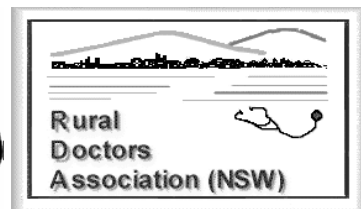


The Bush 'Scope

Rural Doctors Association (NSW) "Caring for the Country"



Presidents Report : *Dr. Les Woollard*

Welcome to the Autumn edition of the RDA NSW newsletter.

We have been busy with frequent press releases and continue to support members

and rural towns.

Practice Managers and the RDA NSW Settlement Package Clarifications document

Many enquiries to RDA NSW could be resolved if every practice manager in NSW had a copy of the **Fee Schedule** (updated annually and sent to all financial members) and a copy of the **Clarifications** document. The latter can be downloaded from the website rdansw.com.au under the icon "Fee Schedules" the select "The Rural Doctors Settlement Package-Clarifications for Fee For Service Payments at Specified NSW Country Hospitals".

This can then be printed out and is an invaluable document for all practice managers and/or doctors using the RDA Settlement Package.

Membership

I am pleased to report that our membership numbers are up on 12 months ago. However some members have still to pay renewals so hopefully this will serve as a friendly reminder.

Numbers for this year are MembershipsPaid - 402 (Same time 2007 - 330), New Members -32, Registrars - 15, Students - 2. Members yet to renew - 51, Members retired or left rural practice - 15 (at least).

Our membership could be a lot healthier if we attracted all rural NSW doctors. Whilst RDA NSW spends most of its time supporting VMOs at RDA SP hospitals we have assisted non-RDA hospitals (Murwillumbah as below). Also \$200 of your subs goes to RDAA in Canberra and our National organisation focuses on Medicare and other improvements for ALL rural doctors.

We continue to attract a very small proportion of rural registrars and it would be helpful if any doctor employing them considered paying their subs (only \$250 per year) so they get to hear of us. Any incentive

with "rural" in it has probably emanated from RDAA at some stage.

Bourke

One significant issue at present would be Bourke hospital where NSW Health has built a hospital with a functioning operating theatre, the town has GP anaesthetists, theatre staff and all necessary equipment.

However we have an absurd position where one of our members, Neil Meuleman a Bathurst General Surgeon, offered to fly in last June to restart surgical services and the Greater Western Area Health service in its wisdom has declined to allow him to start work.

They are now offering an Outpatient only endoscopy service so they can access Medicare funds.

If there was an award for the most obstructive uncaring Area health Service in NSW in my opinion and experience GWAHS would win hands down.

After 2 + years in this job I can tell you there would be plenty of competition for this award.

AHS Attempted Downgrades Investigations etc etc

Please note that this headline does not mention the word improvement or upgrade. If anyone can give me an example of a rural service that has been improved or upgraded please write to me ASAP, as such things are rarer than hen's teeth in rural NSW.

I will keep a spot in the next newsletter for NSW rural health service improvements.

I note that Scott Lewis a GP registrar in SA made National headlines for just volunteering to set up in a small SA community (Wudinna) at the end of his training.

In NSW we have assisted **Murwillumbah** when the Area Health Service felt a need to investigate its obstetric services.

At **Bellingen** we have assisted in maintaining CTG monitoring, we believe the Area Health Service is now

(Continued on page 2)



Autumn 2008

RDA NSW Secretariat

Tel: 1800 350 732 Fax: 02 6629 1852 PO Box 147 Bangalow NSW 2479
email: admin@rdansw.com.au www.rdansw.com.au

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attempting a downgrade to an MPS (Multi Purpose Service) there.

Anaesthetic, Obstetric Grants and Back Pay to August 1st

By now all members should have received these payments if you have not let us know via the website and we will assist.

There have been several enquiries in regard to eligibility for anaesthetic and obstetric grants under the RDA NSW Settlement Package. If you are not sure check the back inside page of your fee schedule and if you qualify and have not received payment let us know ASAP.

In one recent report doctors in one town had not been paid for some years despite the fact that the Area health service had received the funding!

Geoff Whites RDA NSW Settlement Package Billing Software

As many of our members know Geoff White has supplied this software and supported it for a relative pittance for over 20 years.

Recently the NSW health department wished to purchase all rights to this so RDA NSW stepped in and has bought the software and all rights from Geoff White.

Geoff will continue to support his current subscribers until the end of this year at least and will be responsible for any new subscribers until the 30th June.

Whilst it has stood the test of time and remains excellent software as the Health dept wants access to something updated RDA NSW will look at updating the software before taking over distribution and support in 2009.

Dr. Les Woollard

Liaison Meeting Report - March 13TH Sydney

Geoff White, Paul Mara and I attended and the following issues were discussed

1. FONT TRAINING

Members involved in intrapartum obstetrics were concerned that NSW Health had recently decreed that all NSW obstetrics health personnel had to complete extra training in foetal wellbeing.

We met with a Ms Murphy of the relevant Dept. and the state of play is as follows:

a. All GP obstetricians will be expected to complete K2 web based training in each contract period.

RDA NSW has negotiated for completion of this to attract the \$2000 procedural grant, it is available via the CIAP web page and we will look at providing a link on www.rdansw.com.au web page. It takes about 6 hours but does not have to be completed at a single session.

b. The second component. Attending one RDN obstetric day will fulfill this requirement.

c. CTG interpretation. The dept is still insisting on us fulfilling this. We pointed out that we do not have the time to do this and it has been referred back to the relevant dept for consideration.

2. SESSIONAL EMERGENCY DEPARTMENT RATES UNDER RDA NSW SETTLEMENT PACKAGE FOR LARGER HOSPITALS

eg Queanbeyan, Macksville, Cooma Or Hospitals Where CMO's (Career Medical Officer), Do In Hours Ed Shifts With VMO (Visiting Medical Officer), Cover?

As detailed in the last newsletter the dept has now rejected any suggestion of an hourly rate at any RDA NSW Settlement Package hospital in the ED department.

They have said they will look favourably on any doctor in an RDA NSW Settlement Package hospital asking for a sessional contract if they think it is better.

RDA NSW advised the health department as follows

The RDA NSW Settlement Package is an on call contract only, RDA NSW doctors work in private practice Monday to Friday during in hours periods as defined in the RDA SP ie 7 am to 6 pm weekdays and on Saturday 7 am – 12 midday (Medicare).

RDA doctors' primary responsibility during these hours is to their private practice surgeries where

(Continued on page 3)

Australia Day Honours

Congratulations to Dr. Sue Page who was made a Member of the Order of Australia on Australia Day.

Students Can Be Members Too

Medical Students in NSW can become non voting members for a one off fee of \$20 to cover administrative costs for the duration of their course.

(Continued from page 2)

they have appointments booked.

We expect therefore that during these hours the only patients seen in the ED would be “emergencies” as there is no other reason a doctor would delay their booked appointments unless by mutual arrangement with the hospital or the patient.

The relevant item number for these patients where an Area Health Service demands attendance by an “on call” RDA SP contract doctor during the “in hours” period would be an item 1056 at \$158.10 per patient.

3. SUSPENSION OF A DOCTOR BY AN AREA HEALTH SERVICE

Over the last 12 months RDA NSW has become increasingly concerned that rural doctors have been suspended and mentioned in the media on several occasions.

On at least one occurrence we became concerned as a doctor had been suspended on clinical grounds at short notice despite the fact that his/her management of the patient concerned had been considered reasonable by the retrieval service and the receiving hospital.

We felt the Area Health Service involved had not followed guidelines and asked about an investigation into the matter.

We were advised the health department would refer the matter to the CEO of the Area Health Service concerned and essentially accept his/her advice.

This reminded me of an old English comedy “Yes Minister” but in the current political climate it appears we have to accept that CEOs of Area Health Service’s are immune from criticism or review.

Anyone involved in such a problem is advised to get legal advice early and get hold of the guidelines for investigation of a doctor and grounds for suspension from the NSW health department.

If I get time I will put a link on our website www.rdansw.com.au.

It is Easter Friday and I am on call for the hospital so this brings me to the end of this column as I have to attend the Emergency Department.

Please remember RDA NSW is an active organisation which is wholly dependant on our membership base for it’s viability.

If you are in a practice where some doctors are not members please encourage them to join and also any registrars in your employ.

Dr. Les Woollard

RDA NSW Settlement Package Clarifications Document

Why is it so important and where do I find it?

- **It clarifies Fee for Service Payments at specified NSW Country Hospitals.**
- **It is required in the interpretation of the annual Fee Schedule listing Fees by Item Number**
- **It is required by anyone that is handling your hospital accounts.**
- **It will reduce the workload on our volunteer doctors who patiently reply to your queries.**

(They are also rural, hard working and, dare I say, not getting any younger....)

Preface of the Clarifications Document:

The RDA Remuneration Package is acknowledged as a major factor in reducing the migration of experienced country Doctors from smaller Hospitals requiring constant On Call with minimal if any local Specialist backup to the cities or major towns where work is less demanding. To remain successful, and prevent some of the disputes which we know are now erupting as Hospitals try to save money, this document covers the original Agreements, together with all alterations to the Package since 1/1/1989.

Every Item on every page has been agreed by the Liaison Committee and is binding on both Hospitals and Doctors.

- *Contents:*
- *Section A Original Agreement*
- *Section B Indicative List of Emergencies*
- *Section C Clarifications 89*
- *Section D Clarifications 95 (including an Index)*

If you require a new copy it is available in a saveable (200k) or printable (29 pages) PDF format on the RDA NSW website:

Go to www.rdansw.com.au Select “Fee Schedule” then “**The Rural Doctors Settlement Package - Clarifications for Fee For Service Payments at Specified NSW Country Hospitals**”

Alternately email your request for a PDF from the office (admin@rdansw.com.au).



.....Item Number Queries.....

Please pass this on to the person who handles your accounts

The Item Number email queries are provided as an informative FREE SERVICE to members and is a useful way we can help.

You can assist dramatically by **checking your Clarifications Document** in conjunction with your **Fee Schedule**.

Question—165 & I.V. Lines

A VMO at a Hospital has had every I.V.Line, with or without an anaesthetic been rejected and also the item 165 has only been paid for the first 15 minutes despite up to 60-120 minutes being claimed.

The Area Health Service say that an I.V.Line can no longer be claimed for and paid if done with a procedure. Is this correct? As it will really discourage Dr.'s doing anaesthetics as its not that well remunerated at the moment when expenses still have to be paid for taking time out of consulting rooms?

Answer

Two issues have been raised:

1] failure to pay Item 165 for 60 minutes instead paying 15 minutes only.

Write to, don't ring, the AHS CEO. If he/she does not respond in writing or thinks the first 15 minutes is all they will pay, then write to RDA NSW who can then take it the Liaison Committee to have the AHS over-ruled.. The rules are quite clearly set out in the Schedule.

2] IV infusions are NOT payable for routine anaesthetics and have not been since 1987. This is clearly documented in the Clarifications booklet downloadable from the RDANSW website.

However when clinically indicated for eg. severe dehydration not just thirsty because of fasting, they are payable during and anaesthetic, again from the Clarifications booklet which answers all this and more and was signed off by NSW Health and RDA NSW in 1996. Updates since then are all listed in the Schedule RDA NSW posts to all of its financial members annually.

Question—1072

The GSAHS is refusing to pay for item 1072 when provided in association with an anaesthetic even though there is clinical indication for iv infusion. They also refuse to pay for 1908 if it is associated with pre op workup for anaesthesia. They won't even discuss it. Can you please help?

Answer

The Clarifications Booklet at rdansw.com.au clearly explains in Clause 13.2 that the infusion is payable where a clinical need exists. This does NOT include dehydration due to fasting as that was the perceived rort that caused it to be deleted from the MBS in 1987.

ECG payments are based primarily on clinical need. An 80 year old clearly requires one pre-op and is payable, a fit 25 year old usually would not so is not payable.

I suggest you write to the CEO of your AHS. If the response is negative or not answered, then make an official complaint to RDANSW and we can take the case to Liaison. It is understood that problems with the RDASP should be tried to be worked out locally before going to Liaison. The Clarification document resolves nearly all of the problems which occurred in the first ten years of RDASP so contains the resolutions by Liaison of practically all disputes as little has changed.

Question—1072 & 1909

Our Area Health Service has raised the issue of payment for item nos 1072 and 1909 in relation to administration of an anaesthetic and is refusing payment on the basis of clerical staff's interpretation of "clinical need". The clarification statement from the RDA in relation to 1072 fails to outline what is considered "clinical need". I claim 1072 for each patient who comes to theatre who has not got an IV cannula in situ which I put in AND to whom I also give intravenous fluids intra-operatively and/or intra and post operatively .

With respect to ECG these are carried out by our hospital ward or pre-admission clinic and come to us unreported. Only patients who are above a certain age or have co-morbidities have an ECG and I charge 1909 and report on their pre-op ECG.I do not charge for a 1908 obviously.

Can RDA help with the interpretation of these item nos ? I would consider any ruling from the RDA to be definitive.

Answer

Claiming 1072 is incorrect. This automatically adding an IVI cannula and infusion was banned in 1987 and was one of the causes of the dispute. Patients should be treated on clinical need. Fasting for an op was not considered clinical need.

With regard to ECG's if unreported and clinically necessary as these are then 1909 is payable.

Question—1072

I recently sought clarification re item 1072 in relation to provision of an anaesthetic. I note that the Clarification document (March 20th 1996) specifies that when there is a clinical need for the infusion then a fee separate to the Anaesthetic is payable.

The Area Health Service is now refusing to pay for any 1072 claims in relation to an anaesthetic and has asked the VMOs to sort it out with the RDA NSW . They have refused to liaise themselves with the RDA NSW.

We anaesthetise patients for Joint replacements, Anterior resections, Laparotomies, TURPS , Radical Nephrectomies, Radical Prostatectomies, Caesareans. Cholecystectomies etc etc etc.

If their interpretation is correct then we would be within our rights to remove the IVs on these patients when they leave recovery and replace them 2 minutes later on the ward or HDU and charge a 1072 as the patients obviously need continuing IV therapy - a ludicrous proposition but one which highlights the utter stupidity of their unilateral decision to not pay 1072 under any circumstances if associated with anaesthesia

Could you please clarify " Clinical need " so that we can legitimately claim these item nos.

Answer

This may need to go to Liaison.

There may be clear clinical need for an infusion of fluids post op but whether the anaesthetist is the responsible doctor post op is subject to local circumstances I would have thought.

The fee may well be payable to the doctor looking after the post op care who may well not be the anaesthetist.

The concept of automatically charging IV infusions for every individual GA was the problem in 1987 which needed to be addressed.

Question—1987 MBS Schedule Conversion

Can you please advise how we calculate fees for items not listed in 1987 MBS Schedule eg item 30332. Also do we calculate them from November 2006 or 2007 MBS fees. Thank you for your help.

Answer

See the Clarifications booklet at rdansw.com.au.

It explains how to use the RDA/CMBS multiplier when there is no applicable Item in the 1987 Schedule.

The current multiplier for Services provided post Aug 1, 2007 is shown in the table at the end of the RDA Schedule recently posted to all financial members. Currently it is 1.4259 times the current CMBS 100% fee to save you the trouble of looking it up.

Question—1016 & 1031 1034

Re: working after hours. As VMO on call for the weekend, I was called into the hospital ED to see a patient on Sunday morning, We did not get pay the item number 1031 but instead, we were get paid 1016.

I thought the Item 1016 is for VMO not on duty who come into the hospital on Sunday or Public holiday to review their patients, then they would be paid the 1016 item number.

Where as a VMO on duty or on call would be covered by the after hours call back item number 1031 or 1034.

Can you please let me know what the item number 1016 is for?

I was told by hospital finance department that it does not matter where you see the patient on Sunday morning, you all get paid 1016.

Why would we be paid less than Saturday for being on call on Sunday.???

(Continued from page 5)

Answer

Several Area Health Service's are trying this on. It is black and white and stated so in the RDA Schedule. Item 1016 ONLY applies to patients seen during a Ward round at the Hospital, when the doctor was there anyway, on a Sunday or Public Holiday.

Question - 1012

In relation to VMO GP on-call for 24 hour emergency department could you please clarify the meaning of item # 1012 in RDA Fees Schedule 2006 - 2007? -

"In Hours Attendance for the first patient seen, neither routine nor emergency (as defined), where the VMO is requested, or determines there is a definite clinical need following contact from the hospital, to return to the hospital primarily for this attendance, after 30/4/2000"

Would you please define "routine" in this context?

Also re the intent of the statement above. Does it mean that a VMO GP will receive payment of \$74.60 for the first patient seen every time he/she returns to the emergency department (in social hours) regardless of how many patients he/she may then see?

If that is the case, is the same payment required when the VMO GP is called to the hospital for the first time in the on-call period (which isn't a 'return' but an initial call-in)?

Thank you for your assistance.

Answer

1012 is very straight forward and is to accommodate the hospital or the patient's condition requiring a non-emergency extra visit to the Hospital during normal surgery consultation hours.

Typical examples [the Item applies to any non-emergency condition] would be a greenstick fracture in a child or a minor laceration requiring repair which none of us want to leave waiting for 4 hours to be seen.

Emergency Cons are well described in the RDASP Schedule and attract Item 1056 In Hours.

The ordinary In Hours Non-Inpatient Cons [Item 1010] serves to cover those occasions where the Hospital patient/s wait until the doctor has finished his/her Private Clinic at the Surgery and then attends the Hospital eg at lunchtime or after the surgery has finished for the afternoon. Item 1010 also covers those non-emergency non-inpatients seen when the doctor is at the hospital doing a Wardround In Hours.

A glance at the Triage scale recommended maximum waiting times utilised by NSW Health shows that Items 1012 and 1056 will be used very frequently in many sites as waiting for the doctor's next routine visit to the Hospital [Item 1010] will exceed the Triage times aspired to by the Hospital. That was the rationale behind the introduction of Item 1012.

"ICE" (In Case of Emergency) campaign.

We all carry our mobile phones with names and numbers stored in its memory but nobody thinks about being involved in an accident or taken ill.

The people attending us would have our mobile phones but wouldn't know who to call. Yes there are hundreds of numbers stored but which one is the contact person in case of an emergency?

Hence the "ICE" (In Case of Emergency) campaign.

It is a method of contact during emergency situations. As mobile phones are carried by the majority of the population, all you need to do is store the number of a contact person or person's who should be contacted during emergency under the name "ICE". For more than one contact name simply enter ICE1, ICE2, ICE3 etc

In an emergency situation, Emergency Service personnel and

Hospital Staff would be able to quickly contact the right person by simply dialling the number you have stored as "ICE".

The concept of "ICE" is catching on quickly. It started in the UK about 5 years ago and rapidly spread to Europe. General Practitioners have been promoting it in Australia for the last three years or more.

The idea was thought up by a paramedic who found that when he went to the scenes of accidents, there were always mobile phones with the patients, but they didn't know which number to call. He therefore thought that it would be a good idea if there was a nationally recognized name for this person,

Please forward this. It won't take too many "forwards" before everybody will know about this. It really could save your life, or put a loved ones mind at rest.

An update from the Rural Doctors Association of Australia

Needs of Rural Australia Must Not Be Ignored:

Rural Doctors

The Rural Doctors Association of Australia has welcomed the establishment of the National Health and Hospitals Reform Commission but has also raised concerns that the lack of a rural medical clinician on the Board risked reducing the Commission's ability to develop a long-term health reform plan for the 34% of Australians who live outside metropolitan areas.

RDAA has asked the Federal Health Minister, Nicola Roxon, to honour her 2007 commitment that a Labor Government would ask the National Health and Hospitals Reform Commission to "explicitly identify a long-term plan for improving rural health services".

National roundtable hears practical solutions to rural health workforce crisis

A National Rural Health Workforce Roundtable held in Parliament House, Canberra, was attended on February 19 by 15 peak rural health and consumer organisations and the Federal Health Minister, Nicola Roxon MP, and her Departmental representatives.

Convened by RDAA, the meeting raised a range of practical and cost-effective solutions to get and keep more health professionals in rural and remote Australia. A key message coming from the meeting was that rural communities do not just need one type of health professional — they will benefit most from a multi-disciplinary mix of doctors, nurses, midwives, Aboriginal Health Workers, dentists, and allied health professionals if they are to enjoy better access to local healthcare.

Nationally, at least 16000 more health professionals — 1000 additional doctors, 5400 additional nurses, 600 additional midwives, 1000 additional Aboriginal Health Workers, 1700 dentists, and over 6100 additional allied health professionals — are urgently needed in the bush.

Ministers must not squander opportunity to resuscitate rural health

The Rural Doctors Association of Australia called on the Federal and State health ministers not to squander their historic opportunity to introduce real solutions to the rural health crisis on the eve of the February Australian Health Ministers' Conference.

RDAA President, Dr Peter Rischbieth, said "Rural health funding has been treated like a poor cousin for too long—now is the time for the new Federal Government and the state governments to make a genuine, co-operative commitment to ensure all rural Australians have access to the healthcare services they need and deserve".



**Please encourage
other doctors and
your registrars to
become members of
RDA NSW.**

There is a Membership Form on the back page of this newsletter.

Committee of Management 2008

| | |
|--------------------------------------------|----------------|
| President Dr. Les Woollard | Moree |
| Vice President, Dr. Ian Kamerman | Calala |
| Secretary Dr Paul Mara | Gundagai |
| Treasurer Rod Martin | Armidale |
| Committee Members | |
| Dr. Belinda Bailey | Leeton |
| Dr. Tilak Dissanayake | Coolah |
| Dr. Ross Haron | Glen Innes |
| Dr. Ross Lamplugh | OCHRE |
| Dr. Peter Lawler | Nambucca Heads |
| Dr. David Loxton | Burradoo |
| Dr Ken Mackey | Lockhart |
| Dr Nick O'Ryan | Canowindra |
| Dr. Fred Vethanayagam | Muswellbrook |
| Dr. Doug Warne | Murwillumbah |
| Dr Geoff White | Manilla |

RDA NSW Member Renewal/Application Form 2008

First Name: Surname: Tel: (for payment problems).....

| | | | | | | | |
|------------------------------------------------------------------------|--|-------------------------|------------------------------------|------------|----------------|-------------------------|--|
| Middle Name | | Preferred Name | DOB | | Spouse/partner | | |
| Basic qualifications | | | Place of graduation | | | | |
| Other qualifications | | | Year Registered | | | | |
| Surgery Name | | | Surgery Address | | | | |
| Town | | Postcode | | Telephone | | Fax | |
| Postal Address | | | | Town | | Postcode | |
| Home Telephone | | Mobile | | Email | | | |
| Years in this practice | | Years in rural practice | | Hospital 1 | | Hospital 2 | |
| Please provide details of your procedural practice below (please tick) | | | | | | | |
| Anaesthetics (sedation only) | | | Anaesthetics (GA and major blocks) | | | Surgery (requiring GA) | |
| Obstetrics & normal deliveries | | | Obstetrics Ventouse or forceps | | | Obstetrics – LUCS | |
| A& E on call | | | On call rate (eg 1:3) | : | | | |

I would like to **Renew** membership of the Rural Doctors Association (NSW) inc.
Or Apply for

\$495 full annual membership including GST

\$275 discount which including GST for: Medical spouses (Partner name.....)
 Registrars (Spouse – 1st doctor pays full fee, 2nd the discount rate)
 Retired Doctors

\$20 Student membership

Membership of RDA NSW is from 1st October to 30th September. Subscription includes membership of RDA Australia (RDAA).

Annual Fee Schedules will only be sent to financial members.

I agree to abide by the Memorandum and Articles of Association of the Rural Doctors Association NSW, its by-laws, and to pay annual subscriptions so long as I remain a member.

Signed: **Date:**.....

I enclose a **cheque** for \$..... Please make cheque payable to *RDA NSW Membership*

Please charge this subscription to my **credit card**: Bankcard Mastercard Visa

Amount paid: \$..... **Card Number:** - _____

Expiry Date: / **Name on Card:**

Signature of Card Holder