RACGP Federal Election Statement

RACGP
Royal Australian College of General Practitioners

It's time to care about ... the care we all count on

The RACGP presents healthcare reforms to address 21st century health needs

Australia's healthcare system is considered one of the best in the world.[1] However, rising rates of chronic disease, an ageing population and a looming mental health crisis are putting increasing pressure on the system, resulting in ambulance ramping and long hospital wait times. Unless government invests in prevention, early intervention and ongoing management of chronic conditions, the system will fail.

General practice is the foundation of the Australian healthcare system, and its first point of contact for most Australians. With almost 90% of us visiting our GP each year,[2] general practice provides the most effective setting for early identification and management of health risks and chronic disease.

> The issues putting pressure on our healthcare system are best addressed through greater investment in, and use of, general practice.

GPs are the primary medical professionals providing care for older people and people with chronic disease or disability. GPs are also the first health professional Australians turn to when they discuss their mental health.

> Investment in general practice care can modernise the health sector to meet 21st century health needs and realise significant savings for the economy, while also improving the health of all Australians.

The Royal Australian College of General Practitioners (RACGP) engaged PwC to conduct an economic analysis of implementing our Vision for general practice and a sustainable healthcare system. The analysis estimates that in addition to improved health outcomes for all Australians, the direct benefits of implementing the Vision are at least $1 billion in the first year and $5.6 billion over the next five years.[3]

The RACGP sees an opportunity to make significant improvements to the lives of all Australians through achievable and cost-effective reforms in general practice. We have identified five key reforms that will build a health system for the 21st century and maintain high-quality, cost-effective and person-centred care for every Australian into the future.

These reforms benefit everyone with additional focus on people who need the most support – older Australians, those needing mental health support and people living with disability. The reforms also have a clear shared value: they each work to ensure that Australians are supported to spend the necessary time with their GP to stay healthy, active and participate in society for longer.

The following reforms will transform our health system and ensure every Australian is supported to take the time to prioritise their health with the support of their GP. The RACGP is calling for:

- Support for regular, continuous and preventive care for people over the age of 65, people with mental health conditions and people with disability
- Investment in longer general practice consultations to support complex care
- Reinstitute phone consultations for long consultations, mental health and GP management plans as part of the permanent telehealth model
- Introduction of a GP follow-up consultation within seven days of an unplanned hospital admission to reduce unplanned hospital readmissions
- Strengthen rural healthcare by:
  - Increasing Workforce Incentive Programs with additional payments for those doctors who use additional advanced skills in the rural areas scaled to rurality
  - Providing access to the relevant speciality MBS items when a GP holds advanced skills in Internal Medicine, Mental Health, Paediatrics, Palliative Care, and/or Emergency, in a rural area.

The RACGP also supports the Uluru Statement of the Heart and Closing the Gap and calls for government action in providing a voice for Aboriginal and Torres Strait Islander people in the Parliament of Australia and investing in equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples.

Support regular, continuous and preventive general practice care through targeted funding

Priority 1: Regular, continuous and preventive care for older Australians

The RACGP is calling for investment in care for older people by new service incentive payment (SIP) that supports the provision of a grouping of services, including:

- a health assessment for older Australians and/or a GP management plan with at least one review
- a frailty assessment.

To encourage continuity of care, these SIPs could be limited to enrolled patients over 65 years (or over 50 for Aboriginal and Torres Strait Islander Australians).

The Medicare Benefits Schedule (MBS) health assessment for people 75 years and older should be expanded to include patients 65–74 years (and 50–74 for Aboriginal and Torres Strait Islander Australians).

The SIPs should involve a payment for achieving the targeted level of care and a payment for providing the majority of care for the registered patient in a calendar year (see structure of existing Indigenous health incentive).

Though the current Medicare rebate structure supports acute, episodic care, it does not adequately support continuous, regular, coordinated care, and therefore does not support Australians who require care over time. Health economists recommend mixed payment systems of fee-for-service and other models to balance two different objectives: (i) productivity and ensuring that priority services are delivered; and (ii) the proactive management of health risks and chronic and complex disease.[4]

The therapeutic relationship between an individual and their GP presents an ideal situation to prevent, identify, treat and manage complex health issues. However, the current system does not support a long-term therapeutic relationship between patients and GPs, meaning care can become fragmented.

Seeing the same GP for most of an individual's care (often referred to as 'continuity of care') is essential for high-quality care. Continuity of care is linked to better patient–provider relationships, better uptake of preventive care, increased access to care, and reduced healthcare use and costs.[5] Recent research shows the benefits of continuity of care in general practice, demonstrating association with fewer hospital admissions,[6] which in turn generates health system savings and indicates good management of a person's health condition.

Concerningly, low continuity of care (ie seeing a different GP each time care is required) has been linked to higher risk of mortality.[5] Continuous care with a regular GP is beneficial for people, particularly those with higher rates of chronic conditions and multimorbidity that require ongoing management. Care for these patients often requires more time to identify issues, as well as ongoing care and monitoring to manage their conditions.

Introducing targeted funding that supports regular and continuous care with a GP will build on the therapeutic relationship while also supporting the complex care required for certain patient groups, facilitating early intervention and improved care management.

The RACGP recommends this care initiative be offered to patients who often present to general practice with complex health issues, particularly older people, people with mental health issues and people living with disability.

People over the age of 65 have much higher rates of chronic disease and multimorbidity compared with the general population,[7] so the healthcare they require is often more complex.

Older Australians are significantly more likely to be admitted to hospital or visit an emergency department.[8] Falls are a key contributor to the higher rate of hospitalisations; approximately one in three older people living at home experience a fall annually, with approximately 20% of these requiring hospitalisation.[9] Falls are Australia's largest contributor to hospitalised injury cases and a leading cause of injury deaths.[10] People over the age of 65 make up 58% of hospitalisations for unintentional falls and 95% of falls deaths.[11] Frailty is a predictor of falls in older Australians.

Priority 2: Regular, continuous and preventive care for people with mental health conditions

The RACGP is calling for investment in mental health care by establishing a new SIP that supports the provision of a grouping of services, including:

- a GP mental health treatment plan with at least one review
- a physical health assessment.

To encourage continuity of care, these SIPs could be limited to enrolled patients.

The SIPs should involve a payment for achieving the targeted level of care and a payment for providing the majority of care for the registered patient in a calendar year (see structure of existing Indigenous health incentive).

Priority 3: Regular, continuous and preventive care for people with disability

The RACGP is calling for investment in care for people living with disability by establishing a new SIP that supports the provision of a grouping of services including:

- a relevant health assessment or GP management with at least one review
- completion of NDIS reports/documentation.

To encourage continuity of care, these SIPs could be limited to enrolled patients.

The SIPs should involve a payment for achieving the targeted level of care and a payment for providing the majority of care for the registered patient in a calendar year (see structure of existing Indigenous health incentive).

Mental health and behavioural conditions are the most common chronic conditions in Australians, affecting 4.8 million (20% of the population).[7] People with mental health conditions are twice as likely to report having a physical chronic condition,[11] which can be due to a variety of factors associated with poor mental health, such as medication effects, lifestyle factors, alcohol or drug use, and comorbid physical health disorders.[12] A physical health assessment will help prevent poor physical health outcomes experienced by people with mental health conditions.

Mental health care is a core component of general practice, with GPs providing more than three million mental-health-specific Medicare-subsidised services each year.[13] This does not include the mental health care provided as part of a standard GP consultation.

GPs are trained to provide whole-person care, including and combining both mental and physical health. Over 90% of vocationally registered GPs in Australia have also undertaken additional mental health skills training.[14]

Chronic conditions often coexist with disability – 50% of Australians who have a chronic condition also report having a disability.[7] People living with disability also experience high or very high levels of psychological distress compared with people without a disability (32% versus 8%).[15]

GPs have a role in supporting the overall health of their patients with disability, including supporting their application for support through the National Disability Insurance Scheme (NDIS). Although the Department of Health has confirmed that access to the NDIS is considered relevant for the purposes of managing the medical condition of a patient, there is currently no support for GP completion of NDIS reports or documentation unless the patient is present.

Invest in longer consultations

Priority 4: Greater investment in longer general practice consultations

The RACGP is calling for investment in people with complex care needs who need longer with their GP by:

- applying a 10% increase to Medicare rebates for Level C (20–40 minutes) and Level D (40-minute plus) GP consultations
- introducing a Level E (60-minute plus) GP consultation.

To encourage continuity of care for patients who require complex care, this measure could be applied to enrolled patients only.

Good care requires time – time to listen, time to assess, time to collaborate with multidisciplinary healthcare providers and time to work with families. Time is especially important for patients with complex health needs.

Although short consultations provide support for everyday issues, longer consultations are needed for the chronic illnesses so prevalent in Australian today. Evidence shows that longer consultations with a GP have significant advantages, including increased patient education, identification and management of complex issues, preventive health, early intervention, immunisation adherence, counselling, patient satisfaction and participation, and better use of medications.[16,17]

Federal Government expenditure on preventive care is estimated to be only 1.8% of total health expenditure.[18] This is despite approximately 32% of our total burden of disease being attributable to modifiable risk factors.[19] To curb the growth of chronic disease in Australia, the major risk factors that contribute to them must be addressed. Longer consultations provide an opportunity to address these factors by allowing more time for preventive care and early intervention for chronic conditions.

The current Medicare rebate structure devalues longer consultations, with patient rebates decreasing significantly as a person spends more time with their GP (Figure 1).

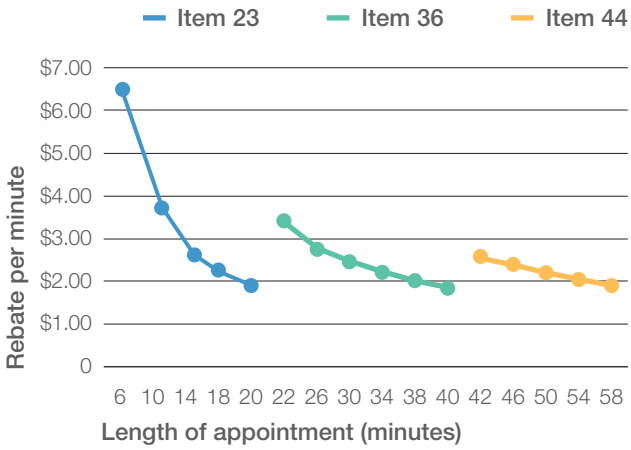
Often, people with the most complex health conditions require the longest time with their GP, meaning the sicker a person gets, the more they may pay out of pocket to see their GP.

Care for complex health issues must be better supported through Medicare. Increasing support for longer consultations to support complex care is a simple and effective way to build the required support into the system.

Devaluing longer consultations not only negatively affects patient care – it can also have long-term effects on the medical workforce pipeline. Training GPs requires time, and often consultations take longer if provided by GP registrars or observed by medical students. Therefore, devaluing longer consultations affects the future GP workforce and undermines access to general practice care.

The need to urgently address the issue of diminishing rebates for GP care is well recognised. The RACGP and other profession-led bodies have long called for additional funding for longer GP consultations.[20]

Figure 1.



Retain phone consultations for any length or type of GP consultation as part of a permanent telehealth model

Priority 5: Support for all Australians to access telehealth through phone consultations

The Federal Government can support every Australian to continue to access telehealth as part of their ongoing general practice care by:

- reinstituting Medicare rebates for phone consultations for long consultations, mental health and GP management plans as part of the permanent telehealth model

To support safe, high-quality care for all Australians, these consultations must be:

- available for all GP consultation lengths and types
- valued at the same level as face-to-face and video-call consultations
- linked to a patient's usual GP, with some exceptions for GP-specialist services upon usual GP referral.

The benefits of telehealth in Australia have been clearly demonstrated, with significant acceptance and uptake and strong demand for this continued flexibility from providers and patients. Telehealth helps facilitate a person's access to their usual GP, meaning people can more easily receive high-quality, personalised health services when and where it suits them. Telehealth is beneficial for all Australians, but particularly important for patients with compromised mobility, such as older people or people with disability.

Despite the high uptake of telehealth, more than 80% of GP consultations are still provided face to face.[21] This shows that telehealth complements face-to-face care, with GPs and their patients deciding how best to meet their needs. The RACGP therefore welcomed the implementation of permanent telehealth as announced in December 2021, which includes video consultations and short to medium telephone consultations.

Telehealth use in Australia is largely phone-based. Between March 2020 and March 2021, video consultations comprised only 2.4% of telehealth services, whereas phone consultations comprised 97.6%.[26] Removing or limiting phone-based consultations will effectively remove telehealth access for most Australians.

Although a video call is sometimes considered the 'gold standard' of telehealth due to the perceived benefits of having visual cues, research has found that health outcomes and patient satisfaction are generally comparable between video and telephone consultations.[22] However, unlike phone consultations, video consultations are associated with infrastructure and accessibility issues that make them unusable for many people, leading researchers to recommend that decision-makers refrain from rolling out video calling in mainstream healthcare until these issues are addressed.[23]

It is vital that the gains achieved in improving patient access through telehealth are not compromised by restricting access to a limited telehealth model.

Although video calling has its place, many Australian patients and practices do not have access to the skills or technology required to support it. This is especially the case for patient groups with increased health needs, such as rural and remote communities, Aboriginal and Torres Strait Islander people, and older people. These groups are much more likely to have access to and are more comfortable using a phone than video technology. Allowing patients multiple ways to access their regular GP considers a person's preferences and life circumstances, including where they live, their level of comfort with technology, their access to technological devices and their socioeconomic status.

Introduce a GP follow-up consultation within seven days of an unplanned hospital admission

Priority 6: Support for Australians to complete a post-hospitalisation follow-up consultation with their GP

The RACGP is calling for investment in reducing hospital admissions by:

- introducing additional support for GPs who see their patient within seven days of an unplanned hospital admission or emergency department (ED) presentation.

Public hospitals are experiencing high demand across Australia, resulting in significant delays for ambulance and emergency department ED services. The RACGP sees a significant opportunity to reduce the pressure on these services by addressing potentially preventable hospitalisations (PPHs). More than 748,000 PPHs occur each year in Australia, accounting for 6.6% of all hospital admissions and 9.8% of hospital bed days.

Preventable hospital readmissions make up a significant proportion of PPHs. Approximately 718,000 readmissions to hospital occur each year. Local and international evidence shows that better support for, and use of, general practice is associated with reduced ED visits and hospital use and decreased hospital readmission rates.[24–26]

Dedicated time for seeing a GP following an unplanned hospital admission will help reduce a person's chance of readmission. Research shows that patients who complete a post-hospital discharge visit with their GP within seven days of an unplanned hospital admission have a significantly lower risk of readmission within 30 days.[27]

Conservative estimates indicate that general practice can prevent at least 12% of hospital readmissions by implementing a dedicated follow-up consultation, saving the health system $69 million every year.[4]

Priority 7: Strengthen rural healthcare

The RACGP is calling for investment in rural healthcare by:

- increasing Workforce Incentive Programs with additional payments for those doctors who use additional advanced skills in the rural areas scaled to rurality
- providing access to the relevant speciality MBS items when a GP holds advanced skills in Internal Medicine, Mental Health, Paediatrics, Palliative Care, and/or Emergency, in a rural area.

Australia's rural and remote communities have poorer health outcomes than communities in metropolitan areas.[28] Australians in rural and remote Australia have inequitable access to health funding and are more reliant on primary care to manage and coordinate their health needs.

Without increased investment to retain the rural and remote workforce, many rural and remote communities will see minimal benefits from other structural reforms.

Practical measures are needed to support rural GPs. This could include providing greater incentives, rebates, and scholarships for rural GPs to gain and maintain additional skills to benefit their community. Adequate renumeration for general practice is critical to the sustainability of rural general practice. The decline in general practice funding via MBS, through both the Medicare freeze and the failure to appropriately index MBS patient rebates over successive governments, has impacted the viability of rural general practices.

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