Australian Government

**Professional Services Review** 

# A guide for consultants engaged by the Director of Professional Services Review



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#### Copies of this Guide can be obtained from:

Professional Services Review PO Box 74 Fyshwick ACT 2609 or a digital version can be accessed on the PSR website: <u>www.psr.gov.au</u>

#### Disclaimer

This reference guide is not a substitute for legal advice. The guide is intended to assist those persons to understand the Professional Services Review process. The guidance provided within this document is presented for general information only.

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## Overview

As a consultant for the Professional Services Review (PSR), your work assisting with investigations into potential inappropriate practice by a person under review (PUR) is vital.

To ensure consistency between reviews and to assist consultants to meet the Director of PSR's requirements, the Director has developed this consultant's review guide. It outlines what is needed in your reports, information you should consider incorporating and administrative information.

Thank you for the dedication and work you perform for PSR.

## What is the purpose of a review?

The Director carries out a review to decide if a person under review (PUR) might be considered to have engaged in inappropriate practice in connection with:

- rendering or initiating Medicare Benefits Schedule services
- rendering or initiating Child Dental Benefits Schedule services, or
- prescribing under the Pharmaceutical Benefits Scheme.

You complete a review as a peer of the PUR – a person who is an experienced, reasonable practitioner who works in the same profession as the PUR. You assist the Director by providing an opinion about whether or not the PUR's conduct, in connection with a series of services, would be unacceptable to the general body of the profession or speciality of which you are a member.

In most cases the Director meets the PUR to discuss potential inappropriate practice after your review. The Director uses your reports to assist in explaining to the PUR what may be considered inappropriate and why.

If the Director still has concerns about the PUR's practice following the meeting, they prepare a report outlining their concerns. Your reports are also important when these reports are being prepared by identifying *what* may be inappropriate and *why* the conduct would be unacceptable to the general body of the profession.

The Director may make one of 3 principal decisions in a matter:

- A decision to take no further action under section 91 of the Act: the Director is able to make this decision at any time when the matter is still being considered by them. They will write a report explaining their reasons for why they have decided to take no further action in relation to a review.
- An agreement under section 92 of the Act: these agreements comprise an acknowledgement on behalf of the PUR that they engaged in inappropriate practice, and can include additional specified action such as repayment of monies or partial or full disqualification from providing MBS or CDBS services or a full disqualification from PBS services.
- A referral to a Committee of peers under section 93 of the Act: if the Director decides not to offer an agreement under section 92 to a PUR, or is unable to agree the terms of a section 92 agreement with a PUR, they can decide to refer that PUR to a Committee for an independent investigation by peers into the PUR's conduct.

## What do you need to do?

### Your opinion

The key question for the Director is whether a practitioner may have engaged in inappropriate practice because their conduct in connection with rendering or initiating an MBS or CDBS service, or prescribing under the PBS, would be unacceptable to the general body of practitioners in the profession or specialty.

Your role is to indicate to the Director whether the general body of practitioners in the PUR's profession or medical speciality would likely find that the PUR's conduct in connection with each of a number of services would be unacceptable.

This includes considering some of the following questions:

- was the service *clinically necessary* for patient management?
- was the clinical record adequate and contemporaneous?
- was there adequate and appropriate *clinical input*?
- has the MBS item descriptor been met and why/why not?

Whether conduct would be considered unacceptable depends on the PUR's specific circumstances.

### Material to consider

You will be given:

- a copy of the Chief Executive Medicare's request to the Director to conduct a review
- PIRT reports, which indicate the MBS items billed by the PUR during the review period for patients whose records you are provided
- the medical record for patients who are the subject of one or more services you are being asked to comment on
  - using the bookmark function in Adobe Acrobat, you will be able to see that relevant services and documents are tagged within the PDF document to assist you in navigating the document.
- an Excel spreadsheet to input your comments if you do not have access to PSR's SQUIRE interface.

The SQUIRE interface or the spreadsheet will list the MBS items being reviewed, and the patient information and the date of each specific service to review. This is where you will write your comments and indicate whether you have concerns about each service you are considering.

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A useful starting point is looking at the request from the Chief Executive of Medicare. This document provides context by outlining what Medicare's concerns were that prompted the request to PSR. Any submissions provided by the PUR to Medicare will also be included in this document.

Next, it is often helpful if you look at the PIRT reports (contained in the first folder in the relevant file), which are billing reports for each patient for the year under review. These may give you a feel for the PUR's pattern of billing for that patient and it may be important to your opinion if there was more than one MBS item billed on the date of the relevant service or there were notable MBS items billed either side of the day.

Finally, before looking at the patient medical records, we suggest considering the MBS item descriptor and any associated notes as relevant for the year under review. These should be included in the location where you are writing your review comments, which is either a spreadsheet or PSR's SQUIRE interface

When reviewing patient records, you can consider all the information in the patient's file, and it may be useful to consider a service from a day or 2 prior, the time stamp, or any referrals or results. Documents and entries relating to the date of service (DOS) will often be tagged, but there may be other relevant information contained elsewhere in the file. If you consider that a relevant document should be in the patient record, but is not, please include this information in your report as it would be helpful for the Director.

### Considerations

Some things that are useful to look out for in some frequently reviewed items include:

- Professional attendances
  - Look for similarity between services within a patient file or between patients. Does the PUR rely on copy/pasting or hot-keys to an extent that makes the record for the particular services less meaningful?
  - When assessing the time requirements for an MBS item, a time stamp kept by record-keeping software can provide useful indication of the duration of the consultation, but there may be reasons why the time a record is open differs from the consultation time. For example, a record may be open for hours but there are only a handful of words written, and it is up to you to consider whether there is enough clinical input into the service to explain the time billed.
- Chronic disease management items (MBS items 721, 723, 732 and telehealth equivalents)
  - PSR staff will often bookmark the most recent previous care plan for comparison. It can be useful to see if the plan you are reviewing is overly similar to previous plans to assess what clinical input was provided for the service that is being reviewed.

- For a general practitioner management plans, are the goals relevant to the patient and their conditions? Is there any evidence of the patient involvement in preparing the plan?
- For team care arrangements, has the PUR collaborated with at least 2 other providers and is there evidence of the collaboration?
- For reviews of care plans and team care arrangements, has a meaningful review occurred? Is the review document similar or the same as earlier documents?
- Pathology items
  - Were each of the tests ordered clinically indicated for that patient at that presentation? Was there a pattern of ordering the same selection of tests for many patients?

## How the review should be presented

For each service identified on the spreadsheet or SQUIRE interface, you are to indicate whether the service is:

- **OK:** You consider that the service would not be unacceptable to the general body of practitioners in the profession or specialty
- **Concerns:** You consider that the service would be unacceptable to the general body of practitioners in the profession or specialty
- **Borderline:** To be used **sparingly**, particularly in situations where the acceptability of the service would turn on unavailable evidence. 'Borderline' is not intended to be used for services where reasonable minds might differ

and, briefly, your reasons for that opinion.

For each review that you do, please consider the relevant people and uses when preparing your report, including:

- the PSR staff who draft letters on behalf of the Director to practitioners indicating areas of concern
- the Director or another practitioner who uses your review to discuss concerns with the PUR at a meeting
- the Director who uses your review in a formal report
- the Director who uses your review and the patient records to determine if they have persisting concerns in relation to a practitioner's conduct

• if there are persisting concerns, your review might inform what comprises the specified actions in a section 92 agreement.

It is very important to carefully explain the *why* behind 'this service is inappropriate' or 'this service is of no concern' so it can be conveyed to the PUR.

It is very useful to asterisk (or mark 'use as sample') about 3 of the 10 services which are most representative (good or bad) of each MBS/CDBS/PBS item list overall. The Director may quote what you write in a meeting with the PUR about why you had concerns about a service.

### Other things to consider when completing your review

### Ensure your ideas are fully formed:

If your concern is put as simply 'MBS descriptor not met', it can be very difficult to know the basis for your concern, particularly for the Director meeting the PUR. **Make sure you describe what part of the descriptor you are concerned was not met and why.** 

You can include any additional context with expressions such as:

- 'this service was deemed to be **ok** because....' and then the reasons, for example:
  - 'It included 3 brief pieces of work that may have added up to the time requirement,'
  - 'The pathology demonstrated the malignancy and the size requirement was fulfilled.'
- 'this service was of concern because...' and then all the reasons why, which might be any combination of MBS item requirements not being met, peer expectations and recordkeeping.

Please make sure you record the reasoning for your views about each service in a clear and direct way.

#### Be alive to issues of concern to other regulatory authorities:

The Director can refer a practitioner (and not only the PUR) to Ahpra/relevant state authorities for:

- a failure to comply with professional standards
- a significant threat to the life or health of a person.

The Director can also refer PURs for suspected offences, particularly billing fraud, back to the Department of Health and Aged Care for investigation. This does not occur commonly.

These issues may exist in the specific services you have been asked to review or in other services in the patient record.

If you identify issues of this nature that may be worth the Director's consideration, please identify those in your review. The Director will form their own view and may or may not make a referral.

You should not make your own referral. The secrecy provisions in the legislation governing PSR override your mandatory reporting obligations and you are not permitted to disclose PSR information. This is a matter solely for the Director.

## How long should a review take?

PSR timeframes are not arbitrary and reflect the time we can reasonably allow for your review to be able to progress the matter. The Director has a strict 12-month period to resolve a matter.

When you take on a review, please ensure you are comfortable with the nominated timeframe.

How long reviewing a service, or a list of 10 services, should take is highly variable. Generally, a list for a consultation item (for example MBS items 23, 36, 44, 5000, 5010, 5020, 5040, 5060 etc.) may take about an hour. Reviews for procedures or prescribing may take longer as there is more material to review.

If you are having difficulty with meeting the time commitment please contact PSR staff as early as possible.

## **Communicating with PSR**

Anything you communicate with PSR may become accessible to the PUR or the public. A 2023 <u>Federal Court decision</u> exposed the content of emails sent by a consultant to PSR staff separate to their report.

With that in mind:

- keep your commentary factual and supported by evidence
- remember that all your input to PSR forms part of the information before the Director there isn't any distinction between your report and any emails or other commentary that you may make. We ask that as far as possible your comments be included in the Excel document provided of the SQUIRE interface rather than in ad hoc email correspondence
- remember what your role is
  - Your task is to provide an opinion about potential inappropriate practice and not an opinion about how the Director might proceed with the matter, how much trouble the PUR is or might be in or what they will have to do to avoid adverse findings.
- it is okay to suggest that the Director or PSR staff might want to investigate something further, including the possibility of fraud.

The protection of your identity is prioritised and throughout the review PSR does not voluntarily disclose any information that will identify you. The primary exception to this is in litigation where your identity may be disclosed in some limited cases.

Consultants are protected from civil and criminal action as long as their review is provided in good faith.

## Handling materials provided by PSR

PSR takes the handling of medical records very seriously, and a number of rules are in place to mitigate the risk of unauthorised disclosure:

- 1. Do not take any materials that have been provided to you by PSR overseas.
- Do not copy or transfer any medical records provided to you by PSR, including those provided on a secure USB drive, onto any other device, including your personal computer or cloud storage spaces such as Dropbox and Apple iCloud.
- 3. Do not disclose any materials provided to you by PSR to any third parties.
- 4. If you become aware of, or suspect that there has been, a privacy breach in relation to the PSR-provided materials, you must contact a PSR case manager as soon as practicable to advise them.
- 5. Only use the materials provided for the purposes of performing PSR functions.
- 6. Do not store the password for the secure USB drive with or near the device.
- 7. Do not review medical records somewhere where other people can see your computer screen.

### In summary

In carrying out your review, have regard to the Medicare request to review to find out why they have been referred to the PSR, PIRT reports for relevant billing information, and the MBS/PBS/CDBS descriptor and explanatory notes applicable as at the date of service.

Your central task is to provide an opinion on whether the general body of the PUR's profession or speciality would find the PUR's conduct in connection with a series of specific services to be unacceptable, having regard to the PUR's circumstances.

Give reasons for your opinion about whether a service is okay or if you have concerns. Multiple people will read your report and it needs to be understood by medical and non-medical legal staff.

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Most lists will take about an hour to review but if you find you need considerably more time for a list, discuss early with PSR staff or the Director.

If you have concerns about possible fraud or issues that might be better addressed by Ahpra, pass them on in your report.

If you have any questions, or are unsure about anything, the PSR staff are available to help.

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