initial treatment of rTMS is not restricted to a maximum number. However, MBS is publicly funded, so perhaps 2 retreatment courses of 15 treatments per year would be more appropriate.

3) Removing the eligibility criteria for rTMS descriptor

This point in the eligibility criteria requires people to have not received rTMS treatment previously.

4) Delivery of treatment

Once a psychiatrist has prescribed a course of rTMS, this can be delivered by another trained professional, ie a nurse.

Going forward LEA would be keen to discuss these issues further with the Department of Health as LEA is concerned that people will be denied access to affordable ground-breaking treatment options under the current arrangements.

Yours faithfully



Professor Sharon Lawn
Chair and Executive Director



Janne McMahon OAM
Founder and Strategic Advisor

8 October 2021