

27 January 2026

Professor Stephen Duckett, Professor John Furler and Ms Jane Seeber  
Co-Chairs  
Expert Panel - Independent review of cohealth general practice and related services

Dear Professor's Duckett, Furler and Ms Seeber,

**Re: Independent review to assess cohealth's general practice service model, governance and finances**

Thank you for the opportunity to provide feedback to the independent review to assess cohealth's general practice service model, governance and finances.

The Royal Australian College of General Practitioners (RACGP) welcomes the commitment of governments at State and Federal levels to ensuring Victorians retain access to critical healthcare through cohealth services.

General practice is the backbone of Australia's health system and the most effective lever for improving population health and reducing hospital demand. By supporting specialist general practitioners (GPs) and their multidisciplinary teams to work to their top of scope of practice we can deliver more comprehensive, patient-centred care in a cost-efficient way.

The medicine practised at cohealth is not mainstream, it is complexity medicine. This model of care is necessarily more time-intensive than conventional general practice, but it plays a critical role in preventing avoidable emergency department presentations and hospital admissions. In this way, complexity medicine is essential and delivers long-term system efficiency.

Cohealth provides invaluable care to some of Victoria's most vulnerable patient groups. If patients cannot access these services, their health and wellbeing will deteriorate, and many of them will instead present to hospital emergency departments. Victorian hospitals are already under significant pressure, and a strong general practice sector is required to relieve this pressure. Research has shown [visiting a GP soon after an unplanned admission](#) can reduce readmissions by up to 32%.

We understand that cohealth has already maximised its billing capacity under Medicare. Further optimisation is not feasible, as Medicare is not designed to fund the level of complexity required to meet the needs of this population. A sustainable solution must therefore move beyond tweaks to the Medicare Benefits Schedule (MBS) and support funding models that recognise complexity.

Concerningly, current funding arrangements place ongoing pressure on general practices, with MBS rebates falling well short of the true cost of delivering care, particularly for high-need populations like those served by cohealth. Increasing rebates is the simplest way of ensuring high-quality general practice care is accessible and affordable for all. The MBS also fails to support multidisciplinary, salaried team models, like those used in these services, which are designed for patients with established disadvantage. These models rely on interpreters, extended consultations, and case conferencing. Additionally, funding models do not account for high 'did not attend' rates and unpredictable engagement patterns that are common in high-disadvantage settings. Cohealth's situation reflects a broader market failure in how Medicare funds complex care.

**There is an opportunity to support cohealth in its role as a model of excellence in comprehensive, high-quality care for people with complex healthcare needs.**

In recent years the introduction of additional grant (supplemental) funding for new services in primary care, such as Urgent Care Clinics, has highlighted the issues around ongoing access to high-quality general practice care.



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A key structural issue undermining long term sustainability is that the current MBS favours shorter consultations through higher effective-per-minute remuneration, while longer consultations attract less funding per minute. This pricing structure does not align with the realities of general practice, where patients can present with multiple, complex and interrelated health issues that require longer, comprehensive consultations. As a result, practices providing appropriate, time-intensive care for complex patients are financially disadvantaged.

The RACGP understands that due to longstanding inadequacies in MBS funding and a decline in state subsidisation, cohealth will be forced to close its general practice services unless a sustainable financial plan is secured by April 2026. Bridging funding must be extended beyond July 2026 to enable continuity.

The RACGP is committed to working constructively and supporting co-health in collaboration with the Victorian and Federal Governments to find a long-term solution.

Yours sincerely

**Dr Anita Muñoz**  
Chair  
RACGP Victorian Faculty