



1 June 2008

Dr Christine Walker  
Chronic Illness Alliance  
818 Burke Road  
Camberwell VIC 3124

Dear Dr Walker,

**Re: Medicare Consumer Consultative Committee – Indefinite Referrals**

Thank you for the opportunity to contribute issues regarding Medicare service delivery and development for you to raise at the next meeting of the Medicare Consumer Consultative Committee.

We would like to highlight the frequent misapplication of Medicare rules with regards to indefinite referrals which is impacting upon the care of many people with Type 1 diabetes. (Evidence-based care for Type 1 diabetes requires immediate referral by a GP to a ‘specialist physician’ and minimum annual review consultations with a diabetes specialist (endocrinologist) and eye specialist (ophthalmologist). Many people with Type 1 diabetes will also need to consult other specialists including nephrologists, cardiologists and rheumatologists on an ongoing basis.)

The Medicare guidance for health professionals on indefinite referrals states the following:

**Indefinite referrals - when to write one**

General practitioners are entitled to write indefinite referrals for the ongoing treatment of patients with chronic conditions. Specialists and consultant physicians are reminded to accept the validity of indefinite referrals and not to make unnecessary requests to referring practitioners for new referrals.

Download Indefinite referrals [PDF, 32Kb].

[http://www.medicareaustralia.gov.au/provider/pubs/program/files/ma\\_medicare\\_indefinite\\_referrals.pdf](http://www.medicareaustralia.gov.au/provider/pubs/program/files/ma_medicare_indefinite_referrals.pdf)

Source: Medicare, For Health Professionals. [http://www.medicareaustralia.gov.au/provider/pubs/program/medicare.shtml#indefinite\\_referrals](http://www.medicareaustralia.gov.au/provider/pubs/program/medicare.shtml#indefinite_referrals)

Despite this clear guidance, our members are reporting a range of issues with their GPs refusing to write indefinite referrals and, more frequently, specialists refusing to accept indefinite referrals.

**Example of GP refusal to issue indefinite referrals to diabetes specialists**

“I was refused an indefinite referral from my GP to my endocrinologist and my ophthalmologist because she insisted that I needed to see her every three months as part of the GP cycle of care. Luckily for me my GP was ill when I went to get my last referral and the locum gave me an indefinite referral without question (I had to ask for it, but no debate was entered into).” – Terry, Sydney

**Examples of specialists refusing to accept indefinite referrals**

“I see my ophthalmologist annually. I have an indefinite referral, but he insists on getting a new one each time because I don't see him frequently enough. This means I have to co-ordinate getting one at my endo[crinologist]'s or I have to pay to get one from my GP. In addition, because I only see him annually, he charges me a new consult fee rather than a follow up consult ... I've complained a couple of times, but he says he's got no money and he's really good at his job...” – Tim, Sydney

“My GP and specialist have both told me I shouldn’t need to keep getting referrals but when it comes down to the receptionist at the specialist, if my next appointment is longer than 9 months, then I need a new referral. They just say its Medicare’s policy.” – Nick, Melbourne

“I go to an eye doctor in Geelong [for annual diabetic retinopathy screening]. I was always told by them to go to my GP and get a referral. I thought this was bizarre as Type 1 diabetes doesn’t go away - so why do I have to keep getting a letter requesting treatment every year? It was also a massive waste of time and energy going to a GP when your GP and home are up to 110k away from where you work.” – Gabrielle, regional Victoria

“I was at my endo last week, she told me I’d need a new version of my indefinite referral because I had a new GP.” – Hallie, Melbourne

“Both my endo(crinologist) and ophthalmologist require a new referral every 12 months and I get charged an 'initial consultation' fee for that visit as well, which is more expensive.”- Sharon, Queensland

### **Diabetes specialist perspective on refusing indefinite referrals**

Our organisation has strong links with the many health professionals who support the care of people with Type 1 diabetes, and it has been brought to our attention that specialists themselves are also encountering problems with the current Medicare rules and guidance.

It is common for person with Type 1 diabetes’ annual review to require a lengthy and complex consultation, which can be equivalent in time and complexity to an initial consultation. It is also common with life-long conditions such as Type 1 diabetes for patients to have ‘dropped out of the system’ for a few years and thereafter their first appointment at re-entry may be considered a review but can extend again to be similar to an initial consultation. The current Medicare rules do not cater to either of these scenarios, and the impetus is put back on the patient to obtain a new referral and bear the time and cost of this, in addition to taking up valuable time in a GP’s busy schedule.

There is considerable evidence that ‘dropping out of the system’ is both common and very damaging to a person with Type 1 diabetes’ long-term health and it is concerning that the current Medicare guidance, and its variable application, puts barriers in the way of maintaining as well as regaining regular care under a specialist physician.

We have been directing our members to the excellent resource available on the Medicare website outlining Medicare policy on writing and accepting indefinite referrals and encouraging them to bring this to the attention of specialists, GPs and other clinic staff who they encounter as applying the Medicare rules incorrectly. However, many people do report concerns about raising such issues for fear of it negatively influencing their relationship with their doctor.

We would welcome any initiatives which saw Medicare:

- raising awareness amongst specialists of the requirement to accept indefinite referrals, and the correct application of the ‘initial consultation’ fee;
- providing an avenue for consumers to formally and anonymously raise concerns with Medicare directly where they believe policies are not being applied correctly’;
- raising awareness amongst consumers of the availability of indefinite referrals; and
- aligning the Enhanced Primary Care Program with evidence-based practice for more complex conditions such as Type 1 diabetes such that the consultant physician item (132) for a comprehensive assessment can be applied at critical points during the course of a life-long condition, not only at diagnosis.

Yours faithfully,

**Kate Gilbert**  
**President**