POSITION STATEMENT
Clinical Prioritisation Criteria 2015

Background

The Queensland Government has advised that it intends to phase in a set of Clinical Prioritisation Criteria (CPC) which it believes will "help provide Queensland patients with transparent and equitable access to medical and surgical specialists in the public health sector."

Each CPC will have three key components.

- Referral criteria: Criteria for practitioners to follow when referring patients to specialists and outpatient appointment.
- Outpatient criteria: Criteria to determine how quickly the patient should be seen by a specialist or in outpatients (urgency category).
- Intervention criteria: Criteria to determine if the patient needs further treatment, such as surgery or another pathway, and the urgency of that treatment

CPC are currently being developed for the following 10 specialities, which have been identified as the areas that receive the highest volume of outpatient referrals across Queensland.

- ear, nose and throat
- gastroenterology
- general surgery, including vascular
- gynaecology
- neurology
- neurosurgery
- ophthalmology
- orthopaedics
- plastic and reconstructive surgery
- urology

The rationale provided by Queensland Health for the need for Clinical Prioritisation Criteria (CPC) is as follows;

- There are presently no consistent minimum referral criteria to ensure all patients access these specialist services equitably and within the medically recommended time
- Many general practitioners (GPs), hospital clinicians and Hospital and Health Services (HHSs) currently use different referral guidelines and/or processes.
- The use of CPC for medical specialist areas builds on the work already being done in Queensland HHSs, other Australian states and internationally, including New Zealand and Canada.

AMA Queensland Position

Executive Summary

In reference to the proposed CPC policy, AMA Queensland supports;

- Continuity of care
- Appropriate peer-to-peer communications between GPs and specialists
- Queensland Health keeping AMA Queensland updated and informed about the development, implementation and evaluation of CPC

AMA Queensland does not support;

- Non-medical triaging of referrals
- A CPC process that does not acknowledge and make provisions for the increased workload it will place on General Practice

At the outset, AMA Queensland wishes to emphasise that we believe that CPC should not be used as a mechanism to rationalise access to services. In our discussions with Queensland Health, we understand that this is not the intended purpose of CPC and we appreciate that. However, AMA Queensland remains concerned that there is ample scope in the implementation of simple guidelines to be corrupted and this clearly defeats the purpose of a transparent unified statewide system of outpatient triage.

AMA Queensland also wishes to note and appreciates the commitment that Queensland Health has shown in consulting with the profession to ensure that the CPC will meet the needs of GPs whilst ensuring the efficient use of public resources. However, while we believe that the intentions behind CPC are well placed, AMA Queensland has some strong concerns which must be addressed if the CPC scheme is to provide any benefit to GPs, hospital clinicians and patients.

In particular, there is a high level of political sensitivity and public interest in outpatient waiting lists. These can be erroneously used to measure efficiency and adequacy of a given service or institution. Therefore, in the frequent circumstance where demand eclipses public hospital resources, there is a strong temptation for 'gaming' and manipulation of triage categorisations and outpatient waiting lists for parochial or political gain. It is vitally important that the CPC does not become an opportunity for this to occur.

Central Role of General Practice

AMA Queensland believes continuity is a key tenet of quality care. In Australia, General Practitioners are the primary providers of continuous care for patients by planning the patient journey. Appropriate integration of general practice and public hospital care can lead to improved patient health outcomes through coordinated clinical management, improved continuity of care and reduced admissions and readmissions.

High quality continuity of care requires that the secondary and tertiary care provided by hospital clinicians is well coordinated with the patient's usual general practitioner.

Non-medical Review and Triaging

Referrals are a peer to peer communication between General Practitioners and Specialists and the principle of this needs to be preserved. Therefore, AMA Queensland does not support a system whereby non clinicians determine triaging of referrals, nor does it support non- clinician determination of triaging or what further intervention is required.

CPC also has the potential to have a negative impact on the professional relationship many GPs currently enjoy with hospital specialists. This professional relationship is important to both GPs and hospital specialists and provides opportunities for medical professionals to work together to improve patient care. For this reason, it is vitally important that General Practitioners still have the ability to communicate their concerns directly to specialists especially when the General Practitioner determines that the CPC does not adequately relay the urgency nor the overall clinical picture of a patient.

It is equally important that the CPC respects the workflow requirements of referring practitioners by having a minimal impact on time of the referring practitioner. General Practitioners are at the front lines of the health system, with the latest *Better the Evaluation and Care of Health Report* (BEACH) data showing that in the April 2013–March 2014 year, around 85 per cent of the Australian population claimed for at least one GP service from Medicare. Currently, Medicare makes payments for approximately 126.8 million general practice service items (excluding practice nurse items), an average of 5.59 GP visits per head of population, or 6.57 visits per person who visited at least once. A decade earlier, total Medicare claims for GP–patient encounters numbered 96.3 million, an average attendance rate of 4.3 per head of population.[1] This demonstrates that the demand on GP services is high and growing. This is all happening against the backdrop of a continuing freeze on GP rebates by the Federal Government, which in turn affects the viability of many medical practices. The CPC must take this into account when considering how the requirements for meeting referral criteria could add extra administrative work to a sector that is already extremely busy.

Future Considerations

AMA Queensland remains available to be involved in future consultations around the development of the CPC to ensure the views of the profession are heard and the needs of patients are met.

AMA Queensland wishes to continue to have an active role in the implementation and evaluation phases of the CPC project, which we believe are the most critical components toward achieving the program's stated aims.

It is vitally important that the benefits and outcomes of the implementation of CPC is communicated to stakeholders to ensure that they understand the reasons CPC are being introduced, and the benefits they are expected to produce. This should occur through (at minimum) an annual report in addition to more frequent updates such as online newsletters to stakeholders.

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[1] Britt H, Miller GC, Henderson J, Bayram C, Harrison C, Valenti L, Wong C, Gordon J, Pollack AJ, Pan Y, Charles J. *General practice activity in Australia 2013–14*. General practice series no. 36. Sydney: Sydney University Press, 2014

If the CPC is failing to deliver on any of its stated aims, it is important that this information be detailed in a transparent manner in the annual report.

Conclusion

AMA Queensland supports:

- Medical led triaging of referrals to hospitals as a result of the introduction of CPC
- The historical and necessary ability for direct communication between GPs and specialists.
- Monitoring of the possibility of extra workload for GPs and it should ensure the CPC process is as streamlined and efficient as possible to help mitigate this impact.
- Providing any assistance required by QLD Health in the development and implementation process for CPC