



# AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

## President's Newsletter

December 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 matters relevant to consultant physicians and paediatricians.

We welcome [feedback](#) regarding the contents and format of the newsletter.

### Contact Us

PO Box 145  
Balmain NSW 2041

p: 02 9810 0061

f: 02 9555 1383

[aacp@consultantphysicians.com.au](mailto:aacp@consultantphysicians.com.au)  
[www.consultantphysicians.com.au](http://www.consultantphysicians.com.au)

### Dear Member,

This has been a busy year but to the present time (apart from the new video consulting items) has not had any definite positive outcomes for consultant physicians and paediatricians (CPPs).

There has been an apparent positive attitude change of the Department of Health and Ageing, with a preparedness to discuss items that may result in improved health outcomes. This appears to have resulted from the involvement of the AACP in the e-health discussions, both the "Telehealth Advisory Group" ("TAG") and in the National E Health Transition Authority (NEHTA) "round table" discussions.



The launch of the new Medicare Benefit Schedule (MBS) Items on July 1 2011 was given import by the personal involvement of Hon Julia Gillard, Prime Minister, in addition to the Hon Nicola Roxon, Minister for Health and Ageing, in the demonstration of e-health consultation. The Minister at that time had concern about limited (rather than excessive) take up of the new items.

Following these events, the AACP was able to have discussions with the senior members of the Department of Health and Ageing on our areas of concern, including support of Practice Nurses for CPPs, and the need for Government support for very long consultation. Although we have not achieved major breakthroughs this year, the future appears much more promising than it did one year ago.

We will also go into 2012 with a new Health Minister, the Hon Tanya Plibersek, who is the Member for Sydney (an inner Sydney electorate that coincidentally includes Rozelle, where the AACP office is located). Ms Plibersek was formerly the Minister for Human Services and Social Inclusion. We look forward to working with the new Minister for Health in the New Year.

May I offer my personal best wishes for a happy Christmas and a prosperous and healthy 2012!

Bill Heddle  
President

### Thank You

...for your support during 2011. Our members ensure the AACP stays a viable association, and has the capacity to represent all consultant physicians and paediatricians on matters that relate to your day to day work life. We look forward to continuing to advocate on your behalf in 2012.

## 2012 Membership Renewals

It's time to renew your membership of the AACP - your 2012 renewal notice should have arrived in your letterbox already, if you haven't received yours please contact the secretariat, or download a renewal notice via the "Renew Now" button. The quickest and easiest way to renew is via Bpay, see your renewal notice for the payment options available. You'll notice the AACP has not raised its membership fees again this year. When updating your details please take the time to include your email address if we don't already have it, as this is our preferred contact method. Your timely renewal ensures the AACP is able to focus on representing consultant physicians and paediatricians.



## AACP Annual General Meeting

The AACP's AGM was held at the AACP's office on Thursday 17 November 2011. The President reported on the year's activities and the Treasurer on the AACP's financial statements included in the Auditor's Report for the year ending 30 June 2011, noting the AACP's financial position remained satisfactory.

The following Council members, who were required to retire at the 2011 AGM, offered themselves for re-election and were re-elected:

**Dr John Best AO, Prof Gerard Carroll AM, Dr William Heddle, Prof Rick McLean, Dr Andrew Nunn and Dr Richard Whiting.** The new Council comprises: **Dr William Heddle**, President, **Dr Paul Bauert OAM, Dr John Best AO**, Vice-President, **A/Prof Gerard Carroll AM, Prof Rick McLean, Dr Andrew Nunn**, Treasurer, **Dr Greg Rowell, Dr Richard Whiting.** Log onto the AACP website if you would like further information on your [Council](#).

After years of loyal and dedicated service, **Dr Les Bolitho** retired from Council at this AGM. The AACP appreciates his efforts both as President and Councillor and takes this opportunity to thank him and wish him all the best in his next role as President of the RACP, a position he will take up in 2012.

## Council Meeting

The last AACP Council meeting for 2011 was also held on Thursday 17 November 2011. Council reviewed the year's activities and decided to revise its approach on a number of current projects. This includes assigning responsibility to Council members to lead the development of submissions and advocacy in particular areas. With the Government's focus on telehealth, as mentioned previously, there is a greater challenge to shift interest to other areas the AACP is trying to address, such as extended consultations, consistency in access to Medicare items and equity in relation to patients' access to Medicare benefits for allied health services, irrespective of the item number charged by the CPP. Work is underway on developing applications for consideration by MSAC in each of these areas, although the AACP continues to press for action outside the MSAC forum.

The President indicated his wish to undertake a further strategic planning meeting with Council in early 2012, so members are invited to provide input to the President via the Secretariat on matters they believe need to be considered

It was noted that a number of enquiries continued to be received in relation to items 132/133; these included issues such as the timing in relation to 132 and the associated items 133 and the need for more than two 133s in a year, as well as telehealth related queries. The AACP has requested advice on these, or sought to have arrangements amended, and in some cases changes are in process.

Members are invited to continue to bring any problems to the AACP's attention so we can take these up with the relevant DoHA or Medicare officers. Members may be aware that Medicare now has wider responsibilities, including Centrelink, which have resulted in longer lead times for most changes to be dealt with by Medicare.

## Telehealth

The AACP attended the recent meeting of the Telehealth Advisory Group (TAG), which discussed a number of updates on the telehealth arrangements.

A number of consultant physicians and paediatricians have already undertaken telehealth consultations, using both the 110/116 and 132/133 items. While the arrangements have been in place for less than 6 months, just a reminder that the "on-board incentive" payment of \$6,000 is available up to 30 June 2012 - that is, you need to provide at least your first telehealth consultation using one of the new telehealth MBS items before 30 June 2012 to qualify for this payment.

From 1 July 2012, the initial payment reduces, as do the relevant telehealth schedule fees; so if you are interested in being involved in telehealth as a way of increasing access to your services for patients who may otherwise have difficulty seeing you, please consider whether telehealth may be an option for you, your referring doctors and their

patients. (We are aware of some promotional communications being received that imply the \$6000 grant is only available up to January 2012 - this is incorrect!).

If you are one of the "early adopters" the AACP would welcome your [feedback](#) to share your experience and offer any tips to your colleagues. The majority of Council members are already involved in telehealth, or in planning to commence in the next few weeks; some have been undertaking telehealth consultations for a number of years and have found it to be a valuable additional consultation option where face-to-face consultations may otherwise be difficult or very inefficient for both CPP and patient.

The AACP's planned regional telehealth pilot project is proceeding, with the intended date of around late January for connecting up a number of rural GP practices and a regional consultant physician group. Assuming this works well, we hope to be able to provide a template to assist others to set up these networks. The DoHA is very supportive of this type of approach. More on this in early 2012!

The DoHA has developed an evaluation and review plan for telehealth, which will look at issues including barriers to uptake, impact on geographical distribution of health services, the type of practices adopting telehealth and broad productivity benefits (e.g. avoiding non-urgent transfers to hospitals). The TAG will provide comments on the plan; early thoughts are that the draft plan needs significantly more rigour if it is to provide useful data.

The AACP has sought some funding from the Telehealth Training and Support Grant Program for a number of projects, including the provision of a dedicated person to assist members with telehealth enquiries. One of the concerns raised by the DoHA is the possibility that there needs to be more assistance with the practicalities of setting up telehealth, and also in communication between referring and specialist doctors. The AACP is hoping to assist in both areas.

There are also plans at a number of levels to develop a national register of medical practitioners who area involved in providing telehealth services. The AACP has considered developing such a register for CPPs, however it is more appropriate that there be one such register and the AACP will look to support the concept of there being one register only. Having multiple registers - and a multiplicity of standards - will make the whole telehealth process more complex than it needs to be.

## APRHA

A reminder to ensure you check your AHPRA listing is correct. AHPRA has recently written to all registered medical practitioners seeking confirmation of the accuracy of the AHPRA data. Given the somewhat "rocky" start to the national registration process, we understand there are many entries that may be inaccurate; the qualification relevant to your specialty needs to be listed in order that your patients may be eligible for Medicare benefits.



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Australian Association of Consultant Physicians | PO Box 145 | Balmain | NSW | 2041 | Australia