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Productivity Commission
2 Collins St East
Melbourne 8003

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Dear Sir/Madam,

I note that the Federal Government has requested that the Productivity Commission perform a study on the relative performances of the private and public health systems in Australia. Part of this study involves the issue of informed financial consent (IFC) in the private sector. The speciality of anaesthesia has been referred to in the Commission's Issues Paper as one of several groups where IFC can be or has been problematic.

The Australian Medical Association (AMA) and Australian Society of Anaesthetists (ASA) take the issue of IFC very seriously. Over the last few years both organisations have spent an enormous amount of time and resources, both human and financial, on educating their members, and the medical profession generally, about the importance of IFC.

The Commission intends to use the IPSOS surveys of recent years as its evidence for the incidence of good IFC practice. These surveys are in fact flawed for at least two reasons I can see. Firstly, their response rate was low (around 40%) and secondly, they rely on the patient's recall of past events. I can personally recall cases in which I have obtained written, signed IFC from a patient well before their procedure, and have later been told the patient did not realise they would be receiving an account. In addition, with such surveys, patients who have a grievance are more likely to respond, with those who received satisfactory treatment from both the medical and financial point of view being less likely to go to the trouble to fill in and return the form.

As a member of the ASA and a past chair of its S.A. state committee, I am aware that the ASA has performed its own surveys on IFC, and has made detailed submissions to government departments on the issue previously. I believe the ASA will be making a submission to the Commission and I will therefore not attempt to discuss here the evidence it has collected. Rather, I would like to advise on a method of obtaining IFC which is being used by many Australian anaesthetists, in order to demonstrate that individual practitioners are taking the issue seriously and attempting to solve the difficulties faced specifically by our speciality.

I am a client of an organisation known as Meditrust. Using their system, I am able to provide patients with information about their anaesthetic management and its costs, either on the internet or in printed form.

I provide each surgeon with whom I regularly work, a note on a Meditrust letterhead, which lists a number of different procedures specific to that surgeon. The surgeon or a member of staff ticks the box for the relevant procedure and hands it to the patient. The patient is then directed to a website, and enters a passcode specific to that surgeon. He or she is then presented with the list of possible procedures, and selects the one relevant to them, and also selects the appropriate private insurer from a list. The patient is then presented with information relevant to the anaesthetic for that specific procedure. The majority of the information is in fact related to the administration of the anaesthetic itself, and what to expect. At the end of the page, the patient is presented with an estimated total fee, rebate, and the out-of-pocket expense they may expect. I receive an e-mail informing me that the patient has accessed the information.

The information sheet can be saved and printed out if the patient wishes. I have attached an example of what the printout looks like. This example of course uses a fictional anaesthetist, and also a randomly selected fee, rebate and "gap". My personal information on the front page is a good deal more detailed than for "Dr. Bloggs". The information relating to the anaesthetic for this particular operation is however taken directly from my web page.

Patients who are not "computer literate" and/or do not have internet access are given a toll-free phone number to ring. A Meditrust staff member asks for the names of the relevant surgeon and anaesthetist, and the information is mailed to the patient as a hard copy, free of charge.

Meditrust of course charges its anaesthetists a fee for the service, of approximately \$2000-\$2500 per annum, depending on the number of patients/surgeons involved. The fact that many of us are prepared to pay such a large fee, and also spend many hours familiarising ourselves with the website and setting up our information pages (each procedure for each surgeon requiring different information) demonstrates the importance of good IFC practice to us and the fact that we take the issue very seriously.

I am not associated in any way with the company Meditrust, other than being a client/member. I receive no financial benefit from Meditrust, either as a result of my membership, or as a result of making this submission. The opinions I have expressed are personal and should not be assumed to represent those of the AMA, the ASA, or the company Meditrust.

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