DRAFT: Proposed changes to work undertaken by General Practitioners (GPs) and proposed fee variations.

Update note: December 2018

1 Background/Introduction

This note sets out proposals developed by the Department of Employment Affairs and Social Protection following negotiations with the IMO under the Framework Agreement to modernise the service provided by GPs to facilitate the processing and payment of Illness Benefit claims through the introduction of Closed Certification and E-Certification. The note also covers the outcome of discussions with IMO on all other work and reports completed by GPs for the Department.

The note sets out proposed changes in work to be undertaken by GPs along with the associated fees.

2 Closed Certification

The Department is introducing closed certification for Illness Benefit. Closed certification implies a change from the current position where the doctor certifies the patient as being unfit for work week by week, to certifying the date on which the patient is likely to be fit to resume work. In the closed certification process, the GP, assesses the patient where they have indicated their intention to apply for Illness Benefit in relation to the expected duration of absence from work and certifies the absence for the entire duration rather than on a week-to-week basis. In making this assessment the GP will have regard to a number of factors:

1. The illness or injury (providing the appropriate ICD10 code)
2. The Closed Certification Guidelines of the Department,
3. The type of work done by the patient and
4. The GP’s own clinical judgement.

Having completed this assessment the GP will complete the new form, pending the introduction of e-certification, and will code accordingly, using ICD10 codes. The codes on the form and on the e-certification system are the most common forms of illness presented by IB claimants at present.

The Closed Certification Guidelines provided by the Department indicate the average expected duration of absence from work for certain conditions. These are indicative durations and should be used as guidelines subject to the clinical judgement of the treating GP. The normal consultation arrangements continue to apply i.e. For GMS patients the consultation is covered by GMS Contract and for Private Patients the patient pays the normal consultation fee. The Department pays for the assessment and submission of the closed
certification form. In many instances only one certificate will be required, with the patient returning to work at the end of the certified period.

3 E-certification

E-Certification refers to the provision of certification via electronic means to replace the existing paper based certificates. E-certification is in test mode at the moment and is expected to become available in Q2 of 2019. GPs will be encouraged and facilitated to move to e-certification as it becomes available through the practice management systems. While GPs will not be obliged to use the e-certification system, the Department believes that the benefits for patient and GP will be such that GPs will be encouraged to embrace the option.

Before the introduction of the new system the Department will issue information and support material about the new system so that GPs and their staff can become fully familiar with the process in advance of introduction. The Department intends to pilot the new electronic certification system in a small number of GP practices before entering into a large scale roll-out to all practices.

4 Proposed fees

- The standard fee applying to the assessment required to certify a patient in respect of Illness Benefit will be increased to €50.
- This fee will become payable for the payment quarter in which E-Certification is introduced (expected March - June 2019)
- This fee will cover the assessment and the issuance of a closed certificate via the e-certification system, (The new form paper certificates will continue to be accepted and will be paid at the new rate where the e-certification system is not available or cannot be used)
- The fee to be paid in respect of patients with long-duration illnesses who are required by the Department to certify/e-certify at less frequent intervals (monthly/6 monthly) will be increased to €10 per cert. (See note on long-duration claimants below)
- The fee paid in respect of reports will be increased to €60.

5 Long term Illness Benefit patients

Currently the Illness Benefit scheme is limited to two years duration in respect of all new claims. However, there are a number of people who have been in receipt of payment for a longer period and who have an entitlement to remain on the scheme. These people, along with some others who have longer term illnesses are currently required by the Department to submit medical certificates at less frequent intervals (either monthly or 6 monthly). This will continue to be the case in the future and GPs will not be required to carry out assessments on these patients, but rather to provide the ongoing certification at periods indicated by the Department.
The principal applying is that where the Department has decided on a less frequent certification the GP will be informed of this and will not be required to carry out an assessment under the closed certification process.

6 Reports

GPs are required to complete reports on behalf of patients to provide detail on medical conditions for use in determining eligibility to the various benefits available from the Department. While the reports required from GPs are specified in the contract documentation, as an indication these cover the additional reports required for IB customers and the completion of any claim/review form (e.g. Carers, DCA, DA, etc.) required by the Department.

A process has been agreed, whereby there will be consultation with GPs (a sub-group to be formed with the IMO) in advance of making changes to any forms. This process will be used initially to address concerns relating to the new Carers claim form. The work of this sub-group relates to the form content only and is not intended as a discussion about costs. All costs for completion of reports will already have been covered under the GP contract.

7 Repeat/Multiple Certificates

Under Closed Certification each assessment is expected to provide certification for the full duration of absence from work. The increase in the certification fee to €50 is attributable, in part, to this change to certification practice. It is accepted that on occasion patients cannot return to work at the expected date and a second certificate may be required. In such circumstances a fee will also be paid in respect of the second certificate provided that it is not issued within a period of three weeks from the date of the previous consultation. In other words, if the GP issues a certificate for a short period (say 1 week) and the patient returns to the GP for a second certificate at the end of that period as they are still unfit for work, no fee will be paid in respect of the second certificate as this will be covered as part of the initial assessment fee.

In the case of a patient returning to their GP after a closed certification period who requires a further certificate (as they remain unfit for work) the same three week rule will apply. The new assessment is expected to cover the new period, but in any event will cover any illness occurring within three weeks from the new assessment date.

8 Contract and GDPR

Concern has been expressed as to the implication of GDPR for GPs in undertaking their work on behalf of the Department. This has been discussed and an agreement is now in place that the GP will get the patient to provide consent to the transfer of their data to the Department on a once off basis, using a form to be supplied by the Department. This is a similar solution to that put in place with the Dentists and Opticians for the Treatment Benefit scheme. There
will be an option for a patient to withdraw consent, either by informing the Department or the GP practice.

9 Review of agreement

The payment of higher fees at the levels set out can only be justified if they are accompanied by improved process efficiency and effectiveness. The Department will therefore review the operation of the new process after a period of 6 months and will conduct reviews at regular intervals thereafter. In addition the Department will monitor certification patterns and work with individual GPs if there appear to be difficulties in applying the closed certification guidelines. The Department reserves the right to exercise its rights under the terms of the GP contract to withhold fees or terminate the contract of any GP where there is evidence that illnesses are not being certified in the correct manner.

ENDS