



AUSTRALIAN ASSOCIATION OF CONSULTANT PHYSICIANS

PRESIDENT'S NEWSLETTER

July 2009

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From the President

In recent months there has been a continuous stream of reports, interim reports, papers, consultations and documents for assessment and comment.

As previously advised, the AACP has made submissions relating to the impact of the following reviews on consultant physician's and paediatrician's working conditions:

- The National Primary Health Care Strategy (NPHCS)
- National Registration and Accreditation Scheme for Health Professionals
- Strategic Review of Future Funding Arrangements for Diagnostic Imaging and Pathology Services
- National Health and Hospitals Reform Commission (NHHRC)

In response to these reviews, the AACP met with Dr Tony Hobbs, Chair of NPHCS;

with Dr Christine Bennett, Chair of NHHRC and other members of the Commission and members of the Medical Benefits Division of the Department of Health and Ageing. **More information can be found on page 2.**

The AACP is awaiting the public release of the final reports from the NHHRC and the NPHCS.

Les Bolitho



Physicians Week 2009

The AACP was an exhibitor at Physicians Week 2009, held in Sydney on 18-20 May. It was an excellent opportunity to raise our profile further. Feedback from delegates indicates that this is occurring - which is great news, as it means our strategies are working.

An encouraging number of CPPs joined as new members during the conference — a warm welcome to everyone that joined and thank you for your support now and in the future. Thank you also to the members that encourage their colleagues to join the AACP.

The AACP held a successful breakfast session during Physicians Week. AACP council members gave presentations on the National Registration and Accreditation Scheme; National Primary Health Care Scheme and the National Health and Hospitals Reform Commission, expressing the view of the AACP and the action taken

by AACP in representing CPPs. The session was well attended and the audience engaged in enthusiastic discussion following the presentations.

A discussion paper – 'What Price Telemedicine?' was also presented at the session.

If you would like a copy of the presentations, please email your request to the Secretariat.



AACP Activities

Medicare items for longer initial and review consultations

At present there is provision for longer consultations for both geriatric and psychiatric assessment. However, as members will be aware, there are other situations when other patients require significantly longer consultations than currently envisaged under the item 132 and 133 arrangements. The AACP is currently reviewing a proposal in relation to such items for future submission.

In addition, there has been further correspondence with the Secretary of the DHA about expanded access to the geriatric assessment items for those consultant physicians who provided the assessment services, particularly for rural patients. Consideration of these matters is continuing.

Telemedicine

The AACP has put together a discussion paper on telemedicine that raises a number of questions on which the AACP is seeking input. The discussion paper is currently available on the "News and Events" page of the website. The AACP welcomes feedback on the paper from members.

Following further discussion with the DHA on this matter, the AACP is now working on a firm proposal on telemedicine.

MBS items 132 & 133

A number of members have brought to our attention some anomalies in the use of Medicare items 132 and 133. There have been problems with the interpretation of the 12 months applicable to the use of the review item 133. Also, the matter of referral for allied health services when an item 132 or 133 is used has been raised. Both these issues were discussed with the DHA.

We are awaiting advice from the DHA about the timing of the use of item 133.

In relation to referral for allied health services, the AACP is preparing a further paper as the basis for discussions with the DHA on this matter.

National Health and Hospitals Reform Commission

The AACP sought meetings with Commissioners from the National Health and Hospitals Reform Commission (NHHRC) following our response to the Interim Report, as we were not satisfied with the lack of recognition of the role of consultant physicians and paediatricians (CPPs) in non-hospital settings and felt the limitations of the survey format for responses to the Interim Report would not satisfactorily express our concerns.

After meeting with Commissioners of the NHHRC, the AACP made a supplementary submission to the Commission's Interim Report, emphasising the need for adequate recognition of the vital role CPPs play in primary and ambulatory care.

The report was biased towards general practitioners and allied health professionals as providers of medical care in non-hospital settings, and overlooked the extensive role of CPPs in the non-hospital setting.

The AACP recognised that this would severely disadvantage Australian health care, should the recommendations be implemented without fully recognising the function of CPPs. *The AACP's supplementary submission is available on the "News and Events" page of our website.*

As we 'go to press' with this newsletter, the NHHRC Final Report is due to be handed to the Minister. Watch your email for a **Special President's Update** on the Final Report.

National Primary Health Care Strategy

The AACP had the opportunity to meet with members of the National Primary Health Care Strategy on 31 March to discuss the role of CPPs in the provision of non-hospital care. This included discussion on

- the current funding mechanisms in private practice;
- the importance of the role of CPPs in the provision of "primary care" to Indigenous Australian;
- the referral system and the lack of allied health providers in the public hospital system (particularly in rural areas) and the inefficiencies associated with CPPs not being able to refer direct for allied health services;
- countering the view that patients are not "returned" to their GPs in a timely manner; and
- the fact that CPPs provide continuity of care, particularly where patients are attending GP clinics where they see a different GP each time they attend.

The AACP has also had further discussions with individual committee members since that meeting.

2009-10 Federal Budget

The 2009-10 Federal Budget contained a number of changes that may affect CPPs. These include:

Synovial joint injection items to be removed from the MBS

Rheumatologists learnt of the Federal Budget decision to remove synovial joint injection items, 20124 and 20125, through an article published in the weekend edition of *The Australian* on 30 May 2009.

This change will affect approximately 350 practicing Rheumatologists who use these Medicare item numbers for approximately 1 in 20 patients. The Australian Rheumatology Association (ARA) is at a loss to understand why it was not consulted in the decision making process to remove these item numbers.

The AACP raised this issue at its recent meeting with the DoHA and will continue to support the ARA to have these items reinstated.

Diagnostic Imaging & Pathology Services

The outcome of the Strategic Review of Future Arrangements for Diagnostic Imaging and Pathology Services was announced as part of the 2009-10 Federal Budget.

From 1 November 2009, the Government will introduce new bulk billing incentives for diagnostic imaging and pathology, at a cost of \$600.7 million for diagnostic imaging and \$348.1 million for pathology over four years.

For CPPs involved in cardiology, diagnostic imaging or who work in rural areas, there are a number of changes that may be relevant.

From 1 November 2009, a new **bulk-billing incentive** will be introduced for diagnostic imaging and pathology that effectively increases the patient rebate for these services from 85 per cent to 95 per cent of the Medicare Schedule fee.

There will also be changes to **capital reimbursements** in relation to "older, fully depreciated equipment" with lower Medicare fees for services provided on older equipment.

It has been proposed that, from 1 November 2010, there will be three-year trial of "non-report requests" in

relation to "simple X-ray services" where the "requesting doctor does not consider a radiologist report is necessary".

There will no longer be a Memoranda of Understanding in relation to pathology and imaging specialties and there will be **two further reviews** over the next two years focussing on patient access and the cost of "quality pathology and DI services" and, while these reviews are in train, it is unlikely there will be any indexation of Medicare fees for either pathology or diagnostic imaging services.

For those members in rural areas, you may be aware that the Government has decided to adopt a **new remoteness classification system** – ASGC RA. This new remoteness classification system will be progressively applied to rural health service delivery and rural medical workforce programs.

If you would like further information on the Federal Health Budget, please contact the Secretariat and we will endeavour to provide additional details.

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A further provision included in the Budget Papers is the proposed **reduction in Medicare fees** from 1 November 2009 for **coronary angiography items** by approximately 20 per cent (items 38215, 38218, 38220, 38222, 38225, 38228, 38231, 38234, 38237, 38240 and 38246). As with the synovial joint injections, there was no consultation with the profession on this proposed reduction.

Another change that has not been widely publicised (Outcome 3: Access to Medical Services) is the requirement that, from 1 January 2010, any new Medicare item that has not undergone an assessment by the Medical Services Advisory Committee (MSAC) will be included on the MBS as a provisional item only, subject to post-implementation review at three years after the introduction of the item to ensure the service is "clinically relevant and cost-effective in contemporary clinical use". The mechanism for conducting these reviews is yet to be determined in detail.

Declaration of Seoul on Professional Autonomy and Clinical Independence

The World Medical Association, having explored the importance of professional autonomy and physician clinical independence, hereby adopts the following principles at the WMA General Assembly, Seoul, Korea, October 2008.:

1. The central element of professional autonomy and clinical independence is the assurance that the individual physicians have the freedom to exercise their professional judgement in the care and treatment of their patients without undue influence by outside parties or individuals.
2. Medicine is a highly complex art and science. Through lengthy training and experience, physicians become medical experts and healers. Whereas patients have the right to decide to a large extent which medical interventions they will undergo, they expect their physicians to be free to make clinically appropriate recommendations.
3. Although physicians recognise that they must take into account the structure of the health system and available resources, unreasonable restraints on clinical independence imposed by governments and administrators are not in the best interests of patients, not least because they can damage the trust which is an essential component of the patient-physician relationship.
4. Hospital administrators and third-party payers may consider physician professional autonomy to be incompatible with prudent management of health care costs. However, the restraints that administrators and third-party payers attempt to place on clinical independence may not be in the best interests of patients. Furthermore, restraints on the ability of physicians to refuse demands by patients or their families for inappropriate medical services are not in the best interests of either patients or society.
5. The World Medical Association reaffirms the importance of professional autonomy and clinical independence not only as an essential component of high quality medical care and therefore a benefit to the patient that must be preserved, but also as an essential principle of medical professionalism. The World Medical Association therefore re-dedicates itself to maintaining and assuring the continuation of professional autonomy and clinical independence in the care of patients.

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"Information Item"

The Declaration of Seoul on Professional Autonomy and Clinical Independence was adopted by the Australian Medical Association in March 2009

Membership Subscriptions



2009 Membership fees were due on

1 January 2009

If you haven't yet renewed -

renew today!

Renew online via www.consultantphysicians.com.au, or download a renewal form and fax or post your payment to the AACP.

Your continued support in 2009 is vital.

AACP Website Upgrade

The AACP will soon be upgrading its website. The current website is functional, however, as the AACP grows so should the website. This is especially important in attracting new members as well as improving the quality of communication with our current members.

The new website will give members more information on the AACP's activities, in specific sections of the website. It will also contain information of interest to members, while remaining easy to navigate around.

One new feature will be an online feedback form - which we invite members to use to advise the AACP of any relevant issues you may have. We would also welcome feedback via the form from members, especially on how items 132 and 133 have helped your practice.

In the meantime, if members have any information they would like to see on the upgraded version of the AACP website, please let the Secretariat know so it can be considered in the upgrade.

Members will be notified when the new version is up and running. In the meantime please add our website to your favourites:

www.consultantphysicians.com.au



AMA leadership

The AACP congratulates **Dr Andrew Pesce**, a Sydney based obstetrician, on becoming the 21st President of the AMA.

The AACP would also like to congratulate **Dr Paul Bauert**, who is a member of the AACP, on his position Executive Councillor, NT Representative, on the Federal AMA Council.

We would also like to make a special mention of **Dr Dana Wainwright** who retired from her position as Chair of Council after many years with the AMA. Dr Wainwright is also a member of the AACP.

The AACP will continue to work collaboratively with the AMA on matters of mutual concern.

Membership

The AACP's membership renewals are progressing well, with 90% of members having already renewed for 2009. **Thank you for your continued support.** If you haven't renewed your membership yet, please do so today.

A challenge for any organisation is reaching and recruiting new members, which is why the AACP has asked you to pass on flyers to your

colleagues to encourage them to join. You are our greatest advocate as you already understand the valuable role the AACP plays for all CPPs.

Thank you to those members who have already passed on the flyers to their colleagues.

Email the secretariat for additional forms.



Conferences - 2009 & 2010

Gastrointestinal Week 2009

The AACP is pleased to announce that we will be an exhibitor at Gastrointestinal Week, to be held at the Sydney Convention & Exhibition Centre on 21-24 October 2009.

This is an exciting opportunity to reach a specific specialty and promote the vital role the AACP play in the representing all CPPs.

World Congress of Internal Medicine 2010

The AACP has reserved a booth at next year's World Congress, to be held in Melbourne on 20-25 March. This is a joint conference between the RACP and the Internal Medicine Societies, both Australia & New Zealand and internationally.

The AACP will continue to have a presence at the College conferences to increase our visibility to members and potential members and enable us to meet our members personally.

If you know of a CPP, who is not an AACP member, attending either of these conferences, tell them to come to the AACP booth to join up.