Submission

The Health Legislation Amendment (Data-Matching) Bill 2019

18 October 2019

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHSs) providing comprehensive primary health services across diverse regional, rural and remote locations in Western Australia. AHCWA exists to support and act on behalf of our members, and our principal vision is for Aboriginal people in Western Australia to enjoy the same level of health and wellbeing as all Western Australians.

Medicare is an essential and highly valued public service which ensures that all Australians have access to health care. Through their work in providing comprehensive primary health care services to Aboriginal people and their communities across Western Australia, ACCHSs are key stewards and stakeholders of the Medicare scheme. Therefore, AHCWA and its member ACCHSs welcome initiatives of the Department of Health to strengthen the Medicare system in identifying, managing and preventing fraudulent and incorrect claiming.

However, AHCWA is concerned that, if passed through Federal Parliament, some elements in the *Health Legislation Amendment (Data-Matching) Bill 2019* may have unintended consequences for the practices of ACCHSs providing primary health services to Aboriginal people and communities in remote locations. This submission outlines some of these concerns and recommendations for consideration.

The ACCHSs Model of Team-based Comprehensive Primary Health Care

An essential point to consider is that ACCHSs differ significantly from other General Practices in Western Australia in many important areas.

- ACCHSs' doctors are salaried and work in a team environment where much of the care is provided by highly skilled Aboriginal Health Workers (AHWs), Aboriginal Health Practitioners (AHPs) and practice nurses. Team-based care is well recognised as the most appropriate approach for a patient population with a high burden of complex chronic disease. For Aboriginal communities, this team approach also ensures that care is provided in a culturally safe and holistic manner.

  Medicare recognises this multi-disciplinary model for chronic disease management in primary care (and for preventative health care for Aboriginal people) by having Medicare item numbers for services provided 'on behalf of the doctor', for example items 10987 and 10997. These item numbers are widely used by ACCHSs and are an important part of their Medicare income stream.

- ACCHSs also differ from other general practices by providing services to remote communities. For many of WA's most remote communities, it is logistically impossible for doctors to visit for face to face consultations more regularly than every one to four weeks. Between doctor visits, care is

provided in communities by resident AHWs, AHPs and Remote Area Nurses with supervision and support provided by the doctor via telecommunications (phone, videoconferencing and email).

- Another key difference in the ACCHS sector is the increased mobility of their patient population. Aboriginal people often access health care across different clinics as 'walk-ins', rather than via scheduled appointments, requiring ACCHSs to respond to their care needs at the time of presentation. AHWs, AHPs and practice nurses in ACCHSs, therefore, provide a high level of flexible 'opportunistic care' including Point of Care testing (POCT), other screening and monitoring.

  Using this 'opportunistic care' model, ACCHSs can better ensure that appropriate chronic disease and preventive care is provided. For example, a patient can have their blood pressure checked and diabetes monitored (through Medicare billable urinary ACR and HBA1C POCT tests) even though the doctor is not immediately available. Likewise, babies and young children can be checked for anaemia; and smokers can have their lung function checked with spirometry.

- Another key challenge for the ACCHS sector is managing a highly mobile workforce. Many ACCHSs rely on part-time fly-in, fly-out doctors and, in some places, services depend significantly on locums.

  This fragmented medical workforce can cause particular problems for Medicare billing for work done by AHWs, AHPs and practice nurses 'on behalf of the doctor'. Some ACCHSs choose to bill these items in the name of the doctor who provides, and continues to provide, the majority of care to the patient. Under this arrangement, billing may occur while the doctor is briefly on leave and being covered by a locum whose job would include the supervision of AHWs, AHPs and practice nurses. Other ACCHSs choose to bill in the name of the "duty doctor" for the day, even though that doctor may be temporary, has never seen the patient before, and may never do so again.

  Unfortunately, there is little support or guidance for ACCHSs with respect to Medicare billing in these complex situations resulting in some doctors taking a risk averse approach and refusing to bill for any services completed by AHWs, AHPs and practice nurses on their behalf. The financial burden of these risk averse actions on ACCHSs, who pay the doctors' salaries, can be significant.

Risks to ACCHSs with the proposed legislative amendment

Given, the complexity of the circumstances under which many ACCHSs provide health care to Aboriginal people in WA, the proposed legislation amendments are likely to pose increased risks for an already vulnerable medical workforce, in which attracting and retaining staff is already a significant challenge. AHCWA can envisage ACCHSs doctors being unfairly investigated for Medicare fraud unless account is taken of the special circumstances in which they work. Specifically, consideration must be taken regarding:

- the strong team-based model of service delivery used across WA ACCHSs;
- the remoteness of some services and the infrequency of GP visits; and
- the transient nature of the medical workforce and increased pressures put on permanent doctors.

Matching MBS and PBS data

A further concern for ACCHSs regarding the proposed legislation amendment is with the linkage of PBS and MBS data. Most ACCHSs in WA rely on the S100 Remote Area Aboriginal Health Services (RAAHS) medication access scheme. Under this long established and highly valued Commonwealth

program, Aboriginal patients in approved services have their medications supplied under a “bulk supply” arrangement; and there is, accordingly, no PBS recording under the patient’s name for any of the medications provided.

Under the proposed *Health Legislation Amendment (Data-Matching) Bill 2019*, if MBS and PBS items are linked, it will appear as though patients attending rural and remote ACCHSs are not getting any medication. For example, Aboriginal patients with chronic conditions including diabetes or chronic obstructive pulmonary disorder (COPD) managed under Medicare items 721 (GP Management Plan) and 723 (Team Care Arrangements), are likely to have extensive medication needs. However, if MBS and PBS data is linked and analysed, there will be no line of sight to the medication supplied under the s100 RAAHS scheme for these patients, and this is likely to reflect very badly on the doctors working in ACCHSs. This PBS data “blank page” needs to be properly addressed by the legislation to ensure that ACCHSs doctors are not unfairly targeted.

Summary of concerns and recommendations

ACCHSs across Western Australia hold themselves to the highest account in relation to patient safety and clinical governance often under challenging service delivery circumstances. Their unique expertise in providing comprehensive primary health care to Aboriginal people and communities is second to none, and Medicare is a vital source of income to support this service delivery.

AHCWA does not support any measures which may result in unfair scrutiny of, and penalties for, individual GPs or services, and is very concerned that the data-matching legislative amendments, as proposed, may have that unintended effect. These proposed amendments have the potential to undermine the team-based approach that works so well in the ACCHS sector, and to undermine the professionalism of AHWs, AHPs and nurses who, within their scope of practice, are able to provide a wide range of Medicare claimable services on behalf of the GP. These proposed amendments also have the potential to drive ‘risk averse’ doctors from the ACCHS sector and worsen the already difficult challenge of recruiting and retaining a quality workforce in rural and remote WA.

AHCWA recommends:

- A common sense approach to data-matching is taken by the Department of Health for the purposes of detecting Medicare fraud and incorrect claiming.
- The legislation gives significant consideration to the special circumstances of ACCHSs including: their strong team-based model of service delivery; the remoteness of some services and the infrequency of GP visits; and the transient nature of the medical workforce which puts additional pressure on permanent staff doctors.
- Any issues of concern raised by any new data-matching measures are addressed with ACCHS on a case-by-case basis.
- Greater clarity, transparency, and ongoing education around compliance is provided by Medicare, particularly as it pertains to services provided ‘on behalf of the doctor’.

Overall, it is essential that Aboriginal people get the services they need, ACCHS receive the funding they require (including through Medicare) to provide these services, and that doctors in ACCHS don’t get penalised for the essential services they provide safely and in good faith for Aboriginal people and communities.