

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2010-11, 20 October or 22 October 2010

Question: E10-362

OUTCOME 3: Access to Medical Services

Topic: PROFESSIONAL SERVICES REVIEW (PSR) ADVERSE FINDINGS

Written Question on Notice

Senator Fierravanti-Wells asked:

- a) In what proportion of cases involving medical practitioners was there an adverse finding or breach?
- b) How does this compare to historical trends?
- c) What are the main issues leading to an adverse finding?
- d) What avenues of appeal are available to health professionals and what proportion successfully appeal an adverse finding of the PSR?
- e) What process is available to health professionals for interpretation of the MBS and is definitive written advice provided to health professionals experiencing difficulty interpreting an aspect of the MBS?

Answer:

- a) Of the cases involving medical practitioners that were finalised in 2009-10, 84% involved an adverse finding of inappropriate practice.
- b) From 2005-06 to 2009-10 the proportion of cases involving medical practitioners where there was an adverse finding was 80%.
- c) In 2009-10 the main issues identified were: inappropriate use of MBS attendance items, inappropriate use of diagnostic imaging, inappropriate use of pathology, inappropriate use of MBS procedural items and inappropriate prescribing.
- d) Health professionals may appeal to the Federal Court. Since 2004-05 there have been six instances of Federal Court decisions remitting cases back at the committee stage of the PSR process on points of law. Two of those decisions were overturned on appeal to the Full Federal Court. That compares with the overall total of 268 referrals to PSR in the corresponding period.

- e) Assistance with interpretation of the MBS is provided through:
- Online education modules
 - Quick reference guides
 - Face to face education presentations
 - Provider enquiry (ph: 132 150); email (medicare.prov@medicareaustralia.gov.au); post (Medicare, GPO Box 9822, in your capital city)

Health Programs Clarification process:

The Health Programs Clarification process provides for the Department and Medicare Australia to work collaboratively to fully understand the issues of concern and to develop solutions. Issues that can not be clarified using existing knowledge base resources are considered, with assistance where required from the profession, to determine a definitive interpretation or solution. The consultative process takes account of legal, clinical and program administration factors. Issues may be proposed by providers or their professional group representatives, or they may be escalated internally by Medicare Australia staff. Outcomes from the HPC process may include:

- publication in Forum;
- a letter directly to the AMA and/or relevant professional group;
- a letter directly to the provider or other external stakeholder who requested clarification of the issue;
- amendment to the MBS explanatory notes or item descriptor to clarify the matter;
- amendment to internal Medicare Australia information resources for staff; or
- amendments to claims assessing instructions or systems;
- publication of an Administrative Position Statement on the internet.