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Human Genetics Society of Australasia

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14th July 2023

Independent Health and Aged Care Pricing Authority (IHACPA) Secretariat
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RE: Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2024–25

The Human Genetics Society of Australasia (HGSA) Professional Issues for Genetic Counsellors (PIGC) Committee is grateful for the opportunity to provide a response to the *Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2024–25*. We acknowledge that the HGSA Executive has also responded to this consultation. Specifically, the PIGC Committee are responding to the addition of the code Genetic Counselling 40.66 to the Tier 2 Non-Admitted Services Definitions Manual 2023 – 24 Version 8.0. We welcome the new code and request clarification around its use and application to support national consistency in the use of activity-based funding (ABF) codes and equity in genetic service delivery.

The HGSA is aware of inconsistencies, nationally, regarding the application of Tier 2 codes when genetics services are being provided by a genetic counsellor. Anecdotally, the following codes have been used inconsistently - Genetics 20.08, General Medicine 40.53, General Counselling 40.33, Oncology 40.52 and Medical Oncology - Consultation 20.42 (which all have very different NWAUs). For example, the classification of familial cancer clinics in some jurisdictions as 20.42 Medical oncology rather than 20.08 Genetics, which is weighted differently, leads to inconsistencies and inequities in funding genetic services. The addition of code Genetic Counselling 40.66 has added further confusion.

The 40.66 code reads: “Genetic counselling is provided **in a specialist clinic/unit led by a health practitioner who is not a physician or surgeon.**” Genetic counsellors working within the public hospital setting (whether this is within a clinical genetics service, familial cancer clinic or in the mainstream setting) will often be providing genetic counselling services in a clinic/unit that is led by a surgeon or physician (i.e., a geneticist, cardiologist, oncologist, paediatrician, etc.). Therefore, it is unclear how code 40.66 is intended to be used. As it currently reads, the 40.66 code does not appear to apply to the clinical genetics, familial cancer clinic or mainstream settings.

The ancillary costs of providing genetic services, including significant preparation time and case complexity, test costs (that are often borne by the ordering departments’ budget) and operational costs including essential administrative staff (who do not directly generate ABF qualified service events) must be accounted for in ABF. Other clinical activities that are an essential part of genetics services have historically not been included as ABF qualified service events, such as providing genetic advice at clinical case review, multi-disciplinary team meetings or providing advice to other health professionals. For this reason, the HGSA PIGC Committee would like to take this opportunity to request up-to-date costing studies with broad

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representation for the public hospital settings that genetic counsellors often work within (i.e., clinical genetics service, familial cancer clinic and mainstream setting).

Genetic counselling code 40.66 also does not specify the specialist qualifications of appropriately trained and registered genetic counsellors. The HGSA are members of the National Alliance of Self Regulating Health Professions (NASRHP) which provides assurance to patients they are receiving a qualified service from a registered genetic counsellor. For this reason, the HGSA PIGC Committee requests that the specialist qualifications required of an HGSA registered genetic counsellor are added to code 40.66.

To summarise, HGSA PIGC Committee has the following specific questions:

1. Which code is intended for use by genetic counsellors working in each of the following settings?
 - a. Clinical genetics service
 - b. Familial cancer clinic
 - c. Embedded in specialist clinics outside of genetics services (e.g., oncology, cardiology, immunology) – also referred to as ‘mainstream setting’ (a model of care that has been demonstrated to be cost-effective, associated with improved clinical outcomes and facilitating improved access to diagnostic genomic testing¹)
2. The wording of 40.66 excludes genetic counsellors working in a clinic/unit that is led by a physician or surgeon and explicitly excludes services provided in a specialist genetic clinic (20.08). In what setting is code Genetic Counselling 40.66 intended to be used?
3. What code is intended for use by genetic counsellors working in a clinic/unit that is led by a physician or surgeon?
4. We request up-to-date costing studies with broad representation.
5. We request that the specialist qualifications required of an HGSA registered genetic counsellor are added to code 40.66.

Yours Sincerely,

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Chair, HGSA PIGC Committee

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¹ Kentwell M, Dow E, Antill Y, Wrede CD, McNally O, Higgs E, et al. Mainstreaming cancer genetics: A model integrating germline BRCA testing into routine ovarian cancer clinics. *Gynecol Oncol.* 2017;145:130–6.
Beard C, Monohan K, Ciccirelli L, James PA. Mainstream genetic testing for breast cancer patients: early experiences from the Parkville Familial Cancer Centre. *Eur J Hum Genet.* 2021;29:872–80.
Schneider KW, Suttman A, McKinney C, Giller R, Dollerschell K, Nakano TA. Incorporating genetic counseling into the evaluation of pediatric bone marrow failure. *J Genet Couns.* 2021;31:433–46.