Aeroplanes rarely crash nowadays, therefore they don’t need pilots: anaesthesia, anaesthetics and cataract surgery.¹

This was the title of the Editorial written by Auckland Anaesthetist Phil Guise in 2005. His summary paragraph of the same editorial stated:

“In the current health environment where good clinical practice is constantly under threat from bureaucratic and political pressure, it is vital that we ensure that the care our patients receive is of the highest possible standard.”

In 2018 we are under-siege again to justify our input in the care of patients undergoing cataract surgery.

The NZSA was recently approached by a concerned Ophthalmologist asking for our support. Ophthalmology procedures were one of the first to have bundled funding under the Southern Cross Healthcare Affiliated Provider Scheme. With an 8% annual rise in payments for insured patients, an aging population, more clients being insured under the corporate scheme, and more insurers in the market place, in order to be sustainable Southern Cross have looked for ways to reduce costs particularly of high volume procedures. The Ophthalmologist who approached us is currently negotiating a new contract with Southern Cross. This new contract was said to be:

- A fixed price at approximately 70% of the current value and
- There was no allowance for anaesthetic services so, if they are used, the cost will directly impact on the affiliated provider.
- The Ophthalmologist was currently having to justify the need for anaesthetic services to the insurer.

On Tuesday 24 July, the NZSA met with Southern Cross Medical Advisor, Dr Stephen Child and the Ophthalmology Contracts Coordinator Ms Kate Rose to clarify, educate and advocate on behalf of the membership.

To clarify:

- Southern Cross Healthcare’s present contract (as with all AP contracts) allocates the Lead Provider a specific sum (the ‘PIE’) to provide a service for its clients. For many schemes the Lead Provider is able to bill the patient for the 20% difference between what they are insured for and the price of the procedure. The three components of the service i.e. Hospital, Surgeon and Anaesthetist are paid by the Lead Provider and the distribution is at their discretion NOT Southern Cross Healthcare’s.
Southern Cross coding enables them to collect data on how many clients undertaking cataract surgery, under the present contract, have had an anaesthetist present. The figure we were given was 53% did not have an anaesthetist present.

Southern Cross makes NO specific allowance for anaesthetic services under the present or new contract NOR do they specifically exclude anaesthesia. The AP funding ‘PIE’ is divided up by the Lead Providers.

Historical data from Southern Cross showed that the Anaesthetic component of the overall AP bills is somewhere between 9-14% (personal communication from author). A reduction of funding by 30% may make some providers question if having an anaesthetist present is an option for them and with 53% not having an anaesthetist, as part of the team, it is understandable that Southern Cross Healthcare may query if an anaesthetist is justified.

It is also important to understand that the contract price negotiated by one provider is not necessarily the same as that negotiated by another. It is a commercial world and contracts will vary between providers.

The NZSA presented Southern Cross with Dr Guise’s articles along with others including audits by the Australasian Ophthalmology Surveillance group, which discussed the input and role played by anaesthesia in the care of such patients. Dr Child was aware of the Joint Guidelines from the Royal College of Anaesthetists and the Royal College of Ophthalmologists: Local anaesthesia for Ophthalmic Surgery 2012 but incorrectly attributed these to our local colleges. These guidelines provide a superb framework, especially as the anaesthetic practice within NZ reflects that of the UK (not that of Australia) and the NZSA believes that adopting these may improve the quality of patient care.

As Dr Guise states in his letter of response to comments on his editorial, 2006:

‘There is more to removing a patient’s cataract than a mere technical act, which is why a multidisciplinary approach to patient care is required.’

Removing the Anaesthetic input into patient care for those having their cataract surgery may be the down flow effect of reducing the funding by 30%.

This brings us to the patients. What choices will they be given? Who will provide them with fully informed knowledge of the options available to them, who will be undertaking the preoperative assessment required for these mostly elderly patients, often with significant co-morbidities, who will ensure adequate training of those providing the sedation (of note PS09 has not been endorsed by the Ophthalmology College), levels of supervision, who will ensure those responsible for resuscitation have the appropriate training and the equipment they require?

If anaesthesia is excluded, then it will not be Anaesthetists and they will most certainly not be able to ask Question 5 of the College’s Choosing Wisely questions:

‘Avoid initiating anaesthesia for patients with significant co-morbidities without adequate, timely preoperative assessment and postoperative facilities to meet their needs.’

It is time New Zealand anaesthetists educated the public more about the many roles played by anaesthetic providers, thus giving patients the ability to make the informed choices that the Patient Code of Rights demands. Should the NZSA work to ensure that the UK Royal Colleges’ Guidelines,
such as those for Sedation and Local Anaesthesia, be adopted by the Ministry of Health instead of waiting for the local Colleges to produce such documents? As Phil Guise states:

‘We must put quality of patient care foremost and not confuse the terms ‘quality’ and ‘efficiency’ with ‘cheapness.’

If you are providing anaesthesia for cataract patients discuss with your AP Lead Provider surgeon or Hospital how this reduction in their funding will affect your practice.

Kaye Ottaway

NZSA Private Practice Sub-committee

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