



AHIA 2010

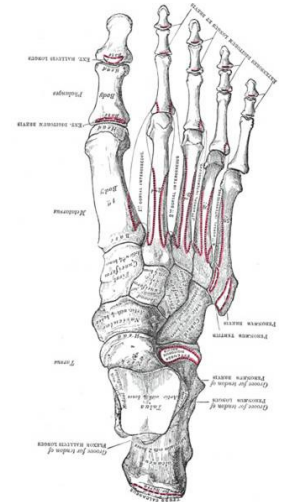
Podiatric Surgery

Thank you

- For support provided
- Opportunity to present

Today

- Regulatory environment update
- Research & audit
- Health Fund relationships
- Future collaborations



Prepared & presented for the Australian
Health Insurance Association by
Mark Gilheany

Australasian College Podiatric Surgeons

- **Regulatory recognition**
- **Collegiate structure – peer review, audit , CPD etc**

- ❖ National Health Act 1953;
- ❖ Podiatric Surgery and other matters Act 2004;
- ❖ Health Insurance (Accreditation of Podiatric Surgeons) Guidelines PHB23/2004;
- ❖ National Health Amendment (Prostheses) Act 2005;
- ❖ Private Health Insurance Act 2007; and
- ❖ Private Health Insurance Complying Product Rules 2008 (As Amended)
- ❖ **Podiatry Board of Australia 2010 (AHPRA)**



Podiatric Surgery

A Registered Speciality

National Registration of Health Practitioners

Approved specialties (National Law 2009)

- Medical practitioners (23 recognised specialties)
- Dental practitioners (13)

- **Podiatrists (Podiatric Surgery)**
 - National Board
 - Accreditation Authority
 - National College (ACPS)



Private Health Insurance and Podiatric Surgery (2005-2010)

- Private Insurance Act (2005)
 - Hospital costs
 - Expectation of coverage equity "as if medical practitioners provided the service **notwithstanding lack of Medicare rebate**".
 - Using MBS as descriptors
 - Professional fees (podiatric surgeons fees)
 - Expectation of contribution at discretion through ancillary cover
- Outcome (2010)
 - Mixed: some good / some bad
 - Reticence to accept the spirit of reform



“Reported issues”

Private Health Insurance and Podiatric Surgery

■ Misinformation to consumers

- *" No rebates exist at all for anything associated with podiatric surgery"*
- *"It is illegal for private health funds to provide rebates for podiatric surgery"*
- *"Podiatric surgeons are not recognized by Medicare and as health fund benefits are linked to the Medicare Benefit Schedule they cannot pay a rebate"*

A disturbing element of this situation is the erosion of confidence in the podiatric surgeon's qualifications and skills such misinformation generates. This exposes podiatric surgeons to professional misconduct accusations, as patients believe based on health fund advice, that the podiatric surgeon is providing false information.



Clinical Audit and Private Health Insurance

- **Health reform must include reporting on hospital and provider performance**
- “Such an initiative would allow for publicly identified benchmarks in health care across both the public and private systems and would be to the benefit of all patients”, Dr Armitage said.
 - AHIA Media Release 13th April 2010



ACPS Clinical Audit Activities

- **Examples:**
- **Postoperative infection rates in foot and ankle surgery: a clinical audit of Australian podiatric surgeons, January to December 2007**
 - *Butterworth, Gilheany & Tinley .Australian Health Review 2010*
 - Infection rates associated with podiatric surgery are well within accepted industry standards!
- **4 years retrospective “bunion” surgery – 2002 Gilbert La Trobe University**
 - 53 subjects, 55% Chevron
 - Statistically sig improvement QOL (on all scales FHSQ).
- **12 months prospective time series “bunion” surgery – 2003 Gilheany LaTrobe University**
 - 121 subjects
 - Statistically sig improvement QOL on all scales



Audit Benchmarks.



The Economic Impact of Podiatric Surgery (2008).



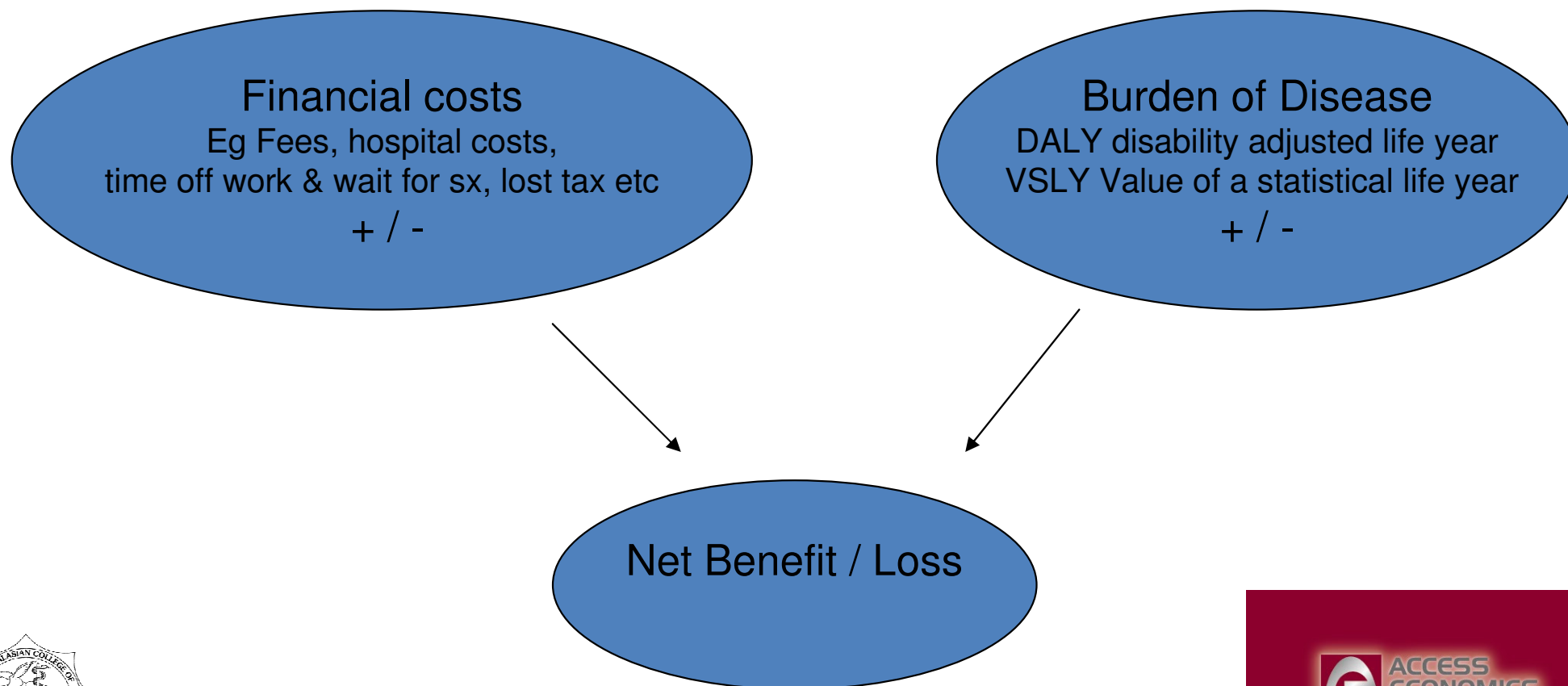
Challenges Identified

- Data sets
 - Concordance mapping required
 - Standardisation of incidence & age gender
- Lack of research?
 - Impact of foot pathology
 - Audit activity
 - Outcomes data (comparative)
- Years lost to disability (YLD)
 - Disability weights for foot pathology?

Medical (Ortho) Vs Podiatric

Outline of modelling approach

Comparative (per procedure)
Cost effectiveness analysis & cost benefit analysis



Major Findings

Podiatry = cost effectiveness

- Average savings of \$8,651 per procedure
 - \$3,635 net cost plus \$5,016 BoD
- Potential savings of **112 Million per year** if pod sx used to capacity.
- Growth in pathology
 - 2008 - 130,581 procedures
 - Additional 1900 every year up to 2050
- IGTN (2008)
 - 44% (~57,500 of these procedures)
 - podiatric performed not in audit
 - Private (52,641) Public (5,097)
 - Financial savings
 - **Eg \$1,415 net cost plus 5,320 BoD**
- Gaps in knowledge
 - Podiatry, are we a silent workforce?



Individual Examples

Surgical procedure		Incremental	Net value	Net	
Eg	MBS Item no.	Brief description	costs	of BoD	benefit
1	49833	Correction of hallux valgus by osteotomy of first metatarsal	-2,117	3,224	5,341
2	49866	Neurectomy for plantar or digital neuritis	-2,416	3,356	5,772
3	44359	Amputation of one or more toes of one foot	-15,271	7,713	22,983
Total weighted average			-3,635	5,016	8,651



Access Economics Summary

- Projection is for significant growth in need and performance of foot and ankle surgery
- Podiatric Surgery is effective and efficient



Question?

- How many of PHI Funds pay a rebate for podiatric procedures?
- How do podiatric surgeons (podiatrists) improve communication with health funds and rebates for patients?
- Opportunities for efficiency?
 - Conservative Vs Surgical care



New Projects

HBF Innovative Fund

- Collaboration HBF and ACPS with QUT
- Audit of Podiatric Surgery in WA
 - Measure health related quality of life of HBF members prior to receiving surgical services
 - Measure (HRQoL) at selected time points post op (eg; 3,6,12)
 - Complete a clinical audit comparing outcomes of various interventions
- Final report by 31/05/2012.
- The report will detail all project outcomes and proposed next steps/ further opportunities for collaboration with HBF!



HBF Support

- What can be learnt and adopted by other funds from HBF
 - ✓ Regular meetings with Australian Podiatry Association Representatives
 - ✓ Agenda items discussed include issues relating to Podiatric Surgery
 - ✓ Podiatric Surgeon representative attending meetings
 - ✓ Regular communication!
 - ✓ Collaborative approach and mutual support!
 - ✓ Patient / client satisfaction can be enhanced by providers and insurers working together
 - ✓ Improve enthusiasm of podiatric surgeons towards health fund initiatives for publicly identified benchmarks in health care across the private health system to benefit all patients!



The ACPS is committed to

“Ongoing Health System Engagement”

- Regulatory Bodies
 - Australian Commission on Safety and Quality in Health Care
Eg National Safety and Quality Health Service Standards
- Universities
- Health Insurance Industry**
- The public
- Other health care providers & stakeholders



Conclusion

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- The ACPS would like the opportunity to further discuss;
 1. Regular provider meetings with appropriate personal for each funding organisation
 2. Podiatric Surgery item numbers and fees
 1. APODC Fee Schedule
 3. A collaborative approach to help improve outcomes and reduce patient dissatisfaction
 1. Flexibility
 4. Possible collaborative projects (Eg: HBF)

