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# Youth vouchers for GP services

## A pilot project

### Background

Identified barriers to young people accessing a general practitioner include cost, communication, confidentiality issues, and knowledge of Medicare.

### Objective

This pilot project aimed to test the feasibility of reducing financial barriers for young people accessing GP services, examine if a professional assessment of being 'in need' influences GP billing, and promote communication between youth workers and GPs.

### Method

Youth workers were given vouchers to assist young people who needed to see a GP who were otherwise unable to do so for financial reasons. General practitioners accepted a voucher payment, bulk billed the young person and collected data about the consultation.

### Results

Vouchers facilitated bulk billed consultations with GPs who otherwise would not have seen them. A voucher appeared to leverage acceptability by GPs of follow up bulk billed consultations. Financial factors, being identified as 'in need', and communication from youth workers were all important factors for GPs.

### Discussion

Provision of vouchers for disadvantaged patients by health workers may improve access to GP services. Reasons are not just financial.

■ **Cost is a significant barrier to equitable access for young people to primary health care along with confidentiality, and ability to negotiate Medicare.<sup>1,2</sup> People living in rural areas have more limited access to health services than those in urban areas.<sup>1</sup>**

Focus groups among youth workers and young people in Northern Rivers General Practice Network (NRGPN) in July 1999 confirmed similar barriers of access, and identified significant unmet health needs including sexual and mental health and substance abuse. The NRGPN has operated a youth health project since 1992 and established ongoing relationships with many youth services in the area.

### Method

The project focused on disadvantaged young people (aged 14–25 years) in areas of demonstrated need, with limited or no access to bulk billing services (direct government payment to doctor and no direct payment from patient). The three targeted towns were Lismore, Ballina and Byron Bay, all in northeast New South Wales. All youth services (broadly defined) and GPs in the towns were invited to participate. Youth workers and GPs were recruited throughout the project, which ran from July 2003 to November 2004. Twenty youth organisations representing the majority in the region, and 28 GPs from 10 practices participated from a potential pool of 80 GPs in 27 practices.

Those who volunteered were visited by the project officer for an explanation of project logistics. General practitioners received a GP Youth Health Resource Kit that promoted best practice guidelines in managing young people.<sup>4</sup>

Youth workers assessed a young person as eligible to receive a voucher if they had a need to see a GP, but would otherwise not be able to do so for financial reasons. They were encouraged to help the young person arrange an appointment, communicate with the GP about the referral, and obtain a Medicare card number if needed. A maximum of three vouchers per young person was permitted. The youth worker

reported: voucher number, date of dispensing, age and gender of client, and main broad health reason identified but not the client's name. Youth workers obtained a signed consent for participation.

The GPs saw the young person with a voucher, bulk billed them, completed a fax back questionnaire and were paid \$20 from NRGPN. The GP questionnaire asked:

- whether the voucher system was worthwhile
- main health issue identified
- consultation item number
- would the young person have been bulk billed if the voucher project had not been available (taking into account factors including the young person's response to usual contact with reception staff)
- intention to bulk bill this person in the future without a voucher
- relative importance of the voucher payment, versus being referred as 'in need' by the youth worker as factors influencing decision to bulk bill
- whether youth worker input was valuable, and
- usefulness of the GP Youth Health Resource Kit?

Postproject focus groups and telephone survey among GPs and youth workers collected information about general usefulness of the voucher system and whether it was thought to reduce financial barriers to access GPs.

This project was complicated by a mid project increase in Medicare payment to GPs for bulk billing people under 16 years of age, and for health benefits card holders from 1 April 2004. Consequently relevant data were analysed before and after this change.

Ethics approval was granted from North Coast Area Health Service Human Research Ethics Committee.

## Results

Three hundred and one vouchers were issued over the period of the study with 250 completed questionnaires available from GPs. Of these 250, data from youth workers was available for 188 vouchers. Time from issue to presentation could be calculated for 135 of vouchers. Most vouchers were presented by 1 day with 76% by 1 week. Of 182 where data were available, 63% were from patients aged 16–25 years; 81% were female; and 63% of the consultations were standard, 31% long, 4% prolonged and 2% other.

Within a limited set of categories, there was clear consistency between health issues identified by youth workers and GPs. After the large nonspecific category 'general' (32%), both professions reported sexual health (24%), mental health (16%) and pregnancy (10%) as the next largest groups.

General practitioners reported 'overall the voucher system was worthwhile' in 99% of consultations. A postproject survey of 14 youth workers indicated 79% felt the project was definitely successful in removing financial barriers to GP services.

There was a doubling (23–46%) in the number of consultations where GPs would have bulk billed the young person (without the voucher) after the Medicare changes of 1 May 2004. A postproject survey of GPs in the project area was consistent with this, with higher

proportions of practices bulk billing patients aged less than 16 years, and health benefit card holders.

General practitioners said they would bulk bill the young person for a subsequent visit, without a voucher, on 39% and 48% of occasions before and after the Medicare changes respectively. Before the Medicare changes, the voucher system appeared to 'leverage' a preparedness to offer further bulk bill consultations of 16%. This is the difference between the 'would bulk bill anyhow' (23%) and 'would bulk bill for a subsequent (no voucher) consultations' (39%) after initial voucher consultation. After the Medicare changes this apparent leveraging of additional bulk billed services dissipated as 46% would 'bulk bill anyhow' and 48% would bulk bill for subsequent consultation without a voucher.

When asked the question: 'What was more important in bulk billing this young person', on 47% of occasions GPs indicated that being 'referred as in need was more important', and only 8% 'the voucher payment' with 'referral and voucher payment of equal importance' in 35%. In a postproject survey of 11 GPs, 72% indicated that always or mostly, a youth worker assessing a young person's need to see a GP would influence their decision to bulk bill. However, GPs valued youth worker input in only 19% of consultations, and postproject focus groups of GPs indicated they were disappointed in the amount of direct communication they received.

General practitioners rated the resource kit as useful on approximately half of the consultations.

During the course of the project two other divisions of general practice (Nepean and Central Coast) were assisted by NRDGP to adopt a modified youth voucher project.

## Discussion

The overwhelming assessment of this pilot project as worthwhile by GPs and youth workers alike is evidence of its acceptability and perceived benefit of improving access to GPs. Adoption by two other divisions highlights its appeal and acceptability.

The project design ensured that all consultations enabled by a voucher represent additional, targeted and needed health services that otherwise were unlikely to occur. The Medicare changes during the project decreased financial barriers for the target group. However, with half the participating GPs still not expecting to bulk bill young people after the Medicare changes, significant financial barriers continued, probably more for those aged 16–25 years.

We have demonstrated the feasibility of leveraging ongoing bulk billing GP services from an initial facilitated and supported consultation in the private GP market. Numbers of GPs continued to slowly increase over the duration of the project and we speculate that additional GPs could have been recruited to the scheme given a longer familiarity with the project.

Despite there being a clear perception by GPs of the value of youth workers' assessment of a young person as 'in need', their input was perceived as inadequate. Reasons could include youth workers limited time, or perhaps lack of realisation of the importance of their input.

Postproject, face to face networking meetings and the development of a referral proforma for youth workers have been explored as ways to promote better communication between the groups.

The difference between vouchers issued and data collected (51 vouchers) could relate to failure of young people to present, or failure of GPs to return data (despite having seen them). Failure to attend despite ongoing health need is consistent with known developmental and other access issues confronting marginalised young people. The drop out rate may also reflect resolution of some health needs. More assistance by youth workers to direct the young person to the GP, and more support at the practice level by the project officer to ensure questionnaires were completed and faxed may have assisted.

The resource kit was distributed with minimal input, and better perceived utility might have followed with an increased associated educational input.

This project could have relevance to other high needs groups such as those with chronic mental illness to access GP services. Vouchers distributed through existing service agencies could integrate well with existing Extended Primary Care and GP Mental Health Medicare initiatives.

## Implications for general practice

- Improved access and care for young people will be affected by considering barriers such as cost, knowledge of ability to negotiate Medicare, and communication and trust issues.
- Youth workers play an important role in assisting young people to GPs and more work is needed to facilitate this process.
- A voucher and referral as having a financial barrier and PHC need appears to be able to leverage bulk billed services beyond the initial voucher consultation. This may have implications for a range of special needs groups and potential funding models.

Conflict of interest: none declared.

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