



Better connected
after hours healthcare

2018 After Hours Reform

Frequently asked questions

March 2018.

Question	Response
<p>I've heard that ED departments are going to be overrun with extra patients because some MDS are being forced to close. Is this true?</p>	<p>Despite some MDS providers stating this, the hard data indicates that there has been no discernible decrease in ED presentations to justify the growth in after hours home visits. Therefore there is no basis to suggest that ED departments will be overburdened as a result of the recent Afterhours reforms. MDS visits are for urgent or unexpected illness not emergency type care.</p>
<p>Why has the government introduced a ban on direct to patient advertising by AMDS?</p>	<p>Government needed to act to control the unjustified growth in urgent after hours item Medicare expenditure. There are serious and legitimate concerns that the general public, on the back of advertising campaigns run by some after hours services, are accessing services for convenience rather than urgent need. Some MDS have deliberately targeted patients with TV, radio and broad advertising campaigns and fractured the relationship and trust between the patient and their regular or primary GP. There are concerns that regular usage of an MDS rather than with a patients primary GP will compromise patient health and safety.</p>
<p>Why has the government reduced the Medicare rebate for some doctors working in MDS?</p>	<p>To reduce overall Medicare expenditure and encourage quality in the after hours sector. Medicare rebates will reflect the experience and standing of the visiting home doctor. A doctor who is recognised by the RACGP as a Fellow will therefore be entitled to claim a higher amount for their home visit than a doctor without this qualification. Some MDS companies were reported to be utilising inexperienced and poorly qualified junior doctors for the delivery of home visits.</p>

Question	Response
<p>How do I ensure our practice patients use the MDS that I have an arrangement with?</p>	<p>The best way for a clinic to ensure that your patients use your MDS is to ensure that support materials including signage, digital displays, brochures and magnets are clearly displayed in your practice. If you know a patient is likely to need afterhours support, let them know who you trust and the importance of choosing your contracted service for the best health outcomes and continuity of care. The new advertising bans should help direct patients to access the MDS provider your Practice has engaged, rather than simply ringing the phone number they have seen or heard about through advertising.</p>
<p>Are MDS required to refer all GP type care back to the GP Practice?</p>	<p>Yes, it is clear in the after hours reforms that all routine GP type care should not be accepted by an MDS and that these patients must be referred back to their regular practice.</p>
<p>When are MDS required to provide the practice with patient notes of those that they have attended after hours?</p>	<p>MDS are required to return all patient treatment encounter notes by the next working day subsequent to the home visit being completed.</p>
<p>What's the difference between and after hours service and a MDS?</p>	<p>A MDS is an organisation that first and foremost acts for and on behalf of the General Practice it represents during the after hours period. By definition it deputises for its GP subscribers, complementing rather than competing with the care they provide. An MDS is also fully accredited through the RACGP and meets all the relevant standards of General Practice. These services are accredited every 3 years and there are strict requirements and expectations placed on MDS to ensure that standards are upheld.</p> <p>An after hours service is one that acts to maximise its own consults after hours without regard to the appropriateness of such care or any relationship with the patients regular GP. There are service that claim to be an MDS, however whose behaviour suggests otherwise.</p>

FAQs

Question	Response
<p>What can we do at a practice level to discourage patients using the MDS inappropriately and value the quality of care we can provide for them at the practice?</p>	<p>A practice should work with their MDS to ensure that patients are receiving appropriate care from the MDS you engage. That way if you suspect misuse by a patient or, unnecessary home visits from your MDS then you are able to contact the MDS and put measures in place to address the issue together. Don't forget that the MDS role is to be a "deputy" and to act on the practice's behalf.</p>
<p>I've heard some Afterhours services are closing, will our doctors have to do their own afterhours work?</p>	<p>Whilst some after hours services who have little or no linkages to GPs may close with their "volume" based models being impacted most by the Government's reform measures, true MDS will likely continue to provide their support to their GP subscribers. MDS with strong and contractual ties will rely now more than ever on the support of General Practice and their patients using their service when appropriate.</p>
<p>What does an "urgent" afterhours visit mean?</p>	<p>The after hours reforms included a change to the definition of urgent, relevant to Medicare item use. Urgent now relates to the need for the urgent assessment of a patient, with such urgency related to whether a patient can wait until the next in hours period for such assessment to be conducted. It does not include routine care presentations.</p>
<p>Some patients have been told by afterhour's providers that they have ceased service to some suburbs. Is this true and how I can check?</p>	<p>Yes, it appears many MDS have reduced their visiting boundaries. You can contact your provider to determine their home visiting boundaries. If your MDS is no longer covering your area, remember that there may be other MDS providers that continue to provide comprehensive service in your area.</p>

Question	Response
<p>Am I allowed to advertise my after hours service to our clinic patients? What do the new advertising bans mean?</p>	<p>Yes the clinic can and should ensure material advising their patients on how to access the after hours care they provide is available within the Practice and via their phone messaging. It is a requirement of their accreditation that such information is clear to their patients. Most MDS will have support materials for your Practice to make available to your patients.</p>
<p>What if I am happy with my afterhours provider but another MDS provider is seeing my patients. What can I do?</p>	<p>Some clinics proactively send out letters or educate patients, or communicate with them directly on their next visit to the Practice, about their preferred MDS and the benefits of using this service to ensure better continuity of patient care</p>
<p>When can the call centre start taking bookings for patients?</p>	<p>MDS call centres should be available to their GP subscribers at any time, although as doctors are unable to commence consulting until the after hours period, that is after 6pm Monday to Friday, 12 noon Saturday and all day Sunday and public holidays, this is the best time for bookings to be made. This ensures appropriate triage protocols are used when booking at a time when doctors are also available to actually consult patients.</p>
<p>How do I know if the afterhours service I use is fully accredited and is actually operating as a genuine MDS meeting all the compliance requirements of an being an Approved Medical Deputising Service (AMDS) provider?</p>	<p>All accredited MDS should be able to provide you with certification of their own accreditation. Talk to colleagues about their experience and assess the service you are actually receiving through your MDS. Consider how they respond in actions, not just words if you raise a concern with them.</p>

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What if we have another question, who can we talk to?	You should talk to your own MDS provider about specific issues with your clinic. For a broader industry view, you can contact the General Practice Deputising Association (GPDA) a peak and lead MDS organisation representing like-minded MDS from around Australia and who have regular consultation with Government, AMA and the RACGP. GPDA can be contacted by calling 03 8341 1232 or emailing Nic.Richardson @ gpda.com.au
If I concerns with how an MDS is operating, or would like more information where can I go or who can I talk to?	You can email the Department of Health at AMDS@health.gov.au



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