Vision for general practice and a sustainable healthcare system: White Paper, February 2019

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.
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1. Achieving a stronger health system and a healthy Australia

Each year, specialist general practitioners (GPs) and their teams provide care to nearly 90% of all Australians.1

Australians want a modern health system, and we as GPs want to modernise the way that care is provided. However, changing the way that care is delivered is proving more and more challenging in the current health landscape. A fragmented health system, limited resources and poorly targeted inflexible and inadequate health funding for patients, practitioners, and practices, means that many GPs cannot afford to offer contemporary care to their patients.

Our country prides itself on economic stability and being a healthy, active society. Despite this, we operate an outdated and increasingly unsustainable healthcare system. High out-of-pocket costs for patients and increasing practice running costs are politically masked by a deceptively high bulk-billing rate, which creates the illusion of universal healthcare. Yet anecdotally, GPs and practices are reporting that it is becoming more difficult than ever to keep their doors open and provide innovative and timely care to patients.

It is especially difficult for GPs to offer the modern methods of care required by our patients due to the inflexibility and inadequacy of Medicare funding of general practice care.

The health system in Australia needs change

Imagine a health system where patients can afford to easily access their GP when they need to. Patients would be supported and encouraged to talk to their GP, not only for treatment when they are sick, but also to receive advice about how to stay healthy and productive. Having an established relationship with a practice and a nominated GP, patients will receive seamless and integrated care, where their needs are understood and prioritised.

In this system, patients would be able to access a range of services from their practice. Reducing the need for visits to multiple locations to receive care for the same issues and health concerns. This would ensure that health issues are addressed effectively and in a timely manner. Patients would be supported to see their GP for preventive care and early treatment, meaning that Australians will stay active in the community for longer, building and maintaining happy and healthy families, workplaces and communities. When patients are unable to physically attend their practice, they would be supported to receive care when they need it and communicate with their GP by phone or email.

In such a system, GPs and their teams would be supported to communicate with all facets of the health and social systems, making it easy for patient care to be coordinated from one central health hub.

The average Australian may be surprised to hear that the above scenario is not currently supported by government. What is more concerning, is that this scenario is not unrealistic or grandiose. It does not describe a futuristic health system based on expensive technology or systems.

All of this is achievable now, but it requires system change.

Introducing an alternative model of care

The Vision for general practice and a sustainable healthcare system (Vision) is a framework for excellence in healthcare and provides the solution to address a range of issues and pressures currently facing the Australian healthcare system. The Vision demonstrates how well-supported GP teams can deliver sustainable, equitable and high-value healthcare, benefiting patients, providers and funders.

Importantly, the Vision has been developed by GPs. As GPs, we are speaking to our patients every day. We know where the system is working and where it is failing. Due to our unique role in connecting health services and by virtue of the scope of practice of our profession, we are ideally placed to provide evidence and experience-based recommendations regarding how the entire system can be improved.
1.1 Patients and their GP are at the centre of the Australian healthcare system

Australians report seeing their GP more than any other health professional. This is unsurprising given that general practice is the cornerstone of the Australian primary healthcare sector, linking patients to all other health services.

In general practice, the patient is at the centre of care, and their journey through the healthcare system is supported by GPs and general practice teams. Figure 1 provides a high-level overview of the interrelationships between patients and the Australian healthcare system.

Figure 1. The Australian healthcare system

GP, general practitioner; LHNs, local hospital networks; PHNs, primary health networks; RACFs, residential aged care facilities
1.2 The issues facing Australian general practice and the broader healthcare system

There are many challenges facing the Australian health system related to changing population demographics and increased costs. More specifically, great challenges are being felt by general practices, who are attempting to adapt to the needs of the community but are limited by current funding models. These challenges are summarised in Table 1.

Table 1. Challenges facing the Australian healthcare system

<table>
<thead>
<tr>
<th>Challenges facing the Australian healthcare system</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Changing patient needs and expectations as a result of:</strong></td>
</tr>
<tr>
<td>• chronic and complex diseases becoming more prevalent</td>
</tr>
<tr>
<td>• an ageing population</td>
</tr>
<tr>
<td>• increased access to information.</td>
</tr>
<tr>
<td><strong>Increasing costs for both system funders and patients, driven by:</strong></td>
</tr>
<tr>
<td>• changing patient needs and expectations</td>
</tr>
<tr>
<td>• growing numbers of patients with complex health needs</td>
</tr>
<tr>
<td>• health workforce labour costs</td>
</tr>
<tr>
<td>• introduction of new technologies, testing and treatments</td>
</tr>
<tr>
<td>• growing specialisation of the medical workforce</td>
</tr>
<tr>
<td>• increasing number of preventable hospital presentations and admissions.</td>
</tr>
<tr>
<td><strong>Ongoing difficulties in accessing appropriate care at all levels of the health system for physically and/or socially isolated communities, such as:</strong></td>
</tr>
<tr>
<td>• Aboriginal and Torres Strait Islander peoples</td>
</tr>
<tr>
<td>• people living in rural and remote areas</td>
</tr>
<tr>
<td>• older people</td>
</tr>
<tr>
<td>• culturally and linguistically diverse peoples.</td>
</tr>
<tr>
<td><strong>Fragmentation of care due to:</strong></td>
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<tr>
<td>• poorly coordinated patient care throughout the health system</td>
</tr>
<tr>
<td>• lack of timely and meaningful communication between providers (e.g., discharge summaries)</td>
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<tr>
<td>• inadequate linkages between health and social service providers.</td>
</tr>
<tr>
<td><strong>Challenges facing general practice are exacerbated by:</strong></td>
</tr>
<tr>
<td>• lack of appropriate funding that supports quality general practice services</td>
</tr>
<tr>
<td>• freezing of Medicare rebates and years of inadequate indexation</td>
</tr>
<tr>
<td>• misalignment or removal of Practice Incentives Program (PIP) payments</td>
</tr>
<tr>
<td>• no recognition of the increased resources required for GPs and practices to provide a comprehensive range of services, including preventive health activities</td>
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<tr>
<td>• inadequate support for continuity of care for all patients</td>
</tr>
<tr>
<td>• inadequate support for general practice research</td>
</tr>
<tr>
<td>• limited support for practices operating in rural and remote areas or socially disadvantaged areas</td>
</tr>
<tr>
<td>• inadequate recognition of varying levels of practice, service complexity, and comprehensiveness</td>
</tr>
<tr>
<td>• limited support for non–face-to-face delivery of services by GPs (e.g., telehealth such as phone, email, video or online consultations)</td>
</tr>
<tr>
<td>• insufficient support for home visits and residential aged care visits</td>
</tr>
<tr>
<td>• poor coordination of care, due to inadequate linkages between general practice and other service providers and stakeholders</td>
</tr>
<tr>
<td>• provision of healthcare services with no link to the general practice team.</td>
</tr>
</tbody>
</table>
1.3 General practice as the solution

A well-resourced general practice sector is essential to addressing the challenges faced by the entire health system, and in turn, the existing and future health challenges facing Australians.

Evidence based preventive care and high-quality acute and chronic disease management provided through general practice will:

- support people to live healthier lives and age well in the community
- reduce the disease complications and prevalence of preventable hospital presentations and admissions
- reduce healthcare expenditure for government
- reduce future out-of-pocket costs for patients
- address health disparities and inequities experienced by some population groups
- increase the overall economic productivity of society.

**Increased support for general practice will bring efficiencies and costs savings to the entire health sector**

In 2016–17, the Australian Government spent $74.6 billion on health.³ Nearly 90% of patients see a GP each year, with over 80% of patients having a usual GP and 90% with a usual practice.⁴ However, care is fragmented with no formal system for practice enrolment, and patients frequently attending multiple general practices.⁵

Despite being the most accessed form of healthcare, general practice services represent approximately 7.4% of total government (including federal, state and territory, and local) health expenditure.⁶

Local and international evidence shows that better support for and use of general practice is associated with:

- lower emergency department presentations and hospital use⁷-¹⁰
- decreased hospital re-admission rates¹¹
- health benefits for Aboriginal and Torres Strait Islander communities¹²,¹³
- achieve significant savings for the healthcare system¹⁴

The effect of fragmented care and inadequate support for general practice in Australia is costing the country billions of dollars each year. In 2015–16, 6% of all hospital admissions were the result of 22 preventable conditions that could have been appropriately managed by general practices. These conditions resulted in 2,698,329 bed days nationwide. If general practice was appropriately supported to manage these conditions in the community, it would have saved the government a conservatively estimated $3 billion AUD.*

**Increased support for general practice will improve Australia’s overall economic productivity**

A healthy society is a productive society. Poor health is associated with absenteeism and lower productivity at work.¹⁶ Labour force participation rates are consistently and considerably lower for people with a health condition, and lower still for people with multiple health conditions.¹⁷

Carers’ participation in work may also be impacted, as they may need to take time away from their jobs to care for ill or injured family members.

If Australians are supported to visit their GP earlier, they will be more likely to receive appropriate preventive care, early diagnosis and early treatment for health conditions. This will improve workforce participation and improve economic productivity.

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*Calculated using the average cost ($1000) for a preventable hospital admission patient day.¹⁵
2. Achieving high-quality general practice

2.1 Core features of high-quality general practice

International evidence suggests that there are several identifiable features associated with high-quality primary care. These features are often grouped together and referred to via a number of models, with the most notable being:

- the patient-centred medical home\textsuperscript{14,18,19}
- *The 10 building blocks of high-performing primary care* (the Building Blocks).\textsuperscript{20}

The features of these models encompass what is considered as best practice primary care, and have heavily influenced the RACGP’s Vision. However, the Vision has been specifically developed by Australian GPs to take into account the local context and needs of Australian patients, and therefore does not mirror these models entirely.

Our Vision is underpinned by six core features of high-quality general practice services. While the GP is instrumental and central in the delivery of each of these core features, the resources necessary to enable them are provided and managed by the practices and services in which these GPs work.

Table 2. Core features of high-quality general practice

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-centred</td>
<td>Patient-centred care empowers the patient to be involved in decisions regarding their healthcare. It takes into consideration the patient’s culture and background, wishes and circumstances, and fosters an ongoing relationship between a patient and their GP.</td>
</tr>
</tbody>
</table>
| Continuous | General practice is centred on the continuous therapeutic relationship between a patient and their GP. Continuous care fosters a coordinated approach to the management of a patient’s health requirements based on the GP’s access to information about past events, and understanding of the patient’s personal circumstances.\textsuperscript{14} Patients who have continuity of care with a regular GP:  
  - report high levels of satisfaction with their experience of care\textsuperscript{21}  
  - have lower rates of hospitalisation and emergency department attendances\textsuperscript{22,23}  
  - have lower mortality rates.\textsuperscript{23} |
| Comprehensive | Comprehensive care involves the availability of a wide range of services that can respond to the changing needs of a patient over their lifetime, as well as the changing needs of the broader community. Comprehensive care in the general practice context usually takes the form of a multidisciplinary team of care providers who are wholly accountable for the care requirements of the patient.\textsuperscript{24} |
Coordinated care involves effective communication and a smooth patient journey through the various levels and settings within the healthcare system, including hospitals, other specialists, disability services and the social sector. Coordinated care takes place both inside and outside of the practice. A well-coordinated health system will ensure that:

- health resources are targeted to patients who would benefit most from services (such as those with chronic or complex conditions)
- practices can provide a central point of coordination and integration to reduce duplication of effort across sectors and subsequent waste and inefficiencies
- patient information (stored in electronic health records) is integrated across service providers, improving communication across the sector
- there is better support for transition from hospitals to community-based care, allowing patients to leave hospitals safely and sooner, freeing hospital beds.

In general practice, safe and high-quality care encompasses:

- quality improvement
- encouraging safe practice structures and systems
- clinical governance
- research
- reducing inefficiencies.

Safe, high-quality care involves engaged leadership and the participation of the entire practice team.

In general practice, accessible care is defined by the ease with which patients can obtain appropriate care. It is dependent on adequate infrastructure and effective management systems supporting GPs and their teams.

Accessible care encompasses elements of cultural appropriateness, and ensuring that the care provided to a patient is culturally safe, sensitive and responsive.

Accessible care also involves offering alternative types of clinical encounters for patients who are unable to attend the practice, including phone, email, video or online consultations and home visits. Cost of services to patients will also affect how accessible they are.

### 2.2 Benefits of high-quality general practice

The benefits of supporting these features of high-quality general practice will be felt by patients, healthcare providers and governments, as outlined in Figure 2.
Health systems around the world are attempting to achieve what is known as the ‘Quadruple aim of primary healthcare’ (Figure 3). This involves shifting the focus of care to being holistic, improving health, and improving the experience of healthcare. This will in turn improve the experience of those working in the system, while minimising healthcare costs.

The benefits of high-quality general practice (Figure 2) will ensure that the quadruple aim is met.

**Figure 2. Benefits to patients, healthcare providers and governments**

- **Patient benefits**
  - Increased convenience of being able to access care in a preferred community setting
  - Improved access to care
  - Increased health literacy
  - Reduced out-of-pocket costs
  - Increased involvement in care
  - Improved satisfaction with care
  - Reduced likelihood of hospital admission
  - High-quality care

- **Provider benefits**
  - Increased recognition of role
  - Increased research activities with general practice focus
  - Increased role satisfaction for clinicians and staff
  - Reduced administrative burden
  - Improved remuneration
  - Increased ability to attract graduates to the profession
  - High-quality care

- **Funder/system benefits**
  - Reduced costs through:
    - Prevention and early detection of illness
    - Reduced hospital admissions and emergency presentations
  - Improved system innovation
  - Better control of costs
  - Increased economic productivity
  - Increased efficiency
  - Internationally recognised administering a sustainable and effective healthcare system

- **Patient benefits**
  - Increased convenience of being able to access care in a preferred community setting
  - Improved access to care
  - Increased health literacy
  - Reduced out-of-pocket costs
  - Increased involvement in care
  - Improved satisfaction with care
  - Reduced likelihood of hospital admission
  - High-quality care
It has long been recognised that patient experience, improved health outcomes, and reduced healthcare costs must be at the core of healthcare redesign. However, the quadruple aim also identifies provider satisfaction and wellbeing as a central tenet. Provider satisfaction is essential. Without it, it is difficult to attract high-calibre doctors to the GP profession – creating a significant risk to workforce succession and ongoing access to care.

Evidence in Australia suggests that GPs are largely satisfied with their role in the health system. When asked to rank their satisfaction on various aspects of their role, GPs indicate that they are most dissatisfied with their:

- remuneration
- level of recognition for good work
- hours of work.

This is not surprising given that GPs in Australia experience income levels much lower than the Organisation for Economic Co-operation and Development (OECD) average.

Previous alternative models of care have failed to genuinely engage and involve care providers in the development process. As a result provider satisfaction and wellbeing have not been considered or prioritised.

As the RACGP Vision has been developed by GPs, provider satisfaction and wellbeing underpins the model and has been carefully considered throughout all stages of development.

### 2.3 Actioning the features of high-quality general practice

To ensure that the features of high-quality general practice are fully achieved, there are a number of actions required. Many practices already recognise these features and are trying to implement them; with varying success. Additional funding and support is essential for practices to routinely achieve these features.
2.3.1 Foster engaged leadership

High performing practices have GP leaders who are engaged in and responsible for developing and leading the implementation of a practice’s measurable goals and objectives.\textsuperscript{20} As well as having a leadership role within the practice, GP leaders also advocate for patients and general practice within the broader healthcare system.

All actions required to achieve quality general practice require an engaged leadership team (including GPs and other members of the practice team) to identify priorities for improvement, facilitate and influence change processes and measure goals and outcomes.\textsuperscript{20}

2.3.2 Ensure all patients have access to timely, holistic and comprehensive quality healthcare

A well-resourced practice can provide patients with a comprehensive and holistic range of services that address their current and future physical and mental health needs in a timely manner.

Effective comprehensive care provided in the practice setting can reduce the need for more expensive care provided in hospitals or by other specialists.\textsuperscript{28} It is associated with slower growth in health expenditure, as well as better system quality, equity and efficiency.\textsuperscript{29}

2.3.3 Facilitate all patients to form a relationship with a usual GP within a general practice

An ongoing relationship with a GP or practice allows for the provision of continuous and comprehensive care throughout all life stages.\textsuperscript{30}

Patients should be encouraged to form an ongoing therapeutic relationship with their GP, which will lead to a holistic understanding of their needs. This is of benefit to the patient as well as the GP.\textsuperscript{18} The ideal patient–GP relationship is based on mutual respect and mutual responsibility for the patient’s health.

This relationship also enables practices to understand their patient population, enabling better-targeted and effective coordination of clinical resources to meet their patient’s needs.

2.3.4 Promote patient-centred care by supporting the involvement of patients in the planning and delivery of their care

Patient-centred care should be prioritised by recognising the patient as a partner in their healthcare. This partnership provides patients with increased understanding, confidence and awareness of decision-making about their healthcare needs and options for treatment.\textsuperscript{31}

Patient-centred care extends beyond episodic illnesses, and may involve other individuals who support the patient, such as carers or family members.\textsuperscript{18}
2.3.5 Enable the coordination and use of information within the practice team and the broader health system in a timely manner

In coordinating and using the information available to them, GPs and practices facilitate informational continuity of care. This involves using patient information held within the practice regarding past events and personal circumstances to ensure that current and future care is appropriate for the individual patient. As well as coordinating care within a practice, GPs and their teams have a crucial and trusted role in supporting their patients to navigate the wider private and public healthcare systems.

2.3.6 Support the multidisciplinary team

The Vision positions the GP at the centre of care provision, but acknowledges the importance and significant value of other members of a multidisciplinary team in providing care to patients. A well-resourced, multidisciplinary GP led-team has the capacity to coordinate care and ensure that patient needs are met. This is particularly important for people with chronic and complex conditions. Members of GP-led teams can vary significantly dependent on community need, and often include, nurses, allied health professionals, and administrative staff.

2.3.7 Prioritise disease prevention and early prevention activities

General practice is in a pivotal position to deliver preventive healthcare. Preventive healthcare in general practice includes the prevention of illness, the early detection of specific disease, and the promotion and maintenance of health. Preventive care provided by GPs is critical in addressing the health disparities faced by disadvantaged and vulnerable population groups. Early access to health promotion and appropriate preventive care assists patients to stay more active in their community. This reduces the length of hospital stays and re-admission rates, and targets health resources to patients who will benefit most.

2.3.8 Support evidence-based patient care

Evidence-based patient care is a core standard for general practice in Australia. However, inadequate evidence relevant to primary healthcare can hinder GPs’ efforts to provide this care. To facilitate patient access to safe, high-quality and evidence-based care from GPs, the primary healthcare system itself must be underpinned by rigorous evidence, for which primary healthcare research is essential.
2.3.9 Support education and comprehensive training of all health professionals

General practice provides a number of unique learning opportunities for all healthcare professionals.

Students of other health disciplines (both within and outside of primary care) should be supported to undertake a placement in general practice to encourage a greater understanding of its value and role at the centre of the primary healthcare system. This will lead to better communication between the different sectors within the health system and, ultimately, improve patient outcomes.

Education and training is vital in meeting the quadruple aim of healthcare. A highly trained and educated multidisciplinary team helps to ensure that all members can work to their maximum capacity, increasing efficiencies in providing care and improving clinician and staff role satisfaction.

2.3.10 Maintain a culture of quality improvement and safety

The Vision encourages fostering a culture of quality improvement within practices, which improves patient safety and care. GPs and practice teams should be encouraged and supported to reflect on their own performance and engage in quality improvement initiatives and activities. Quality improvement is an underlying feature of general practice care and is supported through practice accreditation and continuing professional development.

A culture of quality should support improvement to the provision of safe, quality patient-centred care, based on the best knowledge and evidence. High-quality, evidence-based tools designed to improve the delivery of safe and high-quality care in general practice are needed. It is, and should remain, the role of the RACGP to design and set the standards for these tools.

2.3.11 Facilitate effective and efficient use of health resources

GPs and their teams contribute to the effective and efficient use of health resources by providing over 150 million patient services each year at a fraction of the cost of hospital services.\textsuperscript{35}

GPs play a role in managing health costs by:

- providing accurate entries into a patient’s electronic health record to foster continuity throughout a patient’s healthcare journey
- enacting their role as healthcare stewards and ensuring that all referrals are appropriate and required
- using evidence to evaluate the need for appropriate medical tests, treatments and procedures where evidence shows that they provide no overall benefit
- providing opportunistic and systematic preventive services to stop or delay the onset of diseases and allow for early diagnosis of health conditions
- encouraging patient self-care
- avoiding complications of chronic diseases
- managing presentations that would otherwise result in an emergency department presentation (such as injuries, wound care or acute infections).
3. The role of government in supporting and implementing the Vision

Implementing and maintaining a sustainable healthcare system requires federal, as well as state and territory government commitment and investment.

Current funding priorities do not align with modern or high-quality care

The Medicare Benefits Schedule (MBS) was designed when most medical care involved the treatment of acute illness. With the growing burden of chronic disease, the focus of primary healthcare is increasingly shifting to:

- health promotion
- preventive care
- avoidance of disease complications for the whole population.

The federal government has previously attempted to address the inadequacies of the MBS and support high-quality care through introducing the Practice Incentives Program (PIP). However, many payments offered through the PIP have been disease focused rather than encouraging holistic care, and have been subject to the political priorities of governments. As such, current health funding through the MBS and other mechanisms remains inadequate in supporting modern best practice care.

As GPs, there will always be a need for us to provide acute care, and fee-for-service remains the most appropriate payment model to support this. However, new funding needs to be introduced to support disease prevention and maintain the health of the nation.

High-quality care requires genuine investment

There are high financial costs for practices wishing to offer safe and high-quality care. Recurrent failure to index Medicare payments has reduced practice viability, and without more support, many practices will have to either close their doors or pass more of these costs onto patients.

Increasing costs for patients will decrease access to care and lead to the risk of worsening health outcomes and worsening productivity. To safeguard against these risks, governments must address the issue by introducing new payments for GPs and practices, as well as enhancing existing funding mechanisms. Failure to do so will render GPs and practices unable to provide holistic, coordinated and comprehensive care to their patients and communities.

Recommended new payments and enhancements to existing payments are summarised in Table 3.
### Table 3. Activities and infrastructure required to achieve healthcare sustainability

<table>
<thead>
<tr>
<th>Aligning Feature</th>
<th>Payments</th>
<th>Separation of payment</th>
<th>Purpose</th>
<th>Benefit</th>
<th>Current availability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>GP</td>
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<tr>
<td></td>
<td></td>
<td>Practice</td>
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<tr>
<td><strong>General practice must be supported by a strong payment foundation</strong></td>
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<tr>
<td>Comprehensive</td>
<td>Fee-for-service</td>
<td>✓</td>
<td>%</td>
<td>Support patient access to care, regardless of need, location or practice</td>
<td>Maintain flexibility and responsiveness</td>
</tr>
<tr>
<td>Accessible</td>
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<td><strong>Additional funding is required to support</strong></td>
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</tr>
<tr>
<td>Patient-centred</td>
<td>Health service coordination</td>
<td>✓</td>
<td>✓</td>
<td>Improve continuity of care between healthcare providers and sectors</td>
<td>Improve patient outcomes through better links between services in the primary and secondary healthcare sectors</td>
</tr>
<tr>
<td>Comprehensive</td>
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<td>Coordinated</td>
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<tr>
<td>Accessible</td>
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<tr>
<td>Patient-centred</td>
<td>Continuity of care (voluntary patient enrolment [VPE])</td>
<td>✓</td>
<td>%</td>
<td>Formalise the relationship between patients and their GP</td>
<td>Ensure that care is patient-centred, and that relationships between patients and their GPs are enduring</td>
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<tr>
<td>Continuous</td>
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</table>

The current Medicare Benefits Schedule (MBS) does not:
- recognise GPs as specialists
- accurately reflect the cost of providing service
- reflect modern general practice
- support non-face-to-face care
- adequately support care delivered by other members of the practice team
- encourage prevention of illness
- encourage the provision of holistic patient-centred care
<table>
<thead>
<tr>
<th>Vision for general practice and a sustainable healthcare system</th>
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<tbody>
<tr>
<td><strong>General practice infrastructure</strong></td>
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<td>- Expand service capacity and information management capacity</td>
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<tr>
<td><strong>Quality improvement</strong></td>
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<tr>
<td>- Support GPs and practices to dedicate time and resources to undertake quality improvement activities</td>
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<tr>
<td><strong>Comprehensive care</strong></td>
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<tr>
<td>- Recognise GPs and practices for the range of services they provide</td>
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<tr>
<td><strong>Team-based care</strong></td>
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<tr>
<td>- Recognise the role of multidisciplinary healthcare in improving patient outcomes. Increase practice capacity to provide timely access to care and reduce fragmentation of care.</td>
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<tr>
<td>Comprehensive</td>
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<td>Coordinated</td>
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<td>Quality</td>
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</tbody>
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<tr>
<th></th>
<th>Teaching and education</th>
<th>%</th>
<th>Train the next generation of doctors and other practice team members.</th>
<th>Enhance the skills and ongoing sustainability of the general practice workforce.</th>
<th>Partially available through the PIP teaching payment Must be expanded to apply to entire general practice team</th>
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<tbody>
<tr>
<td>Coordinated</td>
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**Supports to ensure payments adequately cover the cost of providing care**

<table>
<thead>
<tr>
<th>Patient-centred</th>
<th>Indexation</th>
<th>Applied to all payments</th>
<th>Maintain real value of payments over time</th>
<th>Align payments with the increasing costs of providing health services</th>
<th>Available – not adequately implemented Medicare must be indexed against the consumer price index (CPI)</th>
</tr>
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<tbody>
<tr>
<td>Continuous</td>
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<td>Comprehensive</td>
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| Patient-centred | Complexity loading | | Respond to socioeconomic, rurality and aged profile of local community and Aboriginal and/or Torres Strait Islander status | Reduce health inequalities | Available Limited funding is available through PIP payments for practices providing services to people living in rural and remote areas, as well as patients with (some) chronic or complex conditions, and to Aboriginal and Torres Strait Islander peoples More support required |
| --- | --- | | | | |
| Coordinated | | | | | |
| Accessible | | | | | |
3.1 Funding and supporting a sustainable health system

The Australian Government must increase support for current general practice services, as well as providing additional support for improving high-quality general practice.

The Australian Government must support existing general practice services through:

- modernising the MBS
- continuing fee-for-service payments
- setting rebates that accurately reflect the cost of service provision by specialist GPs
- ensuring appropriate and regular indexation to rebates.

The Australian Government can support the strengthening of general practice and a sustainable health system by:

- encouraging continuity of care for patients within their preferred practice (via voluntary patient enrolment [VPE])
- assisting GPs to provide better coordinated care with additional payments
- providing payments to reflect complexity and comprehensiveness of general practice care
- increasing support of general practice and research.

State and territory governments also have a role in the provision of high-quality general practice through:

- supporting coordinated care between general practice and state or territory funded programs and services
- supporting integrated care which improves interface between general practice and other health services.

Practices operate as businesses, with individual business and billing models in place. Changes to the current system must not impact a GP’s ability to set fees that reflect the value of the services they provide.

The payments outlined below will support the vital areas of patient care that are inadequately supported by the Medicare system, or not supported at all. The increase in general practice investment will shift the focus of the health system away from reactive treatment of disease to better illness prevention, and improved management of health and wellbeing. This shift will improve patient health outcomes, reduce chronic disease complications and lead to overall cost savings for the health system.

3.2 Payments to support existing general practice services

3.2.1 Modernising the MBS

Australia’s fee-for-service model, the MBS, requires significant investment. The MBS has remained largely unchanged since its inception in 1984 and, as a result does not adequately support modern general practice. The MBS was designed before the management of chronic diseases was commonplace, and before the technology existed to facilitate the delivery of healthcare safely without face-to-face consultations.

The MBS also needs to recognise GPs as specialists. General practice has evolved as a speciality since the inception of the MBS. GPs undertake vocational specialist medical training to meet a recognised professional standard before claiming GP MBS items, and are recognised medical specialists. However, the MBS still significantly undervalues GP services compared with services provided by other medical specialists, and this disparity requires urgent correction.
3.2.2 Maintaining support for practices and access for patients by retaining fee-for-service

A fee-for-service model is, and should remain, the foundation platform for general practice funding and the primary means of support for patients accessing Australian general practice services. This model ensures that care can be provided to patients regardless of practice size, structure, infrastructure, geographic location, or any other limiting factors.

3.2.3 Recognising the value of patient rebates

Patient rebates provided through the MBS need to be reviewed. They do not reflect the cost of providing safe and high-quality care or the complexity of care now provided.

In addition, the system for processing patient rebates is outdated. Under the Medicare system, if doctors need to charge a fee to cover additional expenses related to a service (ie medical consumables), patients must pay the whole fee rather than just the patient rebate. The patient then has to wait for reimbursement from the government. This system is unnecessary and results in larger out-of-pocket expenses for patients on one hand, and increasing costs for practices on the other.

The current emphasis on high bulk-billing rates and bulk billing all patients must cease. MBS was never intended and is not funded to be a fully bulk-billed system. High-quality general practice services will be unsustainable if all patients are bulk billed. Governments must cease raising patient expectations regarding bulk billing through statements praising high bulk-billing rates, and instead focus on the quality health outcomes patient receive.

3.2.4 Supporting payments through appropriate indexation

Despite the lifting of the Medicare freeze (which was estimated to have removed $1 billion from general practice funding), the ongoing sustainability of many practices is threatened by the cumulative loss of previous indexation, and low rates of indexation of rebates. This has resulted in patient rebates not keeping pace with the increasing cost of providing care.

All general practice payments, both patient rebates and additional support payments, must be regularly indexed against the consumer price index (CPI). Indexation for MBS items are currently calculated using the Wage Cost Index 5 (WCI5) calculation, resulting in indexation consistently lower than CPI and further defunding of general practice each year.

Suitable indexation of current patient rebates and new support payments will help build genuine sustainability for general practice service delivery.

3.3 Strengthening general practice and supporting a sustainable health system

In addition to a modernised MBS with a regularly indexed fee-for-service model, additional payments to support the Vision for sustainable health system must be delivered. This includes funding to support voluntary patient enrolment, and funding for more comprehensive, better coordinated, integrated and team-based care.
In order to encourage flexibility of care by practices, including care provided appropriately in non–face-to-face settings and care provided by multiple members of the practice team, payment for these additional services could be provided through the existing PIP or through an enhanced Service Incentives Program (SIP) payment to GPs. Alternatively, a modernised MBS could provide additional fee-for-service payments for non–face-to-face care, or for care delivered by the broader practice team.

### 3.3.1 Continuity of care – Formalising the relationships between patients and their GP by introducing voluntary patient enrolment (VPE)

Australia needs a health system that supports and encourages:

- the provision of continuing care rather than episodic treatment of illness
- preventive healthcare
- monitoring of health outcomes
- better coordinated care within practices as well as across the broader health system.

Continuity of care can be facilitated by formalising the relationship between patients and their GP and practice through VPE. Under a voluntary system, patients will be able to choose whether to enrol with a practice, and GPs and practices will choose whether they wish to offer enrolment.

**VPE will bring benefits for patients, providers and funders**

It is important that all patients have the opportunity to enrol with a preferred practice. An ongoing relationship with a regular GP is highly valued by all patients. While the federal government’s Health Care Home trial involved VPE for patients with chronic and complex conditions, limiting VPE to patients with chronic disease will reduce the opportunity for other patients to benefit and will restrict wider improvements to the health system.

VPE will facilitate practices to better understand the population that they are caring for, allowing for effective planning and use of resources. It would also assist the government in understanding where the various payments below should be directed.

**Implementing VPE**

Enrolled patients will be expected to receive the majority of their care from their enrolled practice with their preferred GP. Enrolled patients should continue to be able to access all payments, including rebates via fee-for-service as currently administered through the MBS. Differential rebates for care provided at enrolled practices, versus non-enrolled practices could also be introduced into the MBS. This would provide further incentive for patients to access majority of their care from their regular GP or practice.

In practical terms, GPs should claim the time taken to enrol the patient as part of a standard consultation item. For example, a 15-minute consultation, plus 10 minutes taken to enrol patient and explain benefits/terms of enrolment, would be considered a 25-minute consultation. This structure should minimise any risk of gaming whereby patients are enrolled superficially to enable a practice to bill an enrolment fee. At the same time, this structure will support the additional time required to enrol a patient.

### 3.3.2 Health service coordination – Improving coordination between community and hospitals

Additional funding to GPs and practices must support coordination and integration activities. These activities ensure patients can access a range of health and social services. They also encourage better follow-up care facilitated by timely and meaningful communication between general practices and other service providers, including hospitals.

As part of our role in coordinating care for patients, GPs have a significant stewardship role in guiding patients through the complex health system.
The stewardship role of GPs not only provides an essential support to patients, but also brings significant savings by providing clinically appropriate referrals to other health providers, and by reducing duplication and unnecessary care. The savings generated from better coordination should be reinvested to support GPs to formally undertake this essential role.

Funding to support coordination of care should be available for all patients. However, it should be implemented through a tiered system in order to account for the differing needs of patients. For example, patients with chronic and complex disease(s) could require different levels of coordination and support based on whether they have low, medium or high care needs.

3.3.3 Comprehensive care – Supporting patients to access the range of services they require

Payments to a practice would support practices to offer a wide range of additional services, beyond those considered standard general practice services. Additional services may include:

- planned preventive healthcare
- aged care in the community
- residential aged care
- palliative care
- facilitating or providing after-hours services
- home visits (where appropriate)
- minor procedures
- mental health services
- Aboriginal and Torres Strait Islander health services
- services that are appropriate to other population groups, including refugees and culturally and linguistically diverse (CALD) patients.

Practices would be eligible for payments based on the comprehensiveness of services provided, or based on level of access. Provisions must be in place for a percentage of the payment to be apportioned to the GPs directly providing the services.

3.3.4 Team-based care – Enhancing team-based approaches to care

A team-based care payment for practices will support the employment of general practice team members, such as nurses, Aboriginal and Torres Strait Islander health practitioners/workers, allied health professionals and non-dispensing pharmacists. It should be available to all practices, regardless of their location.

3.3.5 General practice infrastructure – Ensuring practices have the tools required to provide comprehensive care

Inadequate funding coupled with government encouragement of a fully bulk-billed system has undermined the ability of practices to improve their infrastructure and provide quality care.
Practices require funding to support physical and IT infrastructure, enabling the adoption of new technologies and increases to practice capacity. Funding would support:

- maintenance and improvements to physical infrastructure
- maintenance or introduction of new IT hardware/software
- the training required to ensure quality use of technology.

These supports would assist in:

- ensuring that practices have the appropriate space to provide safe and high-quality comprehensive care
- improving the management of patient information
- reducing administrative burdens
- improving service integration.

However, such supports are not affordable within current health system funding.

3.3.6 Quality improvement – Supporting practices to provide evidence-based safe and high-quality care

Funding for both GPs and practices through a quality improvement payment would increase the capacity of services to undertake data analysis and to monitor and improve the quality and safety of patient care.

This payment must recognise the clinical leadership role GPs assume in leading quality and safety improvements and research activities. It must also recognise the role of practices in undertaking and supporting quality improvement activities.

Government should also support practices to maintain a high standard of safe and quality care by supporting them to gain accreditation against the RACGP’s Standards for general practices, 5th edition.

3.3.7 Recognising patient complexity and responding to health inequalities with a complexity loading payment

Based on the enrolled practice population, a complexity loading payment to GPs and practices should be calculated according, but not limited to:

- socioeconomic status of the community in which the practice operates
- rurality of the practice
- medical workforce shortage (based on state/commonwealth programs)
- areas of social dislocation and poor public transport
- number of patients who identify as an Aboriginal and/or Torres Strait Islander person
- age of individual patients.
3.3.8 Teaching and education – Ensuring the sustainability of the general practice workforce

Funding for GPs and practices to undertake teaching and education will support the education of students, registrars and junior doctors working towards a career in general practice. This not only includes those working towards a career as a GP, but also students of nursing, pharmacy or allied health.

General practices should also be supported to provide placements for medical students or registrars working towards a career in another medical speciality. Due to the interactions between general practice and other parts of the healthcare system, other medical specialties would benefit greatly from experience in and understanding of general practice.

Funding must support coordination, infrastructure and administrative duties related to placing students within general practice. For individual GPs who provide teaching and supervision, payments will support them to provide these activities and compensate for any potential loss of income from their regular practice.

4. Development of the Vision

The RACGP’s A quality general practice of the future statement, released in May 2012, heralded the beginning of the development of a model for general practice and the broader primary healthcare system. The statement described quality general practice of the future as patient-centred healthcare, delivered by integrated primary healthcare teams and led by GPs. This model was put forward in the first edition of the RACGP’s Vision, released in September 2015.

The first edition of the Vision was led by a GP taskforce, and was informed by feedback from over 1000 grassroots GPs, as well as patients and stakeholders. The Vision presented a model of care that would improve delivery of healthcare in Australia by strategically reorienting how general practice services were funded and incentivised.

Recent political interest in reforming general practice funding, through initiatives such as the Health Care Home trial, have prompted the RACGP to revisit its Vision. These reforms have ignored, or misinterpreted, the intent of the RACGP’s 2015 Vision, and have therefore led to change that is not supported by the majority of the profession.

In 2018, the RACGP commenced a review of the Vision led by a working group of GPs and practice managers, many of whom were involved in developing the original document. As part of this review, member wide feedback was sought on the first edition of the Vision. Many members identified that the healthcare system pressures that sparked the development of the first edition of the Vision remain. As such, the Vision remains relevant and reflective of quality general practice.

The second edition of the Vision takes into account the changes that have occurred since publication of the first edition in 2015. It further highlights the need for meaningful consultation between governments and the profession. The second edition of the Vision also offers profession-endorsed solutions for governments to use in addressing the pressures facing Australian general practice.
5. References


