

As a rheumatologist with a significant number of patients on biologic agents for control of disease, I have a problem with the current 'determination and assessment should occur every six months'. Once people go into remission the international guidelines are that we can reduce dose or frequency of injections. Because of the lack of flexibility in our system, the easiest process is to decrease the frequency of injections. If a person remains in remission as this process continues, we can often get out to the situation where one prescription can last nearly 12 months.

This is obviously cheaper.

It also means that the patient does not need to be seen for twelve months. They need less investigation and blood tests. All of this is frustrating.

In the middle of this, Medicare Australia insist they be reviewed every six months which is clinically not indicated.

I would ask therefore for a change to the interpretation of the six month rule so that if people are requiring reassessment on clinical grounds and prescription provision grounds every 8, 9, 10, 11 months, then the assessment should occur at the same time, not just every six months because Medicare feels that is appropriate. We should be clinically driven, not bureaucratically driven.

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