

Talking points – 2019 Federal Election

April 2019

About the RACGP

The RACGP is Australia's largest general practice organisation, representing over 40,000 members working in or toward a career in general practice.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards, curriculum and training
- maintaining the standards for quality general practice
- supporting Specialist General Practitioners (GPs) in their pursuit of excellence in patient and community service.

Key general practice statistics

- Each year, GPs and their practice teams provide care to nearly 90% of all Australians.¹
- Last year, GPs and their teams provided over 150 million patient services, at significantly less cost than services provided in hospitals or other forms of specialist care.¹
- Despite general practice being the most accessed form of healthcare, non-referred services, including general practice services, represents only 7.4% of total government (including federal and state/territory) health expenditure.²

Key messages

- General practice and Aboriginal and Community Controlled Health Services are becoming increasingly unsustainable and require significant and immediate investment.
- GPs and patients are asking all governments to put politics aside and demonstrate a genuine commitment to the health of all Australians.
- The federal government must invest in general practice and Aboriginal Community Controlled Health Services, with a focus on the four initiatives outlined in the RACGP's [Federal Election Statement 2019](#).

Modernising Medicine

- Patients want the same flexibility in health as they have for all other services in the modern world.³
- Medicare has not kept pace with advances in technology, and Medicare still does not recognise non face-to-face care.
- There is no rebate for patients to contact their GP using telehealth or other non-face to face methods such as email, phone, or video call.
- A recent survey of Australian patients indicated that many would interact with their GP sooner if it were more convenient to do so, i.e. via secure messaging or remote consultations.³
- The Australian government must improve access to care by supporting patients to participate in telehealth services with their regular GP.
- Enabling patients to connect with their preferred GP in a way that fits their lifestyle will foster stronger GP-patient relationships and enhance opportunities for continuity of care.
- Introducing patient rebates for non-face-to-face care will improve patient access (particularly for rural and remote patients, Aboriginal and Torres Strait Islander patients accessing care through Aboriginal Community Controlled Health Services, and those with limited mobility), and support a modern Medicare system.
- A patient's eligibility to access their GP or practice using technology should not be determined by where they live, but rather their need.
- MBS rules which state that consultations must be conducted face-to-face should be amended to allow non-face-to-face care where appropriate.
- This amendment will not result in an increase in service delivery, as it would only be used as an alternative to a consultation which would already happen under the current system.

The next Australian Government must modernise medicine by:

- amending the MBS rules to support patients accessing care from their GP via video conferencing, telephone and email
- supporting secure electronic communications between general practices, their patients, and between different healthcare providers.

Reducing patient out of pocket costs by restoring Medicare rebates

- Each year, the cost of providing care to patients increases and the proportion of healthcare costs reimbursed by government decreases.¹
- Patient out-of-pocket costs have increased by 30% in the last 5 years.¹
- Patient rebates do not reflect, and have never accurately reflected, the cost of providing high quality general practice care.
- The patient rebate has not kept pace with inflation. This is largely due to the Medicare freeze resulting in a lack of indexation, but also due to the subsequent use of the Wage Cost Index 5 (WCI5) as opposed to the Consumer Price Index (CPI).
- The government's contribution to patient care now only covers around 50% of total cost to the patient for privately billed care.¹
- High medical costs particularly affect Aboriginal and Torres Strait Islander patients who, in general, have lower incomes and higher healthcare needs. Investment is crucial for the government to meet their commitment to 'close the gap' in health disparities between Aboriginal and Torres strait Islander people and non-Indigenous Australians.
- GPs and services are facing mounting costs for staff and consumables, while the patient rebate has not kept pace with inflation.
- Without re-investment, general practice and Aboriginal Community Controlled Health Services will become unviable.

The next Australian Government must address rising out-of-pocket costs by:

- increasing the value of patient rebates to reflect the real cost of general practice services
- introducing automatic price increases for patient rebates that fully reflect the rising costs of providing medical care.

Supporting a wide range of mental health services delivered by GPs

- 1 out of 5 people will experience mental illness in any year.⁴
- Aboriginal and Torres Strait Islander people experience higher rates of mental health issues than other Australians.⁵
- GPs are often the only source of healthcare accessible to patients in rural areas.
- It is therefore not surprising that mental health is one of the most common GP presentations.
- However, mental health consultations over 40 minutes are not recognised under Medicare, making it hard for GPs to devote the time necessary to unpack the complexities and sensitivities involved in managing patients with mental health conditions.
- The time taken to assess and diagnose the patient, create a holistic health plan and coordinate patient care, liaise with other mental health providers, and complete paperwork, require MBS items to support longer GP consultations. Item numbers for Mental Health Treatment Plans need to have assessment separated from planning and treatment.
- The RACGP's [Vision for general practice and a sustainable healthcare system](#) (2019) outlines mechanisms that would formalise the relationship between patients and their GP; to ensure that care is patient-centred, continuous and that patients feel safe to discuss all of their health needs.

The next Australian Government must support mental health services by:

- creating additional GP mental health items for consultations over 40 and 60 minutes to meet the needs of Australian patients
- investing in Mental Health Treatment Plans to improve their usability and functionality
- introducing mechanisms that encourage and support patients to form ongoing trusted relationships with their GP so they feel comfortable discussing their mental health
- removing the limit of 10 individual mental health sessions per calendar year under the Better Access initiative to ensure affordable care to patients who most need it.

Supporting the delivery of complex care for all patients

- The Australian population is getting older, and sicker.⁶
- This is a problem for the entire population but even more so for some population cohorts, such as Aboriginal and Torres Strait Islander patients, who experience multiple medical conditions and more disability at a younger age.
- Adequately resourcing general practice will improve cost-effectiveness and sustainability of the healthcare sector more broadly.
- The average patient consultation is more complex than ever, requiring GPs' expertise and time.
- Paradoxically, longer consultations for complex care are not supported as well as shorter consultations, meaning that patients who need to spend more time with their GP receive a lower rebate per minute.
- While making improvements to the MBS are essential, that alone will not be enough to ensure a sustainable health system in the long term. The way in which the government supports patients to access general practice services requires a comprehensive redesign. The RACGP has developed a Vision which provides the blueprint for government to restructure general practice funding to ensure the health of all Australians, now and in the future.

The next Australian Government must support GPs to provide care for complex health issues by:

- increasing the MBS rebate for longer GP consultations (level C and D) by 18.5%, to support complex consultations and to align patient rebates with other medical specialists
- fully funding the RACGP's [Vision for general practice and a sustainable healthcare system](#) (2019).

References

- 1 Department of Health. Annual Medicare statistics – Financial years 1984–85 to 2017–18. Canberra: DoH, 2018. Available at www.health.gov.au/internet/main/publishing.nsf/Content/Annual-Medicare-Statistics [Accessed 25 January 2019].
- 2 Productivity Commission. Report on government services. Canberra: Productivity Commission, 2019. Available at www.pc.gov.au/research/ongoing/report-on-government-services [Accessed 20 January 2019].
- 3 HealthEngine. HealthEngine survey shows patients want on-demand convenience and calls for GPs to sign up to new telehealth platform. Healthcare IT News. 20 December 2017. Available at www.healthcareit.com.au/article/healthengine-survey-shows-patients-want-demand-convenienceand-calls-gps-sign-new-telehealth [Accessed 7 February 2019].
- 4 Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW, 2015. Available at www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/indigenous-population-key-points [Accessed 25 January 2019].
- 5 Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples: 2015. Cat. no. IHW 147. Canberra: AIHW, 2015. Available at www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/indigenous-population-key-points [Accessed 25 January 2019].
- 6 Australian Institute of Health and Welfare. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW, 2016. Available at www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx [Accessed 7 February 2019].