



**Australian Government**  
**Cancer Australia**

Review of the impact of COVID-19  
on medical services and procedures  
in Australia utilising MBS data:  
Skin, breast and colorectal cancers,  
and telehealth services

September 2020



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# 1 Approach

Substantial reductions in procedures relating to cancer investigations and treatment have been noticed by service providers in Australia in response to the COVID-19 pandemic.

Cancer Australia has investigated Medicare Benefits Schedule (MBS) claims to understand the impact of COVID-19 on medical services and procedures in Australia. Service providers claim reimbursement using MBS item numbers for various services, including both procedures undertaken and professional attendances. The MBS claims apply to health services provided to the Australian public on an outpatient basis and through the private hospitals system. The MBS data do not include screening procedures for cancers of the breast or bowel, or complementary services undertaken within the public sector.

To provide an evidence base to indicate where any reductions have occurred and the types of services affected, an analysis was undertaken of a range of services reimbursed through the MBS for the months January 2020 to June 2020<sup>1\*</sup> with the expectation that any impacts from the COVID-19 pandemic would start appearing from March 2020.

To understand any usual seasonal variation, the equivalent January to June period was also examined for 2019.

Analyses focussed on two areas in particular:

- MBS item numbers for diagnostic and treatment procedures for malignancies/ cancer and for the management of pre-cancerous conditions.
- New telehealth MBS items available during the COVID-19 pandemic.<sup>1,2</sup>

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\* The figures in the report include only those services that are performed by a registered provider, for services that qualify for Medicare Benefit and for which a claim has been processed by Services Australia. They do not include services provided by hospital doctors to public patients in public hospitals or services that qualify for a benefit under the Department of Veterans' Affairs National Treatment Account. Month is determined by the date the service was processed by Services Australia, not the date the service was provided. Monthly figures may vary due to the varying number of processing days in a month, which depends on the number of days in the month, public holidays, overtime worked etc.

## 2 Diagnostic and therapeutic procedures for skin cancer, breast cancer and colorectal cancer-related services

Analyses show national reductions in total monthly services for diagnostic and therapeutic procedures during the initial COVID-19 period between March and May 2020, including procedures related to skin, breast and colorectal cancers.

For diagnostic procedures, this occurred between March and April 2020, and for surgical and non-surgical treatment procedures, decreases were frequently more pronounced in April and May 2020.

The monthly data for some services showed an initial recovery in May, with many services showing a recovery in numbers by June 2020.

Any potential delays in diagnoses and treatment in response to these reductions in services may lead to more advanced stage of cancer at diagnosis and poorer patient outcomes.<sup>3</sup>

### 2.1 Skin cancers

Total national monthly services data for skin cancer-related procedures were examined for the period January to June 2020, with any impacts from COVID-19 expected to appear from around March 2020.

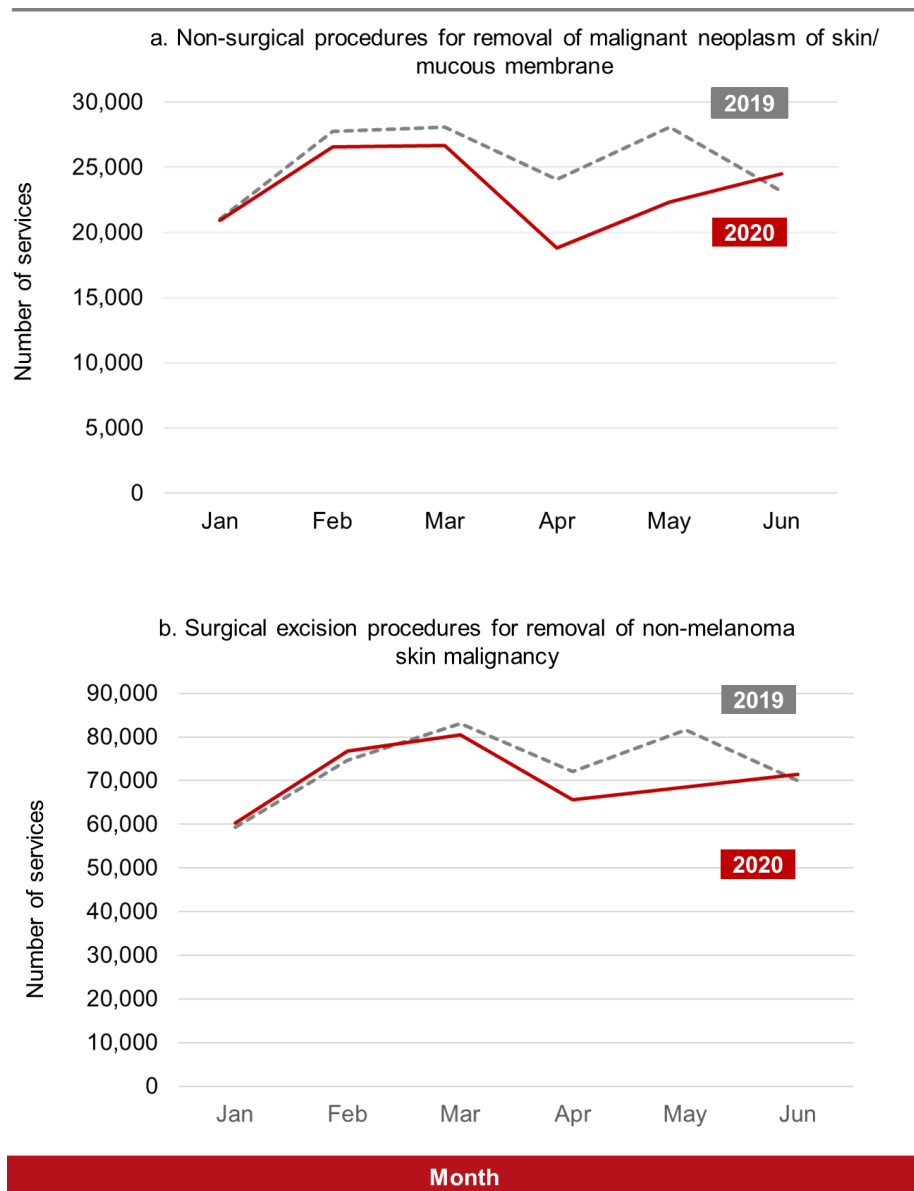
Figure 1 shows the monthly totals for procedures associated with skin cancer diagnosis and treatment with the solid red line showing the total number of services processed in 2020. As it is to be expected that normal variation for services processed monthly over the year would occur, a preliminary comparison of seasonal trends is also shown for the corresponding six months for 2019, indicated by the dotted grey line.

Non-surgical and surgical treatment procedures for a range of malignant skin cancers, including basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs) but excluding melanomas, decreased between 18% to 30% from March to April [Figure 1a and 1b and Appendix Table A1].

- Non-surgical treatments decreased by 30% (from 26,683 services in March to 18,799 services in April); and
- Surgical treatments decreased by 18% (from 80,484 in March to 65,674 services in April).

Monthly services data for these procedural groups showed some recovery in May with services for both groups around 15% less than March (22,352 and 68,605 services for non-surgical and surgical procedures respectively). Further recovery was observed by June; however numbers were still around 10% less than for March services (24,503 and 71,513 services for non-surgical and surgical procedures respectively).

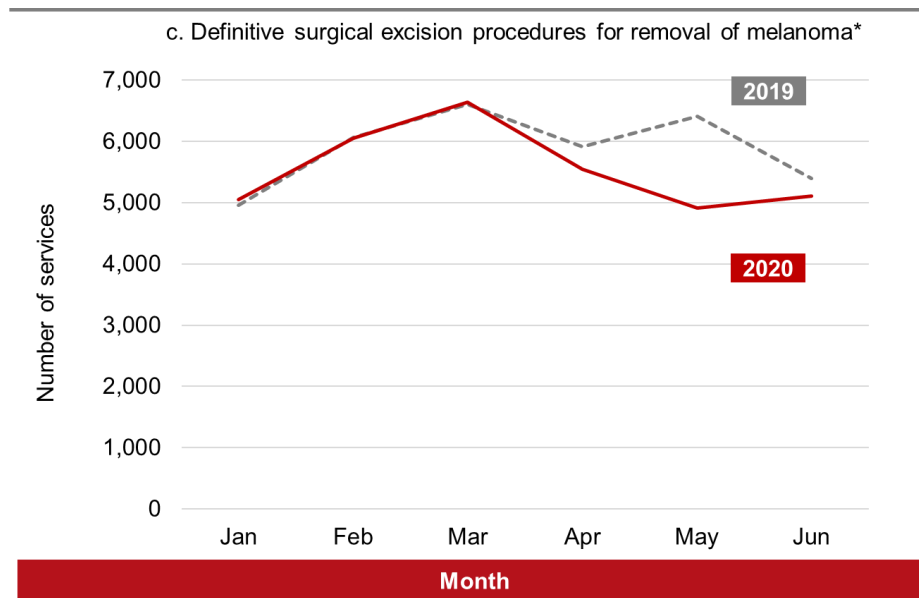
**Figure 1a & b** Total MBS services for selected skin cancer investigations and surgeries in 2019 and 2020, by month



For melanoma skin cancers, reductions in surgical procedures were more sustained, decreasing 16% between March and April (from 6,643 to 5,549 services); with services in both May and June being around 25% less than monthly services in March (4,916 and 5,113 services respectively) [Figure 1c and Appendix Table A1].

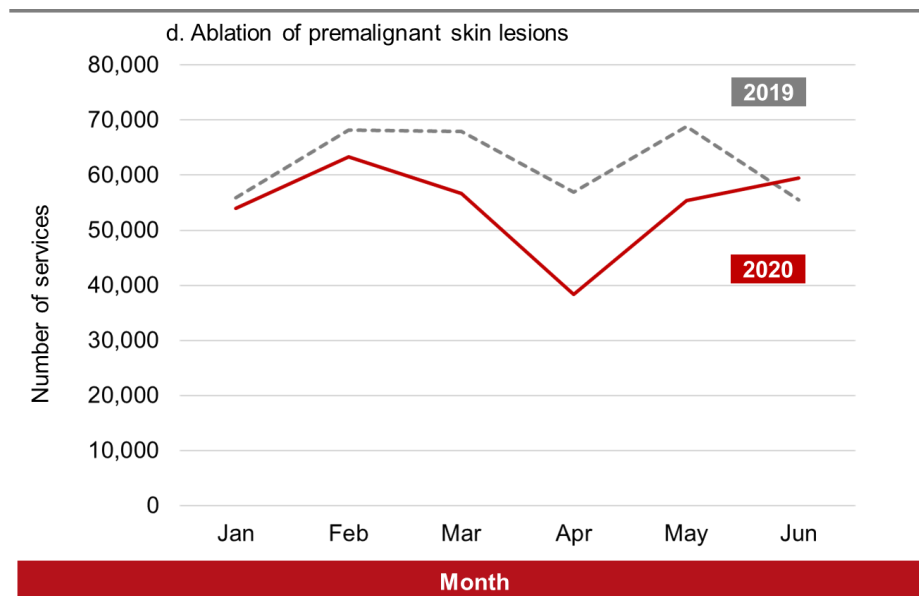


**Figure 1c Total MBS services for selected skin cancer investigations and surgeries in 2019 and 2020, by month**



In alignment with the treatment procedures for confirmed skin cancers, removal of premalignant skin lesions including solar keratoses also fell during this period, decreasing by approximately 30% between March and April (from 56,606 to 38,405 services) with services for May and June similar or slightly higher than March monthly services (55,364 and 59,518 services respectively) [Figure 1d and Appendix Table A1].

**Figure 1d Total MBS services for selected skin cancer investigations and surgeries in 2019 and 2020, by month**



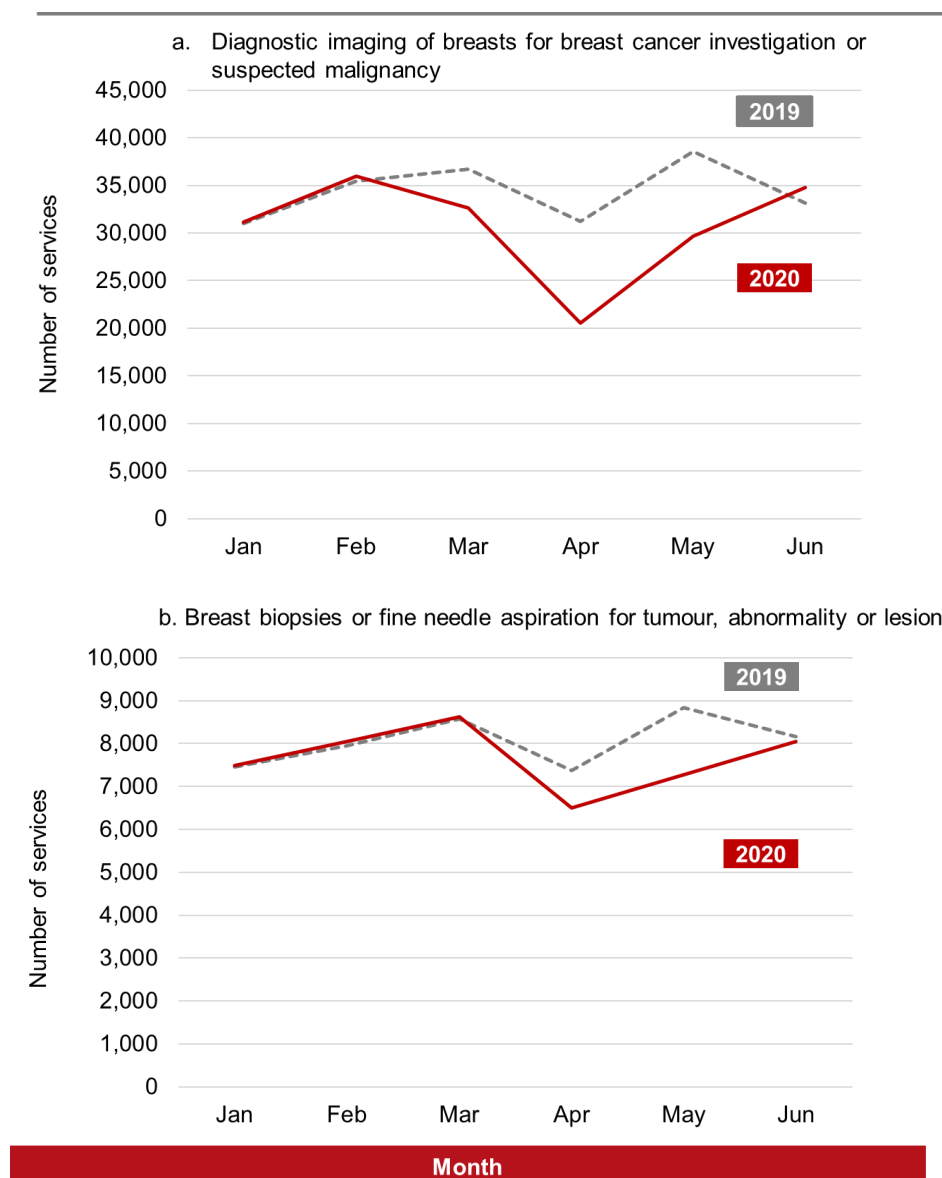
## 2.2 Breast cancers

Total national monthly services data for breast cancer-related procedures were examined for the period January to June 2020. Figure 2 provides an overview of the data for 2020 (solid red line) and corresponding comparative data for 2019 (dotted grey line).

Diagnostic procedures for breast cancer decreased between March and April, with the scale of reductions dependent upon service type.

Imaging procedures for detection of breast cancer, which incorporate mammography and 3D-tomosynthesis where malignancy is suspected, as well as MRI investigations for breast cancer, decreased by 37% (from 32,669 in March to 20,537 services in April). Full recovery in service numbers was observed by June (with 29,643 and 34,803 services in May and June respectively) [Figure 2a and Appendix Table A1].

**Figure 2a & b** Total MBS services for selected breast cancer investigations and surgeries in 2019 and 2020, by month



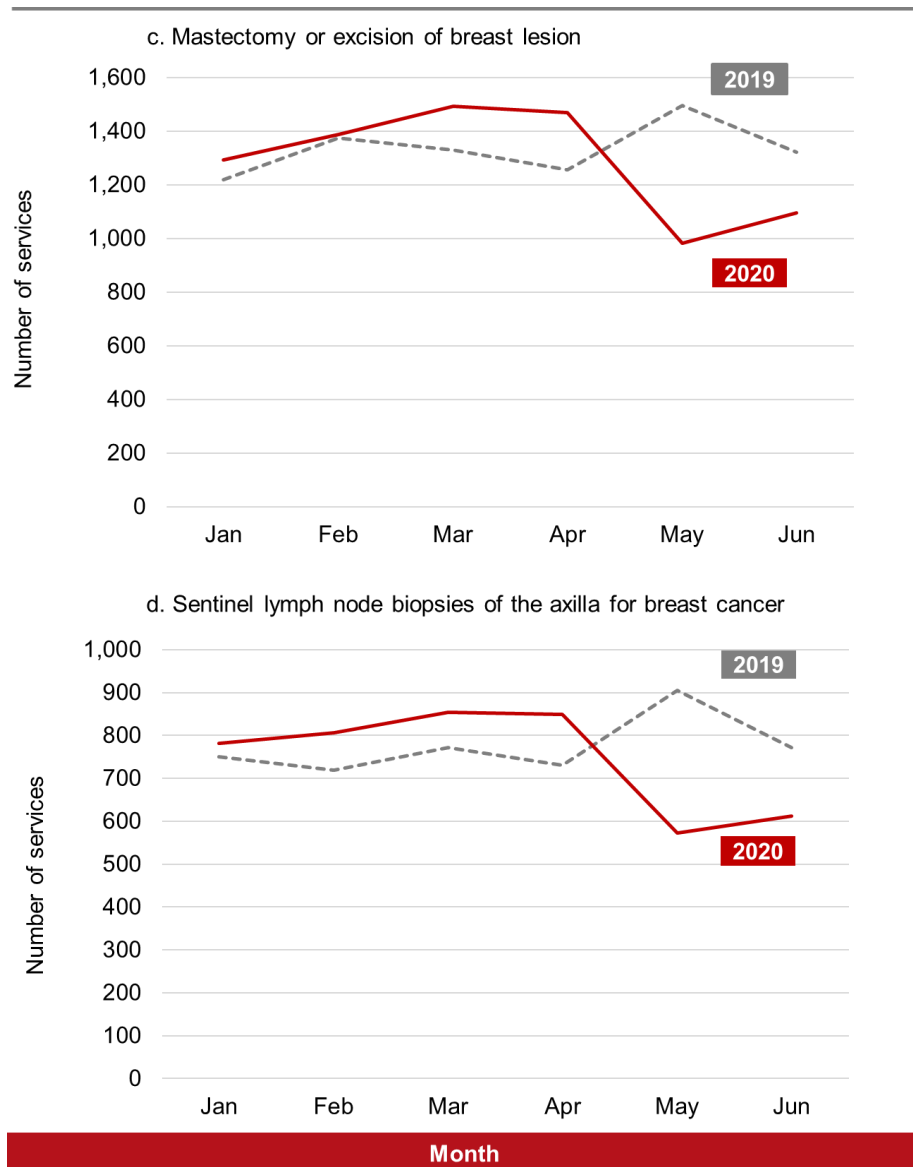
Biopsy procedures including solid tumour breast biopsies and fine needle aspiration procedures decreased by 25% (from 8,620 in March to 6,504 services in April). Some recovery in service numbers was observed in May and in June (with 7,279 and 8,055 services respectively) [Figure 2b and Appendix Table A1].

For breast cancer-related surgical treatment procedures, including mastectomies, excisions of breast lesions, and associated lymph node procedures (such as sentinel lymph node biopsy), services in May were around two-thirds that recorded for March and April (decreases of around 33%) [Figure 2c and 2d and Appendix Table A1].

- Breast surgery procedures decreased from 1,492 and 1,469 services in March and April respectively to 983 services in May; and
- Lymph node surgery procedures decreased from 854 and 849 services in March and April respectively to 572 services in May.

In June, services increased but were still at least 25% less than those for March and April (1,096 and 612 services for breast and lymph node procedures respectively).

**Figure 2c & d** Total MBS services for selected breast cancer investigations and surgeries in 2019 and 2020, by month



## 2.3 Colorectal cancers

Total national monthly services data for colorectal cancer-related procedures were also examined for January to June 2020. Figure 3 provides an overview of these data for 2020 (solid red line) and corresponding data for 2019 (dotted grey line). A comparison was not made for polyp removals due to a major change to MBS item coding from November 2019, with restructuring of MBS items for colonoscopies and associated polyp removals.<sup>4</sup>

The number of colorectal investigations performed in April, including colonoscopies and sigmoidoscopies and removal of polyp procedures, was around half of those undertaken in March [Figure 3a and 3b and Appendix Table A1]:

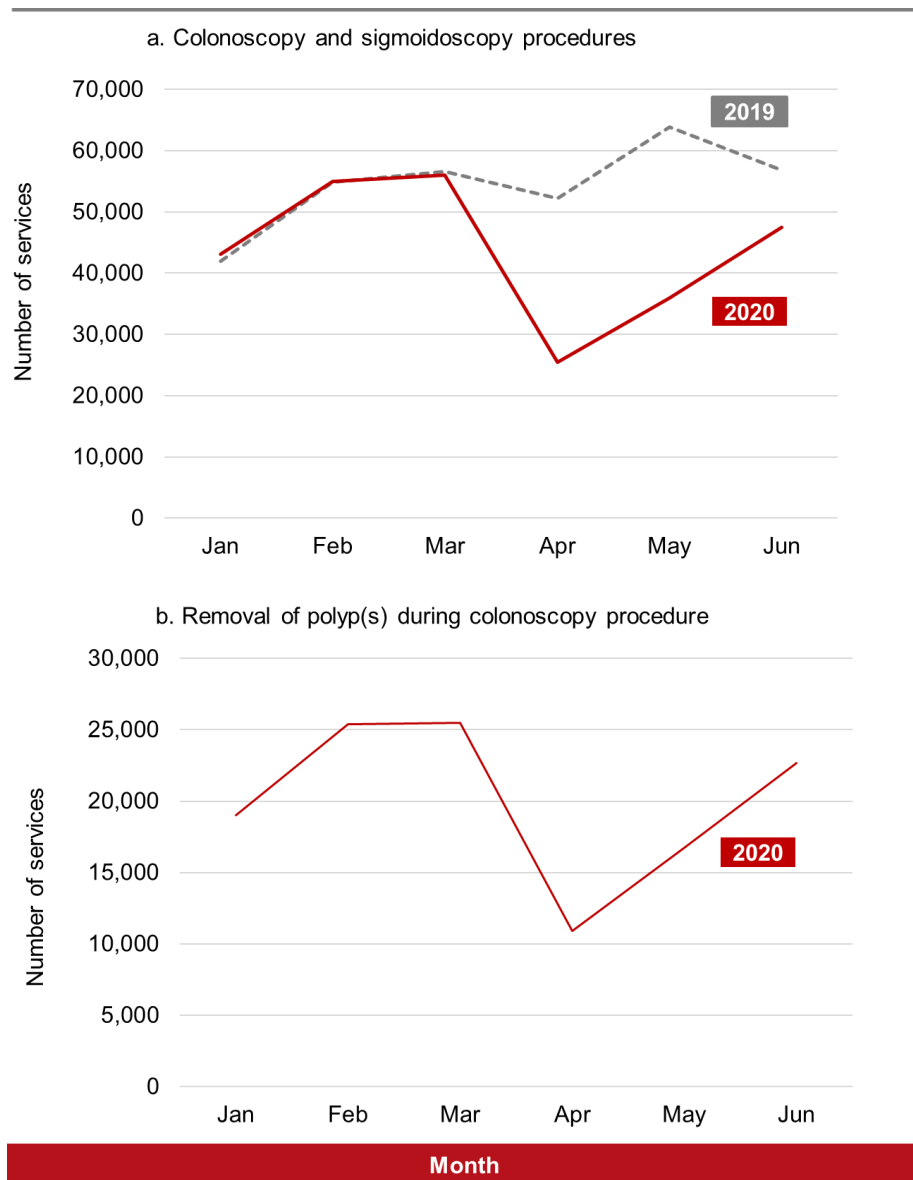
- Colonoscopies and sigmoidoscopies decreased 55% (from 56,048 in March to 25,454 services in April); and
- Procedures for removal of polyps which are associated with the colonoscopy/sigmoidoscopy procedures (item codes in 2020) also decreased 57% (from 25,509 in March to 10,896 services in April).

The number of investigations then increased in May and June but were still lower than for March:

- Colonoscopies and sigmoidoscopies were 36% and 15% lower with 35,957 and 47,508 services in May and June respectively.
- Polyp removal procedures were 34% lower and 11% lower with 16,726 and 22,683 services in May and June respectively.

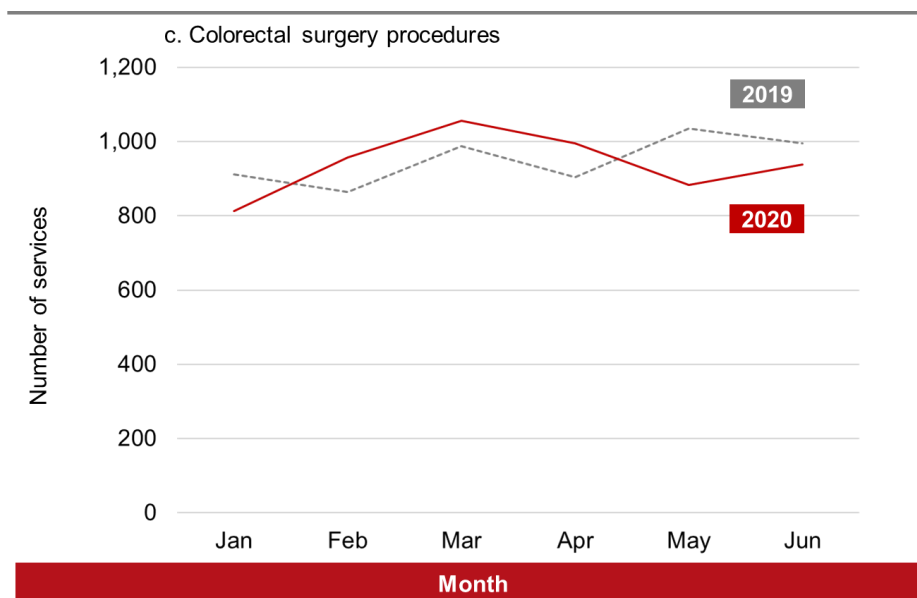
A range of surgical procedures are utilised for treatment of colorectal cancer including resection of lesions, colectomy and hemicolectomy procedures, as well as abdominoperineal resections and anterior resections of the bowel.

**Figure 3a & b** Total MBS services for selected colorectal cancer investigations and surgeries in 2019 and 2020, by month



For colorectal surgeries, procedure numbers in May with 883 services were 16% lower than those recorded for March and April (1,056 and 996 services respectively) [Figure 3c and Appendix Table A1]. Some recovery of service numbers was observed in June with 938 services, but this was still 11% lower than that for March.

**Figure 3c** Total MBS services for selected colorectal cancer investigations and surgeries in 2019 and 2020, by month



### 3 Selected professional attendances during the COVID-19 pandemic period, including telehealth services

In response to the COVID-19 pandemic, the Australian Government released a series of new MBS item numbers for health providers where services have been provided for out-of-hospital patients remotely, i.e., using telehealth technologies.

A large range of new item codes were introduced for reimbursement of professional attendance services representing a broad range of professional attendance categories including General Practitioner (GP), Specialist, Other Medical Practitioners, Mental Health and Allied Health Attendances. This introduction necessitated the generation of three sets of complementary item codes for each type of professional attendance:

- Existing service item codes (delivery by face-to-face consultation);
- Telehealth item codes including delivery by videoconference facilities; and
- Telehealth item codes including delivery by telephone facilities.

Not all types of services where a new telehealth item number has been introduced would relate to cancer care. Three groups of professional attendances were examined where overall trends may have relevance to cancer diagnoses including *Standard GP Attendances* which may relate to initial presentations with symptoms; and *Specialist Attendances* (including '*Specialist Services*' and '*Consultant Physician Services*') which would include, for example, consultations with surgeons, radiation oncologists and medical oncologists.

In order to understand the impact of the telehealth service availability, data for MBS services from the Medicare statistics online website were also examined for the period January to June 2020. Many telehealth item numbers were not introduced until mid-March, so March data represent a subset of services that would be expected to occur in a full month. Many other item numbers were not introduced until April or May.

To assess the scale of, and impact on the provision of face-to-face services, the number of monthly services provided by telehealth methods is provided along with the number of services processed each month for corresponding existing MBS item numbers between January and June 2020.

Table 1 summarises the number of services (i.e. MBS items) processed for each category of service as grouped within the COVID-19 Temporary MBS Telehealth Services guide, for example, *Standard GP Attendances*.

The number of services for each category corresponds to the sum of all individual MBS item numbers processed for each category. Data provided includes monthly national totals for pre-existing item numbers (from January to June 2020) and totals to date for new telehealth MBS item numbers provided either by videoconferencing or by phone (from the date of introduction to the end of June 2020).



Trends over the 6-month period were examined to determine if there were:

- Changes in the total number of services provided; and
- The relative contribution of the telehealth delivery services.

Overall, there was a large uptake of telehealth services by GPs, Specialist and Consultant physician following the introduction of the new MBS telehealth items, with the majority of consultations being undertaken by telephone rather than video telehealth. This section of the summary review paper summarises the uptake of telehealth services across these three professional attendances groups.

**Table 1 Total MBS monthly services for selected professional attendances in 2020, by month**

Professional Attendance Category	January	February	March	April	May	June
<b>Standard GP Attendances</b>	9,256,334	9,848,017	11,153,722	12,225,974	11,617,281	11,314,387
<b>Specialist Services</b>	843,691	1,047,985	964,465	737,184	890,403	1,009,474
<b>Consultant Physician Services</b>	995,479	1,190,515	1,207,326	1,072,195	1,163,218	1,256,609

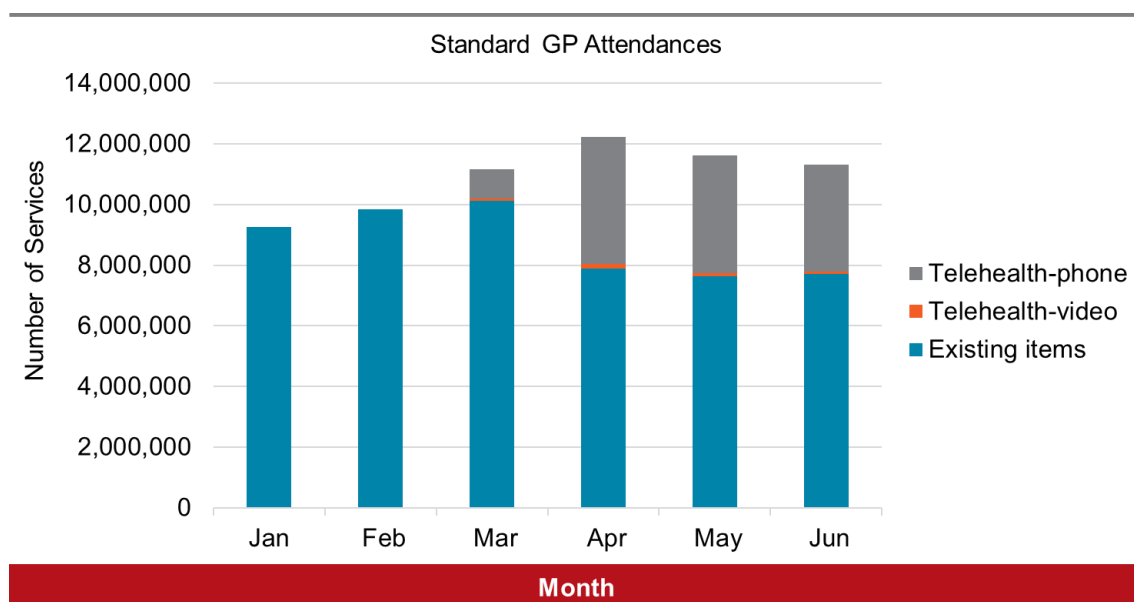
### 3.1 Professional attendances: Standard GP Attendances

Total monthly services for 'Standard GP Attendances' and the relative contribution of each type of delivery are shown in Figure 4. Each bar represents the total services processed for that month and the relative proportion for each type of delivery are also shown. Further details regarding number of services and number of services by delivery type for March to June are detailed in Appendix Table A2.

Total monthly services for 'Standard GP Attendances' increased 32% over the 4-month period from January to April 2020 (from 9,256,334 to 12,225,974 services) and remained relatively stable in both May and June 2020 (small decreases of 5% and 3% with 11,617,281 and 11,314,387 services respectively) [Table 1 and Figure 4]. These data represent all services for 'Standard GP Attendances', and preliminary analysis by MBS item code does not allow determination of the proportion of these services which are related to COVID-19 issues, and non-COVID-19 issues including cancer-related symptom investigation.

Telehealth item services comprised around a third of services (between 32% and 35%) processed between April and June 2020. Total number of services varies between 3,611,581 and 4,330,229 services over the period. The majority of these services were provided by telephone with only around 1% of total monthly services provided by videoconference delivery, varying between 93,982 and 154,722 services [Figure 4 and Appendix Table A2].

**Figure 4 Total MBS monthly services for selected professional attendances: Standard GP Attendances in 2020, by month and delivery type**



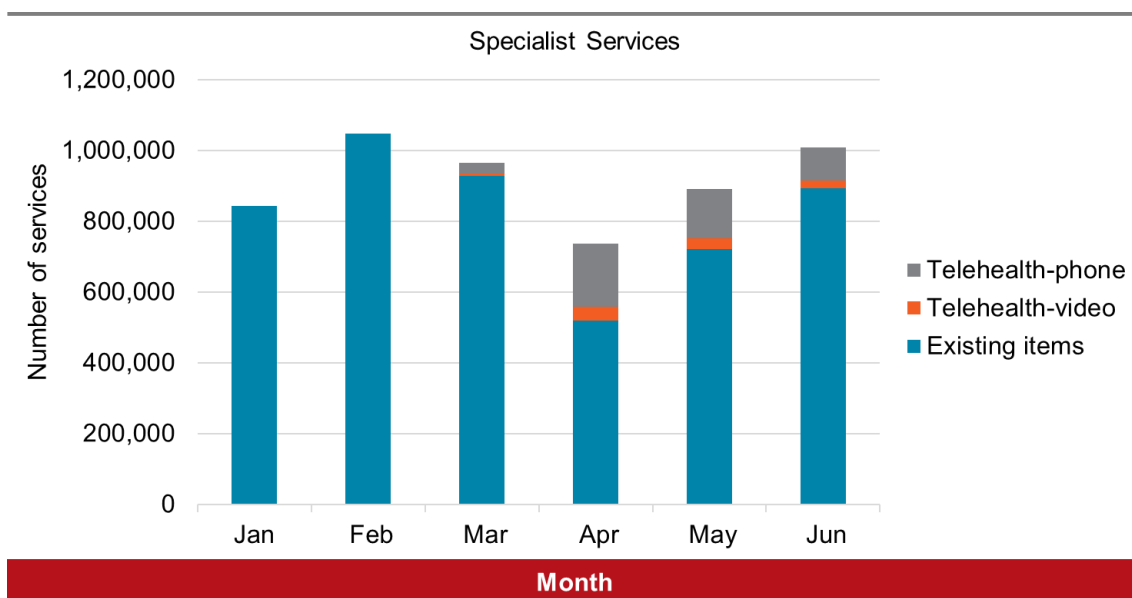
### 3.2 Professional attendances: Specialist Services

Total monthly services for professional attendances for 'Specialist Services' and the relative contribution of each type of delivery are shown in Figure 5. This professional attendance group includes consultations by, for example, surgeons and radiation oncologists.

Services for these attendances decreased by 24% between March and April (from 964,465 to 737,184 services). Professional attendance services, however, then increased by 21% from April to May (from 737,184 to 890,403 services) and a further 13% in June (1,009,474 services) [Table 1 and Figure 5].

Telehealth items, contributed to 30% of services in April (217,359 services), decreasing to 19% and then 12% of services in May and June respectively (169,221 and 116,289 services respectively). The majority of these services were provided by telephone with between 2-5% of total monthly services provided by videoconference delivery, varying between 21,185 and 39,498 services over the period [Figure 5 and Appendix Table A2].

**Figure 5 Total MBS monthly services for selected professional attendances: Specialist Services in 2020, by month and delivery type**



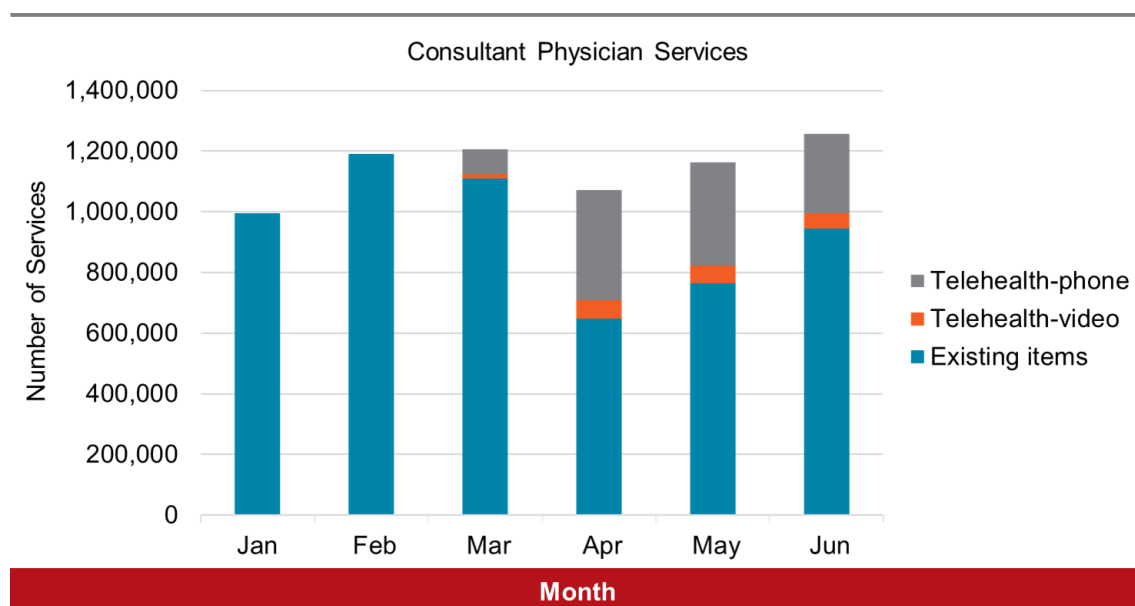
### 3.3 Professional attendances: Consultant Physician Services

Total monthly services for professional attendances for 'Consultant Physician Services' and the relative contribution of each type of delivery are shown in Figure 6. This professional attendance group includes, for example, consultations by medical oncologists.

Following an initial rise of 20% between January and February (995,479 to 1,190,515 services), total 'Consultant Physician Services' remained steady between February (1,190,515 services) and March (1,207,326 services), decreased by 11% in April (1,072,195 services), and then increased by around 8% monthly in May and June (1,163,218 and 1,256,609 services, respectively) (Table 1 and Figure 6).

Telehealth services combined, comprised 40% of services in April (425,306 services), then decreasing to 34% and 25% of services in May and June respectively (399,363 and 311,226 services respectively). The majority of these services were provided by telephone with between 4-6% of total monthly services provided by videoconference delivery, varying between 49,120 and 61,738 services over the period (Figure 6 and Appendix Table A2).

**Figure 6 Total MBS monthly services for selected professional attendances: Consultant Physician Services in 2020, by month and delivery**



## Appendix A

**Table A1 Total MBS services for selected skin, breast, and colorectal cancer investigations and surgeries in 2019 and 2020, by month in 2020<sup>5</sup>**

Procedure category	2020 Monthly services						6 Monthly Totals	
	Jan	Feb	Mar	Apr	May	Jun	Jan to June 2020	Jan to June 2019
<b>Skin cancer-related procedures</b>								
Non-surgical procedures for removal of malignant neoplasm of skin/ mucous membrane	20,958	26,568	26,683	18,799	22,352	24,503	<b>139,863</b>	<b>152,226</b>
Surgical excision procedures for removal of non-melanoma skin malignancy	60,269	76,758	80,484	65,674	68,605	71,513	<b>423,303</b>	<b>440,605</b>
Definitive surgical excision procedures for removal of melanoma*	5,053	6,050	6,643	5,549	4,916	5,113	<b>33,324</b>	<b>35,361</b>
Ablation of premalignant skin lesions	53,978	63,330	56,606	38,405	55,364	59,518	<b>327,201</b>	<b>373,213</b>
<b>Breast cancer-related procedures</b>								
Diagnostic imaging of breasts for breast cancer investigation or suspected malignancy	31,155	35,982	32,669	20,537	29,643	34,803	<b>184,789</b>	<b>206,091</b>
Breast biopsies or fine needle aspiration (FNA) procedures for tumour, abnormality or lesion	7,487	8,051	8,620	6,504	7,279	8,055	<b>45,996</b>	<b>48,367</b>
Sentinel lymph node biopsy of the axilla for breast cancer	781	806	854	849	572	612	<b>4,474</b>	<b>4,649</b>
Mastectomy or excision of breast lesion	1,292	1,387	1,492	1,469	983	1,096	<b>7,719</b>	<b>7,998</b>
<b>Colorectal cancer-related procedures</b>								
Colonoscopy and sigmoidoscopy procedures#	43,096	54,976	56,048	25,454	35,957	47,508	<b>263,039</b>	<b>326,442</b>
Removal of polyp(s) during colonoscopy procedures	19,018	25,384	25,509	10,896	16,726	22,683	<b>120,216</b>	<b>N/A</b>
Colorectal surgery procedures	813	957	1,056	996	883	938	<b>5,643</b>	<b>5,699</b>

\*Grouping includes Malignant Melanoma, Appendageal Carcinoma, Malignant Fibrous Tumour of Skin, Merkel Cell Carcinoma of Skin, or Hutchinson's Melanotic Freckle

#Colonoscopy procedures as a group may include investigations for reasons other than colorectal cancer including e.g. inflammatory bowel disease and post-polypectomy bleeding.

**Table A2 Total MBS monthly services for selected professional attendances in March to June 2020, by month and delivery type<sup>2,5</sup>**

Professional Attendance Category	Delivery type	March	April	May	June
Standard GP Attendances	<b>Existing items</b>	10,125,135 [90.8%]	7,895,745 [64.6%]	7,628,886 [65.7%]	7,702,806 [68.1%]
	<b>Videoconference</b>	60,641 [0.5%]	154,722 [1.3%]	111,844 [1.0%]	93,982 [0.8%]
	<b>Telephone</b>	967,946 [8.7%]	4,175,507 [34.2%]	3,876,551 [33.4%]	3,517,599 [31.1%]
Specialist Services	<b>Existing items</b>	927,504 [96.2%]	519,825 [70.5%]	721,182 [81.0%]	893,185 [88.5%]
	<b>Videoconference</b>	6,599 [0.7%]	39,498 [5.4%]	31,585 [3.5%]	21,185 [2.1%]
	<b>Telephone</b>	30,362 [3.1%]	177,861 [24.1%]	137,636 [15.5%]	95,104 [9.4%]
Consultant Physician Services	<b>Existing items</b>	1,108,752 [91.8%]	646,889 [60.3%]	763,855 [65.7%]	945,383 [75.2%]
	<b>Videoconference</b>	16,487 [1.4%]	61,738 [5.8%]	59,941 [5.2%]	49,120 [3.9%]
	<b>Telephone</b>	82,087 [6.8%]	363,568 [33.9%]	339,422 [29.2%]	262,106 [20.9%]

**Table A3 List of MBS item numbers for selected skin, breast, and colorectal cancer investigations and surgeries analysed in the report<sup>5</sup>**

Procedure category	MBS item numbers
<b>Skin cancer-related procedures</b>	
<b>Non-surgical procedures for removal of malignant neoplasm of skin/ mucous membrane</b>	30196, 30202, 30197, 30203, 30205
<b>Surgical excision procedures for removal of non-melanoma skin malignancy</b>	31356, 31358, 31359, 31361, 31363, 31365, 31367, 31369, 31255, 31256, 31257, 31258, 31260, 31261, 31262, 31263, 31265, 31266, 31267, 31268, 31270, 31271, 31272, 31273, 31275, 31276, 31277, 31278, 31280, 31281, 31282, 31283, 31285, 31286, 31287, 31288, 31290, 31291, 31292, 31293, 31295, 31000, 31001, 31002, 31003, 31004, 31005
<b>Definitive surgical excision procedures for removal of melanoma*</b>	31371, 31372, 31373, 31374, 31375, 31376, 31300, 31305, 31310, 31315, 31320, 31325, 31330, 31335
<b>Ablation of premalignant skin lesions</b>	30192
<b>Breast cancer-related procedures</b>	
<b>Diagnostic imaging of breasts for breast cancer investigation or suspected malignancy</b>	59300, 59301, 59302, 59303, 59304, 59305, 63458, 63467, 63487, 63488, 63531, 63532, 63533, 63534
<b>Breast biopsies or fine needle aspiration (FNA) procedures for tumour, abnormality or lesion</b>	31506, 31509, 31530, 31533, 31536, 31539, 31545, 31548, 63489, 63490
<b>Sentinel lymph node biopsy of the axilla for breast cancer</b>	30299, 30300, 30302, 30303
<b>Mastectomy or excision of breast lesion</b>	31512, 31515, 31516, 31519, 31524
<b>Colorectal cancer-related procedures</b>	
<b>Colonoscopy and sigmoidoscopy procedures#</b>	32072, 32075, 32084, 32087, 32096, 32222, 32223, 32224, 32225, 32226, 32227, 32228, 32088, 32089, 32090, 32093
<b>Removal of polyp(s) during colonoscopy procedures</b>	32229
<b>Colorectal surgery procedures</b>	32000, 32003, 32004, 32005, 32006, 32009, 32012, 32024, 32025, 32026, 32028, 32039, 32042, 32045, 32046, 32099, 32102, 32103, 32104, 32105, 32106, 32108, 32015, 32018, 32021, 32023, 32030, 32047, 32051, 32054, 32057

\*Grouping includes Malignant Melanoma, Appendageal Carcinoma, Malignant Fibrous Tumour of Skin, Merkel Cell Carcinoma of Skin, or Hutchinson's Melanotic Freckle

#Colonoscopy procedures as a group may include investigations for reasons other than colorectal cancer including e.g. inflammatory bowel disease and post-polypectomy bleeding.

**Table A4** List of MBS item numbers for selected professional attendances analysed in the report<sup>2,5</sup>

Professional Attendance Category	Delivery type	MBS item numbers
Standard GP Attendance	<i>Existing items</i>	3, 23, 36, 44
	<i>Videoconference</i>	91790, 91800, 91801, 91802
	<i>Telephone</i>	91795, 91809, 91810, 91811
Specialist Services	<i>Existing items</i>	104, 105
	<i>Videoconference</i>	91822, 91823
	<i>Telephone</i>	91832, 91833
Consultant Physician Services	<i>Existing items</i>	110, 116, 119, 132, 133
	<i>Videoconference</i>	91824, 91825, 91826, 92422, 92423
	<i>Telephone</i>	91834, 91835, 91836, 92431, 92432



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