

DOCTOR!

DOCTOR IN THE HOUSE

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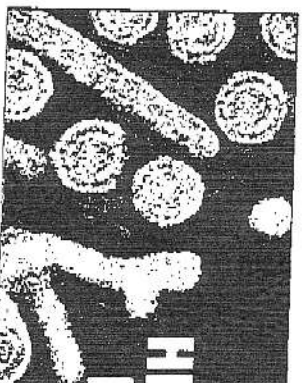
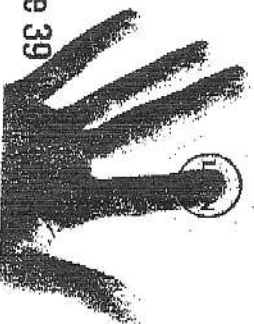
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HOW TO TREAT HEPATITIS B INFECTION

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GP care plans under fire

Physicians fight for control

BY PAUL SMITH

CONSULTANT physicians have been lobbying the Federal Government to take over a raft of GP chronic disease management plans, suggesting Medicare subsidies should only be paid on conditions they are drawn up by consultant physicians.

A discussion paper written by the Australian Association of Consultant Physicians and the Australasian Faculty of Public Health Medicines was leaked to *Australian Doctor* last week.

Its contents, which includes claims that consultant physicians have been receiving care plans from GPs as a substitute for formal referrals, has outraged the RACGP, which described the paper as "ignorant".

The paper, dated 31 July, claims it was "not logical" for a management plan to be devised by a GP in cases where patients were "typically referred by a GP to a consultant physician or paediatrician

for diagnosis or for expanded treatment or management options, not normally delivered by GPs."

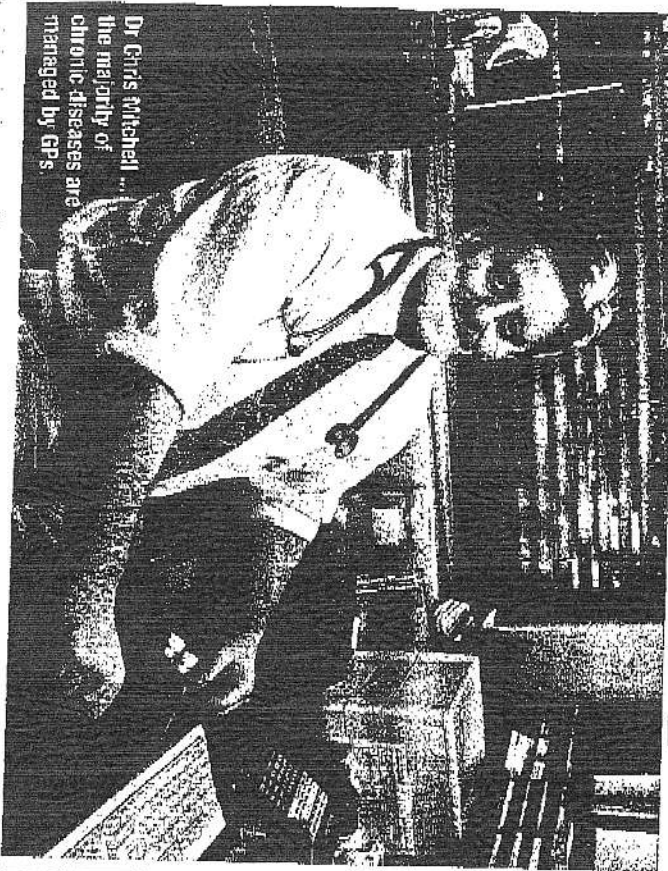
"It would seem more logical that if a consultant physician or paediatrician is to be involved in the development of a treatment/management plan for a patient with a chronic illness, the GP plan should augment the consultant physician's or paediatrician's plan rather than the reverse," it adds.

Two reform proposals are put forward in the discussion paper.

The first is that patients are not eligible for a management plan unless they have been assessed by a consultant physician, paediatrician or psychiatrist. The resulting care plan, the paper claims, would be based on the plan provided by the specialist.

"The appropriate Medicare item for the GP consultation prior to referral should be a normal con-

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Dr Girts Mitchell... the majority of chronic diseases are managed by GPs.

HPV vaccine may cut risk

HPV

a caffeine finding



"A previously reported well-conducted randomised trial that assessed the effect of reduced caffeine intake in the third trimester of pregnancy failed to show any benefit in terms of increased growth or reduced growth restriction," he said.
Associate Professor Vicki Clifton,

of the school of paediatrics and reproductive health at the University of Adelaide, also urged caution interpreting the study findings, saying the weight of evidence suggested caffeine was a minor contributor to intrauterine growth restriction.
BMJ 2008; online

Clarification

Australian Doctor reported in last week's issue that Dr Emmanuel Vlahakis of SA is giving evidence in a coroner's hearing for allegedly failing to help a man who collapsed in a car park at the Europa Medical Clinic in Salisbury, SA ('Doctor denies ignoring dying man', 7 November). We wish to clarify that this is not the same person as Dr Emmanuel Vlahakis, who is a sexual health physician and GP practising in Sydney.

GP care plans under fire

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sultation based on duration," the report says.

President of the Australian Association of Consultant Physicians, Dr Les Bolitho, said: "There is obviously no sense in consultant physicians being involved in all care plans, but where we do have a role in a patient's treatment, then there should be scope for us in developing a care plan".

The second option being pushed by the association is for the GP to prepare a management plan for a patient who has not been referred to a consultant physician, but the plan then must be linked to both a team care arrangement and a case conference with a consultant physician or paediatrician.

"At this conference the consultant physician will concur with the plan, suggest an alternative course of action, or determine that referral for an initial consultation is required."

Dr Bolitho revealed that the group had been in discussions with the Federal Health Department, which is currently embroiled in reforming the Medicare schedule.

"Our concern is that we are getting sent care plans by some

GPs that have been computer generated by a click of the button. It's a mouse click and it's costing government \$100 million a year. Medicare want to rein in the cost of that so there is better value for money. There are going to be changes [in the way these plans are generated]."

He told *Australian Doctor* the paper was a discussion document but denied it was an insult to GPs.

He claimed that some of the wording in the document was incorrect and he still expected GPs to have responsibility for the development of patient management plan.

But RACGP President Dr Chris Mitchell was seething about the proposal.

"This submission is disrespectful of the role of general practice and general practitioners," he said.

"It shows no understanding of the nature of general practice and that the great majority of chronic conditions are managed without need for referral to a consultant physician. And it shows no understanding of the advanced skills of GP in the management of chronic conditions and complex comorbidities."

