

# Changes to Medicare Benefits Schedule Urgent After-Hours GP Services 1 March 2018

## General Questions and Answers

**\* The following Questions and Answers should be read in conjunction with:**

- Approved Medical Deputising Service (AMDS) Program Guidelines and Questions and Answers: <http://www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service>
- Guidelines for the After-Hours Other Medical Practitioners (AHOMPs) Program: <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-ahomps>

### **1. What is happening on 1 March 2018?**

On 1 March 2018, the Australian Government will introduce *new arrangements for Medicare Benefit Schedule (MBS) funded urgent after-hours services*. The new arrangements include the introduction of four new urgent after-hours-only MBS items and the removal of two existing urgent after-hours items. Vocationally-registered and vocationally-recognised GPs and GP registrars will receive a higher MBS rebate for urgent after-hours visits, compared with non-vocationally recognised doctors working in metropolitan areas.

The current urgent after-hours arrangements in rural and remote areas will not change, in recognition of the difficulty Australians in these areas can face in accessing after-hours care. Current rebate levels for all doctors providing urgent after-hours services between 11pm and 7am will also be retained.

### **2. Why is the Government changing the MBS urgent after-hours items?**

The aim of the new arrangements is to ensure that appropriate and sustainable after-hours care is available to all Australians in the right location at the right time. The Government is taking these steps to ensure that patients who genuinely need urgent after-hours treatment receive the best quality care under Medicare.

The new arrangements focus on ensuring that the urgent after-hours MBS items are used appropriately, maintain good patient outcomes and provide value for the healthcare system and taxpayer.

Changes were recommended by the MBS Review Taskforce (the Taskforce) following an extensive period of consultation. The Taskforce, comprised of clinicians and consumers, provides independent advice to the Government.

The Taskforce noted that the use of urgent after-hours items had increased by 157 per cent between 2010–11 and 2016–17. The Taskforce found that there was no clinical explanation for the large increase, but rather the growth had been driven by a corporate model of advertising on the basis of convenience, rather than urgent medical need.

The Taskforce proposed changes that would have prohibited access to the urgent after-hours items by organisations that provide or facilitate medical services predominantly in the after-hours period, including medical deputising services (MDSs). Ultimately, the Government's approach has been more moderate, adopting most of the Taskforce's recommendations on the use of urgent after-hours items, but not prohibiting the use of the items by predominantly after-hours service providers.

The Government shares the Taskforce's view that the urgent after-hours items should be used only in genuinely urgent circumstances, and that funding should be appropriate to the level of care being provided. To this end, it has adopted a number of recommendations whose purpose is to promote the quality of urgent after-hours services and ensure compliance with their intended use in urgent circumstances.

### **3. Will the Government continue to fund after-hours services?**

Yes. The changes will support the \$1 billion that the Australian Government invests annually in services and support for people seeking care in the after-hours period (in addition to hospital funding). This includes funding for standard after-hours MBS items, Health direct, the after-hours GP helpline, and Primary Health Networks.

### **4. How does this relate to the recommendations made by the MBS Review?**

The Government's change to the urgent after-hours items follows a comprehensive review of the after-hours items, conducted by the MBS Review Taskforce (the Taskforce). The independent Taskforce is made up of clinicians and consumers.

The final report from the Taskforce recommended restricting access to urgent after-hours items to GPs who provide after-hours care on top of their in-hours workload. Doctors working primarily in the after-hours period would instead have had access to the lower priced non-urgent after-hours home visit MBS items.

The recommendations came following data that showed use of urgent after-hours items has increased by 157 per cent between 2010–11 and 2016–17.

The Taskforce found that there is no clinical explanation for the large increase, but rather the growth has been driven by a corporate model of advertising on the basis of convenience, rather than urgent medical need.

The Government has adopted a more moderate approach than the Taskforce recommendations, by gradually introducing a fee reduction for urgent after-hours items provided in metropolitan areas by doctors who are not fully qualified GPs.

### **5. Does the medical profession support these changes?**

Yes. The changes have been supported by the Australian Medical Association, the Royal Australian College of General Practitioners and the GP Deputising Association.

**6. What changes will be made to the arrangements for urgent after-hours services on 1 March 2018?**

The following is a summary of the new urgent after-hours arrangements:

**(a) No change to MBS benefits for high-value care**

The existing urgent after-hours item 597 will be replaced by item 585, which has an equivalent fee of \$129.80. The new item can be claimed by vocationally-registered or vocationally-recognised general practitioners, general practice registrars and medical practitioners participating in the After-hours Other Medical Practitioners program through an accredited general practice. Prior to 1 March 2018, these doctors would have been claiming item 597.

**(b) A reduced fee for care provided by non-VR GPs**

Doctors in metropolitan areas who do not hold either vocational registration or vocational recognition and who are not working as GP registrars will receive a fee of \$100.00 for providing an urgent after-hours service. New item 591 will be used by these doctors.

**(c) Regional exemption for doctors**

This change will allow doctors in Modified Monash Model Areas 3 to 7 to claim new urgent after-hours item 588, which has a fee of \$129.80, equivalent to item 585. This will provide an incentive for providers to continue providing services in these areas, including doctors without vocational registration or vocational recognition.

The Modified Monash Model is a geographical classification system developed by the Department of Health for categorising metropolitan, regional, rural and remote locations according to both geographical remoteness and population size, based on population data published by the Australian Bureau of Statistics. A searchable map showing the Modified Monash classification of every Australian street address is publicly available on the DoctorConnect website: [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au)

**(d) Subsequent item for multiple patients treated at the same location, regardless of the type of treating practitioner**

In certain instances, a doctor may see multiple patients at the one location. New item 594 will be available for these subsequent attendances. The fee for this item is \$41.95.

**(e) No change to the benefit for unsociable urgent after-hours services**

There has been no change to the fees for the unsociable urgent after-hours items 599 and 600, which are for services provided between 11pm and 7am.

**(f) Remove the two-hour advance booking option**

Currently, an urgent after-hours service can be organised two hours before commencement of the after-hours period. This is inconsistent with the idea of 'urgency'. The two-hour booking option will be removed from new items 585, 588, 591 and 594 and the existing unsociable urgent after-hours items 599 and 600.

### (g) Change 'urgent treatment' to 'urgent assessment'

Currently, an urgent after-hours service requires that the patient's medical condition needs urgent treatment. This may create an incentive to provide treatment when none may be clinically necessary and does not recognise that the need to assess a patient's condition is the initial trigger for a service. This amendment will change the requirement from 'urgent treatment' to 'urgent assessment' for new items 585, 588, 591 and 594 and the existing unsociable urgent after-hours items 599 and 600. Doctors will be able to claim the items if they consider it clinically relevant that the patient requires urgent assessment in the after-hours period.

### (h) Triage standards

Minimum triaging standards will be introduced under the Approved Medical Deputising Service (AMDS) Program Guidelines, to better identify patients in need of urgent after-hours services and those who could reasonably wait until the next in-hours consultation period. By applying minimum standards, the triaging performance of the deputising sector, including the large providers that use the AMDS Program for staffing, will be improved. The Program Guidelines are available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service>

### (i) Limits on direct advertising to consumers

The revised AMDS Program Guidelines will set more explicit limits on advertising deputising services directly to consumers. Direct marketing that encourages patients to use Deputising Services as a more convenient option to their general practice has always been prohibited under the AMDS Program. Updated Guidelines now provide comprehensive advice on the matter. These changes will be achieved by modifying the AMDS Program Guidelines.

### (j) Improved compliance

The new arrangements for urgent after-hours attendances will be supported by improved compliance monitoring.

## 7. Which MBS urgent after-hours items will cease on 1 March 2018?

Two MBS urgent after-hours items will cease on 1 March 2018, items 597 and 598:

597 Ceased item	Professional attendance by a general practitioner on not more than 1 patient on the 1 occasion - each attendance (other than an attendance between 11pm and 7am) in an after-hours period if:  a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken urgent after-hours period;  b) the patient's condition requires urgent medical treatment; and  c) if the attendance is undertaken at consulting rooms, it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance  (See para AN.0.19, AN.0.9 of explanatory notes to this Category) <b>Fee:</b> \$129.80 <b>Benefit:</b> 75% = \$97.35    100% = \$129.80 <b>Extended Medicare Safety Net Cap:</b> \$389.40
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598 Ceased item	<p>Professional attendance by a medical practitioner (other than a general practitioner) on not more than 1 patient on the 1 occasion - each attendance (other than an attendance between 11pm and 7am) in an after-hours period if:</p> <p>a) the attendance is requested by the patient or a responsible person in, or not more than 2 hours before the start of, the same unbroken urgent after-hours period;</p> <p>b) the patient's condition requires urgent medical treatment; and</p> <p>c) if the attendance is undertaken at consulting rooms, it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p><b>Fee:</b> \$104.75      <b>Benefit:</b> 75% = \$78.60    100% = \$104.75  <b>Extended Medicare Safety Net Cap:</b> \$314.25</p>
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## 8. What are the new items and who can use them?

(a) **MBS Item 585** is available to medical practitioners who are:

- listed on the Vocational Register of General Practitioners maintained by the Department of Human Services; or
- holders of the Fellowship of the Royal Australian College of General Practitioners (FRACGP) who participate in, and meet the requirements of the RACGP for continuing medical education and quality assurance as defined in the RACGP Quality Assurance and Continuing Medical Education program; or
- holders of the Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) who participate in, and meet the requirements of the Australian College of Rural and Remote Medicine (ACRRM) for continuing medical education and quality assurance as defined in ACRRM's Professional Development Program; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FRACGP or training recognised by the RACGP as being of an equivalent standard; or
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the FACRRM or training recognised by ACRRM as being of an equivalent standard.

**NOTE:** MBS incentives continue to be available through the After-Hours Other Medical Practitioners (AHOMPs) Program to non-vocationally recognised medical practitioners who perform after-hours attendances. **MBS item 585** will be available to AHOMPs Program participants if they perform an urgent after-hours attendance as part of their employment with a full-time general practice.

AHOMPs will not extend access to item 585 to non-vocationally recognised medical practitioners who work with an after-hours only practice in a metropolitan area or a medical deputising service (including an AMDS).

(b) **MBS Item 588** is available to non-vocationally recognised medical practitioners who are providing services (as a contractor, employee, member or otherwise) for a general practice or clinic or as part of medical deputising arrangements in Modified Monash Model Areas 3 to 7.

A locator map to identify a medical practice's Modified Monash Model Area location is available at the DoctorConnect website

at: <http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator>

(c) **MBS item 591** is available to non-vocationally recognised medical practitioners who perform attendances for after-hours clinics or as part of deputising arrangements in Modified Monash Model Areas 1 and 2.

(d) **MBS Item 594**: is available if more than one patient is seen on the same occasion (that is, the second and any further services are consequential to the first service) of a service using either MBS items 585, 588 or 591. **MBS item 594** must be used in respect of the second and subsequent services to patients attended on the same occasion.

(e) Medical practitioners who routinely provide services to patients in the after-hours periods at consulting rooms, or who provide the services (as a contractor, employee, member or otherwise) for a general practice or clinic that routinely provides services to patients in after-hours periods at consulting rooms will not be able to bill urgent after-hours items 585, 588, 591, 594, 599 and 600.

*A routine service* means a regular or habitual provision of services to patients. This does not include *ad hoc* services provided after-hours in consulting rooms by a medical practitioner (excluding consultant physicians and specialists) working in a general practice or a clinic while participating in an on-call roster

(f) There is no change to the types of providers who can render services under the Urgent After-Hours Attendances during Unsociable Hours items (**MBS items 599 and 600**). Attendances using these items must be booked during the same unbroken urgent after-hours period.

- **MBS item 599** continues to be available to non-vocationally recognised medical practitioners through the AHOMPs Program.
- **MBS item 600** continues to be available to non-vocationally recognised medical practitioners.

## MBS Urgent After-Hours items – New and Revised item Descriptors

<p>585 New item</p>	<p>Professional attendance by a general practitioner on one patient on one occasion – each attendance (other than an attendance in unsociable hours) in an after-hours period if:</p> <p>(a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and</p> <p>(b) the patient’s medical condition requires urgent assessment; and</p> <p>(c) if the attendance is at consulting rooms – it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p>(See para AN.0.9, AN.0.19 of explanatory notes to this Category)  <b>Fee:</b> \$129.80      <b>Benefit:</b> 75% = \$97.35    100% = \$129.80  <b>Extended Medicare Safety Net Cap:</b> \$389.40</p>
<p>588 New item</p>	<p>Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion – each attendance (other than an attendance in unsociable hours) in an after-hours period if:</p> <p>(a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and</p> <p>(b) the patient’s medical condition requires urgent assessment; and</p> <p>(c) the attendance is in an after-hours rural area; and</p> <p>(d) if the attendance is at consulting rooms – it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p>(See para AN.0.19 of explanatory notes to this Category)  <b>Fee:</b> \$129.80      <b>Benefit:</b> 75% = \$97.35    100% = \$129.80  <b>Extended Medicare Safety Net Cap:</b> \$389.40</p>
<p>591 New item</p>	<p>Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion – each attendance (other than an attendance in unsociable hours) in an after-hours period if:</p> <p>(a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and</p> <p>(b) the patient’s medical condition requires urgent assessment; and</p> <p>(c) the attendance is not in an after-hours rural area; and</p> <p>(d) if the attendance is at consulting rooms – it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p>(See para AN.0.19 of explanatory notes to this Category)  <b>Fee:</b> \$100.00      <b>Benefit:</b> 75% = \$75.00    100% = \$100.00  <b>Extended Medicare Safety Net Cap:</b> \$300.00</p>
<p>594 New item</p>	<p>Professional attendance by a medical practitioner – each additional patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient</p> <p>(See para AN.0.9, AN.0.19 of explanatory notes to this Category)  <b>Fee:</b> \$41.95      <b>Benefit:</b> 75% = \$31.50    100% = \$41.95  <b>Extended Medicare Safety Net Cap:</b> \$125.85</p>

<p>599 <b>Amended item</b></p>	<p>Professional attendance by a general practitioner on not more than one patient on one occasion – each attendance in unsociable hours if:</p> <p>(a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and</p> <p>(b) the patient’s medical condition requires urgent assessment; and</p> <p>(c) if the attendance is at consulting rooms – it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p>(See para AN.0.19, AN.0.9 of explanatory notes to this Category)  <b>Fee:</b> \$153.00      <b>Benefit:</b> 75% = \$114.75    100% = \$153.00  <b>Extended Medicare Safety Net Cap:</b> \$459.00</p>
<p>600 <b>Amended item</b></p>	<p>Professional attendance by a medical practitioner (other than a general practitioner) on not more than one patient on one occasion – each attendance in unsociable hours if:</p> <p>(a) the attendance is requested by the patient or a responsible person in the same unbroken after-hours period; and</p> <p>(b) the patient’s medical condition requires urgent assessment; and</p> <p>(c) if the attendance is at consulting rooms – it is necessary for the practitioner to return to, and specially open, the consulting rooms for the attendance</p> <p>(See para AN.0.19 of explanatory notes to this Category)  <b>Fee:</b> \$124.25      <b>Benefit:</b> 75% = \$93.20    100% = \$124.25  <b>Extended Medicare Safety Net Cap:</b> \$372.75</p>

**9. Will MBS item 594 – the subsequent item for multiple patients at the same location - also apply for patients attended at a Residential Aged Care Facility (RACF) or will the existing RACF items continue to apply?**

It is part of the policy intent of the new urgent after-hours arrangements that medical practitioners use MBS item 594 to treat subsequent patient/s where that subsequent treatment is consequential to the original urgent attendance (billed using one of the MBS urgent after-hours items) at the same location. When a medical practitioner provides a service in a residential aged care facility (RACF) using one of the MBS urgent after-hours items, any subsequent and consequential services to other residents of the RACF would be part of the same occasion of care and would be billed to Medicare using MBS item 594.

The Department of Health will monitor practitioners’ billing practices following the implementation of the new MBS urgent after-hours items, to ensure that the items are being used correctly. This will include monitoring the use of the standard after-hours items in conjunction with the new and revised urgent after-hours items.

**10. Is MBS item 594 only to be used when the initial patient is billed as an urgent or is it applicable when the non-urgent items are also used?**

Item 594 can only be billed following an urgent after-hours attendance. It is not to be used in conjunction with the MBS standard after-hours items (MBS items 5000-5067 and 5200-5267).

## **11. What will the new arrangements mean for medical service providers?**

The MBS Review Taskforce concluded that there is little evidence to support claims that the changes to the urgent after-hours items will affect hospital emergency attendances.

All GP services that operate after-hours will continue to be able to treat patients under Medicare using any of the 24 standard after-hours items.

The fee reduction will only apply to other medical practitioners (ie. not vocationally recognised) working in metropolitan areas that bill urgent attendances in the 'sociable' after-hours period (after 6pm and before 11pm).

Services provided in rural and remote areas will not change, in recognition of the difficulty Australians in these areas can face in accessing after-hours care.

There will be no changes to urgent services provided between 11pm and 7am. More than 70 per cent of doctors who bill urgent after-hours attendances will not be affected by the fee reduction.

The limitations placed on inappropriate advertising are in line with the principles on advertising adhered to by most medical practitioners and promoted by medical professional bodies.

## **12. Will these changes disadvantage doctors who are employed by medical deputising services?**

All doctors, including those who choose to deputise, must be registered to practise medicine according to the standards applied by the Australian Health Practitioner Regulation Agency. However, doctors who wish to perform services under the MBS are expected to satisfy a standard beyond medical registration and to work towards vocational recognition in the form of a postgraduate medical qualification.

The changes to the urgent after-hours MBS items use this vocational standard to apply differential fees in metropolitan areas. Fully qualified GPs and doctors who are formally engaged in training towards vocational recognition will not have their MBS fees reduced as a result of the announced changes.

Non-vocationally recognised doctors who are deputising will see a reduction in the MBS fees they can claim for urgent attendances because they are not fully qualified to the MBS standards and are not engaged in full-time vocational training.

The announced fee reductions are limited to doctors who deputise during the sociable after-hours period in metropolitan locations. The Government recognises the unique challenges of providing an after-hours workforce in rural and remote communities and during the unsociable hours across Australia. The changes will not affect any doctor who either works in a rural or remote community or who covers the unsociable-hours period.

### **13. How will this affect patients?**

Patients will continue to have access to the full set of standard and urgent GP after-hours items. The changes will ensure that the urgent after-hours services are provided to patients in genuinely urgent situations by an appropriate doctor.

Almost all urgent after-hours attendances are currently bulk-billed (99.1 per cent). Patients will only have an out-of-pocket cost if their doctor chooses to no longer bulk bill for an urgent after-hours attendance.

Under the new arrangements, doctors will need to accurately assess and record the type of care a patient needs. This is to help ensure that when a patient books an after-hours appointment the doctor properly assesses the patients' circumstances and decides the most appropriate care. This could be a hospital visit, urgent after-hours home or clinic visit, a standard after-hours visit or advising the patient to see their regular GP the next day.

In many instances, patients receive this kind of service now – the intent of the changes is to ensure that all doctors providing after-hours services assess the needs of their patients and direct them to the most appropriate health care.

### **14. What does the change from 'urgent treatment' to 'urgent assessment' mean?**

Currently, an urgent after-hours service requires that the patient's medical condition needs urgent treatment. This may create an incentive to provide treatment when none may be clinically necessary and does not recognise that the need to assess a patient's condition is the initial trigger for a service. The requirement to undertake an "urgent assessment" of a patient's condition means that doctors will be able to claim the urgent after hours items even if no subsequent treatment is provided to the patient (because treatment is not clinically appropriate or another kind of response, such as transfer to a hospital emergency department, is required).

### **15. I have been told that I can't book an after-hours home visit before 6pm? Is this true?**

The changes will end the practice of pre-booking urgent after-hours home visits two hours before 6pm. This will help ensure a patient is properly assessed according to their personal circumstances.

The pre-booking rule for urgent after-hours services has been changed because the need for an urgent after-hours home visit cannot be anticipated well in advance. Proper assessment of the patient's circumstances is essential for providing quality patient care.

The arrangements for booking the standard after-hours home visits will not change. That is, these services can be booked in the same way as a GP attendance during business hours – patients can contact their general practice and make an appointment before the after-hours period starts (ie. before 6pm, when the after-hours GP home visit period starts).

**16. Will the revised AMDS guidelines restrict the operation of medical deputising service (MDS) call centres to only operate during the after-hours period? Will it be possible for non-urgent after-hours items to be booked through an MDS two hours before the commencement of the after-hours period?**

The revised AMDS Program Guidelines will not impose any new restriction on the ability of deputising call centres to operate outside of the defined after-hours period. The new arrangements for MBS urgent after-hours services do not place any restriction on the pre-booking of non-urgent patients.

**17. Will medical deputising services still be able to advertise their services?**

There will continue to be limitations placed on inappropriate advertising of urgent after-hours GP services.

General Practices that have engaged an AMDS for the purpose of providing after hours services to its patients may continue to provide information to its patients about their options for care in the after-hours period.

For more information on this issue, please see the Approved Medical Deputising Service (AMDS) Program Guidelines and associated fact sheets:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service>

**18. Will the rebate that a patient gets from Medicare for an urgent after-hours service be lower under the new arrangements?**

From 1 March 2018, the Medicare rebates for urgent after-hours services will be adjusted to reflect the level of qualification of doctors. Patients who receive services from fully qualified doctors, doctors in regional and rural areas and all doctors who work late at night (between 11pm and 7am) will continue to receive the current rebate. The rebate for services provided by less qualified doctors in metropolitan areas will be adjusted in stages over coming years.

**In metropolitan areas**, a patient who receives a service from a vocationally-registered or vocationally-recognised general practitioner, a general practice trainee (a GP Registrar) or a medical practitioner participating in the AHOMPs Program through an accredited general practice, will receive a higher MBS rebate than a patient who receives a service from a non-vocationally recognised medical practitioner working for an after-hours clinic or as part of a medical deputising arrangement.

**In regional, rural and remote areas**, patients will continue to receive the same value of MBS rebate as they currently do for all MBS urgent after-hours services.

## 19. How will these changes to the Medicare rebates work?

The new arrangements are designed to support vocationally recognised GPs and GP registrars who are appropriately skilled, qualified and, where necessary, supervised to provide comprehensive urgent after-hours care.

(a) There will be no change to MBS benefits for high-value care.

The existing urgent after-hours item 597 will be replaced by item 585, which will have the same fee of \$129.80. The new item can be claimed by general practitioners (registered through a general practice college), general practice trainees and medical practitioners participating in the AHOMPs Program through an accredited general practice.

(b) There will be a reduced fee for care provided by non-GPs.

Doctors without vocational registration will receive a fee of \$100.00 for providing an urgent after-hours service during sociable hours (between 6pm and 11pm) in metropolitan areas. A new item 591 will be used by these doctors.

(c) There will be a regional exemption for other doctors.

This change will allow doctors in Modified Monash Model Areas 3 to 7 to claim new urgent after-hours item 588, which has a fee of \$129.80, equivalent to item 585. This will provide an incentive for providers to continue providing services in these areas.

The Modified Monash Model is a geographical classification system developed by the Department of Health for categorising metropolitan, regional, rural and remote locations according to both geographical remoteness and population size, based on population data published by the Australian Bureau of Statistics. A searchable map showing the Modified Monash classification of every Australian street address is publicly available on the DoctorConnect website: [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au)

(d) There will be no change to the benefit for unsociable urgent after-hours services.

There will be no change to the fees for the unsociable urgent after-hours items 599 and 600, which are for services provided between 11pm and 7am.

Patients who receive a service from a fully trained vocationally recognised GPs or a GP registrar will continue to receive the current Medicare rebate of \$153.00.

Patients who receive a service from a non-vocationally recognised doctor will continue to receive the current Medicare rebate of \$124.50.

**20. Why will non-vocationally recognised doctors working in regional and rural areas receive a higher fee for urgent services provided in the ‘sociable’ after-hours period, compared to the ‘unsociable hours’ period?**

The decision to leave the fees for the unsociable-hours items (ie. services provided between 11pm and 7am) unchanged is an important element of the new arrangements, to ensure that the current incentives to provide services in this period are maintained. However, as a consequence, the Medicare fee for non-vocationally recognised doctors providing services in regional/rural Australia using the unsociable-hours item (item 600) will be slightly lower than the fee for the services these doctors provide in the period between 6pm and 11pm (\$124.45 for item 600 compared to \$129.80 for new item 588).

It is important to note that the fee for sociable-hours services provided in regional and rural areas by non-vocationally recognised doctors is significantly higher under the new arrangements - \$129.80 for new item 588 – than it was under the previous arrangements (\$104.75 for item 598). This is a difference of \$25.05.

**21. Will doctors who provide an urgent after-hours home visit still be able to treat other patients in the same location?**

Yes. At present, doctors who need to treat other patients at the same location as a patient receiving care during the urgent after-hours period are required to use one of the standard after-hours items. To simplify this, a new item will be introduced for second and subsequent patients at the one location, as part of the same occasion of care. New MBS item 594 will be available for these subsequent attendances. The fee for this item is \$41.95.

**22. How will the new triaging arrangements work?**

In considering the need for an urgent assessment of a patient’s condition, the practitioner may rely on information conveyed by the patient or patient’s carer; other health professionals or emergency services personnel. A record of the assessment must be completed and included in the patient’s medical record.

The MBS urgent after-hours items may be used when, on the information available to the medical practitioner, the patient’s condition requires urgent medical assessment during the after-hours period to prevent deterioration or potential deterioration in their health. Specifically the patient’s assessment:

- cannot be delayed until the next in-hours period; and
- the medical practitioner must attend the patient at the patient’s location or reopen the practice rooms.

Appendix B of the AMDS Program Guidelines offers a useful protocol to determine whether prospective after-hours patients should be seen by a deputising medical practitioner or see their regular medical practitioner. The AMDS Program Guidelines are available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/approved-medical-deputising-service>

The development of an appropriate clinical triage plan will remain the responsibility of a medical deputising service's Clinical Director. However, the guidance material was developed with consideration of the role that the Government expects the medical deputising sector to perform. As such, the minimum triaging standards are based on the two key patient-interaction scenarios that a deputising service provider can expect to encounter. The identified scenarios and expected triaging competencies are:

- i) Providing home-visits to patients who are referred to a Medical Deputising Service (MDS) by their normal GP (the expected norm) – the Department of Health expects that these patients will have been triaged by their normal caregiver as having a condition that does not require emergency care but would benefit from an after-hours consultation. For this scenario, the deputising service is expected to apply a triaging process that:
  - a. ensures the assigned deputising doctor is not working outside of their current competencies (noting that most of these doctors are not yet vocationally recognised in general practice);
  - b. allows the service to provide the patient with an indicative timeframe for the consultation;
  - c. where the provider offers a mix of in-clinic and visiting services, there is assurance that escalating demands for in-clinic services does not compromise the agreed delivery of home-visit services;
  - d. ensures the assigned deputising doctor has the training to appropriately refer a patient if their condition has escalated and become an emergency;
  - e. ensures the assigned deputising doctor has contact with their supervisor in case they require assistance when consulting a patient; and
  - f. as a broader feature of the AMDS, maintains systems for referring patient records to their primary caregiver according to AHPRA standards and maintains a system for receiving feedback from partner general practices.
  
- ii) Patients who request a home visit service or who make an in-clinic attendance to an MDS during the after-hours period without being referred by their normal GP – the provider's triage plan must ensure staff are trained to:
  - a. appropriately identify and refer a patient attending with a medical emergency;
  - b. obtain a brief description of the condition and the patient's medical history;
  - c. refer patients back to their normal caregiver if presenting with a routine, non-urgent matter (the guidance identifies several of these matters as being outside of the scope of deputising);
  - d. schedule care, which includes the ability to provide a patient with an approximate timeframe for the service and manage additional requests so that the most urgent patients receive priority;
  - e. for an in-clinic attendance, manage patients who present with symptoms of a communicable disease (i.e. isolation and barrier controls); and
  - f. obtain information regarding the patient's normal care giver so that a record of the service can be transferred.

As part of their respective triaging plans, AMDS providers will be expected to refer a patient back to their normal caregiver (usually a GP) if they present with routine, non-urgent matters. Some key examples include:

- health promotion activity (e.g. management of smoking cessation or opiate withdrawal) that requires ongoing care;

- procedures that require a chaperone, good illumination or specific equipment (e.g. cervical screening tests or skin checks);
- chronic disease management (e.g. discussion of test results or specialist referrals);
- any procedure that requires the availability of resuscitation facilities (e.g. immunisations); and
- requests for certification (e.g. medical reports for employment, Centrelink benefits or insurance claims)