

Informed Financial Consent Toolbox AAPM Qld Staff Development Day 2011 Colleen Sullivan

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What is IFC?

Informed Financial Consent:

- ✓ Information to patient about medical fees
- ✓ Estimate of fees patient may pay
- ✓ Understand the financial implications
- ✓ An acknowledgement of receipt of the information by the patient



Why do I need to know?

IFC

- Applies to all medical services for which a fee can be charged
- but is most critical in relation to medical services provided to privately insured and self insured patients in hospital, and
- in circumstances where there is potential for the out of pocket costs to be cumulative.



How to use the Toolbox

- Self assessment
- Choice of tools
- Review of systems
- Practice action plan



Toolbox approach & format

Approach:

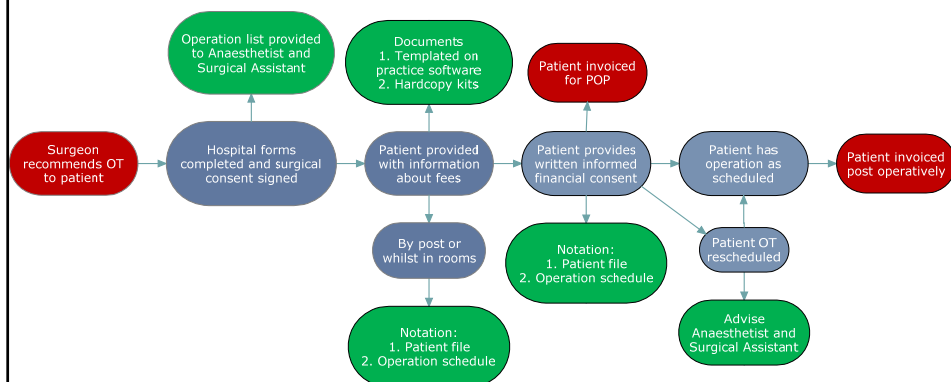
- Surgical practices
- Proceduralists
- Anaesthetic practices

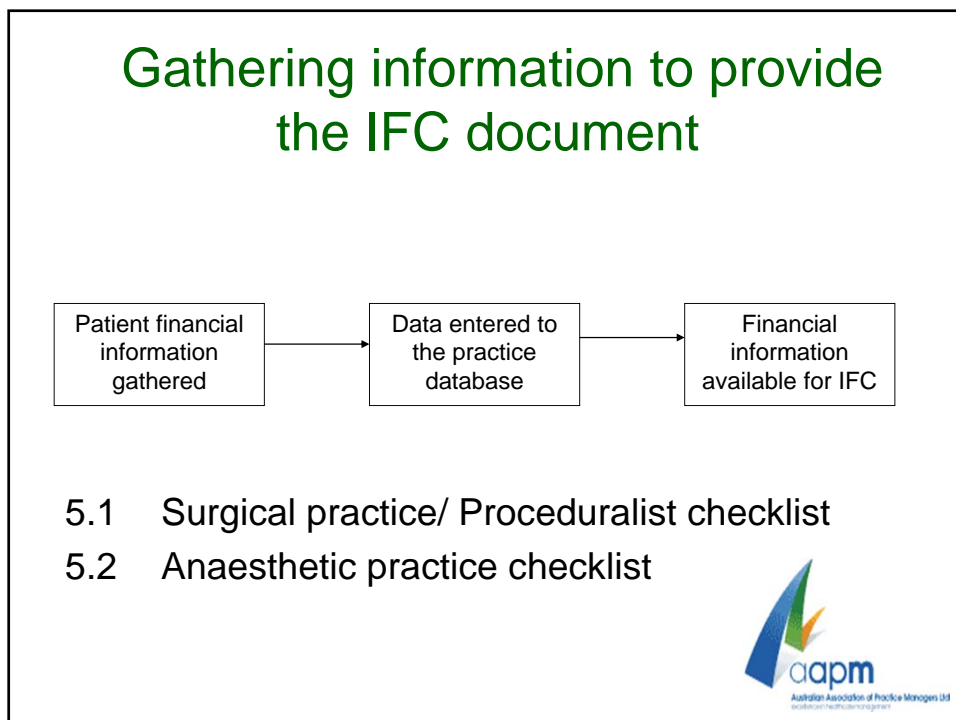
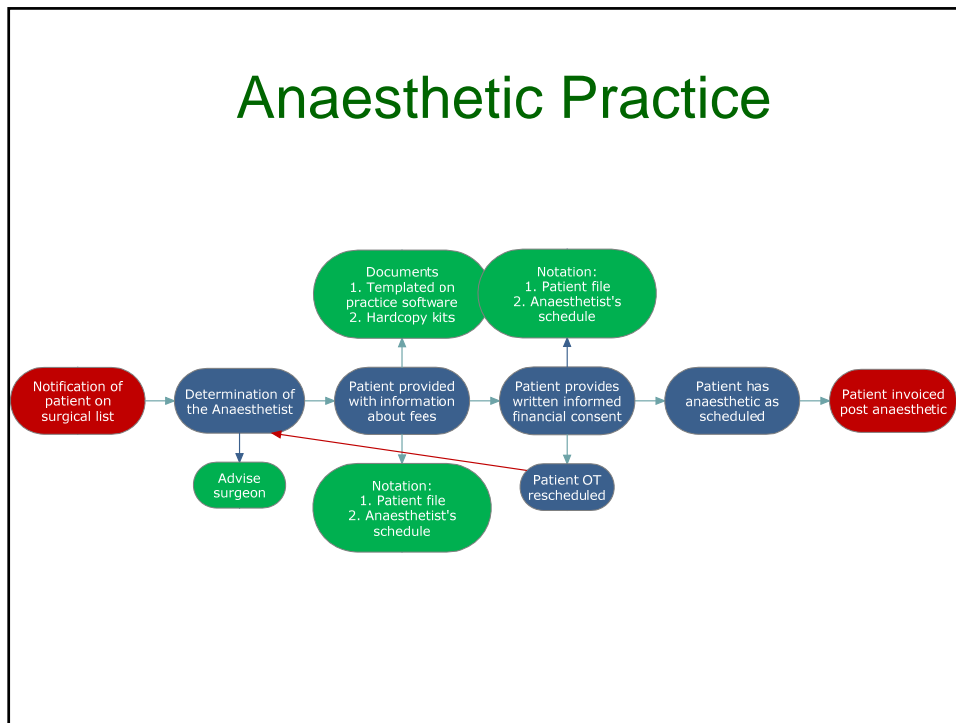
Format:

- Practice self assess
- Information gathered
- Information provided
- Information management
- Tools



Surgical Practice / Proceduralist





Tools – Gathering information

- Hospital operation consent form
- New patient information sheet



IFC information

- Estimate of the fee
- Estimate of the rebates – Medicare & fund
- Indication of potential fees from other medical providers
- Contact details for these providers
- Indication of potential associated fees
- Disclosure of financial interests
- Billing policy



Tools – Providing information

- Surgical & Anaesthetic practice checklists
- Ensure Estimate
- Providing information
- Sourcing item number information
- Information from professional bodies
- Disclosure of financial interests



Tools – Ensuring an Estimate

- 7.1 AMA Cover letter
- 7.2 AMA “Let’s talk about fees’



Tools – Providing information

7.3 AMA Estimate of fees – surgical practice

7.4 Estimate of fees – anaesthetic practice



Tools – sourcing item number information

7.5 ECLIPSE

7.6 Easyclaim & Medicare online



Tools – Professional bodies

7.8 Anaesthesia & You

7.9 FAQs about medical imaging

7.10 Role of the surgical assistant



Tool – disclosure financial interests

- AMA Estimate of fees document



Emergencies

- IFC from patient may not be possible
- Provision of information to accompanying persons
- Post operative provision of information and invoice



Tools & Systems

Information management review:

- Systems for managing information
- For each step of IFC
- Integration into other practice systems
- Regular monitoring



Scenarios

For each scenario:

- What are the key factors which will influence IFC?
- What systems will your practice have in place to address these factors?



Scenario #1

Mrs Tan, 65, has been recommended by her orthopaedic surgeon, Dr Williams to have a total hip replacement. She is an active self funded retiree. Mrs Tan lives in rural Lake Cargelligo, and sees Dr Williams when he visits Griffith Orthopaedic Centre. Griffith is 1.5 hours away by gravel road. Mrs Tan was distressed on the day she saw Dr Williams and was told about the need for her surgery, as she is concerned who will care for her husband who has advanced dementia. Dr Summer, anaesthetist works part time.



Scenario #2

John Ferrier, 18 is an Exchange student from Canada. He lives with a family in suburban Perth. Whilst in Darwin on the Great Australian Tour he has an encounter with alcohol and the flight of stairs in the back packer accommodation. His fellow exchange students have brought him into accident and emergency with a compound fracture of his right radius and ulna. John, drunkenly indicates that his parents have always insisted on private treatment.



Scenario #3

Ms Jackson, 45, sees her GP who needs to do an excision of a lesion on her arm. This is then sent to pathology and the item number to be billed will only be known when the pathology results come back. The practice wants to charge a Gap for the excision. How does the practice provide Informed Financial Consent for the patient?



Scenario #4

Mr Hobbs, 55 had a radical neck dissection as part of treatment for cancer and is at the practice for his post operative visit. He expresses concern about the invoice he has received from Dr Needham, indicating that he doesn't remember seeing anyone by this name. Additionally his wife says there are lots of bills from the pathology provider and why were there so many? And do they have to pay all of them?



Questions

