



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

President's Newsletter

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Feedback

The aim of our President's Newsletter is to provide members with an update on the AACP's activities and comment on areas relating to consultant physicians and paediatricians.

We welcome feedback regarding the content and format of the newsletter.

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Congratulations

Congratulations to AACP member, **Dr Arumugam Manoharan AM**, on receiving the Member of the Order of Australia award, at the Queen's Birthday Honours, for his services to medicine as a haematologist, particularly as a researcher in the field of tumours and as an educator.

It is wonderful to see AACP members being recognised for the difference they make to

July 2010

Dear Member,

Firstly, on behalf of the AACP, I would like to thank every member that has already renewed their 2010 membership subscription, your continued support is appreciated. The AACP needs a strong and growing membership in order to maximise our influence with the Government, as well as provide the resources to advocate for all consultant physicians and paediatricians.

We are already half way through the year and there are many challenges the AACP is facing. One major concern of the AACP at the present time relates to the need to improve patient rebates for consultant physician and paediatrician (CPP) consultation items, at a time when Governments are under severe financial constraint. The generally accepted state of affairs being that any new Medical Benefit Schedule item has to be funded by savings from existing items.

The "Health Reform" agenda is being strongly promoted by the Prime Minister and Minister Roxon; in terms of **ambulatory care**, most attention has been directed to support for General Practitioners (GPs), allied health practitioners, Practice Nurses for GPs, and the roll-out of more "Super Clinics". The AACP has continually lobbied for the vital role of CPPs in ambulatory (including "primary" care) but without any meaningful response to date. One area of improved funding for specialists is an expansion of the Expanded Settings Training Program (ESTP).

The COAG agreement for the new model of public hospital funding gives a welcome injection of new funds for **hospital care**, but to my understanding the full benefits of this increased funding will not occur for several years; I do not need to advise of the continually overloaded state of our public hospitals with promises of new beds not yet realised as we approach the annual peak of demand for services.

Rather than being "outside the tent", the AACP has engaged with Governments, including responses to:

- **MBS Quality Framework** (see below article for more detail)
- **Senate Community Affairs Committee** on National Registration and Accreditation Scheme (NRAS) legislation with threats to CPPs.
- Paediatric Patients Oversight (**Vanessa's Law**) Bill 2010 in NSW (see below article for more detail)

The AACP Council is currently considering a new submission for an MBS item for very prolonged (CPP) consultation. See below article for other important issues on our agenda.

As you will be aware, our Immediate Past President, Dr Les Bolitho has taken office as the President-Elect of the RACP. Council member, Dr Louis McGuigan, is now the President of the Australian Rheumatology Association. Council member, Professor Rick McLean, is the new AMA Physician Craft Group representative on Federal Council of the AMA. Congratulations to you all, we wish you well in your new challenges.



medicine.



Over 85% of members have already renewed their 2010 AACP membership - thank you!

If you haven't yet renewed your 2010 membership subscription, please do so today. Prompt renewal of your membership reduces the administration costs of the AACP, and allows us to concentrate resources on advocating on your behalf.

Renew your membership now - go to the [AACP website](#) for details on how.

hints & tips

Website: You can now find the exact website page you need from our home page - see "[The AACP website at a glance](#)" at the bottom of the home page.

Councillors: Meet our Council members and put a face to the name - see the [Council](#) page of our website.

Sincerely,

Bill Heddle
President

Email: president@consultantphysicians.com.au

Confused about the usage of Items 132 and 133?

Users of items 132 and 133 are still encountering problems with Medicare Australia when it comes to their patients making claims after being billed these items.

The AACP provided members with a statement from the Department of Health and Ageing in our November 2009 President's Newsletter on the correct usage of items 132 and 133. Please see the [Practice Information](#) page of our website for this information.

One issue on which we have discussed with the Department of Health and Ageing is in relation to advice some members have received from Medicare about when an item 132 can be billed. Specifically, there appears to be a misunderstanding that the referral from the GP determines whether a consultation is billed as a 132 or a 110. In fact, the consultant physician or paediatrician determines, on the basis of the nature of the services delivered, whether the consultation meets the requirements of an item 132 and therefore whether an item 132 is billed. These requirements are set out in the item descriptor and associated notes.

Other issues that have been raised are in relation to instances where the CPP has considered it necessary to bill for a second 132 for the same patient in one 12 months' period. Under the current arrangements, a rebate will not be paid for the second 132. We are discussing with the Department circumstances where it may be appropriate for a second 132 to be required and will advise members further on this aspect.

Another issue that has been raised is particularly relevant to rural CPPs where a patient presents with a number of intercurrent conditions and thus very complex management needs. In the case of rural and regional patients, it is preferable to manage their treatment in their home location, but under the current billing arrangements, it is often difficult to do so. It has been pointed out that the process of determining the diagnosis and developing a management plan for such patients can take significantly longer than envisaged under the provisions for item 132. The AACP is discussing with the Department options for addressing this particular issue.

Further information about the use of 132 and 133 will be posted on the "[Practice Information](#)" section of our website as it becomes available.

MBS Quality Framework Committees

Meetings have been held between the Department of Health and Ageing and the AACP concerning the MBS Quality Framework (MQF), with nominations of some of our council to the related committees. Our understanding is that the MQF is currently in a planning phase to decide how this "framework" is to be implemented.

A number of problems with this new scheme include a lack of any new funding for potential new items; uncertainty as to duration of the process for a new item; and uncertainty as to how one obtains an evidence base for a new consultation item (as against procedure).

The purpose of the Quality Framework is to expose applications for new procedures that are not reviewed by MSAC to a degree of scrutiny that does not currently occur. While MSAC considers technical and procedural items, a range of other MBS items have been added to the MBS without the degree of scrutiny applied by MSAC, and the Government has decided any new item will now be subject to closer assessment. Items that are assessed under the Quality Framework and are added to the MBS will be available on a time limited basis and will be subject to formal review (the methodology for any

such review is to be recommended to the Minister for approval); depending on the outcome of the review, the items may be retained on the MBS, or may be removed.

It is also no longer the case that public funding will be available once the Minister has accepted a recommendation for a new procedure - and this applies equally to both MSAC and the new Quality Framework. The assumption is that funding can be reassigned from within the existing items used by the particular specialty to fund new items, unless the new item is of such significance that the central agencies in Canberra will agree to make "new" funding available.

The Quality Framework process involves several stages and that leads to uncertainty as to duration of the process for introducing a new item. From the perspective of CPPs, it is noted that the challenge of providing evidence relating to outcome for attendance items is acknowledged.

In the first 6-12 months of the QF scheme, there will be input from the following committees with a view to finalising the proposed assessment processes and developing directions for the QF scheme. These committees are:

MBS Quality Framework Reference Committee

This committee's role is to provide advice to the Department of Health and Ageing (DoHA) on matters relating to the development of the MBS Quality Framework which will be considered by the Government as part of the 2011-12 Budget.

It's key role is to:

- Provide a forum for the DoHA to inform stakeholder on the development of the Quality Framework;
- Provide advice on the advantages and disadvantages of options under consideration for the Quality Framework;
- Canvass the views of represented organisations to make sure the DoHA is informed; and
- Work collaboratively with the DoHA to create a strong proposal to the Government for managing the MBS by the end of 2010.

MBS Quality Framework Expert Advisory Committee

This committee will provide advice to the DoHA on applications for new MBS items and amendments to existing MBS items; and reviews of existing MBS items through systematic monitoring and review processes.

It's key role is to:

- Advise on the development and improvement of the components of the MBS time-limited listing process;
- Liaise with relevant clinical experts;
- Assess applications;
- Advise on the development of the framework for reviewing existing MBS services;
- Identify potential candidate items for review;
- Prioritise individual topics for review; and
- Provide informed clinical, consumer and evidence-based comment in relation to specific reviews.

MBS Fee Advisory Committee

The MBS FAC will provide expert advice to the DoHA on the methodology for setting fees for new Medicare items and reviewing fees for existing Medicare services.

It's key role is to provide advice to the DoHA on:

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- the development of an input-based MBS fee-setting process;

- the implementation of the fee-setting process;
- data to be collected during the time-limited listing to allow evaluation of the fee at the end of the time-limited period;
- the use of the fee-setting process to examine and refine fee relativities for reviews of existing MBS items; and
- the MBS used as the basis for cost-effectiveness analyses and/or other economic assessments

The above committees will be terminated on 30 June 2011.

Further information can be found at www.health.gov.au/mbtrg

A recent article in the Medical Journal of Australia (MJA 2101; 193: 30-33) provides an analysis of the 2009 review of Australia's health technology assessment of medical technology funding (MSAC and the Prostheses and Devices Committee). The article notes that (as at June 2009) of 110 applications to MSAC, only 25 were recommended for "full funding".

For further information:

Australian Government Department of Health and Ageing. Review of health technology assessment in Australia December 2009. Canberra: DoHA, 2009. <http://www.health.gov.au/internet/main/publishing.nsf/Content/hta-review>

For information on MSAC assessment outcomes:

<http://www.health.gov.au/internet/msac/publishing.nsf/content/home-1>

Health Reform

Members will be well aware of the major components of the Government's health reforms, including the changes to funding and delivery of medical and health care.

As noted earlier in this newsletter, the role of the CPP has not been adequately recognised, given the key role of CPPs in the delivery of a significant amount of out-of-hospital medical care. The AACP continues to promote the role of the consultant physician and paediatrician in the delivery of medical care to the Australian community - from the newborn to the aged patient.

The AACP shares the concern of a number of organisations about the potential impact of the national health reforms on medical providers working in the private sector, and the patients who receive Medicare rebates for these services. There needs to be clearer explanation about the interrelationship between the operation of the public sector under the reforms and the private sector.

The AACP welcomes additional funding to support training. One of the matters the AACP has been exploring is how to provide support for CPP training in rural and regional areas - more about this in future newsletters.

Other initiatives that currently benefit GPs are also of relevance to CPPs, for example, the provision of financial support to employ a practice nurse; the AACP is exploring this possibility. The additional focus on allied health needs to include recognition of the appropriateness of Medicare rebates being available when patients are referred direct for an allied health service under an item 132 service (currently only available if the patient returns to the referring doctor and is then referred by the referring doctor). The AACP will continue to put the case for resolution of what AACP sees as an anomaly.

Issues on our Agenda

AACP has a number of ongoing issues, including:

- Medicare items for very long consultations
- CPPs and the "e-health" agenda including the Unique Health Identifiers for patients and health providers. General Practitioners (but not CPPs) have (over many years) been given substantial infrastructure support for e-health.

- The increasing emphasis on quality and safety.
- The need of supervision and training of the rapidly increasing numbers of CPP trainees.
- Ongoing confusion in interpretation of items 132 and 133, with conflicting information from Medicare offices in some jurisdictions.

If you have examples, input or information about problems relevant these issues - or any matter in the newsletter - [please let us know](#).

Paediatric Patient Oversight (Vanessa's Law) Bill 2010

In November 2008, Mrs Jillian Skinner MP, Deputy Leader of the Opposition, introduced the Vanessa's Law Bill into Parliament; however, it was not agreed in principle. The Legislation Review Committee recently reviewed the proposed bill, "Paediatric Patient Oversight (Vanessa's Law) Bill 2010".

The purpose of the Bill is to ensure children and adolescents (aged 16 and under) who are admitted to adult wards in major hospitals (13 teaching hospitals and 12 rural base hospitals) are under the care and supervision of a paediatrician within 48 hours of the patients admission.

AACP's Response

The AACP expressed the following concerns;

- The potential impact in rural and regional areas where there are few paediatricians and where general consultant physicians provide the relevant coverage.
- Requiring a paediatrician to have "oversight" in the proposed manner is likely to lead to inappropriate transfers from rural and regional hospitals, on the direction of the hospital board, simply to comply with the legislation.
- The proposed legislation takes no reasonable account of workforce issues such as: paediatricians are not the only medical specialists who are qualified to treat younger patients; other medical specialists, including consultant physicians, provide appropriate Medicare care for younger patients without the need for a paediatrician to "approve" the medical care.
- There is considerable concern about the potential impact on medical care in rural and regional areas. The proposed legislative response is likely to have significant unintended consequences.
- The legislation should acknowledge that consultant physicians provide paediatric care in many situations - particularly in outer urban, rural and regional settings - and not restrict the proposed "oversight" to paediatricians.

The RACP had similar concerns to those of the AACP. While this is a NSW specific issue, the AACP has brought it to the attention of all members since similar legislation may be under consideration elsewhere and it is worth noting the potential issues that may arise.

And a footnote to this item, one of the national reforms is the move to the four hour national access target in emergency departments - there is some concern that such a target does not allow adequate time for observation of a patient in the emergency department where it is indicated.

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