

I believe medicare could gain saving with regards overlap of services pertaining to podiatry treatment with

1. Ongoing referral basis like DVA saves new referral being drawn up yearly for patients who obviously need ongoing care from year to year
2. Direct referral by podiatrist to CT & MRI rather than having to send back to GP and maybe sometimes even onto a specialist which must be expensive
3. Direct referral for pathology
4. Direct referral to specialists like rheumatologist/ orthopaedic surgeon
5. Free up provision of prescription rights for specific S4 drugs so patient doesn't have to go see GP just to get antibiotic script i understand in tasmania this is currently more a state legislation matter but would list it as a contributor to save medicare \$.