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AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

President's Newsletter

December 2010

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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 contents and format of the newsletter.

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Dear Member,

Since the last newsletter we have had an election and a change of Prime Minister but with the Labor Party leading a minority government with the support of the Green Party members and some Independents.

This has resulted in a hiatus during which consultation with Government could not proceed. During this time, the Vice-President and the Executive Officer had an opportunity to meet with some Senior Public Servants in the Department of Health and Ageing, most particularly concerning support for practice nurses for consultant physicians and paediatricians and also to explore better patient rebates for very prolonged consultation.



The start in the last month of the appointments of Clinicians to Federal Government Advisory Committees suggests that the normal processes of Government have resumed and that the various Government initiatives are being pursued. I am hopeful that during this Government the Minister will be more open to ongoing dialogue with the range of groups who present matters to her on behalf of patients and better health care.

Compliments of the Season

On behalf of the Council of AACP, my best wishes for a happy Christmas and successful New Year!

Regards

Bill Heddle
President



Telehealth

As you know, the AACP has been looking at possibilities for e-consultation items for consultant physicians and paediatricians and has had discussions with the Department about how they might be implemented. This is particularly relevant now that the Government has released its discussion paper *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations* (http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/News-20101130-Telehealth_Discussion_Paper)

Government has committed funding of \$402.2 million over four years for:

- Medicare rebates for online consultations across a range of specialties, providing around 495,000 services over four years to patients in rural, remote and outer metropolitan areas;

- financial incentives for specialists, GPs and other health professionals to participate in online services;
- training and supervision for health professionals using online technologies.

The AACP is preparing a submission on the discussion paper and would welcome input from members. The paper highlights the following issues for consideration:

- optimal practice models
- optimal specialties
- remuneration models
- financial incentives
- training and support
- technical issues, and
- limitations to uptake of telehealth (other than technological or financial).

In broad terms the AACP's approach will be acknowledgement of what it sees as the two "boundaries" of telehealth, namely the case conference and the e-consultation. There are existing case conference items in the MBS and it is appropriate to use these as a model. Telemedicine consultations ("e-consultations") may involve either a GP, patient and CPP, or two CPPs and the patient. There are a number of issues to be addressed in relation to the organisation of e-consultations, not the least of which is whether the patient must always be present - it is acknowledged that scheduling of consultations is likely to prove difficult given the already busy schedules of doctors. However, at the same time, there is still a legislative requirement for the patient to be present in order for a rebate to be payable. (The AACP recognises that there are also some situations where face-to-face consultations would preferably not involve the patient; however, this is being raised separately.)

Consideration also needs to be given to issues such as:

- clarification of legal responsibility
- the appropriate record of the discussions/diagnosis/management
- under what circumstances the patient may not require a CPP/GP/health professional to be involved on an e-consultation
- implementation of changes to management if required
- prescription of medications and provision of advice on medications

A new committee has also been established (Telehealth Advisory Group [TAG]) to provide input to the Department on telehealth and new e-consultations. The President, Dr Bill Hedde, is representing the AACP, together with the AACP's Executive Officer. The Past President, Dr Les Bolitho, is also a member of the group, representing the RACP.

This committee had its first meeting last week, and looked at which specialty groups should have access to e-consultations, whether there are any attendances that should be excluded, the appropriate settings for patients to participate in an e-consultation and under what circumstances patients would need medical professional support during an e-consultation with a specialist/PPP. The AACP's view was that all consultant physician sub-specialties could utilise e-consultations in some way.

It is recognised that there needs to be financial support or incentives to encourage uptake of telehealth services. The AACP has supported both an initial one-off payment to assist in set up and also ongoing payments linked to the services provided.

There is also recognition of the need for training to assist providers to take up telehealth practice. The DoHA is looking at appropriate ways to do this.

In addition to its response on the Government's Discussion Paper, the AACP is now finalising its recommendations on the structure of e-consultations.

WE WOULD WELCOME YOUR ADVICE ON:

- (i) whether your practice has IT capability to actively participate in video e-consultations,
- (ii) is your practice fully electronic in terms of patient records (if so, which program),
- (iii) do you use secure messaging to and from referrers and diagnostic imaging and pathology providers (if so, which program).

Government's proposed "Specialist Letter"

As part of the broad national e-health strategy, NEHTA (the National E-Health Transition Authority) has proposed there be a "national standardised approach for communication from non-GP specialists to GP specialists". The draft documentation is not available for review until January; the AACP has registered interest in reviewing the documentation. While standardisation can be useful, the AACP will seek to assure that any standardised format does not detract from the CPP's ability to provide necessary information to referring doctors.

Extended Consultations

The AACP is continuing to press for extended consultations. There are numerous examples of the need for extensive assessment of patients with complex problems and in many cases access to an extended consultation rebate would enable the patient to be assessed, diagnosed and treated by the one CPP, without the need for referral to multiple specialists. This was one of the elements underpinning the introduction of MBS items 132 and 133 - Government accepted our argument that having appropriate rebates for longer items was required to support appropriate CPP practice.

The telemedicine / e-consultation initiative potentially may assist in supporting consultation with other CPPs or specialists located remotely from the patient to reduce the requirement to travel, but it does not replace the value of having access to a longer attendance item (similar to the item currently available to consultant geriatricians for assessment).

Practice Nurses

As you will be aware, the AACP has been having discussions to seek support for practice nurses in CPP practices. Practice nurses already play a valuable role in many CPP practices but there may also be a role in relation to expanded e-health capacity.

WE WOULD WELCOME YOUR ADVICE ON:

- (i) whether your practice employs a practice nurse, if yes,
- (ii) is that position full or part-time,
- (iii) what does the practice nurse do,
- (iv) if no, would access to Medicare funding encourage you to engage a practice nurse,
- (v) what is your specialty.

Member Enquiries

We welcome your enquiries and will do our best to answer questions you have raised. Often this involves lengthy consultation with Government or the DoHA or the issues are part of larger Government initiatives that take time to deal with; thus answers may not come through as quickly as you would like. However, these matters are on our agenda for ongoing action.

2011 Membership Renewals

Renewals were posted to all members on 2 November, with renewal due by 1 January 2011. Thank you to the many members that have already renewed their membership.

If you haven't yet renewed your membership, please do so as promptly as possible as this reduces the administration costs of the AACP.

Thank you for your support through membership.

Items 132 and 133

We appreciate that members are still experiencing some issues with utilisation of these items. We continue to try to address these specific issues on behalf of our members, as well as investigating ways of making these items more accessible.

The AACP would welcome [feedback](#) from members on how these items have helped your practice. Please take the time to send a quick testimonial that you would be happy for the AACP to publicise if required; these examples are also very helpful in explaining to Government how these items are used and how they are benefitting our patients.

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