



Human Genetics Society of Australasia

ARBN 076 130 937 (Incorporated Under the Associations Incorporation Act)
The liability of members is limited

Dr Tony Sherbon
Chief Executive Officer
Independent Pricing Authority
PO Box 483
Darlinghurst, NSW, 1300

27 July 2015

Dear Tony,

Re: Activity Based Funding and Clinical Genetics Services (inclusive of clinical genetic service provision and genetic testing).

The Human Genetics Society of Australasia has been in contact with IHPA since 2012 about the inclusion of clinical genetics services including genetic testing in the ABF model.

In September 2014 we had a productive discussion with James Downie and Luke Clarke in order to understand how clinical genetics services had been costed. As a result of this discussion, it became apparent IHPA came to appreciate the complexity in the way genetic tests are ordered, reported and funded and that this had not been incorporated into the costings. James agreed to investigate further with the states/territories about funding arrangements for genetic testing.

We were very pleased to see that IHPA has revised the methodology for the pricing of genetic services in the non-admitted cost model in NEP15. This has resulted in increasing the average cost of genetic services for 2015-2016 to 0.1823.

We would value further information about whether the increase average cost is inclusive of genetic testing with further detail about how this was calculated. We remain concerned about molecular pathology costs as for the most part these costs are not funded through any Federal system with the costs being borne by the service. As a result there are inequities regarding access for patients and their family members.

Unfortunately it would seem the new cost only applies to clinical genetics activities provided by Clinical Geneticists as item number 20.08 Genetics, is listed under Medical

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Consultation Clinics. A significant amount of clinical genetics activity is provided by Genetic Counsellors. Clinical genetics activity (genetic counselling) by non-medically trained professionals has been formally recognised as an independent profession by the HGSA since 1989.

Therefore whilst the new costing for Genetics is pleasing, unfortunately it does not reflect or include the professional workforce who make a significant contribution in the provision of clinical genetics services. We are unclear if it includes genetic testing costs. In Western Australia the Activity Based Funding Data Integrity Unit has advised that they use the General Medicine code: 40.53 for genetic counsellor events. The current weighting for this is 0.0511, which is comparable to other allied health and some medical specialties. To ensure a weight determination consistent with the specialty nature and intensity of genetic counselling service events, we would like to see a unique genetic counsellor code developed without being swept into a "general" code. At this time the 0.0511 code is within an appropriate range to compensate genetic counsellor salaries and on costs. The combined revenue of geneticists and genetic counsellors remains insufficient to address pathology costs and operational costs including essential administrative staff that do not directly generate ABF qualified service events.

We look forward to hearing from you at your earliest convenience.

Yours sincerely

Dr Joanne Dixon
President HGSA

Mary-Anne Young
Vice President HGSA