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Rural doctors say return of ECG MBS billing items to GPs essential for rural patient care

The Rural Doctors Association of Australia (RDAA) have again reported that the removal of access to ECG billing items for GPs have prevented rural patients from receiving timely and essential care.

RDAA is one of many organisations that have called for the reversal of these changes to MBS items that came into effect in 2020.

Dr RT Lewandowski, RDAA President, said that the 2020 ECG MBS amendments negatively impacted on rural GPs and RGs whose skills, time and costs are no longer recognised, and their patients who now have reduced access to cardiac diagnostics.

“Many rural and remote GPs and Rural Generalists (RGs) invested in ECG equipment and undertook training in ECG interpretation so they could provide timely diagnostics for high-risk patients; those with heart disease and/or emergency presentations with heart symptoms to general practices,” Dr Lewandowski said.



“Patients in rural and remote areas can’t just pop out to the nearest cardiologist for these tests. A cardiologist appointment will often take months to get and require hours of travel – not at all suitable for high risk or emergency situations.

“Many other investigative tests or procedures are not available in rural and remote areas, with ECGs remaining one of the cheapest and best starting investigations: they save lives.

“Rural GPs and RGs rightly upskilled in order to be able to provide local and timely care to at-risk patients, and they are no longer able to access MBS billing for this service.

“The health care system is not recognising or compensating for the time it takes to perform tests, interpret and communicate results. Worse, the changes undermine the development and maintenance of skills needed by rural GPs and RGs to be able to provide quality clinical care in rural and remote settings.

“Our members say that the changes felt like ‘a kick in the guts’, and RDAA warned the former government when these changes were first introduced that the withdrawal of these items unfairly affects rural patients and doctors,” Dr Lewandowski said.

“It has to be recognised that the use and reporting of ECG MBS items will be higher in rural and remote locations, particularly in South Australia, Victoria and Tasmania where Medicare billing

occurs in small rural hospital outpatient emergency-type services, and also in Government funded urgent care clinics.

“To determine if overuse of ECGs is actually happening there needs to be a measure of how many of the ECGs performed are clinically indicated (supported by notes) and comply with current guidelines. This should be across all specialties – not just in general practice. Where it is needed and appropriate the items should be available to appropriately trained professionals, including GPs.

RDAA has been one of many voices calling for this withdrawal of access to ECG MBS item numbers to be reversed, along with the AMA, ACRRM and RACGP and many other peak medical associations.

“Not only were the initial changes made contrary to the recommendations of any peak bodies, but also the MBS Review Taskforce and, later, contrary to the recommendations of the first post-implementation ECG Review Committee report provided in January 2022.

“In our response to the latest review of these changes RDAA’s position, along with everyone else’s it seems, remains unchanged. GP access to MBS billing items for ECGs is clearly in the best interests of patients, particularly in rural and remote areas.”

[RDAA Response: Review of changes to ECG MBS items](#)

A high resolution photo of Dr RT Lewandowski is [available here](#).

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