

Guidance on the Meaning of “Urgent” in the Context of After Hours Urgent MBS Items:

Preamble

This advice has been prepared to assist doctors working in Medical Deputising to provide guidance on the use of Urgent After Hours MBS Items. In preparation of this guidance, NAMDS consulted with Medical Directors in member organisations and with the RACGP Expert Committee on Standards and Accreditation. This advice is based on our best understanding. Doctors are personally responsible for their own billing decisions.

Department of Health Advice

All doctors should familiarise themselves with published advice from the Department of Health, which can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/hpg-sub-urgent-atten-after-hrs>. The Department has made clear in various correspondence that it is appropriate for a doctor to base their billing decision on a prospective assessment of whether a patient required urgent treatment and that doctors are not required to make a retrospective assessment of the urgency of treatment following examination. See for example <http://www.mdanational.com.au/Resources/Blogs/Fair-billing>.

Guidance

All NAMDS members operate under a Model of Care that is consistent with the definition of a Medical Deputising Service as set out in the Approved Medical Deputising Service Guidelines. This involves trained staff taking requests for medical attendance and recording the symptoms described by the patient or carer initiating the request. Symptoms requiring emergency treatment are directed to appropriate emergency services. Requests for routine medical care should be referred back to the GP. Generally, only patients with acute, episodic symptoms that are seeking urgent care should be passed through to doctors to attend, with the exception of those calls referred by the Principal GP to the deputising service.

Following the attendance, the deputising doctor should make their own assessment regarding urgency by considering the question –“did the patient’s symptoms and status prior to the face to face consultation support the medical opinion that a face to face examination, assessment and treatment was required in the current after hours period?”

This analysis should be informed by:

- Any telephone triage performed by the doctor prior to attendance
- The degree of patient or carer concern or anxiety
- The severity of symptoms
- Whether symptoms had changed or worsened in the after hours period
- The possible serious conditions or risks that could not have been excluded over the phone and would have required face to face assessment to exclude, especially when taking into account the vulnerability of the patient (age, underlying health status, etc)
- General triage protocols that apply for same day access in general practice
- Whether treatment (including reassurance and advice) was actually required on an urgent basis

It is critical to remember that all doctors are personally responsible for their own billing decisions and substantiation of decisions through clinical notes is essential.