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Ms Deirdre Pinto  
Manager Specialist Clinics Program  
Department of Health  
50 Lonsdale Street  
**MELBOURNE VIC 3000**

By email: [Deirdre.Pinto@health.vic.gov.au](mailto:Deirdre.Pinto@health.vic.gov.au)

Dear Ms Pinto

**RE: Specialist Outpatient Clinics Access Policy**

AMA Victoria welcomes the Government's commitment to improving the accessibility and quality of specialist outpatient services in Victorian public hospitals. Given the rising demand for specialist outpatient services in Victoria, the additional funding being allocated to support outpatient clinics is timely.

We have a number of concerns in relation to the draft document *Specialist outpatient clinics in Victorian public hospitals: Access policy* and these are outlined below. We would appreciate receiving advice from you as to how these issues will be addressed.

To discuss any of the matters raised in the submission, please contact Elizabeth Muhlebach, Policy Officer, on (03) 9280 8754 or [elizabethm@amavic.com.au](mailto:elizabethm@amavic.com.au).

• **Private services delivered in public hospitals**

AMA Victoria recognises that the guidelines and standards listed in the draft policy have the potential to promote equitable and efficient patient management however it is important that the policy clearly outlines that it applies only to public services delivered in public hospitals.

In its current form, the draft document does not make clear whether it is intended to apply to private specialist outpatient services delivered in a public hospital setting and does not explain whether it is seeking to cover health services delivered to Medicare-funded outpatients.

AMA Victoria recommends that the policy should not seek to apply to private services delivered in public hospitals and that the expectations and indicative timeframes outlined in the document should not apply to the treatment of private patients.

• **Need for adequate funding**

In light of the indicative timeframes listed in the document, it is important that public health services receive sufficient funding to meet them. Adequate resources should be allocated to support specialist outpatient clinics to ensure that health services are not put under excessive pressure to meet the prescribed timeframes. We suggest that details of funding arrangements for specialist outpatient clinics be included in the document.

AMA Victoria also acknowledges the concerns which have been raised recently in other states in relation to services provided in public hospitals and any policy which might increase private activity or privatise public activity.

We note that, on page 18, the policy makes brief reference to the fact that patients referred to a nominated specialist working in a MBS-billed clinic may elect to receive their treatment as a private patient and that MBS rebates can be claimed where patients are seen by a specialist other than the one they were referred to. We would appreciate receiving some information on the state Government's policy as to MBS-billed services provided in Victorian public hospitals.

It is also unclear from the policy whether doctors would require a separate Medicare provider number in a specialist outpatient clinic.

- **Improving access to services for patients with chronic disease**

While the draft policy appears to promote practices which will improve access to specialist outpatient services for patients with single, discrete medical complaints, it does not seem to do so for patients with chronic and complex conditions. The provisions contained within the document appear to assume that there is an end point at which an episode of care is concluded and patients are discharged back to the referring GP.

The policy does not appear to address the difficulties faced by patients with chronic and life-long disease – a patient group which represents a significant proportion of tertiary public hospital outpatient clinic referrals. Such patients require expert multidisciplinary care (comprising co-located specialist medical, surgical and allied health personnel) and access to repeated ambulatory diagnostic investigations and state of the art pharmaceutical therapy that is either unavailable or too costly in privatised settings. These patients are rarely able to be 'discharged' due to their complex and often progressive needs.

Therefore while the policy may address the difficulties faced by these patients in obtaining an initial clinic appointment, it fails to acknowledge that traditional public outpatient clinics and especially Medicare funded 'privatised' clinics (where a patient sees one practitioner who implements a management plan) cannot provide the level of care that is required for these chronic conditions.

Patients with chronic disease need ongoing access to expert, holistic care in public hospitals that is appropriately funded but such clinics are not widely available. AMA Victoria recommends that additional work be undertaken by the Department to ensure that the needs of this patient group are met. The policy must be revised to include a broader examination of outpatient services for Victorians with chronic conditions.

- **Medical training**

AMA Victoria is concerned that the document does not address the role of hospitals in teaching students and junior doctors in outpatient settings. There is little indication within the document that the guidelines and indicative timeframes take into account the training needs of Resident Medical Officers and medical students.

- **Medicare Locals**

We note that on page 7 of the document health services are encouraged to engage with their local divisions of general practice to strengthen communication with GP referrers. AMA Victoria suggests that, in light of the fact that many divisions are currently transitioning to Medicare Locals, and that all Commonwealth funding for divisions will cease on 30 June 2012, this section should be revised.

- **Care coordinators**

AMA Victoria welcomes the role outlined for care coordinators to assist specialist clinic patients to navigate the health system and access local GPs and other health care providers.

Yours sincerely



Bryce Prosser  
**Director, Policy and Public Affairs**