

GP LINK Lunches |

Dr Antonio Di Dio

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Dr Antonio Di Dio



Dr Ken McCroary

Ken McCroary - Last year I spent some time with Dr Antonio Di Dio talking about Drs4Drs and the various support offered through that organisation for our colleagues, particularly out here in South Western Sydney.

No doubt everyone is aware of, and had some adverse effect by, the recent media campaign regarding doctors and the accusations of Medicare robbing, particularly those involving astronomical sums over \$8 billion dollars or a significant proportion of the entire Medicare budget.

There was also reporting about the ineffectualness and the inappropriateness of a professional service review organisation which operates with strong peer review guidance.

Subsequently I thought back to a presentation I saw by Dr Di Dio regarding the Professional Services Review (PSR) organisation which stuck in my mind due to the obvious understanding that Antonio has and commitment to this organisation. I thought it would therefore be a good time to catch up with Dr Di Dio again but this time to discuss the PSR.

Dr Antonio Di Dio is the acting Director of the Professional Services Review and I am very grateful to welcome Dr Di Dio back to join us once more to discuss the professional services review.

We are really pleased that you have a chance to join us again today and today we are going to talk about the PSR, the Professional Services Review, and I guess we would start off by explaining what the PSR is and what it actually does please?

Antonio Di Dio - Yes It is probably even more important to explain what the PSR isn't and what it doesn't do!

The Professional Services Review is a small agency and statutory body that sits outside of the government and is within the umbrella of the Department of Health reform. The Medicare system under the Medicare Benefits Schedule makes payments to mostly doctors but to many other practitioners, up to 160,000 practitioners around Australia, and of whom about 100,000 are doctors and it is generally policed by a part of Medicare called Medicare Compliance and that is a big part of the Department of Health and Aged Care.

The Department of Health and Aged Care is about 4,000 employees and Medicare Compliance is almost 10% of that, it is well over 350 people and they look at billing data from practitioners.

They also look at practitioners who get reported, whether it is publicly or anonymously, and they review fraud and they review a whole range of things and they do about 1,000 referrals per year and a very small fraction of what they do, approximately 100 per year, they send on to us at PSR because they haven't got quite enough information to make a decision either away to take action or to dismiss. They need us to find out if there has been inappropriate practice conducted in relation to billing the Medicare item numbers. So that is what we do. We are not a watchdog, we don't look at data, we don't initiate referrals, we don't have any policy role. Our job is to assist whatever gets sent in through the door by Medicare Compliance division and decide whether to investigate it and then proceed along our pathways which I hope Ken you are able to see are very, very fair and respectful.

Ken McCroary - Yes, that's one of the reasons I thought we should talk today. You recently did a presentation I was able to watch at one of the AMA meetings and one of the things that struck me was the fairness and the compassion and the understanding you possess as the current acting director of PSR and I thought it would be really interesting to hear some thoughts from yourself and get that information out to the wider GP community because there is a lot of angst about this sort of thing isn't there.

Antonio Di Dio - Oh yes there certainly is. I have owned and run a practice for many years now and I have worked in many practices because I have been a GP for a very long time and lots of GPs have real anxiety about their billing, and many GPs I think should not have any anxiety at all.

It is my view that the vast majority of our colleagues in medical practice are incredibly honest hard working and decent people. And as with many regulatory agencies whether it is a APHRA or the Medical Council of NSW or other agencies I have been involved with time after time after time I am very very impressed by the decency of the vast majority of our colleagues but the lack of insight sometimes shown by colleagues that don't know what they don't know.

Ken McCroary - Yes, good point and I guess coming from you that has a fair bit of message behind it because you are exposed to people going through issues, that have had complaints against them and your feedback and experience is that they are all hard working and dedicated and that is really reassuring to hear.

Antonio Di Dio - Yes I mean a lot of the people who have appeared before PSR and even those that have conducted inappropriate billing, they don't set out deliberately to do the wrong thing and the significant majority of people who do appear before PSR do not appear again, they learn from the experience and you know obviously there is going to be a small minority of people who deliberately do the wrong thing. In my view they are the minority and we can all learn how to do the clinical aspect of our jobs to the best of our ability and we can learn how to do the billing of our jobs to the best of our ability and in my perfect world my work becomes reduced/increased as an increased numbers of practitioners bill correctly and appropriately.

Another thing of course I want to make very clear about PSR is the PSR is you and me PSR is the profession the PSR is a tiny little agency with about 30 odd staff but we have got this on-call panel of about 150 GPs and specialists in many different fields. They get paid nothing to be on call they do it for the privilege of being part of this agency and when you appear before a PSR committee of when you go through the PSR process which we will obviously discuss later. You are reviewed by your peers you are not reviewed by a faceless bureaucrat or lawyer, it is your fellow GPs or your fellow physiotherapists or your fellow chiropractors and nurses who review your situation and make recommendations.

Ken McCroary - Yes, which is important, and I am going to talk again about the profession and peer review like you said moving along. But I am just wondering if you have got time for a quick history lesson for how the PSR actually came about? Are you able share some of that with us?

Antonio Di Dio - Yes absolutely so the PSR came into being in 1994 and it was designed because only a short decade before then Medicare had come into being and I remember being a student at university and walking down the street and seeing some pretty famous medical practices they would get there little pink Medicare forms signed by everybody even the people delivering the mail everyday and you know there needed to be a change to how things were being done.

And at that time a GP consultation cost about \$20 and so they made the Medicare rebate about \$20 and it was an extraordinary time and what it said was that the Medicare rebate is the equal of what GPs are privately charging that is certainly not the case anymore and that rebate has changed and that is a topic obviously for the wearing of a different hat but as the Medicare rebate reduced as a percentage of the private fee that may have been some attitude changes in a very small number of practitioners in relation to how they bill and some practitioners took advantage of the system and that led to the creation in 1994 of the PSR as an offshoot of Medicare Compliance and PSR had the role of looking at doctors who were statistical outliers in terms of how much they billed or how many patients they saw.

They and the college of GPs, because you know a large number of people referred were GPs, were heavily involved as early stages in the formation of the agency and the first head of the agency was Dr John Holmes and the agency has only had five long-term directors or four in that time since then. As things have evolved the PSR has changed. It has changed in relation to some of the legislation and it also changes and responds to some reviews that are undertaken and so for example in 2022, Emeritus Professor Robin Creyke wrote a very long a detailed review of the detailed review of the section 92 agreements and that is currently before the Australian Parliament being studied about what recommendations should be adopted, and also last year in parliament, Senator Katie Gallagher announced changes to PSR powers such as PSR could enter into section 92 agreements with corporations as well as individual human beings. And there is currently a very broad ranging review into all of Medicare compliance plus PSR which is being delivered by the end of February. So it evolves as time passes but in general it hasn't changed a huge amount in terms of what you see from the outside which is the review of services and occasionally formation of committees that appears to assist what billing has occurred.

Ken McCroary - You mentioned the current enquiries into billing and a lot of this stuff stems from recent media reports about Medicare reports etc. We all hear about the \$8 billion etc but I note specifically there were some criticisms in the media as well about the PSR itself and that it is peer and profession reviewed and they were not happy with that, do you have any comments about that opinion?

Antonio Di Dio - Yes well the PSR exists under an act of parliament as do all statutory government agencies and we can only do what it is that the act of parliament says our job is, and so it is very much a review by peers and what we do when as individual practitioners we bill Medicare is an unbelievably complex and nuanced.

In every aspect of life we are judged by our peers whether it is in a tribunal context like this one or whether it is in a court of law in front of a jury.

Peers review what it is we do to maximise fairness and justice within the process, but also within the context of Medicare compliance and peers if you are a specialised surgeon and the only surgery you do is orthopaedic surgery in the elbow and the wrist it is not really fair if you are being reviewed by an economics graduate in the Department of Health and Aged Care or, and it is still not really fair if you are being reviewed by a person at PSR who is looking at your medical records but has no training for orthopaedics.

You need to be reviewed by a person who has had years of experience in doing what it is you do so they can understand the real nuance of how you did what you did and then understand the language you speak in your medical records to absolutely maximise the procedural fairness that you get. It is quite problematic to think that a review of highly difficult specialised activities and that involves general practice we do a lot of highly specialised activity could be done by someone who doesn't speak that language and have experience in that area and I think that would be very unfair to practitioners.

Ken McCroary - Exactly, you did mention the word justice and I do recall some court cases to about I think from doctors that have been found guilty of overcharging or over-servicing and their opinion that they have had a lack of justice in the PSR process. What are your thoughts about those occurrences?

Antonio Di Dio - Yes, so it is incredibly important for us not to respond to that and the reason I say that is because the correct part of the fairness in the system is protecting the anonymity of the patients, protecting the anonymity of the practitioner involved, so if you were to say to me my friend Fred has he every appeared before the PSR I would say to you no comment.

I wouldn't say no. Because if I said no 10 times in a row then I said no comment you would think 'oh that must mean he is then'. So we cant even say, not only can we not comment on the cases we can't even comment on whether a person has come here or not an the reason why the PSR is in a very special situation where we have access to patients medical records and that is to maximise the fairness to the practitioner so their peers can review what they wrote in that record and so it is vitally important that the identity of the patients and their medical issues and the identity of the practitioner and their privacy is respected.

So that is one reason why we absolutely cannot reply to the vast majority of comments that are made about. The second reason is that a small number of reviews and appeals that get appealed to the Federal Court and quite a few of them are ongoing and so it absolutely inappropriate for us to comment on any ongoing case and so we are bound by the rules of law and also bound by a very high obligation to the person being reviewed and to their patients.

Ken McCroary - Thank you, now would you have some advice for doctors that have had a complaint lodged about them particularly a compliance review from Medicare, what would you say to someone who gets one of those letters?

Antonio Di Dio - Well, I am one of those people who has got one of those letters.

Ken McCroary - Me too.

Antonio Di Dio - We often get those letters you now like how did you go with your you are in the top 1% for billing shoulder ultrasounds or 10990 or whatever it is.

The Department of Health and Aged Care releases correspondence to sometimes a few hundred, sometimes a few thousand, doctors about where they sit in terms of their ordering of pathology, ordering of radiology, or billing a certain item number so that has nothing to do with PSR.

But it is a really important and interesting aspect of Medicine because so many doctors get those letters and find it really stressful and find it really some kind of personal criticism and I would encourage any doctor that receives correspondence from Medicare compliance in relation to how they bill certain things to read it carefully, take it very seriously, understand that the letter has been generated as a consequence of a statistical piece of information and that there is nothing personal about it, and understand there may be a really, really good reason for it.

So for example quite a few years ago I got a letter saying I ordered a lot of musculoskeletal ultrasounds and my first response to that was 'oh how dare they say that, I am a perfectly reasonable person what is going on there!' And then I looked at my practice and two mornings a week I go to the local school and see a lot of boys and girls who get injured at rugby and get shoulder ultrasounds and at that time I was also looking after a lot of sports people. In fact for a while I was the doctor for the mighty North Sydney Bears which is one of the great privileges of life let me tell you, and so you may have a really good reason for being an outlier in a particular thing.

The other thing is of course to take the advice of your peers, your practice colleagues, and if necessary, your medical defence organisation, and say 'look I have got this letter what do you think?' The best way to promote anxiety and ill feeling is to just suffer in silence and not share with colleagues and professionals.

The second part of the question which is what would you do if you got a Medicare compliance? That is a different thing. That is somebody in that part of Medicare that has identified you might be a major outlier in terms of how much you are billing a particular item number and if you get that letter, the first thing you should do is contact your medical defence organisation and make sure that you get some really, really good advice. Some people even when they get to PSR are still without legal representation and that is completely fine. That is their personal choice it is not compulsory but you know we all pay our MDO fee every year and we are entitled to good quality advice so if you get a letter from compliance make sure you communicate with your medical defence organisation and get the best possible advice that you can. All of them I speak to on a fairly regular basis all of them are experienced in dealing with Medicare compliance or if it goes to PSR in dealing with PSR and you should get the best advice you can about presenting your story and what happened with you the best way that you can.

Ken McCroary - Yes that was my next question to about faith in PSR and just to highlight the importance of making sure we have got good advice and that has got to be from our MDO and their legal support and it is imperative that we really do that for our own wellbeing and our own practice wellbeing moving forward isn't it?

Antonio Di Dio - Oh very much so and this goes without saying but it is really important as well to be completely respectful of the process, respectful of your own health and your own family and loved ones. When you are going through this process it is stressful, it's hard. I was very privileged to be part of the AMA panel that had a meeting every year with AHPRA about improving the practitioner experience.

Not saying you need to do this, you need to change your decisions, no not at all but just treat doctors with as much respect as possible have a look at the language that you use when you write to doctors all of those sorts of things and I am acutely aware at PSR but also when I do work for medical council boards or whatever, the doctors that appear even if they may have done one or two things that are not perfect they are our peers our colleagues our family they deserve to be treated with the greatest of dignity and respect and I think that is a really big deal for me and regulators can do their jobs with scrupulous fairness and firmness and respecting the profession with at the same time being highly respectful of the dignity of the people that appear before us.

Ken McCroary - Yes that is the big thing with us as well balancing PSR and other investigations with doctor wellbeing it is a difficult thing.

Antonio Di Dio- One of the, you know it is many years before I was to appear at PSR I did my first year 20 years ago but about 40 years ago I got picked up for speeding outside of a little town that I grew up in and then I got picked up about a week later and the police officer drove me home talked to my Mum and Dad and he said to my Mum whatever you do don't kill him he is a good boy. And you know I got the same fine, I got the same demerit points I didn't get any different treatment to anybody else in terms of fairness and justice and outcome but what I did get from this policeman was an enormous amount of respect and my Mum did not kill me.

And that is for me always been an inspiration as to how to behave when you are involved in a regulatory process. You are not being soft on people if you are being respectful to them and I want this agency and I want every regulator in this country to make findings about things whether they are positive or they are negative based upon incredible fairness for the enquiry based upon that appropriate and respectful treatment of the person under review.

Ken McCroary - Yes, that is a great value and hopefully people will be listening to this that work in the enquiry section. Any advice for us to avoid ever appearing before Medicare or PSR?

Antonio Di Dio - Yes, absolutely I mean one of the things the college, the medical defence organisations, the AMA, AHPRA everybody else asks about this didactic clear messaging a bit like the speed limit is 40kms if you go over it, we might disagree if it should be 40kms, but we all know the rules and we don't go over 40kms.

Unfortunately, that does not work here because this is the practice of medicine and medicine is hard and medicine is nuanced, and medicine is an art of best practice by amazing, wonderful kind people and so it is impossible to have strict didactic rules the best possible thing that you can have is one, Medicare descriptors which are useful and the vast majority of them are very useful a descriptor might say it needs to be a melanoma and it needs to be greater than x number of millimetres in size. I mean it can be pretty good. And secondly is to conduct yourself in a manner that demonstrates integrity. And thirdly document that good behaviour and integrity with contemporaneous accurate well written medical records your medical record is your friend whether it is in a court room or whether it is at AHPRA whether is at a board or whether it is at Medicare or at PSR. Your medical record is the evidence that you have that shows what you did.

Ken McCroary - It cannot be stressed enough, can it?

Antonio Di Dio - Oh totally

Ken McCroary - So many years down the track having proper correct records

Antonio Di Dio - Some cranky old bloke told me many years ago and I am sure you got the same advice. Whatever you write in the medical record imagine it being read out loud in a sarcastic voice by a hostile barrister. And that is a pretty good rule to go by. If you did something write it down.

Ken McCroary - And that is not encouraging defensive medicine that is encouraging appropriate note taking isn't it?

Antonio Di Dio - Yes, that is exactly right. The medical record needs to be good enough that another practitioner taking over the care of that patient can read your record and know exactly what is going on and what you have been doing. If you claim that you did a level 44 and the patient was there for 40 minutes then you write down 30/Amoxil that record does not support 40 minutes of input. If on the other hand you write down a whole bunch of things that you did and an independent peer fellow GP says oh yes I can see that took 40 minutes you did this and you did that. It is your record that is by far the most helpful thing. It's not the only thing but it is by far the most helpful thing, and it makes us all feel better including our patients and our professional colleagues when our professional records are good.

Ken McCroary - Absolutely, part of our day to day practice really. The whole flagging of Medicare compliance about percentile billing etc it is not really in my thoughts a guide to good practice, is it? It is just a guide to billing discrepancies and so that is what a lot of their letters are about not your performance, correct?

Antonio Di Dio - I don't really know it is not my area. Sometimes letters from Medicare are a consequence of a new piece of policy. Like we would like to review the ordering of such and such a test. But sometimes particularly Medicare compliance, a significant percentage of those are simply responding to practitioners who have been the subject of an anonymous complaint, again PSR does not initiate any of that, all we get is referrals from Medicare.

But the things Medicare get might be from the general public or they might be a result of policy, or they might be a result of viewing a statistic that is a genuine outlier and Ken when they look at outliers, they are very clever in their data collection. It is not quite as blunt as you might think but it is only data and it is if they are worried and they send it to us we look at records and we look at the totality of the practitioner's performance.

An example Ken is if you go to Medicare and Medicare says well you have seen more than 80 patients a day on more than 20 occasions in fact on numerous days you have seen 150 patients, they are likely to refer that practitioner to us. We look at the records and we think oh wow ok well it looks like all of those 150 patients you were in PPE standing in a car park in the rain doing COVID tests when everybody else was staying at home. That is perfectly appropriate. That is fine. In fact, you should get a medal for that. They were only billed for item 3 you wrote some history you wrote an examination. Well done.

So, you see what I mean like sometimes the referral comes to us perfectly reasonably because of the numbers but then we dismiss it after a section 91 perfectly reasonably because we have actually access to a bit more information about what that practitioner was doing and the general body of peers would consider that to be perfectly reasonable.

Ken McCroary - Yes definitely, and again that sort of reflects the need for that nuance in peer review doesn't it so that sort of really answers that earlier question to.

Antonio Di Dio - Yes, and so it is your peers that make these decisions and the general body of the peer and what the opinion of the general body of your peers is what is inscribed and what is written word for in the legislation that is the speed limit. You know greater than 40kms our speed limit is what would the general body of your peers consider and to me that is incredibly fair and appropriate that's how we should be measuring these things.

Ken McCroary - Yes, and absolutely just way of looking at it. Now just again with compliance and behaviours do you think that we do get enough education or if there is enough information out there about Medicare billing and compliance?

Antonio Di Dio - It depends on who you talk to it depends on the individual practitioner. I am of the view that under the act of parliament we were formed that PSR has no role in education but we do however I think an obligation to our community to educate the community about what PSR does and I have been very very active in that.

I think we now have about 54 percent of GPs in this country who's primary degree was obtained in a country other than Australia and those people are vulnerable to getting into trouble in terms of Medicare billing because they may not get the education in billing that they require. They may get fantastic education. Many of us get our education on what to bill by the first practice that we worked in and what the other people were doing. Some of us get education from other ways. I have been working for the AMA with RACGP with all 13 colleges with the MDO and some educators about producing some education modules into billing hopefully those agencies will have the resources and the time to start doing more of that and if they want more education about how to appropriately bill that would be very pleasing to me I am not interested in education about how to maximise your income I am interested in an education about how to appropriately bill and I very very optimistic again in my last conversations with Karen Price and with her successful as college president and with many other college presidents that they are really interested in this at the moment you can get unlucky. You can get advice on how to bill from someone who is actually billing incorrectly.

Ken McCroary - Yes it is difficult. I was going to actually wrap up and give you the opportunity to make any further comments that you would like on PSR or on the medicare system and our place in it more generally if you would like.

Antonio Di Dio - Thank you Ken so I guess I would just like to say that in this temporary acting role as PSR Director if have I really do stand on the shoulders of giants and it is an incredible honour and privilege to be here. I did my first committee 20 years ago and every person I have meet at PSR and every person without exception all of the doctors and the support staff and the legal team are people that have kindness, decency and integrity and I am really proud to be a part of it.

I am also really proud Ken to be a busy practicing doctor myself and I think that is important because this is a system of peer review. These are not people in ivory towers making judgments about things that they know nothing about. They are our peers and our colleagues. I encourage people to write good notes and good quality medical records and I encourage you if you do get communication from Medicare or The Department of Health and Aged Care to seek legal advice and seek advice for your own health in going through a process whether it is AHPRA or any other regulator or us look after yourself.

Make sure you have your own GP because we all suck at getting GPs, 80% of Australians see a GP every year I think it is less than 60% of doctors especially male doctors including hypocrites me who haven't done that in the last year either so look after yourself if you are a part of this process make sure that you get the care that you need and the other thing that is really important is that if we get reported to a regulator we think to ourselves that it is an affront to our self esteem to our identity it may not be anything like that at all it may just mean that we mistakenly were doing the wrong thing or maybe that we haven't done anything wrong at all so never make the assumption that you are in more trouble than you are in and seek help and look after yourself and enjoy the practice of medicine in this unbelievable profession that we are all honoured to be a part of.

Ken McCroary - That is excellent. I really appreciate your time again today and I think everyone would feel quite comfortable that we are in safe caring and sensible hands steering the community with you around so thanks once again for your time today but thank you more importantly for what you do for the profession and the support of health in general in the community thank you.

Antonio Di Dio - Thanks so much Ken, I appreciate it.

Remember if you're not a member of GP Link already or you would like to learn more log onto our website at <https://sswgp.link/>.