

Named Referrals

What GPs need to know from July 1 2017

To allow Metro North Hospital and Health Service to continue providing world-class care to your patients, we are asking GPs to provide named referrals when sending patients to MNHHS outpatient clinics.

Why has this started now?

From 1 July 2017, Commonwealth growth funding will be capped. This changes how MNHHS can fund its growth as an organisation.

Named outpatient referrals from GPs help support hospital funding through a Medicare bulk-billing arrangement. This benefits hospital and patient services.

What are the benefits to my patient?

Each time you provide a named referral your patient is given the opportunity to elect to be treated as a private patient for the outpatient specialist appointment. This allows MNHHS to facilitate the following for your patients;

- improved and expanded patient services
- medical research
- new equipment.

What if I don't know the name of the specialist to best refer my patient to?

For an initial consultation, named referrals can be used across the department and specialty allowing referrals to be forwarded to the most suitable doctor.

Simply refer your patient to a MNHHS facility through the 'Refer your Patient' on the referral information website at www.health.qld.gov.au/metronorth/refer

Select the appropriate specialty and be directed to the list of specialists offering in scope services.

Will my patient wait longer if I choose the incorrect specialist?

No. Patients are seen based on the clinical need rather than whom they have been referred to.

The clinical need is determined based on categorisation carried out by a clinician at the MNHHS. If it is deemed more appropriate for the patient to be seen by a different specialist within the same department, patients will be allocated to the relevant clinician using the existing referral.

Does this mean the facility is 'double dipping'?

Medicare benefits are claimable for professional services rendered by an appropriate health practitioner with a valid Right of Private Practice Agreement in a public hospital and in accordance with the Medicare Benefits Schedule (MBS).

The MBS outlines the requirements for allocation of a Medicare benefit for professional services. The MBS along with the Health Insurance Act 1973, The National Healthcare Agreement and National Health Reform Agreement dictate whether a particular professional service is able to access a Medicare benefit. The federal funding model incorporates specific pricing for private patients which removes concerns around 'double dipping'.

Further information

For further information, contact:

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