

Your Anaesthetist: **Dr Fraser Lucas Barry**

Introduction and Fee Information

This information is to introduce myself and explain in a little more detail how your anaesthesia account is generated and why you may have a gap to pay for any services.

Background

My training has included:

- A 6 year medical degree (Monash University and The Alfred Hospital, Melbourne)
- Three years as a junior doctor
- A further 5 years of specialty training in anaesthesia
- Prior to starting anaesthesia training I was an Emergency Medicine registrar for 2 years at the Alfred Hospital.
- I continue my education with participation in Quality Assurance and Maintenance of Professional Standards of the Australian and New Zealand College of Anaesthetists. I also teach at anaesthetic meetings and symposia in the use of ultrasound in anaesthesia.

Anaesthesia Services Include

- The management of a patient to render them insensible to pain and emotional stress during surgical, obstetric and medical procedures
- The support of life functions under the stress of surgical and anaesthetic manipulations
- The continuous clinical management of the unconscious patient
- The management of pain relief
- The management of cardiac and respiratory resuscitation
- The application and management of respiratory therapy
- The clinical management of fluid, electrolyte and metabolic disturbances
- Professional attendances and consultations in relation to the above services.

Fees:

The fee for your anaesthetic is separate to any other fees you may incur.

As with other medical services the anaesthetic fee is derived from the Commonwealth Medicare Benefits Schedule (MBS). Each aspect of the anaesthetic is assigned an MBS item number that has a corresponding unit value. My fee is based on a unit value. The fee is calculated from the total number of units accrued multiplied by my fee unit value.

Factors which contribute to the total unit value is the anaesthetic complexity which includes the type of surgery and duration, patient medical status, age and body habitus, need for special monitoring, requirement for blood transfusion, emergency and after hours care.

It is therefore difficult to give an exact quote pre-operatively. I will send you an estimate that also acts as the financial informed consent. You need to sign this and then take the quote home. When your account arrives in the mail, send both the account and the quote to your health fund. They should then advise you if you have to pay a gap.

Your rebates from Medicare and your Health Fund will only partly cover the fee, creating a "gap". This gap is due to 30 years of gross government under-funding of Medicare and of the rising cost of running a medical practice (particularly insurance). The government continues to index Medicare at far below the CPI. In the past 15 years the CPI has risen by 4 times the Medicare rebate. The size of the gap is mainly a reflection of the value offered you by your health fund. The health funds have little incentive to fully cover you, as the law doesn't define what we should charge. Some companies "gap coverage" schemes would demand that I accept only the baseline payment, that is, no gap, but fully pay the surgeons and the hospital.

Several funds (HBA, HCF, MBF, NIB, St Luke's) don't allow for a "known gap". This results in a significantly reduced refund to you. They also require me to send you the entire invoice. All other funds allow me to invoice you for solely the gap, invoicing the fund separately. Though I cannot advise you on which fund to choose, I do recommend considering carefully the amount of anaesthetic gap coverage they provide.

My fee structure is significantly below a level considered fair and reasonable by organisations such as the Australian Society of Anaesthetists and the Australian Medical Association.

**Uninsured patients are required to prepay for their anaesthetic.
Please contact my rooms well in advance.**