

Australia's general practice immunisation newsletter

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AGPN would like to wish you all a very Merry Christmas and Happy New Year! We hope you enjoy your summer break and we look forward to another wonderful year for immunisation in 2008.

AGPN will be working with the new government to forward the Network's views on issues such as the network position on conscientious objectors and the increased funding for Divisions of General Practice. Both of these issues will be included in our budget submission, that the newly sworn in treasurer has called for.

MMR Adult Booster reminder

Recent occurrences of measles and mumps both overseas and in Australia ([Australian Cricketer Phil Jacques recently missed matches due to the mumps](#)) are important reminders that we must remain vigilant! Checking MMR status of all adult patients and giving a booster dose where necessary will ensure everyone has a happy and healthy festive season.

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Information contained within this newsletter is intended to inform you on immunisation issues with a national perspective. As such, it is possible that some references will require adjustment to be made specifically accurate for service providers in each individual State or Territory jurisdiction. For further clarification, contact your SBO Immunisation Coordinator or jurisdiction Health Department. AGPN acknowledges the financial support of the Australian Government Department of Health and Ageing.



HPV Update

All funded HPV lodgements paid \$6!

When the Bill to establish the HPV register was finally passed in the Federal Parliament it included payment provisions for GPs lodging data. Originally the payment was to be for data for girls aged 12 – 18 years of age. This has been extended to cover the lodging of data for all girls and women between the ages of 12 – 26 who receive the HPV vaccine Gardasil.

These provisions in the Bill were expanded during the drafting of the legislation enabling the establishment of the register. The Bill includes provision for payment to GPs for lodging all notifications of HPV vaccinations to the register. The Bill specifically states: "payment of general practitioners for entering information in the Register." An eligible person is defined in the Bill as "a person who is eligible to receive vaccination under the National Human Papillomavirus (HPV) Vaccination Program."

So, for the funded HPV vaccine, each encounter that is lodged with the HPV register (when it is operational) will receive a \$6 payment.

Adverse reactions to HPV Vaccine

There has been concern raised in the media due to the Australian reports of 468 adverse events following immunisation with human papilloma virus (HPV) vaccine. It is important to consider that there have been the 2.2 million doses given in Australia in 2007. Of these only 468 have caused adverse events – a very low level and which is similar to the level of reporting of suspected adverse events is similar to two other new vaccines used in recent large scale campaigns - conjugate meningococcal C vaccine and pneumococcal vaccines. The Department of Health and Ageing is continuing to closely monitor the situation.

HPV Register

The HPV register is still being developed so we strongly encourage doctors to continue to record HPV vaccinations either in their software or in the templates provided on the AGPN website. Efforts will be rewarded when the Register is up and running as doctors will be paid the \$6 payment for all patients who are recorded as having received the funded HPV vaccine.

Consent reminder

It is important to remember to get consent from the patient before giving the HPV vaccine and also before recording the encounter to be sent to the HPV Register. For more information see [Recalls/Reminders and Privacy Laws](#) below.

RCNA Community Immunisation Position Statement

AGPN would like to commend the RCNA for their recently released position statement on Community Immunisation. AGPN agrees with the RCNA on the importance of immunisation for the health of the Australian population and believes adoption of this position throughout the nursing community will increase protection of both health care workers and the general population against preventable and communicable diseases. A copy of the position statement can be viewed [here](#).



Rotavirus reminder

Uptake of the rotavirus vaccine has not been as high as expected probably due to a general lack of knowledge about the new vaccine. As there is a very brief timeframe for this vaccine it is important to prompt all parents and inform them of the advantages of immunising their child against rotavirus. For more information on vaccines and schedules for rotavirus, see the [NCIRS factsheet](#).

Update from Medicare

Medicare Australia sent letters to all practices in November 2007 in relation to the decommissioning of Medclaims (also referred to as Electronic Data Interchange (EDI) for ACIR purposes). Medclaims was introduced in 1992 as the first electronic claiming channel for providers to submit bulk bill claims. Medclaims relies on what is now outdated technology. It offers a low level of security and it requires practices to send paperwork. As a result Medicare is planning to phase out this claiming channel.

Practices are encouraged to shift to a new electronic channel as soon as possible.

Copies of the Medicare letters to providers and brochures with the EDI information are attached to this newsletter.

Correct recording of Infanrix-hexa IPV

Some notifications of child vaccinations of Infanrix-hexa IPV are not being correctly recorded. In these cases, notifications have only been for 'Infanrix-hexa' (not including IPV in name) thus causing the child to be recorded as overdue and GPII payments not being made. Please double check when recording vaccinations with Infanrix-hexa IPV that **IPV** is included in the notification.

9th Edition Handbook

The 9th edition of the immunisation handbook is still on its way. There were delays due to the election and caretaker mode. At this stage we are expecting the Handbook's release early in the new year.



Recall/reminders and privacy laws

There have been some recent issues arising due to recalls and reminders being sent without patients' prior consent thus 'breaking' the privacy laws. It is important to check with a patient first that it is ok to send recalls and reminders and make a note of this in their file. Some medical software includes a check box to record this. This will ensure that practices are abiding with the privacy laws.

GSK Adult Immunisation Grants – winners announced

Winners of the GlaxoSmithKline Adult Immunisation Grants were announced on Friday, 16 November, at the 2007 Australian General Practice Network Forum in Hobart.

GlaxoSmithKline (GSK) presented each winner - one urban practice and one rural practice - with a \$20,000 grant. The new grants program, launched in September this year, is aimed at supporting GPs and other

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health professionals working in general practice to improve awareness of, access to, and implementation of adult immunisation, and aims to ultimately help protect adult health in Australia.

The Mackay Division of General Practice was awarded the Rural GlaxoSmithKline Adult Immunisation Grant for their proposed 'Well Workers Immunisation Project'. The program activity involves a three-phase health promotion and education initiative developed to increase awareness and adult immunisation rates of health care workers, with a focus on Flu vaccination.

The Urban GlaxoSmithKline Adult Immunisation Grant was awarded to a collaborative entry from the Melbourne General Practice Network (MGPN) and the Dousta Galla Community Health Service (DGCHS), for their program targeting refugees / new migrants (skilled & unskilled) in Australia. The program proposes to deliver an outreach immunisation service to adult English Language Schools to address and overcome the potential barriers to accessing immunisation against common preventable diseases.

The GlaxoSmithKline Adult Immunisation Grants were awarded by an independent judging panel consisting of experts in immunisation and working GPs from around the country.

Grant recipients will be asked to present the progress and/or results of their project as a poster or oral presentation at the 2008 Australian General Practice Network Forum in Darwin.

Well done Mackay Division of General Practice and Melbourne General Practice Network!

AGPN congratulates the winners of these grants and all those who submitted proposals in the very short time available. The standard of submissions was very high and indicates the great wealth of talent in the immunisation network!

Those that missed out on the grants this year and all those working in this area are encouraged to submit a proposal for the next round of grants.

NICS Evidence into Action prize

A NICS Evidence into Action prize, which includes prize-money of \$1,000, is being offered to Divisions of General Practice to encourage participation in influenza immunisation programs that will:

- Raise awareness of this important evidence-practice gap
- Support health professionals understand and overcome barriers to increase influenza immunisation rates
- Initiate and support activities that promote successful approaches to increasing influenza immunisation rates, and
- Integrates the routine uptake of evidence into systems established to improve quality and accountability in the area of influenza immunisation.

The winning submission will receive their award and be invited to present their work at the 2008 AGPN Immunisation workshop.

For more information or to apply for this fantastic prize, simply download and complete the submission form from <http://www.agpn.com.au/site/index.cfm?display=1813&filter=i&leca=63&did=40661304#NICS>



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19 November 2007

Phone: **1800 700 199**
 (call charges apply from mobile or pay phones only)

Dear

Update on claiming choice and patient convenience

In December 2006, Medicare Australia wrote to you about opportunities for improving practitioner and patient convenience through electronic Medicare claiming.

Much has happened since. We have worked closely with peak medical bodies and listened to a large number of practices. We are still listening to suggestions about improving the channel. What we heard is the need for integration and continued recognition of business practices in solution implementation. We also heard that you want a choice between solutions.

We understand that each practice is different, and that there's no 'one size fits all' claiming channel. You can choose between the internet-based Medicare Online (previously HIC Online) and the EFTPOS-based Medicare Easyclaim. Already a significant number of practices are using Medicare Online with 59 per cent of GP bulk bill services processed online, delivering real benefits to practices. Both channels can be used for bulk bill and patient claims, but there are some important differences between the two. Enclosed is a chart to help you choose which channel is likely to best suit your practice and your patients.

Electronic claiming has many advantages and as indicated above, many practices have already made the switch, particularly for bulk bill claims. We recognise that there may be short-term disruption in making the switch. A transitional support package is available to encourage electronic patient claiming.

Support package for electronic Medicare claiming
Open to GPs and specialists (excluding pathologists*) only
Lump sum payments (\$750 metro, \$1000 rural) to practices switching on Medicare Online or Medicare Easyclaim
Per-transaction payments of 18 cents for each bulk bill and patient claim transaction processed between 1 September 2007 and 31 December 2009 for claims lodged through Medicare Online or Medicare Easyclaim
Access to a 90 day pay doctor cheque scheme for specialists for claims lodged electronically

* A special support arrangement for pathology groups has been developed

Supporting patient claiming

Medicare Australia is pleased to have a joint commitment with the profession to improving patient convenience through electronic claiming. As part of the transitional support package, we have set a target of 70 per cent of patient claims to be lodged at the point of service by September 2008.

Practices that choose either electronic claiming channel will receive a starter kit that includes a user guide along with patient information brochures, posters and signage to help you help your patients.

Supporting Medclaims users to transition

We recently announced plans to wind-down Medclaims. Medclaims users are receiving direct advice on how they can shift to either Medicare Online or Medicare Easyclaim. If you currently use Medclaims, the earlier you shift to a new electronic channel, the sooner the transitional support package will apply to you.


Next steps

This is a great opportunity for your practice to consider which claiming channel, or combination of channels, suits you and your patients best. I encourage you to find out more about these options and the transitional support package by visiting www.medicareaustralia.gov.au or calling 1800 700 199.

Our business development officers can help you explore the next steps, and you can also talk to your EFTPOS or software provider about what choices they can help you access.

Medicare Australia will continue to work with practices, peak medical bodies, software vendors and banks to improve features of our claiming solutions.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'C. Argall', with a large loop at the end.

**Catherine Argall PSM
Chief Executive Officer
Medicare Australia**



DD November 2007

Phone: **1800 700 199**
(call charges apply from
mobile or pay phones only)

Contact
Address 1
Address 2
Address 3
Address 4
Address 5

Dear medical principal

Important changes to Medclaims

Medicare Australia's records show that you currently use Medclaims to transmit bulk bill claims to us.

Medclaims was introduced in 1992 as the first electronic claiming channel for providers to submit bulk bill claims. Medclaims relies on what is now outdated technology. It offers a low level of security and it requires practices to send paperwork. As a result we plan to phase out this claiming channel. The earlier you shift to a new electronic channel, the sooner the transitional support package will apply to you.

This letter explains the options available to you and the practical support we will provide to help you transition to a different claiming channel.

Easier ways to claim

We realise that changes to established claiming channels can have a significant short-term impact to the smooth operation of your practice.

The positive news is that newer electronic claiming systems are more secure, more efficient and more flexible. Practices that have already made the switch find the following benefits:

- less paperwork—no more batching and sending paper copies of claims to Medicare
- faster payment—from around eight working days to as low as one, depending on the system chosen
- real-time confirmation of concessional status for Medicare Easyclaim (available soon for Medicare Online)
- automated reconciliation—available in Medicare Online and soon in Medicare Easyclaim integrated
- patient convenience.

Giving you more choice

We also realise that each practice is different, and that there's no 'one size fits all' claiming method. To help start your thinking about which system is likely to suit you best, we have enclosed a claiming options table.

You have the choice of internet-based claiming using Medicare Online (formally known as HIC Online) or EFTPOS-based claiming through Medicare Easyclaim or a combination of both.

Helping with the transition

You may have already received a letter explaining the transitional support package to help practices use electronic claiming. This also applies to practices shifting from Medclaims.

Summary of the transitional support package
Open to GPs and specialists only*
Lump sum payments (\$750 metro, \$1000 rural) to practices switching on Medicare Online or Medicare Easyclaim
Per-transaction payments of 18 cents for each bulk bill and patient claim transaction processed between 1 September 2007 and 31 December 2009 for claims lodged through Medicare Online or Medicare Easyclaim
Access to a 90 day pay doctor cheque scheme for specialists for claims lodged electronically

* A special support arrangement for pathology has been developed

Next steps

You can find more information by visiting www.medicareaustralia.gov.au or by calling our business development officers on **1800 700 199**. Our business development officers can help you understand the claiming options and how they fit with your practice.

You may also want to contact your software vendor to talk about options. Your EFTPOS provider can tell you about when Medicare Easyclaim will be available to your practice.

Yours faithfully



Mark Jackson
Executive General Manager
Business Solutions and Operations
Medicare Australia



medicare

Choose the claiming channel that's right for you

A quick guide for practitioners and practice managers on electronic claiming channels



Australian Government

Medicare Australia

Choosing the claiming channel that's right for you

	Availability	Less paper	EFT payment speed for practices	EFT payment speed for patients	Equipment required	DVA and ACIR	Software integration	Automatic reconciliation	Automatic concession verification	Security
Medicare Easyclaim (stand alone)	now	✓	next working day	almost immediately	EFTPOS terminal	✗	✗	✗	✓	triple DES [^]
Medicare Easyclaim (integrated)	under development	✓	next working day	almost immediately	EFTPOS terminal, PC, internet, practice software	✗	with Tyro/HCN [†]	available first half 2008	✓	triple DES [^]
Medicare Online (HIC Online)	now	✓	2-3 working days	2-3 working days	PC, internet, practice software	✓	✓	✓	not yet available	PKI
Paper claiming	now	✗	14 days	2-3 working days	✗	✓	✗	✗	✗	✗

† Other EFTPOS and software providers likely to offer integrated options over time.
[^] Data Encryption Standard.

For more information on claiming options, visit www.medicareaustralia.gov.au or call 1800 700 199 (Call charges apply from mobile and pay phones only).

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