

President's Update

August 2007



AACP

AUSTRALIAN ASSOCIATION
OF CONSULTANT PHYSICIANS

New Medicare item numbers

A big thank you to everyone who provided support and encouragement during our campaign for the introduction of the new consultation item numbers. As previously advised:

- The Minister for Health and Ageing, the Hon Tony Abbott, and the Australian Department of Health & Ageing (DoHA) have agreed to the proposals in the AACCP's submission of 28 September 2006, which put the case for two new item numbers for consultations by consultant physicians and paediatricians who care for patients with complex and chronic diseases.
- The fees for Medicare Benefit for these new items as announced in the May Federal Budget will be:
 - Item 132: \$238.30 for an initial consultation of at least 45 minutes duration
 - Item 133: \$119.30 for up to two subsequent consultations.
- These new items will be introduced in the 1 November 2007 MBS.

Descriptors and explanatory notes re the new Medicare item numbers

- At a recent Medicare Benefits Consultative Committee meeting attended by representatives from the AACCP, AMA, DoHA and Medicare Australia, consensus was reached on the descriptors and explanatory notes to be introduced in the MBS Schedule from 1 November 2007.
- We will circulate the final wording to our members as soon as it becomes available. While it is still being refined by the DoHA, we expect it to be close to that on pp18-20 of our submission – see <http://www.aus-physicians.com.au/AACPSubmission.pdf>
- We have received funding from the DoHA to write to all Australian consultant physicians and paediatricians prior to 1 November 2007 advising them of the introduction of the new item numbers, and to explain the associated requirements and limitations.

Current AACCP membership level

THANK YOU to each and every one of our current members – we would not be able to function without your financial support!

Since late July when we sent out reminder letters to 545 lapsed members, we have received approximately 150 renewals and a handful of new members.

We now have a total of 657 financial members.

Future AACP sustainability and viability

- As outlined below, we still have much to achieve for the 8000 consultant physicians and paediatricians we represent across Australia. However, the AACP will not be able to survive, let alone continue to work effectively, unless we gain support from a significantly higher proportion of those 8000 potential members. As at the date of writing, **only 8%** of all Australian CP&Ps have subscribed to the AACP in 2007 (including **only 5%** of all paediatricians) – notwithstanding the fact that **ALL** of them benefit from the results of our work and that our current subscription fee is the equivalent of one of the new item numbers negotiated by us. This absence of support from 92% of our constituency is, to say the least, staggeringly disappointing. It may be that many CP&Ps are simply unaware that we are their only advocacy body on workforce-related issues, so we are writing to explain this as many non-members as we can. At the same time, **it would help us greatly if you could please distribute the attached flyer and membership application form to as many of your CP&P colleagues as possible.** Thanks to those members who have already begun raising our profile in this way.
- Our Secretary/Treasurer Dr Jack Best will be presenting to the RACP a submission re facilitating stronger support from the College Fellows, which has been discussed with the College Executive. We are awaiting advice on this issue.

Some matters on which the AACP is currently working

- **Restoring relativity for consultant physicians and paediatricians.** We are working to regain recognition of the role, skills and cognition expertise of CP&Ps.
- **EPC items – more active involvement by physicians and paediatricians in patient assessment, clinical review and medication revision.**
- **EPC Items – Faculties and Chapters.** Public Health Medicine, Occupational and Environmental Medicine and Rehabilitation Medicine involvement needs to be explored and expanded with the assistance of each Faculty and Chapter.
- **Extending MBS item numbers for trainees under supervision** – from beyond outer metropolitan practice to regional, rural and remote Australia.
- **Preparing to present outstanding item numbers to the MBCC process** – including new items for HDU, geriatric, palliative care, internal medicine and paediatric patients.

AMA, Colleges, Association meeting report

Dr Jack Best and I attended the July 2007 meeting, representing both the AACP and the RACP. In summary, we reported as follows:

The AACP has had a successful campaign to introduce new item numbers for patients with complex and chronic conditions. There are many issues to be addressed, and useful dialogue has been established with the DoHA.

However, we need a viable and sustainable AACP, fully supported by the College Fellowship, or directly with assistance from the College, to enable appropriate planning and development of our long-term goals and ambitions.

Dr Les Bolitho
AACP President

29 August 2007