



**RANZCO**

The Royal Australian  
and New Zealand  
College of Ophthalmologists

RANZCO position statement:

Billing of Indigenous patients

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## 1. Purpose

The aim of this position statement is to provide guidance to RANZCO Fellows about recommended billing practices of Indigenous patients.

The need for a set of recommendations stems from low service access by Indigenous patients, and the need to ensure that billing practices do not effectively prevent Indigenous patients from accessing eye health services.

In rural and remote areas, patients' choices in choosing a health service provider are significantly limited compared with urban centres. Indigenous patients in rural and remote areas may be further impacted by limited accessibility to services, and a proactive approach is required to ensure patients have access to best available services.

## 2. Rural health Outreach Fund (RHOF)

The Federal Department of Health's Rural Health Outreach Fund (RHOF) provides a funding pool for initiatives aimed at improving access for Indigenous patients to health services providers. The RHOF consolidated five earlier programs, including the Medical Specialist Outreach Assistance Program (MSOAP) and the MSOAP – Ophthalmology Expansion.

Eye health remains one of the four priority areas for RHOF funding. According to Attachment A of the Department of Health's RHOF Flexible Fund Guidelines,<sup>1</sup> "potential activities" for eye health services which may be considered a priority for funding include (but not limited to):

- *Support for eye health professionals to provide outreach services to rural and remote locations across Australia;*
  - *Increase the number of eye health services, particularly cataract surgery and treatment of diabetic retinopathy, provided in rural and remote Australia;*
  - *Foster collaboration between health services and health professionals in the local community and visiting eye health professionals to support ongoing management and continuity of patient care; and*
  - *Increase and maintain the skills of rural and remote health professionals in relation to eye health.*<sup>1</sup>
- (p. 16)

For more information about RHOF, and for specific RHOF contact details for each State and the Northern Territory, please visit the dedicated RHOF page on the Department of Health's website.<sup>2</sup>

Accessing RHOF for the provision of eye health services for Indigenous patients in rural and remote areas is also compatible with recommendation 4.3 of the Roadmap to Close the Gap for Vision<sup>3</sup> (Minum Barreng – Indigenous Eye Health Unit, University of Melbourne), which RANZCO endorses.

### 3. Recommendation on billing of Indigenous patients

Below are RANZCO's endorsed recommendations for billing Indigenous patients:

- RANZCO acknowledges that it is not the role of RANZCO to dictate or determine fees for RANZCO members or ophthalmologists or ophthalmology services.
- RANZCO expects that Rural Health Outreach Fund (RHOF) will be adequately funded to support the scope and geographic distribution of services required to meet community needs and so that providers can be appropriately supported to provide these services.
- Indigenous patients mostly use public hospital services for eye surgery such as cataract surgery but in regional or remote areas these public services are often very limited.
- Outside urban areas, Indigenous patients are often seen by visiting ophthalmologists supported by the RHOF.
- Gap fees can lead to great variability across fees, causes cost uncertainty for patients and presents a significant additional cost barrier for Indigenous patients, especially for those outside urban areas without public ophthalmology services.
- Cost certainty is also an important issue for Indigenous patients. If there is uncertainty whether they will be bulk-billed or charged a fee that is in excess of the scheduled fee or indeed the amount of that gap fee, many patients will not use the service.
- Additional fees and uncertainty of cost presents a major disincentive to utilising ophthalmic care, particularly in regional and remote areas where alternative services are limited or non-existent. Such regions usually have a higher proportion of Indigenous patients. Costs above the Medicare scheduled fee are one of the main obstacles limiting Indigenous access to ophthalmology services.

To promote cost certainty for Indigenous patients, RANZCO recommends that ophthalmologists providing ophthalmology services supported by the Rural Health Outreach Fund (RHOF) are encouraged to charge the Medicare rebate for Indigenous consultations.

### 4. References

1. Department of Health. (2014) *Flexible Fund Guidelines: Rural Health Outreach Fund*. January.
2. Department of Health. (2014) Rural Health Outreach Fund. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/content/budget2011-flexfund-rural13.htm> [accessed: 25 October 2017]

3. Minum Barreng – Indigenous Eye Health Unit. (2017) Roadmap to Close the Gap for Vision. Available from: <https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/ieh#roadmap> [accessed: 25 October 2017]

## 5. Record of amendments

Page	Details of Amendment	Date amended
<b>Entire document</b>	Created	11/2017
<b>3-4</b>	Links updated in references	07/2018