



Psychiatrists working in partnership with Aurora Healthcare

Aurora

Q1. What are the advantages of working in private practice?

- Financial returns
- Autonomy
- Lifestyle
- Control over your own practice
- Ability to choose your patient mix and treatment
- Continuity of care for your patients
- Flexible work hours
- Peer support
- Choice and access to additional treatment modalities

Q2. What types of patients would I be treating in private practice?

Private practice allows you to treat high prevalence disorders including depression, anxiety, addiction and personality dysfunction/disorder as choice around specialisation. Having a private practice co-located within a private hospital setting enables you to practice both inpatient management and outpatient sessions, which allows you to provide individualised treatment to your patients, along with greater continuity of care.

Q3. How do I get referrals to my private practice and what is the intake and assessment process for admission to a private mental health hospital?

It is common for the hospital, once established, to receive inquiries for admissions and information around access to services from the general community. Part of what we do, is guide the prospective client through the process of accessing the necessary referral to access the hospital's range of services.

GPs, specialist consultants, other private and public hospitals, Psychologists, external Psychiatrists, public community mental health services, DVA, Defence and other health services are all avenues of referrals into our service and your private practice.

Referrals come through the hospital's 1800 intake and assessment unit and/or directly to private practice. On receipt of a referral and/or as part of the inquiry process, we undertake an assessment of the client to assess suitability for admission. This is predominantly a risk assessment and mental health nursing history.

The majority of the time, if a client has private health insurance or is self funded, we are able to provide a suitable service to them - either an outpatient consultation, inpatient stay or day program.

If a patient is assessed as high risk either through level of acuity and/or high risk history, then the Assessments Coordinator will either request a consultation with a Psychiatrist in an outpatient appointment to confirm admission suitability and/or decline admission and refer the patient to alternative services.

Referrals either come to the service addressed to a particular Doctor and/or as a generic referral and the GP will work with the Assessments Coordinator to address the referral to an available consultant.

We work in partnership with public health services both around high acuity, high risk or stabilisation of patients and/or assisting the public health service with taking admission of more moderate acuity and/or overflow.

All consultant Psychiatrists have the ability to accept and/or decline patient referrals.

Q4. What type of patient would I admit to a private hospital and/or day programs?

The types of patients who predominantly access private services are those who have a mood disorder diagnosis (65% of existing service admissions are mood disorders).

Most of our mental health hospitals are voluntary, therefore patients choose to accept the treatment and services on offer and are motivated about their recovery. It is uncommon for our services to admit high risk patients and high acuity patients, other than Belmont Private Hospital which is an Authorised Mental Health Service under the Queensland Mental Health Act.

Patients often need a period away from their existing surroundings to access additional support, education and therapy to assist their recovery. They may also need the hospital environment for mental health nursing care around medication introduction and titration.

Q5. What are the benefits of co-locating with a private hospital?

- Broad peer support both from within the hospital and the greater hospital-wide group network
- Guaranteed referral base, new patients, start up support and full private practice set up
- Ease of access to inpatients for review
- Access to a broad range of service provision
- Reputation

Co-location with a private hospital allows for low operating costs with respect to a private practice, and the added gain of being able to benefit from the large number of direct hospital referrals whilst also having access to the extensive network of external referrers that are already engaged with the hospital. Marketing and business development will work with you to arrange GP liaison meetings, presentations and the development of collateral, to raise your profile and increase your referral base to grow your business.

Additional treatment modalities in the form of evidence-based day and evening programs are offered in Aurora Healthcare facilities, allowing your patients to access further support and education.

Q6. How do I establish my private practice?

Once credentialed, Aurora Healthcare submits letters of support and facilitates the application process to Medicare to gain a provider number for you for the site. Aurora Healthcare also submits your applications to the health funds to register you to be eligible to be paid private health fund rates for all inpatient work. This means for inpatient work and/or referral to day programs, you get paid by the health fund for inpatient and day program patient consultations, based on the type of consultation you deem necessary for the patient. This amount is around 20% greater than the Medicare billing amount.

You indicate the days, times and structure around how you would like to arrange your private practice and inpatient work. We have suggested models that help you maximise the effectiveness of your time and enable you to build a busy and efficient practice of both inpatient and outpatient work. You have the ability to change this at any time.

You attend the consultancy suites, liaise with your Practice Manager around your schedule daily and weekly, appointments are taken care of and patients attend their sessions.

Our consultancy suites bill patients for you, utilising a billing software program. Payments go directly into your bank account - the hospital does not retain a percentage of billings. At the end of the month we provide billing reconciliation reports for your records.

Q7. How do I establish private practice fees?

Private practice arrangements with all health care professionals means that you can establish individual professional fees which are billed directly to clients at the time of consultation, for outpatient consultations only. All consultant Psychiatrists bill a private gap fee in addition to the Medicare bulk billed fee, which is determined by the Psychiatrist. We can provide a range for you to get an indication on what to set your gap fee at. Medicare only billing is uncommon in the private setting as all patients accessing our services hold either private health insurance, are self funded, covered by DVA and/or Workers Compensation.

There is no gap charged to inpatient and/or admitted patients, as the Psychiatrist receives payment for these consultations directly from the health fund.

Q8. What are the different models of working with the hospital?

Credentialed and working onsite full time (minimum 4 days per week)

Consultancy suites available for Psychiatrists to undertake private outpatient work and inpatient work. Psychiatrists manage the care of their patients. Psychiatrists are fully supported by the hospital and the hospital is able to prioritise referrals to assist in building the practice.

Credentialed and working onsite part time (minimum 3 days per week)

Consultancy suites are available for Psychiatrists to undertake private inpatient work. Psychiatrists manage the care of their patients. Psychiatrists are fully supported by the hospital, and the hospital is able to prioritise admission referrals to assist in building the practice.

Credentialed and working offsite

May require sessional consulting rooms to review inpatients and/or inpatient reviews undertaken in interview rooms on the wards. Psychiatrists are able to manage the care of their own patients and may be available to do inpatient admissions.

Non-credentialed Psychiatrist referring to service

Unable to continue care and treatment of patients once they are an inpatient and/or admitted patient. Often a partnership is in place with an onsite Psychiatrist for a shared care model, and once the patient is discharged the care is transferred back to the external Psychiatrist. Ideal for Psychiatrists who are located in areas that prevent onsite review and care of patients.

Psychiatrist credentialed only to admit to day programs

Usually will review day patients as outpatients in consulting rooms whilst they are admitted to the program.

Q9. What does Aurora Healthcare provide for me in private practice and inpatient work?

You are provided with a fully furnished consultancy suite. Full time Psychiatrists have a dedicated suite. Within the suite you will have all IT provision (our programs), stationery and full set up needed to operate a consultancy suite.

We provide reception and administration support including patient file management, patient scheduling along with appointments and reminders, medical typing and all your patient billings would be attended to by the private practice office administration.

The applications we currently use are:

- Blue chip for billing and patient scheduling. This allows funds to go directly into Psychiatrists' bank accounts
- Medical Objects for referrals and discharge summaries to go back and forth to GPs directly
- Electronic Dictation that allows discharge notes and medical typing to go directly to the typist
- WebPas for patient management system
- Outlook for internal communication and to GPs directly
- Medical Director

Q10. What is the clinical governance model and peer support mechanisms?

You would be listed and credentialed as a Psychiatrist linked to Aurora Healthcare, one the largest Australian owned private hospital providers under the directory of the respective main hospital hub. We have over 300 Psychiatrists credentialed across 14 hospitals.

Aurora Healthcare has hospital by-laws that set out all aspects of clinical governance.

All hospitals have internal and external peer support groups.

The hospitals have a variety of advisory committees for medical staff to attend along with annual and quarterly strategic planning, to enable involvement in shaping the direction of the hospital and service development.

Directorship opportunities exist for Psychiatrists wanting to develop specialty services and/or lead specialty units and programs.

All Aurora Healthcare mental health services are accredited under the ACHS Equip program. This includes accreditation against the National Standards for Mental Health Services 2010 and the 2012 National Safety and Quality Health Services Standards. Hospitals are subject to regular audits by regulatory health units.

Q11. What are the marketing and promotion advantages?

What this means is extensive marketing and directory listing both locally and nationally through our websites, GP liaison and collateral we develop for our sites.

Our GP liaison activity occurs frequently, with scheduled GP practice sessions delivered in practices by our Business Development Manager.

We also hold a range of CPD events delivered by our Psychiatrists to GPs, which all of our Psychiatrists are able to participate in. This enables intimate introduction to GPs and the ability to establish direct referral pathways into your private practice.

Direct inquiries for Psychiatrists' services come to the hospital. These can be direct referrals or patient inquiries. Any Psychiatrist wanting to build a private practice with us is introduced to our broad network of key referrers, and also given the opportunity to accept new patients or consultation in a private setting, when we receive the inquiries and referrals.

New Psychiatrists starting private practice and/or inpatient work usually have a full schedule within weeks of commencing, due to the number of new referrals that come through the hospital. Most of our Psychiatrists see inpatients in scheduled appointment times during the day for about 50% of their time, depending on their outpatient private practice load. This option and/or after hours inpatient reviews can be undertaken as consultation space is available after hours at the hospital.

Our hospitals are extremely busy, with many new patients referred as our services are extended and our reputational excellence grows. We have a dedicated GP liaison and marketing team who undertake introduction initiatives, marketing and communication as a way of updating GPs and healthcare professionals around our specialist and key services.

Q12. What would my typical day look like if I was consulting from the hospital?

You would attend your rooms at your chosen start time and have a printed and electronic list of your outpatients and inpatients scheduled for the day. All outpatient files would be available in the rooms at the time of review and inpatients at time of scheduled review. In the event you had outpatient cancellations, you are able to move your inpatient reviews around to best utilise your time.

You may attend a clinical team meeting for 30 minutes and if you have available space, you would have an opportunity to accept admissions.

Your outpatient appointments may run for the morning hourly slots, with inpatient reviews scheduled for the afternoon daily for 20 to 45 minute review appointment times.

Any admission assessments would normally be approximately a one hour consultation, and in conjunction with a medical assessment completed by the internal GP for admission.

Q13. How do I manage my patients after hours, and around leave coverage and weekends?

Hospitals usually have weekend rosters and the frequency of weekend coverage will depend on the number of Doctors on this roster. You are not required to be at the hospital on weekends if you are on call, only if there is a concern with regard to a patient and you choose to review. Some Doctors choose to come onsite on the weekends when on call to do reviews of all patients. In this situation they are on call and we ensure they have a number of admissions scheduled to ensure best use of their time. Some Psychiatrists choose to manage their own patients and not be part of the weekend roster.

During the week, you are responsible for your patients after hours. It is uncommon to have to attend the site after hours in respect to your patients, as the hospital has a policy with regard to deterioration of medical and mental condition.

All Doctors take leave and each Doctor negotiates within their peer group around leave coverage.

Q14. What does the credentialing process involve and what does this mean for me in respect to admitting to the services and working in partnership with Aurora Healthcare?

The credentialing process is simple once you have been offered a place at an Aurora Healthcare hospital. You are required to complete the paperwork, provide two referees and provide evidence of your insurances.

Aurora Healthcare validates credentials and once this process has satisfied the requirements under the by-laws, we offer you a letter to confirm visiting rights to the hospital.

The hospital credentialing committee is made up of the Hospital CEO, DON (or equivalent) and two medical representatives.

Q15. What is different in private mental health services versus public?

Inpatient admissions are usually for around three weeks, with an average length of stay for our inpatient hospitals of around 20 days.

During an inpatient stay there will be educational and therapy sessions daily for the patient to attend, along with a focus on healthy living and diversional therapies.

They will see their Psychiatrist daily and/or a minimum of three times per week, along with other Allied Health staff.

Patients are voluntary and can have day leave approved by a Psychiatrist.

The environment will feel safe, therapeutic and foster recovery in a supportive and nurturing space.

On discharge, follow up care will be delivered through admission to a day program for a period of six weeks to six months dependent on the program and individual. During this time review by the Psychiatrist may continue.

Q16. How does the hospital generate income?

Private hospitals hold health fund contracts with private health funds. These contracts differ dependent on both the hospital and hospital operator, and have very strict terms and conditions around the services, treatments and criteria around fees paid.

Private hospitals are paid a daily bed rate to provide care for all admitted patients. This can be an overnight rate for inpatients, or a full day or half day rate for day patients. Dependent on the individual level of cover and the frequency and duration of admissions to private hospital, the daily bed rate for an individual may vary on each admission.

For patients who access admitted patient services frequently, it may mean that the daily bed rate a provider receives is a step down rate, which can be over a 50% reduction of the full daily bed rate, which often does not cover basic cost of care.

Q17. What insurances do I need?

Doctors need to provide their medical malpractice certificate of currency.

Q18. What about tax and superannuation?

When you commence as a private consultant you are a self employed practitioner. Therefore you take care of your own superannuation payments and taxation. It is advised that you seek specialty advice from the outset, to ensure you are well informed around how to manage this.

Q19. What about medical coverage and registrars?

GPs will be onsite and available for medical admission reviews, as well as any medical reviews needed whilst patients are admitted to the hospital.

Q20. What is the staffing mix in the hospital and in the services?

Staffing is based on a multidisciplinary team approach. We employ Nurses, Psychologists, Social Workers, Occupational Therapists and a range of Divisional Therapists such as Music, Art, Exercise Physiologists, and individual staff with training in Yoga, Thai Chi, etc.

Focus on delivery of care is ensuring highest standards of care, professionalism and respect for patients and work colleagues. An ongoing mental health education program is established and staff are supported to attend external courses/conferences relevant to mental health/hospital management.

Staff wear uniforms and professionalism is expected at all times. All staff, clinical and non-clinical, are provided with education at the time of appointment and on an ongoing basis, to maintain respect for patients, ensuring absolute confidentiality and maintenance of clear professional boundaries. Staff are also educated on the Aurora Healthcare Complaints Management and Risk Management reporting systems. Staff are subject to annual performance reviews and performance management, as needed.

Q21. What is my earning potential?

	Revenue Generated	Total Patient Consults	Average Days Worked Per Week	Average Patient Consults Per Day	Average Revenue Per Patient	Revenue Per Day Worked
Dr A (Hospital)	\$212,486	967	3	6	\$220	\$1,265
Dr A (Private Practice)	\$155,439	509	3	3	\$227	\$780
Total	\$327,925	1,476	3	5	\$222	\$2,045
Dr B (Hospital)	\$509,960	3,602	5	15	\$142	\$2,179
Dr B (Private Practice)	\$258,164	896	4	4	\$288	\$1,122
Total	\$768,125	4,498	4	9	\$171	\$3,302