RACGP

Healthy Profession.
Healthy Australia.

16 December 2013

Dr Richard Bartlett
First Assistant Secretary
Medical Benefits Division
Department of Health
GPO Box 9848
CANBERRA ACT 2601

richard.bartlett@health.gov.au

Dear Dr Bartlett

Re: Medical Benefits Scheme (MBS) 2013-2014 Budget Measure: Removing Double Billing for Chronic Disease Management (CDM) and same day general consultations

I write in relation to the proposed changes to Medicare guidelines as announced in the 2013-2014 budget, where patients will be unable to claim a Medicare rebate for a standard consultation item and a Chronic Disease Management (CDM) item on the same day.

The Royal Australian College of General Practitioners (RACGP) believes that this change will adversely affect patients, particularly high-need patients who require care unrelated to their chronic condition. Essentially, these changes will force patients to return to the practice on another day, inconveniencing the patient and negatively impacting practice efficiency and patient flow.

The following short case studies demonstrate the negative impact that the proposed budget measure would have on patient care.

Case study 1: GP working in remote Indigenous communities

Patients in remote Indigenous communities often present with new complaints such as indigestion, back pain, chest infections or skin infections. Consultations are used to opportunistically complete a full review of the patient's other underlying medical conditions such as diabetes, ischaemic heart disease and hypertension. Hence, a CDM item will be billed if applicable.

The introduction of the proposed budget measure would require patients to return to the practice on another day, which may result in non-attendance and the patient not receiving appropriate clinical care. The GP is also essentially penalised in these circumstances for providing comprehensive, quality patient care.

In this scenario, the proposed budget measure would create a barrier for rural and remote Indigenous patients accessing healthcare and, as a consequence, would adversely impact on the Government's Close the Gap campaign.

Case study 2: Young professional with diabetes

A young female office professional with type-1 diabetes and an accompanying CDM plan, presents to her GP. She is also on oral contraceptives, and is seeking to discuss concerns relating to her amenorrhea, as well as a review and update of her CDM plan. She has a full time work schedule, and taking time away from the office to make another GP appointment will be time consuming and reduce her work productivity.

The introduction of the new budget measure would effectively penalise full-time working people, managing chronic illness for being diligent and managing their time efficiently.

RACGP

Healthy Profession.
Healthy Australia.

Case study 3: Elderly man battling cancer

An 88-year old man with cancer attends the clinic for his anaemia, accompanied by a family member who provides part-time care and transport. He is currently seeing multiple medical practitioners including an oncologist, a general physician, and a respiratory specialist. Given the complexity of the chronic illness and the array of related and unrelated complicated illnesses, the GP prepares a CDM plan.

Despite the need for a CDM plan, the patient also wishes to address their acute symptoms as a first priority. The GP is unfortunately unable to address both the acute symptoms, and prepare a CDM plan on the same day, due to the protocols of Medicare.

The patient and their carer are forced to make another appointment later in the week, so that the GP can also prepare the CDM plan. The carer is also required to take further time off work so that they can accompany the patient for the additional appointment.

Solution

Ultimately, these scenarios demonstrate that the proposed changes will result in a cost to patients – in addition to any consultation fee – such as time, transport, time off work and carer time. The scenarios above are not 'exceptions to the rule', but rather, typical GP consultations.

The RACGP believes that the proposed changes to the Medicare guidelines must be withdrawn, as they will limit patient access for same day consultations and subsequently limit the ability of the GP to provide comprehensive quality care in a timely and efficient manner.

The changes also create additional barriers to accessing efficient primary healthcare for highly vulnerable groups in society including remote Indigenous and non Indigenous communities, the elderly experiencing complex co-morbid conditions and complications and young professionals who must be encouraged to be productive members of the workforce.

I look forward to receiving your response and encourage you to contact Ms Michelle Gonsalvez, Program Manager - Policy and Practice Support via email at michelle.gonsalvez@racgp.org.au or by calling 03 8699 0574 should you have any queries.

Yours sincerely

A/Prof Frank Jones
Vice - President