

CHANGES TO DR MICHAEL 'MIKI' SCHWARTZBORD'S BILLINGS

(EFFECTIVE 1ST NOVEMBER 2021)

As of 1st November 2021, all patients will be charged a personal contribution for consults with Dr Miki: this includes phone and in person consults. Although not required, Dr Miki provides an explanation for these changes overleaf. Also see below for exceptions and exclusions.

2 PAYMENT OPTIONS ARE AVAILABLE:

1) PAY AS YOU GO:

This is an out of pocket fee paid at the end of each consult on top of the appropriate Medicare rebate. If your account details are set up correctly with Medicare then the full amount (Medicare rebate + gap fee) is charged to your bankcard and the Medicare rebate is credited back in your account overnight, leaving you out of pocket the following amounts:

- \$30 = Standard rate. Applies to all consults, regardless of duration.
- \$15 = Concessional rate. Eligibility = Pensioners (Health care card, Senior Health Card, and Pension card holders), Children 16yrs and under, and anyone experiencing financial hardship who has discussed this prior with Dr Miki.

Please ensure prompt payment at the end of the consult (if this is a phone consult then call reception immediately after to facilitate this). Outstanding accounts would need to be settled prior to further consults. Our receptionists work hard and chasing outstanding payments is time consuming and definitely not fun!

2) ANNUAL PERSONAL CONTRIBUTION:

Dr Miki is trialling a novel alternative to paying a contribution at the end of each consult. This is paying a one-off annual personal contribution. This option may be suitable for those who have regular/frequent appointments with Dr Miki and for those who prefer the convenience of not having to make gap payments at the end of every appointment. Patients can choose this annual option at any stage and this one off gap payment will cover all their gap payments with Dr Miki (not with other doctors) for the subsequent 12 months. It will be charged on top of the Medicare rebate at the time you choose this option. It will not be invoiced separately and will not be an automatic annual payment. Receptionists will advise when a year has elapsed and you can decide whether to continue this option or not.

- Standard rate = \$150 per individual per 12 months
- Family rate = \$250 per family per 12 months (up to 2 adults and their dependents)
- Concessional rate = \$100 per individual per 12 months (Pension card holders, kids < 16, financial hardship)

EXCEPTIONS / EXCLUSIONS:

- If consulting another doctor at the same practice (ie Dr Miki unavailable/ on leave) then that doctor can charge a payment according to their own billing practices.
- DVA, TAC, Workcover related consultations will continue to cover related conditions.
- Medicolegal report writing incurs separate fees
- The following remain bulk billed services: GP Chronic Disease Management Plans; Health assessments; Routine immunisations including childhood, influenza and COVID vaccines.
- Some procedures will continue to incur a fee to cover additional costs, for example:
 - Iron infusions = \$75 out of pocket
 - Skin excisions = \$75 out of pocket
- Some vaccines are privately funded ie travel vaccines (wishful thinking!)

Although not necessary, I would like to explain the context of the billing situation at the clinic.

Background: I started at Kallista Medical Centre (KMC) in February 2016, approaching 6 years ago. Since then I have come to know and care for my regular patients, and have personally found the topic of billing *awkward and challenging*. As with many things that we find uncomfortable in our lives I developed the tendency to *avoid it!* This is not a healthy behaviour and I am now addressing this. At my core I think universal health care, although not a right, is a worthy goal for our society.

KMC has always had “mixed billing”- where the majority of patients were bulk billed and a smaller percentage may pay a ‘gap’ payment. The decision as to whether you would be bulk billed or pay a gap, and if so, how much of a gap payment, has been made by your doctor at the end of each consult and conveyed to the receptionist. Very few patients have been charged the advertised gap and many have never had to pay out of pocket at all for the care received at Kallista.

What is Bulk Billing?: Bulk billing is where the clinic only receives the rebate from Medicare as full payment for the service provided ie you do not pay an additional contribution. The rules of bulk billing are clear: the patient must be present for the consultation (or via phone since recent changes) and no other charge levied. These Medicare rebates are raised through taxation so yes, you do pay for them. Some clinics advertise themselves as ‘Bulk Billing’ and they may choose to bulk bill some or all of their patients. One can’t generalise, however clinics that solely bulk bill, in order to remain profitable, typically have shorter consultations and end up dealing with less complex issues or dealing with them less comprehensively. KMC is a privately owned business. The fees generated by the clinic must cover all the running costs and staff wages and there is no separate funding or government support for this practice.

Chronic Government underfunding of General Practice: There is an ever widening shortfall of funding for GPs via the Medicare arrangement. According to the RBA, inflation rose 12.2% percent for goods and services between 2013 - 2020. In this same time period the rebate for a standard GP consult rose only 5.2% from \$36.30 to \$38.20. So the cost of running a GP business rises but the Government funding has never risen in step. This widening gap in GP funding is unsustainable. Australia spends \$185 billion on healthcare per year – only 6.5% of is spent on General Practice. Studies show that every \$1 spent on primary care reduces the cost of chronic disease on society by a factor of at least 10! So the preventative work GPs do is of real \$ value, however it is chronically undervalued by successive governments. They know GPs care greatly for their patients and will tirelessly do the work, even if they are underpaid for it.

Encouraging future generation of GPs: Despite the underfunding, being a GP is a great career and I would choose this path again today. It is professionally rewarding, diverse and challenging. At Kallista we have fully qualified doctors working as GP registrars, meaning they are undertaking their GP specialty training under our supervision. Unsurprisingly, the numbers of graduating doctors choosing to be GPs are declining. Being under remunerated compared to their colleagues is one reason for this. We need to show the future GPs that they are highly valued.

Quality of care: By any measure I feel that the quality and standard of care, dedication, personal service of all the staff at KMC is exceptional and the community benefits from this greatly. Consults often cover multiple complex health issues, with the aim to prevent and treat problems on all levels of health – social, psychological and physical health. Of course, we are not perfect but we do strive for excellence. If there is any feedback then we are welcoming of this. I personally have been frustrated at times at my lack of availability to my current patients and have addressed this by not accepting new patients since mid 2020 and by increasing spots for emergency on-the-day consultations. I am very fortunate to work alongside other excellent staff and I 100% trust them to step in when I am not available. Regarding availability, I work Monday-Thursdays and typically take ~ 4-6 weeks leave per year.

COVID-19: Changes to my billings at Kallista were being planned in 2019. With the arrival of COVID-19 I put these on hold. This pandemic has impacted everyone emotionally, socially and for some financially. Unfortunately COVID is a new reality that we must all take in our stride and it has brought even more challenges to delivering healthcare. We have risen to the challenge by:

- Optimising individual's health to reduce their risk of serious COVID and also reduce burden on our stretched health care system.
- Providing education around infection control and how patients can stay safe.
- Protecting the clinic and patients from harm through regular screening and infection control and ensuring all patients with potential symptoms of COVID be seen safely outside of the clinic.
- Treating all patients who have been unwell with respiratory symptoms in a safe manner (using our outside tent or referring to Selby/Monbulk) and arranging COVID testing as well as any required treatment. Many GP clinics do not see unwell patients and inconvenience them by sending them away for swabbing – and are unable to assess or treat their actual problem, or even worse – have continued to see sick patients inside their rooms jeopardising everyone's health. We have responded responsibly from the outset.
- Transitioning back and forth between in-person and telehealth consultations based on the circumstances. Phone consultations have been a lifeline for GPs to provide medical care in an uncertain time. They have proved to be largely effective, convenient and well received - though often not suitable to the patient or the problem. Phone consults are proper consultations nonetheless (albeit without a physical examination) and require time, and often much work is done behind the scenes writing referrals, sending scripts, liaising with other care providers.
- Offering in-person consults when necessary and we have never shut our doors during this health crisis.
- Working tirelessly to rollout COVID immunisations in our community to our absolute maximum and spend considerable time explaining the benefits of immunisation to the community.

TYPES OF CONSULTS AVAILABLE

Standard Consultations: Brief (<6minutes), Standard (6-20 minutes), Long (20-40 minutes), Prolonged (>40 minutes). Please indicate to receptionists upon booking if longer appointments are required.

Telehealth appointments: Typically by phone – video available if required. Brief and Standard consults only.

Health assessments: Typically one hour long appointment jointly with nurse and doctor. Detailed assessment of health needs, excellent opportunity to be more thorough and increase services and support. Recommended annually for >75 yr olds, also available for 45-49 yr olds at risk of developing chronic disease (once off) or 40-49 yr olds at risk of diabetes.

GP Management plans/ team care arrangements: Known as "Careplans" these are typically one hour long appointments, jointly with nurse and doctor, available annually to anyone with chronic health issues/complex care needs.

Appointments are used to assess needs and arrange care providers. This can enable access to 5 Medicare rebatable allied health sessions per year. Careplans can be reviewed at 3 month intervals to adapt to your needs.

Mental health care plans: 30-45 minute long appointment with GP to thoroughly assess and treat mental health problems and coordinate referral to psychologists to provide up to 10 Medicare rebatable sessions per year.

Procedural appointments available: Skin checks, cryotherapy of skin lesions, skin biopsies, implantable contraceptives.