AMHF
AUSTRALIAN MEN'S HEALTH FORUM

SUBMISSION

MBS Referred Chronic Condition Management Services Review

Response to the MBS Review Advisory Committee's Draft Report, supporting chronic condition care that is longer-lasting, more flexible and easier for men and boys to reach.

November 2026

Who Is AMHF?

The Australian Men's Health Forum (AMHF) is the national peak body for the health and wellbeing of boys and men. We bring together and strengthen the people and organisations improving the lives and health of boys and men, turning sector knowledge into coordinated action, stronger practice and national policy influence.

Our purpose is a healthier, more connected Australia in which boys and men are valued, supported and able to thrive. AMHF sees the services men already use, including their GP and the allied health and group services Medicare funds, as a practical way to reach men with chronic conditions earlier and keep them in care.

AMHF has more than 125 members across Australia, from national charities to men's sheds, peer support and walking groups, and programs for fathers and separating parents. Many help men stay connected to their health and to each other, and AMHF would welcome the chance to help the Committee hear from them directly.

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Acknowledgement of Country

AMHF acknowledges the Traditional Custodians of the lands on which we live and work across Australia. We pay our respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples. We recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination, and that the health and wellbeing of First Nations men, boys and families is best led by community-controlled organisations and First Nations voices.

Recognition of lived experience: AMHF recognises the men, boys, families and carers who live with chronic conditions, and the clinicians and community workers who support them. Their experience should shape how these services are designed.

Support: This submission discusses chronic conditions and mental ill-health. Support is available from MensLine Australia on 1300 78 99 78 and Lifeline on 13 11 14.

Summary of AMHF Responses

The Medicare Benefits Schedule (MBS) Review Advisory Committee is an independent, clinician and consumer-led committee that advises government on the services Medicare funds. Its Draft Report on referred chronic condition management services covers the allied health and Aboriginal and Torres Strait Islander health services available to patients with a GP chronic condition management plan.[1] The consultation asked whether respondents support each of the Draft Report's nine recommendations. AMHF supports all nine.

AMHF's response to each draft recommendation:

#	Draft recommendation	AMHF response
1	Increase the limit of individual MBS-referred CCM services from 5 to 12 per patient per calendar year, with a corresponding increase from 10 to 17 services for Aboriginal and Torres Strait Islander patients.	YES
2	Replace the 'at least 20 minutes' individual MBS-referred CCM service items with time-tiered individual MBS-referred CCM service items of at least 20 minutes, at least 40 minutes and at least 60 minutes that have proportional per-minute benefits.	YES
3	Expand eligibility for MBS group services (beyond type 2 diabetes) to patients 'with one or more medical conditions that have been (or are likely to be) present for at least 6 months or are terminal'.	YES
4	Expand eligibility to provide MBS group services (beyond exercise physiologists, dietitians and diabetes educators) to Aboriginal and Torres Strait Islander health workers and practitioners, accredited mental health social workers, chiropractors, occupational therapists, osteopaths, physiotherapists, psychologists and speech pathologists.	YES
5	Allow MBS group services to be provided by telehealth, including phone and video.	YES
6	Increase the number of MBS group services per patient per calendar year from 8 to 12.	YES
7	Create time-tiered MBS group suitability assessment services of at least 40 minutes and at least 60 minutes, to replace the existing 45-minute service, with proportional MBS benefits.	YES
8	Create time-tiered MBS post-group assessment items of at least 40 minutes and at least 60 minutes, with proportional MBS benefits, to be provided individually on completion of referred group service treatment.	YES
9	Apply an assessment framework to assess health provider expansion to provide individual chronic condition management services.	YES

General Feedback

The Australian Men's Health Forum (AMHF), the national peak body for the health and wellbeing of men and boys, supports all of the Draft Report's recommendations. Together they would make chronic condition management more flexible, longer-lasting and easier for men and boys to reach.

Chronic conditions are a priority health issue in the National Men's Health Strategy 2020–2030, which also commits to strengthening the health system's capacity to care for men and boys.[2] According to the Australian Institute of Health and Welfare, 3 in 5 males were living with at least one selected long-term health condition in 2022, and 80% of men aged 75 and over live with multi-morbidity.[3] More of men's disease burden comes from dying prematurely than from living with disease, which suggests many conditions are managed too late or not at all.[3]

Individual Services

Five services a year is rarely enough for men managing several conditions, and the cap often ends care just as gains are being consolidated. Raising the limit to 12, and 17 for Aboriginal and Torres Strait Islander patients, better reflects the needs of older men and the greater burden carried by First Nations men.[3] Time-tiered items allow a longer first appointment for complex needs and shorter check-ins later.

Group Services

Expanding group services is especially welcome. Limiting them to type 2 diabetes leaves out conditions where men carry a large share of the burden, including heart disease, musculoskeletal conditions and mental ill-health. Men often engage more readily in groups built around shared activity and peer support.[4] More eligible professions will let groups address physical and mental health together, and including Aboriginal and Torres Strait Islander health workers and practitioners will support culturally safe men's groups. Phone and video delivery will open access for men in rural and remote areas, shift and FIFO workers, and men who can't leave work during business hours. Suitability assessments should also be available by telehealth. The post-group assessment will help men keep their gains once a group ends.

New Professions and Monitoring

AMHF asks that the framework for new professions consider each profession's ability to reach people who under-use current services, including men. We also ask that the Department report uptake of the new items by sex, age, First Nations status and remoteness, so the reforms can be judged on whether they reach the men who most need them. AMHF and its members would welcome the chance to help design group programs for men under the new items.

References

1. Department of Health, Disability and Ageing. (2026). *Review of MBS referred chronic condition management services*. Australian Government. https://www.health.gov.au/our-work/review-of-mbs-referred-chronic-condition-management-services
2. Department of Health. (2019). *National Men's Health Strategy 2020–2030*. Australian Government. https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030
3. Australian Institute of Health and Welfare. (2025). *The health of men in Australia*. Australian Government. https://www.aihw.gov.au/reports/mens-health/health-of-men
4. Kwasnicka, D., et al. (2020). A gender-sensitised weight-loss and healthy living program for men with overweight and obesity in Australian Football League settings (Aussie-FIT): A pilot randomised controlled trial. *PLOS Medicine, 17*(8). https://pmc.ncbi.nlm.nih.gov/articles/PMC7410214

AMHF thanks our member organisations, whose work informs this submission.