

## Prioritising patients in general practice

General practice is the first point of contact for Australians seeking healthcare, with over 21 million Australians seeing their general practitioner (GP) each year.<sup>1</sup> General practice is the most accessed form of healthcare. Despite this, funding for general practice represents only 7.4% of government health expenditure.<sup>2</sup>

General practices and Aboriginal Community Controlled Health Services have experienced successive funding cuts that have had a devastating impact on health service delivery. The current model of community care is unsustainable and, without significant and immediate government investment, many of the benefits general practice brings to the broader health system, including access to affordable healthcare, are at risk.

The Royal Australian College of General Practitioners (RACGP) is calling for the next Australian Government to put politics aside and demonstrate a genuine commitment to the health of all Australians by investing in high-quality and accessible general practice services.

The next Australian Government can invest in the health of all Australians by:

- modernising medicine
- reducing patient out-of-pocket costs by correctly indexing Medicare
- supporting the wide range of mental health services delivered by GPs
- supporting the delivery of complex care for those who need it most.

### 1. Modernising medicine

- Patients want the same flexibility in health as they have for all other services in the modern world.
- Medicare has not kept pace with technology, and patient rebates still do not support non-face-to-face care, including video consultations, telephone consultations and email.
- Introducing patient rebates for non-face-to-face care will improve patient access (particularly for isolated communities and people with limited mobility) and support a modern Medicare.

### 2. Reducing patient out-of-pocket costs

- Cuts to Medicare mean that the real value of patient rebates is lower than ever.
- Patient out-of-pocket costs have increased by 30% over the last five years.<sup>1</sup>

- Without reinvestment, general practice will become unsustainable and care provided in the community setting will become a thing of the past.
- Restoring patient rebates to their real value, and introducing genuine and regular indexation, will help rebuild a strong Medicare, improve access and health outcomes, reduce patient out-of-pocket costs and support high-quality general practice services.

### 3. Supporting mental health services

- One in five people will experience mental illness in any given year.
- It is therefore not surprising that mental health issues are the most common reason patients visit their GP.<sup>3</sup>
- However, mental health consultations lasting more than 40 minutes are not recognised under Medicare.
- Creating a general practice mental health item for longer consultations is urgently needed to meet the needs of Australian patients.

### 4. Supporting complex care for those who need it most

- The Australian population is getting older and sicker.
- The average patient consultation is more complex than ever, requiring GP expertise and time.
- Paradoxically, longer consultations for complex care are not as well supported as shorter consultations.
- Investing in longer consultations will support the ongoing delivery of complex care for patients who need it most.

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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.*

# Modernising medicine

**Modernising medicine will improve patient health by supporting timely access to high-quality, culturally responsive healthcare from each patient's regular GP or Aboriginal Community Controlled Health Service.**

The next Australian Government must modernise medicine by:

- amending the Medicare Benefits Schedule (MBS) rules to support patients accessing care from their GP via videoconferencing, telephone and email
- supporting interoperable secure electronic communications between general practices, their patients, and between different healthcare providers.

## Consultative medicine must be modernised

Despite the significant technological advances in medicine, Medicare has seen minimal change since its inception in 1984. Rules in the MBS mandate that patients are only eligible for a general practice Medicare rebate when the consultation is conducted face to face. There is currently no support for patients seeking care from their GP via telephone, email or video consultation.

Care provided to patients known to the GP via email, video consultation or over the telephone can complement traditional face-to-face consultations, helping to facilitate the ongoing partnership between individual patients and their usual GP. Greater use of basic technology will allow for better-targeted and effective coordination of clinical resources, meeting patient needs and facilitating the provision of acute, preventive and chronic disease care.

While face-to-face consultations should continue to be the primary means of GP and patient interaction, there are many scenarios where technology can enable more convenient and accessible healthcare delivery for patients and their regular GP.

## Patients want flexible and accessible healthcare

Patients want flexible care with healthcare providers they know and trust. Australians lead busy lives – the ability to access their regular GP using technology will benefit patients by reducing wait times, travel time and costs, and absence from workplaces.

Patients are using technology in all aspects of their lives and many have already embraced health technology, including mobile applications and online booking of GP appointments.

A recent survey of Australian patients and GPs indicated that many patients would interact with their GP more often (and sooner) if it were more convenient to do so (ie via secure electronic communications or remote consultations).<sup>4</sup> GPs are also using technology in their daily lives and are keen to increase their use of technology to enhance care for their patients.

The RACGP Technology Survey 2017 found that GPs were generally optimistic about use of telehealth, and 45% of respondents said they would use telehealth services if appropriate funding and supports were available.<sup>5</sup>

## Government supports patients to access other medical specialists – Why not GPs?

Medicare rebates for telehealth video consultations between patients and other specialists have been available since 2013.\*

However, patients require the services of their usual GP much more often than other medical specialists.

It is time the MBS be modernised to allow patients the ability to connect with their GP via telehealth.

GPs are the backbone of patient-facing care, and patients rely on their GP to guide their health needs throughout all life stages. 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.

## Telehealth must be available to all patients

Use of technology in general practice can ensure care is accessible to all people, particularly those who experience poorer health and increased barriers to accessing health services. This often includes people in regional, rural and remote communities, people with mobility issues, Aboriginal and Torres Strait Islander peoples, and those in culturally and linguistically diverse communities.<sup>6,7</sup>

A patient's eligibility to access their GP or practice using technology should not be determined by where they live, but rather their need.<sup>8</sup>

Telehealth services must be available for anyone who is not able to access their GP in person. Telehealth can benefit all patients when it is used for short, follow-up appointments to explain test results, or for maintaining regular contact in chronic disease management.

\* These rebates are restricted to:

- patients from remote and regional areas
- patients of residential aged care facilities
- Aboriginal health services.

# Reducing patient out-of-pocket costs

**Reducing patient out-of-pocket costs will ensure that healthcare is accessible and affordable for all Australians, while also supporting the sustainability of general practice and Aboriginal Community Controlled Health Services.**

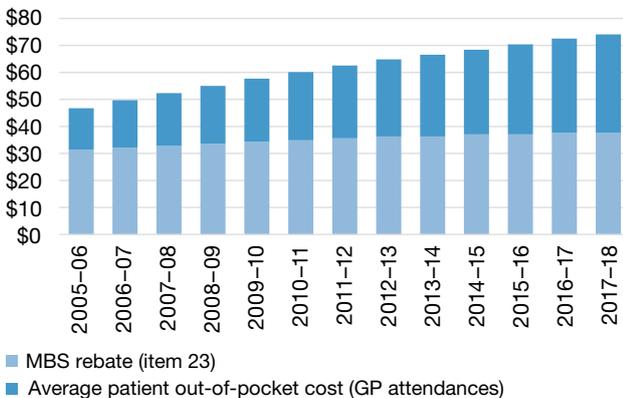
The next Australian Government must address rising out-of-pocket costs by:

- 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.

## Patient out-of-pocket costs are rising

Each year, patients are bearing a greater share of their healthcare costs.

Since 2005–06, patient out-of-pocket costs for a visit to their GP have increased by 140%, while the patient rebate (for MBS item 23 – the most commonly billed GP item) has increased by only 19%.<sup>1</sup>



The gap between rebate value and service value is growing due to longstanding issues around the lack of adequate funding for general practice services.

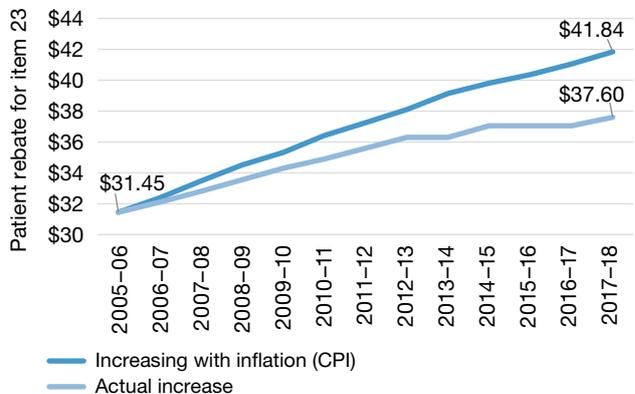
The gap is the result of successive governments failing to set, and correctly index, patient rebates that cover the costs of providing a service.

GPs and practices are doing everything they can to cover their costs and keep their doors open. For many years, GPs have worked hard and foregone income to ensure healthcare remains accessible and affordable for patients. This is evidenced in the most recent Australian Institute of Health and Welfare (AIHW) report, *International health data comparisons, 2018*, which shows that Australian GPs have the lowest average income among 15 Organisation for Economic Co-operation and Development (OECD) countries.<sup>9</sup>

To ensure GPs can maintain viable businesses, the RACGP encourages GPs to set fees that reflect the cost and value of the care provided. However, the support government provides to patients has not kept pace with rising healthcare costs.

## Patients are being short-changed by poor indexation of their rebates

The patient rebate has not kept pace with the cost of care. This is the result of government restricting annual increases to patient funding through the Medicare freeze, and using the Wage Cost Index 5 (WCI5), which is considerably lower than both the consumer price index (CPI) and health inflation.



General practices are facing mounting costs for staff and consumables and many cannot afford to offer care at the rate that government is willing to pay for it.

Costs to provide care have continued to increase year on year, but the government has failed to match these increases in the patient rebate.<sup>10</sup> As a result, the government's contribution to patient care now only covers around 50% of total cost to the patient for privately billed care.<sup>1</sup>

## Australia's most vulnerable patients are impacted most

An estimated 1.3 million Australians are already delaying or avoiding care due to cost.<sup>11</sup> Avoidance of care due to cost is concerning because health problems are magnified when left untreated. Grattan Institute research has shown that people who live in areas with low access to GPs (ie rural and remote areas) require more expensive hospital intervention.<sup>12</sup>

Similarly, AIHW data show that patients living in regional areas are more likely to face out-of-pocket costs than patients living in metropolitan areas.<sup>11</sup> High medical costs have particularly concerning implications for Aboriginal and Torres Strait Islander patients, who generally have lower incomes and greater healthcare needs.

## Supporting mental health services

**Supporting mental health services provided by general practice will support Australians in need and ensure that they are able to seek appropriate medical care from their GP.**

The next Australian Government must support mental health services by:

- creating additional general practice 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.

### Every Australian is touched by issues associated with poor mental health

With almost half the adult population experiencing a mental health issue in their lifetime,<sup>13</sup> every Australian is affected – if not personally, then by association.

It is therefore no surprise that mental health issues are the most common reason patients visit their GP, and no surprise that GPs have identified mental health and Medicare rebates as priority health issues for the government.<sup>3</sup>

Poor mental health is particularly prevalent in vulnerable populations such as Aboriginal and Torres Strait Islander peoples, youth in remote areas and people in low socioeconomic areas.<sup>14,15</sup>

### GPs are often the first port of call for people seeking help with a mental illness

An estimated 54% of people with mental illness do not access any treatment.<sup>13</sup> The barriers people face when seeking care are many and varied, and include cost limitations, cultural factors, geographical difficulty, lack of education and stigma. These barriers must be removed.

GPs provide more Medicare-subsidised mental health services than any other health provider; with three in 10 Medicare-subsidised mental health-specific services provided by GPs in 2016–17.<sup>13</sup>

Poor mental health is often coupled with physical illness, and mental health-related comorbidity increases with socioeconomic disadvantage.<sup>16</sup> Due to their unique skills and experience dealing with complex multimorbidity and their access to a strong multidisciplinary referral network, GPs are best placed to provide this crucial care.

Additionally, in some communities, such as those in rural and remote areas, GPs are the only available health professional for patients seeking mental healthcare.

### Issues with MBS are masking the true prevalence of mental health problems in Australia

Each year there are an estimated 18 million mental health-related GP encounters, yet only 3.2 million mental

health-specific general practice services are subsidised through Medicare.<sup>13</sup> This is likely the result of inadequate support for patients through Medicare.

The government does not provide support for patients who need longer than 40 minutes to speak with their GP about their mental health, causing GPs to bill non-mental health-specific item numbers for longer consults.

Not only does this present a barrier for patients accessing care, it also contributes to data inconsistencies that mask the true prevalence of mental health issues in Australia.

### Despite mounting evidence and concern from the profession, government has taken minimal action

Mental health and substance use disorders are the third-highest contributor to Australia's total burden of disease,<sup>6</sup> yet they attract only 7% of government health expenditure.<sup>13</sup>

Between 2006 and 2012 there were more than 30 separate statutory inquiries into the mental health sector, with only a few recommendations from these inquiries ever actioned.<sup>17</sup>

The next Australian Government must prioritise mental health. This can be done by ensuring patients have the time to discuss their mental health issues and concerns with their GP.

### Mental healthcare takes time, yet Medicare does not support patients to spend enough time with their treating practitioner

Patients with mental illness often present to their GP with physical symptoms. It takes time for GPs to sit with their patients and discuss the sensitivities of mental health, particularly if patients are unaware they have underlying mental health issues or are hesitant to address them.

Similarly, patients often require ongoing care and monitoring to manage their mental wellbeing. As such, limiting the number of eligible consultations under the Better Access initiative is counterintuitive. Care should be led and determined by the treating practitioner, including the number of sessions required.

# Supporting complex care for those who need it most

**Supporting complex care and sustainable healthcare models will ensure Australians are supported to live and age well at all stages of their lives.**

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

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

## The population is getting older and sicker

The population is ageing and patient needs are changing, with people requiring more treatment and management of their chronic conditions for extended periods of their life.

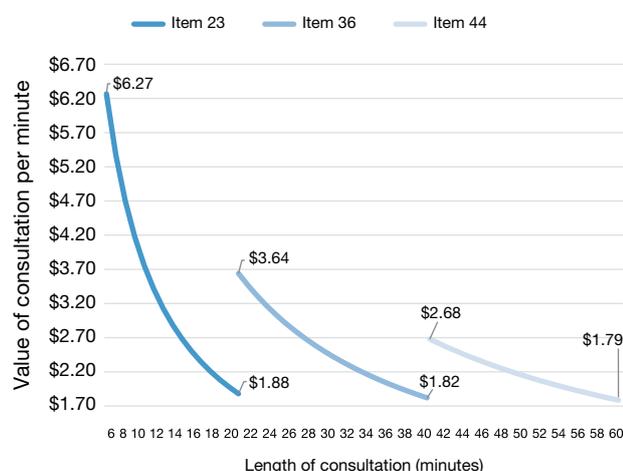
All Australians will experience ill health at some point in their lives, and will seek help from their GP. Currently, 87% of all Australians over the age of 65 years have at least one chronic condition.<sup>18</sup> Aboriginal and Torres Strait Islander patients experience multiple medical conditions and more disability at a younger age than the general population.<sup>19</sup>

All these factors mean the cost of healthcare for governments and individuals is increasing at an unsustainable rate.

## Medicare does not support the provision of complex care

The current Medicare rebate structure does not adequately support the complexity or comprehensiveness of care needed by patients.

One significant issue with the MBS is the reduction in rebate value with time. The value of the patient's rebate decreases significantly as they spend more time with their GP, effectively penalising patients who require longer consultations due to complex conditions.



The management of complex multimorbidity requires extensive time and skill from a GP.

The government can support complex care by increasing the rebate value for patients who require more time with their GP.

## Patient rebates need to reflect the value of specialist GP care

Patients see their GP more than any other health professional, yet seeing a GP attracts a lower rebate for patients compared to the rebate when seeing any other medical specialist.

GPs are recognised medical specialists, and undertake vocational medical training before being able to access specialist GP rebates. Yet, Medicare undervalues general practice services compared to services provided by other medical specialists by at least 18.5%.<sup>20</sup>

## Complex care needs additional support through a complete system redesign, as proposed by the RACGP's Vision

While making improvements to the MBS are essential, this 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. GPs and practices receive minimal or no support for providing essential aspects of patient care, such as:

- continuity of care – formalising relationships between patients and their GP
- health service coordination – improving coordination between various levels of the health and social systems
- comprehensiveness of care – supporting patients to access the range of services they require
- team-based care – ensuring patients are benefiting from access to a multidisciplinary healthcare team.

The RACGP has developed a Vision that provides the blueprint for government to restructure general practice funding to ensure the health of all Australians, now and in the future.

## Want to know more?

Details regarding RACGP's proposed funding for each election priority are outlined in the RACGP's [Pre-budget submission 2019–20](#).

Details regarding the RACGP's *Vision for general practice and a sustainable healthcare system* are available on the [RACGP website](#).

## What is the RACGP?

The RACGP is Australia's largest general practice professional organisation and represents over 40,000 members working in or towards a career in general practice.

The RACGP is responsible for defining the discipline and scope of the general practice profession. We set the standards and curriculum for high-quality general practice education and training, as well as the standards for high-quality clinical practice.

The RACGP will work collaboratively with the next Australian Government to improve the health of all Australians and build support for general practice, the most efficient component of the health sector.

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