

March, 2016

Ms M. Faux
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cc The Hon Malcolm Turnbull, Prime Minister
The Hon Scott Morrison, Treasurer
The Hon Sussan Ley, Health Minister

Phillip Adams, ABC Radio National
Robert Raymond, Sam Lipski, Four Corners Executives, ABC

Dear Ms Faux

I recently heard you being interviewed on Phillip Adams Late Night Live.

I was very interested in your thesis and what you had to say. However, I was surprised, upon your being asked if you thought doctors were rorting the system, your reply was "No, I do not believe that".

I am not sure if you said that because you truly believe it or because you were being diplomatic.

I have enclosed a letter here that I sent to the addressee back in June 2014.

Again I will voice my frustration at once more remaining anonymous. I am afraid I am not brave enough to face the doctors I work with, nor do I want to lose my job, nor face possible prosecution.

Since writing last my Point 3 has changed but only in as much as you cannot bill the Health Care Plan numbers (707, 721, 723) on the same day as a consultation. So now the doctors just bill those item numbers on one day and the consultation number on the following day!!

Apart from that nothing has improved and as a matter of fact, as most of these doctors I work with approach retirement age they seem to be more intent on getting as much out of the system as they can

I mentioned before that these doctors are good doctors it is just their billing practises that are appalling. However, even they would not do the following—

Recently two of our regular patients (unknown to each other) were to have Care Plans carried out. When it came time to bill these patients it was found that they had already had a Care Plan done within the prescribed 12 month period, but not with any of our doctors. When questioned it turned out that both of these patients had cause to see two other different doctors at different surgeries on two different Sundays for minor complaints. Instead of being billed the out of hours billing number, generally 5020, they had been billed for Care Plans worth hundreds of dollars.

Just another example of how wide spread this fraud is.

I will tell you this much. This is occurring on the north side of Sydney. Is there any reason to think it could not be occurring throughout Australia.

As there have been changes in our Government of late, I will be sending this to the new Ministers concerned.

My well wishes to you for your thesis.

Prime Minister,
The Hon Tony Abbott-MP
Parliament House,
Canberra 2600

June, 2014

Cc:

The Hon Joe Hockey MP, Treasurer
The Hon Peter Dutton MP, Health Minister
The Hon Bill Shorten MP, Leader of the Opposition
The Hon Chris Bowen MP, Shadow Treasurer
The Hon Catherine King MP, Shadow Minister for Health

Mike Baird, Premier of NSW
Jillian Skinner, NSW State Health Minister
John Robertson, Leader of the NSW State Opposition
Andrew McDonald, NSW State Shadow Minister for Health

Tony Jones - Q & A, ABC
Fran Kelly – Insiders, ABC
Norman Swan, RN Health Report, ABC
Sarah Ferguson -- 7.30 Report, ABC
Paul Sheehan, The Sydney Morning Herald
Cassandra Wilkinson, Centre for Independent Studies

This letter has been in draft form on my desk for too long. However, the Commission of Audit and perhaps introduction of a co-payment has spurred me to action.

Firstly it was – should I send this letter because of my loyalty to the doctors I work with. Or secondly, as it would have to be sent anonymously, would anyone take any notice.

I have to take that chance and send this regardless, for my own conscience if nothing else.

For quite some time now I have become increasingly alarmed and upset regarding the manner in which I have seen some doctors bill their patients.

Let me begin then by listing some examples below of what I have witnessed personally.

1. Doctors telling reception staff when the patient is leaving the surgery after a standard consultation, "This is a 23 or if they are a bulk billing patient make it a 36". So, because Medicare is paying, the consultation suddenly becomes a longer one!!

An Item No. 23 is a standard consultation (approximately 0-15 minutes in duration) the price of which is determined by each practice but generally ranging between \$65 and \$90. An Item No. 36 is considered a long consultation (approximately 15-30 minutes in duration) and can range in price between \$120 and \$160. The Medicare rebate on these is \$36.30 and \$70.30 respectively.

2. A UP01 being conducted on a patient one day at a cost of \$415.80. And then on the following day the same patient undergoing a 75+ Aged Care Assessment at a cost of \$601.70. Totalling \$1,017.50

for one patient on two assessments that are almost the same. And in a lot of these cases the patient does not need the assessment in the first place. It only being suggested by the doctor because of the money that is in it for him. I understand that these are DVA amounts I am quoting here, however, it still comes out of taxpayer dollars.

The 75 + Aged Care Assessments are conducted by a nurse who I believe gets \$120 out of the \$601.70. The doctor then has to sign off on these assessments barely taking more than a cursory look in some instances. Which is totally fine, as the point I am making is that a qualified nurse could do these assessments without the doctor in 90% of cases having to be involved therefore reducing the cost.

3. When these aged care assessments (Item Nos. 701, 721, 723 and 10997) are done, on occasion the doctor has instructed that an Item 23 should also be charged. The Item 23 then having to be noted as "unrelated to assessment". Surely for the amount already being charged a script or short consultation about anything unrelated should be included.

4. I have noted one doctor making over 60 home visits in one day. At 15 minutes a consultation the home visits add up to 15 hours non-stop consulting. Impossible in itself but this same doctor also returns to the surgery for afternoon consultations. Even if this was possible, what sort of care are the patients receiving? Not to mention that some of these home visits are charged out at, say an Item No.43.3 amounting to \$85.55, plus a 10990 which is an amount of \$6.00 (please see below for explanation of these item numbers). If you cannot possibly do 60 consultations at 15 minutes a patient then how can you also do longer consultations. It could be argued that perhaps you could do 60 short consultations in one day but if that was the case why are the patients, or Medicare, being charged for a full consultation.

The item numbers for home visit consultations vary depending on where the visit takes place. Home or aged care facility. Then the amount is graded downward depending on the number of patients seen in one establishment. e.g.

Item 35 Standard Consultation in Aged Care

35.1	\$82.10 (one patient in facility)
35.2	59.20 (two patients in the same facility)
35.3	51.55 etc
35.4	47.75
35.5	45.45
35.6	43.95
35.7	39.55

Anymore than 7 patients the amount stays at \$39.55

The category of an Item No. 43 is a long consultation in aged care facility.

An Item.no. 10990 can be added to any consultation, home visit or surgery based, if the patient is younger than 16 or has a pension card. This payment was established a few years ago by the Government as an incentive to the doctor to bulk bill. On some occasions the patient who does NOT have a pension may have the Item No. 10990 added by clerical error. When this is sent to Medicare

the amount is incorrectly approved. No cross-checking done apparently. How often does this happen across the State/Nation? Yet more money wasted.

5 Multiple blank home visit vouchers that have been signed by the patient in advance of the home visit being made, or not made, as the case may be. Most of the home visit patients are elderly or have dementia, or both and may not realise why they are signing these forms. Or they are a friend of the doctor and if questioned would not admit that the doctor had not made that visit. These vouchers are now being phased out altogether. Even less accountability.

6. Patients without a pension, I heard a doctor say that he bulk bills them if he visits them without their request or charges them a private fee if they do request a visit.

7. Patients who have had stitches or some procedure done returning to the surgery for follow-up treatment within a specified time (this should be done without charge) being billed at whatever item no. the doctors says, plus with the instruction to add "not normal aftercare".

8. Patients being billed an item 5020 (an out of hours consultation) at 8.20am. Out of hours is before 8.00am

I consider the doctors I know to be fairly decent people, an oxymoron really considering the content of this letter. So if they are conducting themselves in this manner I suspect that most practices are the same or worse.

With Medicare consultations being processed electronically surely it must be quite clear through analysis what is occurring here. Or does Medicare not have programmes in place to do this?

The staff at nursing homes perhaps could do rounds with all doctors as a record of the length of time that is spent with each patient. It may stop doctors from saying "Giddy, how are you" from the doorway of a patient's room, moving on and then billing that patient for a full consultation.

Apparently a doctor a few years ago was audited because of suspected excessive billing but was told he was not bad enough. He was then told that anything under 80 consultations a day is considered not worthy of audit. How can this be possible!!

If this rotting could only be stopped the Government would be saving millions, perhaps billions. To witness the above is a disgrace even under normal circumstances, but with our health system in such dire need it is appalling. I am gravely concerned. Has no-one ever brought these matters to your attention? Or are you turning a blind eye?

The co-payment, if it does get through the Senate, should be put back into health immediately, not promised in several years when somehow the money will HAVE TO BE assigned elsewhere because of government priorities.

I am not in a position to do anything about the above apart from writing to you, my elected representatives and the media. The ball is in your court.