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AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

President's Newsletter

March 2011

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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,

The year so far has seen our political leaders further concentrating on "health reform", with a focus on the alleged benefits that e-technology will have in improving health care. It is important to ensure that e-health does not result in a distortion of the debate over improvement in health care.



Over the last few months the AACP's Executive have been actively involved in a number of meetings held by the Department of Health and Ageing (DoHA) on "telehealth", the creation of item numbers for "e-consultations", and the National Electronic Health Transition Authority (NEHTA) regarding "electronic health records". The Government and the DoHA have placed great emphasis on this technology shift in health, as shown by the active interest of both the Prime Minister and the Minister for Health, and the AACP recognises the importance of ensuring that the interests of consultant physicians and paediatricians (CPPs) and their patients are acknowledged in these ongoing discussions.

From 1 July 2011, the e-consultation initiative will commence. The Government has set the date of 1 July 2012 for the official start of the planned Personally Controlled Electronic Health Record (PCEHR), when patients can request a PCEHR.

I also wish to note that while the Government's focus might be on technology, the AACP still considers face-to-face consultation the basis of CPP practice and continues to press for:

- appropriate recognition for CPP involvement in highly complex cases.
- in delivering services to patients in rural and remote locations.
- support for practice nurses for CPPs.

An additional item of which I became aware of this week (but still awaiting official confirmation) is that there will now be a special Registration Category for "retired" CPPs including much easier CPD requirements.

Regards

Bill Heddle
President

Telehealth

The AACP made a submission in relation to the Department of Health and Ageing's (DoHA) discussion paper "*Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations*". Thank you to the many members that provided details on how prepared your practice is for the introduction of e-consultations.

The AACP's submission included recommendations that:

- there be Medicare rebates for both phone and "asynchronous" consultations as part of the e-consultation initiative.
- resources are made available to CPPs to support wider implementation of e-health and e-consultations.
- existing Medicare fee relativities between CPP, specialist and GP items be maintained in relation to e-consultation.
- that appropriate documentation, along the lines of a "discharge summary" generated in relation to an e-consultation, case conference or telephone enquiry be considered appropriate for the purposes of eligibility for Medicare rebates under the e-consultation initiative.
- Medicare fees for e-consultation reflect the clinical requirements of the service provided, acknowledge the complexities associated with undertaking a consultation when the patient is not physically present and reflect the costs of installing and maintaining appropriate technology for undertaking e-consultations.

The AACP does not support the view that e-consultations are a replacement for normal face-to-face consultations between a CPP and the patient, but rather that e-consultations offer a valuable additional consultation option when the patient may otherwise have difficulty getting to see a CPP (e.g. because of the patient's location or ability to travel) or for a follow up consultation that avoids a day of travel for the patient, or to confirm (or avoid) the need for urgent transfer of a patient. The Government has indicated that e-health (including e-consultations) will be implemented from 1 July 2011.

The AACP is involved in the ongoing discussions on both e-consultations and the PCEHR (see later item) to ensure that the views of CPPs are represented. **The AACP has ensured that our CPP attendance items are included in the e-health arrangements.**

We wish to reassure all our members that the AACP continues to push for a number of MBS items to support quality CPP practice and provide appropriate rebates to patients for these services; this includes an item for seeing patients with very complex conditions and support for practice nurses in CPP practices. E-consultations are but one such option that may be of assistance to some of our members and their patients.

For those members who are or will be involved in telemedicine, from 1 July 2011 there is expected to be:

- Resources to assist CPPs in establishing themselves for e-consultations; and
- Medicare fees that acknowledge the ongoing cost of the technology that is required to effectively participate in e-consultations.

Guidelines relating to the technological side will not be available from the DoHA until close to the implementation date; as soon as further information is available, the AACP will pass it on.

A Medicare item for **phone consultations** is not included in the program to be implemented from 1 July 2011. The inclusion of phone consultations in this program has not been ruled out and the AACP has also sought further discussions with the DoHA after 1 July on this matter.

Similarly, it is recognised that there are valid reasons for participation of a CPP in an **asynchronous consultation** - that is, where a CPP may not be able to participate in a three-way consultation due to scheduling, it is possible to review a range of documentation and test results, and conclude the consultation at a later stage. There is no provision at present for a Medicare item for asynchronous consultation, but there are situations where such an approach would be appropriate and the AACP will continue discussion on this matter as well.

Scheduling of appointments for e-consultations is recognised as one of the difficult aspects for all participants, but particularly for CPPs and specialists, whose appointments are usually filled weeks, and sometimes, months ahead. Government needs to expand the options available for patients to see CPPs, without adversely affecting existing attendance arrangements.

View our submission [here](#).

Australia Day Honours

Congratulations to AACP Council member, **Dr Paul Bauert OAM**, who was awarded the Medal of the Order of Australia for service to medicine in the field of paediatrics, to Indigenous health, and through professional organisations. Dr Bauert is a paediatrician in the Northern Territory, as well as being on the Board of a number of specialist groups and associations.

RACP Congress

The AACP will be exhibiting at the upcoming RACP Congress, to be held at the Darwin Convention Centre from 22 - 25 May 2011. As usual we will be there signing up new members, so **please send your colleagues to our booth to join the AACP**. Any members that haven't yet renewed their membership and are attending the conference can also renew onsite at **Booth 19**.

PCEHR (Personally Controlled Electronic Health Record)

From 1 July 2012, patients can ask for a PCEHR to be created for them. This is another initiative of the Government, which has committed significant funds to the development of PCEHR for Australian patients.

Unless Government changes its position on this matter in the next 12 months, the PCEHR will be an "opt in" arrangement so initial take up is not expected to be more than about 10 per cent of patients. It is unlikely that patients will request a CPP to take prime responsibility for creating a PCEHR; GPs are being promoted as having prime responsibility for this. However, over time, when a CPP sees a patient who has a PCEHR, they will need to be able to both have access to that record and to enter information so it will be necessary to have a suitable level of information technology capacity within the practice to do this.

The AACP will provide further information on developments with PCEHR over the next few months. In the meantime, if you would like further information, please let us know and we will send out any other information that is available at this stage.

Feedback - Items 132 and 133 / Practice Nurses

Thank you to the members who have provided feedback on the impact of items 132 and 133 on the care you provide your patients, and the way practice nurses work within your practice.

Some members have been providing feedback on situations where the current MBS items do not provide an adequate rebate, e.g. where a patient with multiple conditions requires input from a series of different CPP sub-specialists, or allied health professionals. Specific examples of the difficulties faced by patients in these circumstances helps the Government and the Department better understand how different Medicare items can better serve such patients and also more effectively utilise Medicare resources.

Your [feedback](#) on how items 132 and 133 have helped your practice is welcomed. 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 benefiting our patients.

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