

Mr Chris White

Chief Executive Officer; and

Mr Craig Donohue

Principal Legislation Officer

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WorkCover WA

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Dear Sirs,

Please consider the following Submission regarding Implementation Consultation Paper 24: Fees Order for Medical Services November 2023.

I write in my capacity as President of the Western Australian Society of Plastic & Reconstructive Surgeons representing the 40 members of our Speciality in Western Australia,

As a Consultant Plastic and Reconstructive Surgeon working in both public and private hospitals in Western Australia for over 20 years I would point out that as a Specialist Surgeon group we see and treat a significant number of patients with work related injuries annually.

This would include at least 50% of Work Related Hand Injuries requiring hospital admission, and the majority of Work Related Non - Hand Open Soft tissue injuries and Work Related Facial Injuries occurring in Western Australia.

We are in general agreement with your **Rationale for changes to medical services and fees** outlined in Consultation Paper 24

We are in agreement that the AMA Fees List is indicative of reasonable fees for procedural medical services for which it has been designed - ie **for privately insured patients**. We are in agreement with the billing rules outlined in the AMA Fees List.

Under the billing rules of the AMA Fees list the listed fee is the fee for the surgery and includes "routine" follow up care - for most procedures this covers a period of 6 weeks. Where multiple procedures are performed on the same day the cost of "concurrent" follow up care for these additional procedures is economised by a scaled reduction in the prescribed fee for each subsequent procedure - The Multiple Procedure Rule outlined in the AMA Fees List. **This rule is reasonable for the treatment of privately insured patients for which the AMA Fees list was designed.**

There is, however, a large body of peer reviewed published evidence that injury complexity, complication rates, psychosocial factors, recovery timeframes, and outcomes are significantly less favourable in work related injury patients. Their management exacts significantly increased administrative costs, employer & insurer communication, injury management, and medico legal exposure.

Treating work related injury patients is not equivalent to treating privately insured patients.

We propose that current industry standard practice which utilises the AMA Fees List **without the Multiple Procedure Rule** is reasonable on the basis that:

1.) It is consistent with standard billing practices in Western Australia for over 25 years as reasonable remuneration.

2.) It recognises the non-equivalence of treatment of work related injuries compared to non work related injuries and provides a reasonable fee structure for the former

3.) It provides transparency to insurers / employers with reference to AMA Fees List Item Numbers.

4.) It has encouraged practitioner participation in treating work related injuries over decades and has lead to the development of sophisticated private hospital based services that significantly expedite the treatment of injured workers, minimising LTI & optimising direct / streamlined communication with employers and insurers

Aligning fees with the the AMA Fee List for procedural work including adopting most of the billing rules specified in the AMA Fees List is reasonable and should improve transparency around billing for insurers and employers.

Enforcing the Multiple Procedure Rule, however, will undermine the commercial viability of an efficient system of private surgeons / clinics / hospitals that treat these injuries.

This will result in reduced access for injured workers to be treated in the private hospital system

Many of these patients will then need to be treated in public hospitals.

In addition to increasing the load on an already strained public hospital system, this will have significant implications for waiting times for treatment, lost time to injury, direct communication to employers and insurers, and possibly injury outcome.

Any cost saving by enforcing the Multiple Procedure Rule will be of set by increased LTI costs

Workers and Employers will face greater delays in treatment and injury management

Time based billing structure for Non Medical Work Related Injury Management

Your proposed time based billing structure for non medical work related injury management work grossly undervalues **the business cost** of providing these services and increases the administrative burden in doing so. The risk is that small businesses (specialist and general medical practices) that provide these services currently in the private sector will not continue to do so.

Operation Reports Provided with Invoices.

We are supportive of anything that improves transparency around invoicing and communication between providers, insurers, and employers with the caveat that patient privacy and confidentiality is respected.

We fail to see the relevancy of requiring operation start and finish times in operation reports provided with invoices that you have proposed. The AMA Fees List describes a reasonable fee for a particular procedure and is not time based. Reporting operative time is not a requirement under AMA billing rules or Medicare billing rules and requiring this only adds to administrative burden.

Proposed Changes to Fees for Diagnostic Imaging Services

We would recommend against your proposed changes to fees for diagnostic imaging services. It is very likely that your proposals will affect the commercial viability of extended hours and after hours radiology services and very likely that they will result in delays for patients with work related injuries getting timely diagnostic imaging. This will result in increased Lost Time to Injury while the patient is waiting to have their imaging done before they can begin definitive treatment.

In conclusion;

We are supportive of the **Rationale for changes to medical services and fees** outlined in Consultation Paper 24

The AMA Fees List including most of its billing rules are a reasonable reference to adopt for fees provided it is recognised that it is designed for privately insured patients

Treatment of work related injured patients is far more onerous than private patients

The Multiple Procedure Rule should not be adopted from the AMA billing rules because

- A) it is has been standard billing practice to exclude it over the past 25 years
- B) Excluding it recognises the non equivalence of workers compensation and private practice work
- C) Adopting it now undermines the commercial viability of a system of private clinicians /clinics / hospitals that provide very effective and efficient treatment of injured workers and streamlined communication to employers and insurers.

Reporting operation start and finish times with invoices is not a requirement of the AMA Fees List.

Reducing diagnostic imaging fees will delay patient diagnosis and treatment and increase LTI costs

We look forward to participating in on going consultation and working with you to improve the medical fees system for work related injuries in Western Australia

Kind Regards

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