



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## PRESIDENT'S NEWSLETTER

September 2008

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## Membership

We have already passed our membership total of 2007 and with a third of the membership year left, our aim is to increase our membership to a level that reflects the number of practicing Consultant Physicians and Paediatricians. As a loyal member you are already aware of the need for the AACCP but many CPP's are still unaware of our relevance to their practice. The AACCP is the organisation that represents you in economic and related workforce issues and advocates on your behalf. We hold regular meetings with the Department of Health and Aging to discuss issues that affect your working conditions, as

well as being involved in meetings with other organisations, such as the AMA. We again urge you to encourage your colleagues to join you in supporting the AACCP by joining up, as this is our only source of income. Our councillors volunteer their time and are only rewarded in the same way you are, which is through our successes.

For further information on membership, application forms and renewal forms please visit our website at [www.consultantphysicians.com.au](http://www.consultantphysicians.com.au) or contact the AACCP Secretariat.

## Guidelines from Medicare Australia

### MBS item 132 and referrals

In reference to MBS requirements for items 132 (Referred Patient Consultant Physician Treatment and Management Plan) and 133 (review of 132), where a patient has been previously referred to the Consultant Physician, it is important to note that **a new referral is**

**not required for Item 132.** That is, the existing referral is adequate.

**For more information:** call Medicare Australia 132 150, email [medicare\\_prov@medicareaustralia.gov.au](mailto:medicare_prov@medicareaustralia.gov.au) or visit [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

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## Elections

The AACCP is holding its Council elections this year. All members will shortly receive a call for nominations in accordance with the AACCP's Memorandum and Articles. For further information contact the Secretariat, or one of the Council members.

*Extract from the AACCP's Memorandum and Articles:*

*6.1.2 No person shall be eligible to be appointed or to remain as a Councillor unless he/she is a Member*

## Quarterly DoHA meeting update

### Enhanced Primary Care / Chronic Disease Management / Public Health Physicians

Discussions are continuing on the AACP's proposals for access to an expanded range of Medicare items as part of the involvement of consultant physicians in chronic disease management. Members may be aware that there is a primary care review underway and it will be important for us to align our "message" with the focus of the Government on its primary care issues.

### Geriatric Assessment items

The AACP remains in discussions with the DoHA aimed at expanding access to the geriatric assessment item numbers by physicians that have the skills to provide these services but are not recognised as geriatricians by Medicare Australia. There will be further meetings with relevant organisations with a view to achieving an outcome that ensures the best possible care can be delivered to the patients of both consultant physicians and geriatricians utilising these items.

### Telehealth

The AACP is currently reviewing aspects of "telehealth" with a view to developing a paper outlining different models for further discussion with the DoHA.



## Utilisation of items 132 & 133

Recent notification from Medicare Australia (see page 1) confirmed that item 132 can follow item 110 if results from the initial consultation have revealed that the patient now requires a longer consultation than initially given, which is provided under item 132. This then opens up access to item 133 for the patient. This is an exciting development in the interpretation of the use of MBS items 132

*"Item 132 can follow item 110 if the initial consultation reveals that a complex prolonged consultation is required"*

& 133. These items, as you know, are a direct result of the AACP's submission to the government. Since the introduction of these new items the major users have been paediatricians, general and internal medicine physicians. The

DoHA and the AACP are both pleased that these groups that were targeted as being the most in need of attendance items

that reflected the increasing complexity of patient care, are the major users of the new items. Below are statistics on the number of services for each item number from November 2007 to June 2008. This is in line with the expectation for its use and shows how valuable their introduction has been to consultant physicians.

MBS Item	Services
132	184,953
133	63,820

## CSANZ 56th Annual Scientific Meeting

The AACP was represented at this years CSANZ conference, held in Adelaide on 7-10 August. Council members and Secretariat staff were on hand to talk with Cardiologists about the work of the AACP. The AACP is planning to attend a number of specialty society conferences to increase our recognition amongst the specialty

society groups as well as attending the RACP annual congress. We believe this is important at this stage to raise awareness of the AACP and to develop strong relationships with the various specialty groups. And a warm welcome to the new members who signed up during the conference!

