ASA
Australian Society of Anaesthetists

SUBMISSION BY THE AUSTRALIAN SOCIETY OF ANAESTHETISTS TO THE COMMUNITY AFFAIRS - STANDING COMMITTEE INQUIRY INTO COMPLIANCE AUDITS ON MEDICARE BENEFITS

Background to the ASA's Submission

Anaesthesia is the fourth largest medical grouping in Australia (after General Practice, Internal Medicine and Surgery), is clinically involved with about 70% of all hospital admissions, and is pivotal in the delivery of healthcare to surgical, obstetric, intensive care and pain management patients.

The ASA was founded in 1934 with the objective of supporting anaesthetists. It is a voluntary member based organisation representing specialist, non-specialist and trainee anaesthetists in Australia. It has a 75-year history of advocacy on behalf of the specialty of anaesthesia, was instrumental in the formation of the (now) Australian and New Zealand College of Anaesthetists (ANZCA), and has a close working relationship with both the AMA and ANZCA though is independent of them. The ASA is a national body and represents members' interests to the Federal Government (Departments of Health and Ageing and Veterans Affairs) as well as to individual State and Territory Health Departments.

It is in this latter role that the ASA is making this Submission to the Senate Community Affairs Committee Enquiry into Compliance Audits on Medicare Benefits.

Objective of the ASA's Submission

The Objective of this Submission is to provide the Community Affairs Committee with the ASA's position on Medicare's National Compliance Program, specifically compliance audits. The ASA's intention by making the submission is to emphasise that early education and extensive information are the preferred media for improving and supporting a culture of compliance within the anaesthesia craft group.

The ASA is unaware of the rate of audit compliance or non-compliance amongst anaesthesia providers but believes anecdotally this would be extremely low. Anaesthesia is not considered a primary therapeutic procedure, but rather anaesthesia is provided in conjunction with other medical procedures and the process to account for the practitioner's services is simple since the introduction of the Relative Value Guide (RVG) into the Medicare Benefits Schedule (MBS). Ensuring that the services are consistent with the intentions of the RVG in the MBS is the area of focus of this Submission.

Role of Medical Societies

Medical societies such as the ASA act as the knowledge repository of their craft group's medical practices and procedures. They are cognisant of technology trends and the practical application to health and patient safety. Anaesthetists voluntarily become members of their professional body for a number of reasons, one of which is being able to channel their views, comments, concerns and questions regarding the MBS.

The ASA's role has been to consolidate current clinical practice to provide advice to the Department of Health and Ageing (DoHA) on appropriate anaesthesia procedures. This process is formalised in the form of regular face-to-face meetings as well as detailed submissions. The Society provides:

- Advice on current practices and clinical trends.
- Suggestions on appropriate definitions and descriptors for anaesthesia item numbers on the MBS.
- Assistance in promulgating new or revised items numbers or interpretation of item numbers.
- Recommendations on deficiencies in the MBS by identifying potential new item numbers to reflect best practice and improve patient safety.

Accordingly, the ASA considers it has a constructive and informative relationship with the DoHA. The information flow is a key element in avoiding misuse or misunderstanding of the rationale of various item numbers funded through Medicare Australia.

Medicare Australia's National Compliance Program 2008-09 aims to promote involvement from health professionals and improve information and education programs, amongst others objectives. The ASA is fully supportive of Medicare's objectives. The ASA considers that the introduction of the Administrative Position Statements (APS) process whereby exposure drafts of Medicare's internal interpretation of the use or application of MBS item numbers will be a significant improvement in keeping health professionals informed. Prior to the APS, local Medicare processing officers would often apply local interpretations on Medicare claims resulting in delays in processing or rejection of accounts. The process lacked transparency; local officers rarely provided the basis for their determinations on a delayed or rejected account.

The ASA, and it is assumed other societies, provide a well used member service responding to enquiries over interpretation of item numbers. Practitioners find it more expedient to contact the Society with their interpretation inquires. A database matching the MBS item number is maintained – in a similar fashion to the APS – that the Society makes available to members. When queries are more extensive they are referred to the Economic Advisory Committee (EAC). The Chair of the EAC is responsible for ensuring consistency of the RVG and its interpretation. He currently is the point of liaison with the DoHA on all item numbers within the MBS RVG.

Finally, the Medicare Australia has provided speakers to educational sessions for our members and their practice managers as part of reaching out to health professionals. These sessions were extremely well received and the DoHA and Medicare Australia should be acknowledged for this 'human face' approach in clarifying processes and interpretation of item numbers.

Future

The Society considers the expanded Medicare Audit program is not unreasonable given the significant role Medicare plays in the private health sector in Australia. Further, the APS initiative taken to date by the DoHA potentially will improve information for practitioners reducing the scope for misunderstandings. Finally the relationship between the DoHA and medical societies/organisations should be sustained and expanded where appropriate. The use of electronic bulletin boards, direct communications and further education sessions would be welcomed.

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