

RACGP advice on MBS rejected by doctors

Mark O'Brien

A LEADING doctors' group has rejected calls for the RACGP to advise GPs on MBS item descriptors, saying the college let GPs down when it came to consulting on descriptors for GP management plans and team care arrangements.

The issue has surfaced ahead of the expected release next week of a Senate inquiry report examining the Professional Services Review.

The inquiry heard from several GPs who had unsuccessfully sought clarification on specific descriptors from Medicare.

A Medicare spokesperson told MO that Medicare could provide general information but only a medical practitioner could determine if the service fulfilled the descriptor requirements and was clinically relevant.

Practice management consultant David Dahm said because

Medicare was restricted in the advice it could provide, GPs were often uncertain how to proceed.

"The only people who can fill that void are the [RACGP]. Until the profession accepts that, we are stuck in this gridlock," he said.

University of WA professor of general practice Alistair Vickery said research had shown GPs were likely to "undersell themselves" in situations where they were unsure of which item to claim.

"Someone needs to sort it out. It is the role of the college to inform these item numbers," Professor Vickery said.

But AMA Council of General Practice chair Dr Brian Morton said GPs had been "let down by the AGPN and the college", which were both on a working group that previously consulted on the team care and management plan items.

"You can't just have the college deciding or writing guidelines that

are not achievable in the workplace," Dr Morton said.

"There has to be some professional interpretation of the descriptor [by the practitioner] with some honesty, ethics and professional judgement," he said.

RACGP president Professor Claire Jackson was unavailable for comment but has previously stated it is not the college's responsibility to provide advice on the appropriate use of MBS items.

Good outcomes for patients with psychologists in GP practices

Catherine Hanrahan

CO-LOCATING psychologists in general practices to promote collaborative mental healthcare leads to better outcomes for patients, an expert says.

Clinical psychologist Dr Robyn Vines chaired a symposium at the Australian Psychological Society annual meeting in Canberra this week canvassing arguments for referring patients to 'in-house' psychologists.

Trial data showed better outcomes from collaborative mental health care for patients with anxiety and depression, compared with GP treatment alone.

"Many of the patients in the trial of this collaborative care model came back within the normal level of functioning on the indices used," Dr Vines said.

"Co-location of professionals has many advantages, even if it's only for part of the week.



Dr Hal Rikard-Bell

"It facilitates easier communication with GPs and enables patients to come for assessment in a setting where there's no stigma attached."

Dr Hal Rikard-Bell, a GP in the Russell Street Medical Centre in Bathurst, NSW, where Dr Vines practices, said co-location worked because

it improved communication.

"There's a lot you can say in discussing the patient that you can't do in a written report," Dr Rikard-Bell said.

"Also, it's the feedback between the sessions. So if they are doing 6-12 sessions, the psychologist and the doctor can have a conversation about whether after one or two its working, or if they need to take medications, so it makes it more efficient."

Dr Vines, who is an adjunct senior research fellow at the school of primary health care at Monash University, said co-location breaks down barriers to help-seeking.

"But... also if you are accessible and communicating readily with the GP, it's frequently the case that the patient gets earlier intervention than having to be put on a waiting list for referral elsewhere," she said.

Nitschke gets supply of banned sedative

Mark O'Brien

EUTHANASIA advocate Dr Philip Nitschke has secured a supply of the banned barbiturate Nembutal (pentobarbital) through a Swiss agent but confusion remains as to which agency, if any, will oversee its use.

Dr Nitschke has notified the TGA he intends to prescribe the drug as a nocturnal sedative for a terminally ill patient and will need permission from the Office of Chemical Safety to import it, but admitted he was unsure what would happen after that.

Dr Nitschke will rely on the TGA's special access scheme to import the drug and will be required to certify that he will adhere to good medical practice in prescribing it.

He has been warned by the TGA that he could face a range of serious sanctions from professional bodies if he did not.

However, the TGA last week distanced itself from the process, with a spokesperson saying it has

no role in approving the importation or use of the drug.

A Medical Board of Australia spokeswoman said the board expected all practitioners to comply with good medical practice as outlined in the code of conduct but would only be involved in the context of an investigation or hearing following a complaint.

Dr Nitschke said while he expected to face opposition from some medical experts, he was confident his reasons for prescribing the drug were sound.

"Doctors prescribe a lot of drugs that could be dangerous if they are misused, and we explain that to the patient and expect them to act in a responsible and informed way," he told MO.

Palliative Care Australia president Dr Scott Blackwell said it was clear Dr Nitschke wanted to make the drug available to terminally ill patients to give them a way of peacefully ending their own lives if their symptoms became too difficult to bear.

NT docs disgusted by detention of 100 children in Darwin

Mark O'Brien

NORTHERN Territory doctors have voiced their outrage regarding the more than 100 children who remain in the Darwin detention centre, accusing the government of "child abuse" following the reported suicide attempt of a detained nine-year-old child.

The accusation comes as refugee advocates last week welcomed the AMA's tougher stance on mandatory detention.

AMA Northern Territory refugee spokesperson Dr Peter Morris hit out at the government last week after evidence to a parliamentary inquiry into the treatment of asylum seekers detailed



the case of a nine-year-old boy who attempted suicide in the Darwin detention centre.

"[Doctors in the territory] just think it is disgusting that families and children are being detained in Darwin when they are no

security threat, and no health threat," Dr Morris said.

A spokesman for Immigration Minister Chris Bowen said the government was "concerned by instances of self-harm in immigration detention" and had

approved almost 1000 children for community-based detention arrangements.

"People should remain in detention for as little time as possible... [and have] appropriate access to health and mental health

care," the spokesman said.

Refugee Action Coalition coordinator Ian Rintoul welcomed the AMA's stance saying he would help build the political will necessary to move children out of detention.

inbrief

DNA test reveals incest but raises dilemmas

THE power of cutting-edge DNA technology, which may reveal children have been conceived through incest, can produce legal and ethical dilemmas for clinicians, experts warn.

DNA microarray analysis is used to identify genetic disorders in children with intellectual and developmental disabilities by looking for small deletions and duplications in the DNA using single nucleotide polymorphisms.

But the test can also reveal that up to one-quarter of the DNA on multiple chromosomes is not heterozygous, indicating the individual may have been conceived by first-degree relatives.

Although these revelations help identify the underlying cause of disabilities in the child, they also create a legal and ethical dilemma and may require reporting to child protection services or police, researchers said.

The authors suggest institutions draft practice guidelines on consent and reporting issues.

Lancet 2011; 377: 555-556

iPhone apps unlikely to help smokers quit

A REVIEW of 47 quit-smoking apps for iPhone shows most are unlikely to help patients.

One of the major problems with the apps is that while they may provide personalised motivation, few recommend or refer users to counselling, quit lines or other support networks, researchers said.

Lead author Professor Lorien Abrams, a health communications expert from George Washington University, said most apps failed to mention the benefits of nicotine replacement therapy and around half embraced hypnosis.

The review covered 47 free and paid applications available in 2009.

"They were pretty poor. There wasn't one I thought I could recommend to a smoker," Professor Abrams said.

Given current consumer demand for health apps, the weaknesses of those reviewed represent a missed opportunity to provide evidence-based aids, the authors said.

AM J Prev Med 2011 40:279-285

Health Department defers MBS item advice to doctors' groups

Andrew Bracey

GPs in doubt over how to interpret the MBS should be calling the RACGP and the AMA, according to advice from a senior Health Department official.

The news has come as a surprise to both professional bodies, who have argued that providing such information has never been part of their role.

The advice was given to Queensland GP Dr Scott Masters by Rose Ross, the director of the Medicare Integrity Section within the Department's Medicare Benefits Branch, after Dr Masters requested advice on the appropriateness of claiming several MBS items.

Ms Ross's advice was based on the fact that health authorities cannot provide doctors with binding advice. In an email to Dr Masters, Ms Ross told him to instead seek such direction from

the RACGP or AMA, as "neither the Department nor Medicare Australia can provide binding advice on matters relating to the clinical relevance of the service".

"This is a matter for your peers - that is, the general body of GPs. If you are unsure of the appropriate item to apply in this case, I suggest you discuss it with your peers at the RACGP and/or

AMA," wrote Ms Ross.

MO contacted the Health Department for further comment or clarification of this advice, but had not received a response at the time of publication.

Dr Masters has previously attempted to gain clarity from Medicare and the Professional Services Review directly.

RACGP president Professor

Claire Jackson was confused as to why such advice was given. Writing to Dr Masters, Professor Jackson said the RACGP was not able to provide such clarity on appropriate use of MBS items, as this was not their responsibility.

"Whilst the college has a role in educating general practitioners, and providing guidelines for quality general practice care, it cannot make rulings regarding the MBS for and on behalf of Medicare," she wrote.

Dr Masters appealed to Medicare to "take responsibility for their role rather than palm it off to someone else".

"The system is broken and we would like a mature discussion about how to make it more workable so GPs can get on with their job, feeling a bit more safe and secure that they are doing, from an administrative point of view, the right thing," he said.



Brain volume declines with antipsychotic use

Catherine Hanrahan

THE largest and longest study linking the use of antipsychotics to the loss of brain volume has Australian experts divided over the impact of early treatment initiation.

The Iowa Longitudinal Study found the use of antipsychotics was correlated with smaller brain volume after controlling for illness severity, duration of follow-up and substance misuse.

The prospective study, which followed 211 patients with schizophrenia for a

median seven years, found higher doses of antipsychotics were associated with smaller brain volume on MRI.

Professor Louise Newman, developmental psychiatrist at Monash University, said the study should flag the need for caution when initiating antipsychotics.

"It suggests very careful consideration of antipsychotic use before we have clearly established symptoms [in individuals]," she said.

The publication of the Iowa study coincides with a *British*

Journal of Psychiatry editorial by Dr Joanna Moncrieff, co-chair of the UK's Critical Psychiatry Network. She cites mounting evidence that antipsychotics are linked to brain volume reduction, suggesting early use in young people is not justified.

But Professor Patrick McGorry, executive director of Australia's Orygen Youth Health, said there was no consensus on the clinical significance of brain volume changes. "It would be very destructive to say that just because the brain

issue is not clear, young people shouldn't get any help," he said.

Professor David Le Couteur, president of the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists, said the relevant clinical outcome was long-term cognitive effects.

"[Let's] see whether these changes in brain volume, which are just a surrogate marker, in fact pan out to have an impact clinically," he said.

Arch Gen Psychiatry 2011; 68:128-37; B J Psychiatry 2011; 198:85-87

Queries over safety of point-of-care-testing dismissed

Staff writers and AAP

CLAIMS from pathologists that point-of-care testing poses a danger to patients have been dismissed by a leading advocate.

The claims came as reports surfaced about a bungle at PRP Diagnostic Imaging, in NSW, where a nurse accidentally used the same needle to test the blood sugar levels of 53 cancer patients.

The nurse mistakenly believed the finger-prick device being used automatically changed needles.

Authorities have launched an

investigation and the patients face a three-month wait to find out if they have been infected with HIV or hepatitis B or C.

Katherine McGrath, chief executive of the Australian Association of Pathology Practices, said the incident highlighted the dangers of the push for more point-of-care testing.

"The risk with point-of-care testing is that because it looks so simple, people think that anyone can do it," she said.

"But it isn't simple, it's very sophisticated, and you need a

quality framework to make sure the technology is being used appropriately."

However, Melbourne GP Nick Demediuk, who sits on the Federal Government's Quality Use of Pathology Committee, shot down the suggestion.

"I think it's a very long stretch. In general practice we've got things called standards," Dr Demediuk said.

He said the incident was "extraordinary" but showed "a lack of training [that] just wouldn't happen in general practice".

