

12 August 2011

RE: Review of the Professional Service Review (PSR) Scheme

The PSR attracts interest for any group of doctors outside the bell distribution curve for services and procedures. A percentage of these groups will be providing services which the community needs and are not offered by any other doctors. In some cases the reason why no other doctors are offering these services is because Medicare has failed to provide item numbers that would allow payment for doctors providing such services. Medicare needs to respond to the needs of Australian families and be flexible and efficient at investigating when they should support these doctors rather than play a punitive role. The questions and observations below, relate to situations where the PSI has done damage in an area of need. The whole system needs to provide support to new service providers as well as correcting doctors abusing the system for financial gain.

Problems identified:

- a) That those Doctors who are providing an improved detox services or any new services are disadvantaged by the current Medicare system.
- b) In 2004, the National Evaluation of Pharmacotherapies for Opioid Dependence was released, that evaluated the cost of Detox services as between \$3,000 – 16,000. In response to this, Dr O’Neil made an application to Medicare (Registered No 1094 made to Dr Jane Cook) to request provision by Medicare for a detox treatment fee. In reply to this request, Medicare cited that they would not provide a treatment fee for Detox services, as the use of naltrexone for opiate detox was not registered for this treatment; despite the NEPOD findings that naltrexone was the most cost effective method of detox and confirmed that this was safe. However, this response failed to address the original request by Dr O’Neil, for Medicare to provide a fee for the provision of any opioid detox treatment, irrespective of using the treatment method.
- c) Pharmacotherapy report of 2010 confirms that with the absence of detox services, opioid maintenance has increased by about 2,600 pt/yr. This will continue to be the situation without the provision of adequate detox services for those people seeking abstinence from opioid addiction, both legal and illicit forms.
- d) There has been great damage done to naltrexone service providers in Australia, e.g.
 - In Queensland, Dr Reece with support from Fresh Start Recovery Programme - was damaged by PSR enquiry
 - In Perth, _____ was investigated by the practitioner Review Program, _____. As a result of the findings of this review (which

were subsequently withdrawn), the stress caused to both
and the organisation resulted in the doctor leaving
the organisation

Recommendations for Medicare reform:

- a) That greater support is provided to services providing new and innovative treatments by Medicare. In the case of Dr O'Neil request to Medicare for detox treatment costs, there was no willingness to discuss the issues raised and no professional interest in meeting this patient group expressed.
- b) That detox services be funded in Australia by Medicare
- c) Investigation into possible bias relating to the decisions of detox cost provision by Medicare from organisations and people who have a vested interest in harm reduction, i.e. Methadone and Buprenorphine providers.

Conclusion

It is the opinion of the author of this complaint that Medicare has failed in its duty of care to provide services to those with dependences who have recovery as a target. The department of health, through Medicare and PBS support continued delivery of opiates and benzodiazepines to keep people comfortable but are not committing public funds or support to patients who wish to detox off these medications. This is a major error in Medicare philosophy and action that requires investigation and action.

Kind Regards,