



Submission to the Review of section 92 of the *Health Insurance Act 1973*

Thank you for the opportunity to contribute to this review.

The Australasian Integrative Medicine Association is the peak medical body representing the doctors and other health care professionals who practice integrative medicine in Australia and New Zealand.

What is Integrative Medicine

Integrative medicine (IM) is an innovative model of healthcare that is scientific, evidence-based, collaborative and safe. It involves doctors and other healthcare practitioners working together in multi-disciplinary teams to treat patients. This treatment is informed by the patient's wishes - they are an active participant in co-designing and managing their care. IM aims to understand and address the matrix of factors that contribute to illness in each individual. IM doctors tend to specialise in preventive medicine and treating chronic conditions and multimorbidity.

Chronic conditions are the leading cause of illness, disability, and death in Australia today ⁽¹⁾. The government has identified prevention as key to improving the health of all Australians, reducing health related expenditure, and ensuring a sustainable health system ^(1,2). The Productivity Commission recommends Australia adopt an integrated approach to the effective prevention and management of chronic conditions to improve health outcomes for all Australians, to ease the pressure on the health system ^(1,3) and to increase productivity by returning people to work. IM is key to improving Australians' health, particularly those with multimorbidity.

IM involves specialised skills and knowledge, integrative doctors undertake extensive post degree education. Many hold multiple fellowships or qualifications from Australian and international medical organisations, this can include FACNEM (Fellow of the Australasian College of Nutritional and Environmental Medicine), FASLM (Fellow of the Australasian Society of Lifestyle Medicine) or be a certified practitioner from IFM (Institute of Functional Medicine, America). AIMA is in the process of developing a Fellowship in Integrative Medicine which will be launched in 2022. Being an IM practitioner involves lifelong continuous learning, in addition to ongoing learning in general practice and other specialties.

In choosing IM patients are seeking to develop a strong therapeutic relationship with their doctors based on listening, providing time and giving knowledgeable advice ⁽⁴⁾. An IM doctor seeks to understand the unique history of the patient to uncover why and how they have developed a disease to be able to determine the appropriate interventions and lifestyle modifications. This involves spending the necessary time with patients to take a full history, to explain interventions, counsel lifestyle and environmental interventions and to ensure that full informed consent is given for all treatments. Education and guidance for these changes and treatments ensures that sustainable healthy changes evolve, creating self-health literacy, all of this accounts for the longer and less frequent consultations that are common in integrative medicine.

The use of thorough clinical testing is central to integrative medicine. Testing is essential to understand complex conditions and to monitor patient safety and treatment efficacy. IM doctors utilise a range of tests which their non-integrative peers do not use or may not use as frequently.

Integrative doctors and the PSR

We have identified two major areas where integrative doctors can experience bias and discrimination in the PSR processes:

1. Data bias in determining ‘inappropriate practice’

The practise of an integrative doctor differs to that of most other doctors. Where this intersects with the PSR is in determining what is ‘inappropriate practice’ as regards to consultation times and clinical testing.

The safe practice of IM involves longer consultation times and more testing than standard practice. Assessing ‘inappropriate practice’ using comparative data from doctors whose mode of care is vastly different to an IM doctor’s unfairly discriminates against the IM doctor. IM doctors’ practice should be assessed against that of doctors who practise the same mode of medicine ie other IM practitioners.

This bias has a direct impact on patient access to preventive and integrated medicine – pillars of the National Long-term Health Strategy. The Primary Health Care Advisory Group’s December 2015 report to the Australian Government on: *Better Outcomes for People with Chronic and Complex Health Conditions* states that ‘our current health system is not optimally set up to effectively manage long-term conditions’. One direct example of this is that many integrative doctors need to charge for their consultations privately and to order some testing at the patient’s expense rather than through the public health system. This is partly because the current Medicare system does not adequately compensate doctors for longer consultations but it is also, particularly in the case of testing, to avoid being identified by blunt statistical instruments as billing differently to standard doctors and thereby piquing the algorithmic interest of the PSR.

The Australian Institute of Health and Welfare states that ‘living with multimorbidity can have physical, emotional, social, financial and lifestyle impacts’. They found that adults with multimorbidity were more likely to be female, older people, have a significantly higher unemployment rate, live in the lowest two socioeconomic areas and experience high psychological distress⁽⁵⁾. In fact, the very people most in need of integrative care may be excluded by economic barriers from receiving this care, barriers which are in part created by the Medicare billing system and the use of private testing due to a real fear of PSR investigation by IM doctors.

As the practice of IM differs from that of non-IM doctors using data and metrics based on ‘standard’ care adversely affects IM doctors who may become a PUR due to the use of un-nuanced data. Currently there is no data to assess what is normal for integrative medicine practice. AIMA would be a willing participant in any project to remedy this absence.

2. PUR assessment may not be by true peers

Becoming an integrative doctor involves extensive further education and development of specialised skills. We believe that a true ‘committee of peers’ for an IM doctor under review would necessarily contain a doctor actively practising IM, other doctors would not have the knowledge and experience to legitimately determine what was ‘inappropriate practice’ for the PUR.

We ask that in the discovery phase of an investigation of an IM doctor their case be reviewed by a true integrative medicine peer and further that their billing be compared and assessed against only doctors who practice integrative medicine before escalating the complaint to the ‘committee of peers’.

We would also like to see IM doctors in the pool from which the ‘committee of peers’ is drawn and would happily work with the PSR and our community to enable this to happen.

In the mean-time AIMA has a list of appropriately trained and experienced doctors who are available to be peer representatives.

Thank you for the consideration of our submission. We would be happy to talk with you further on these issues.

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References

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