

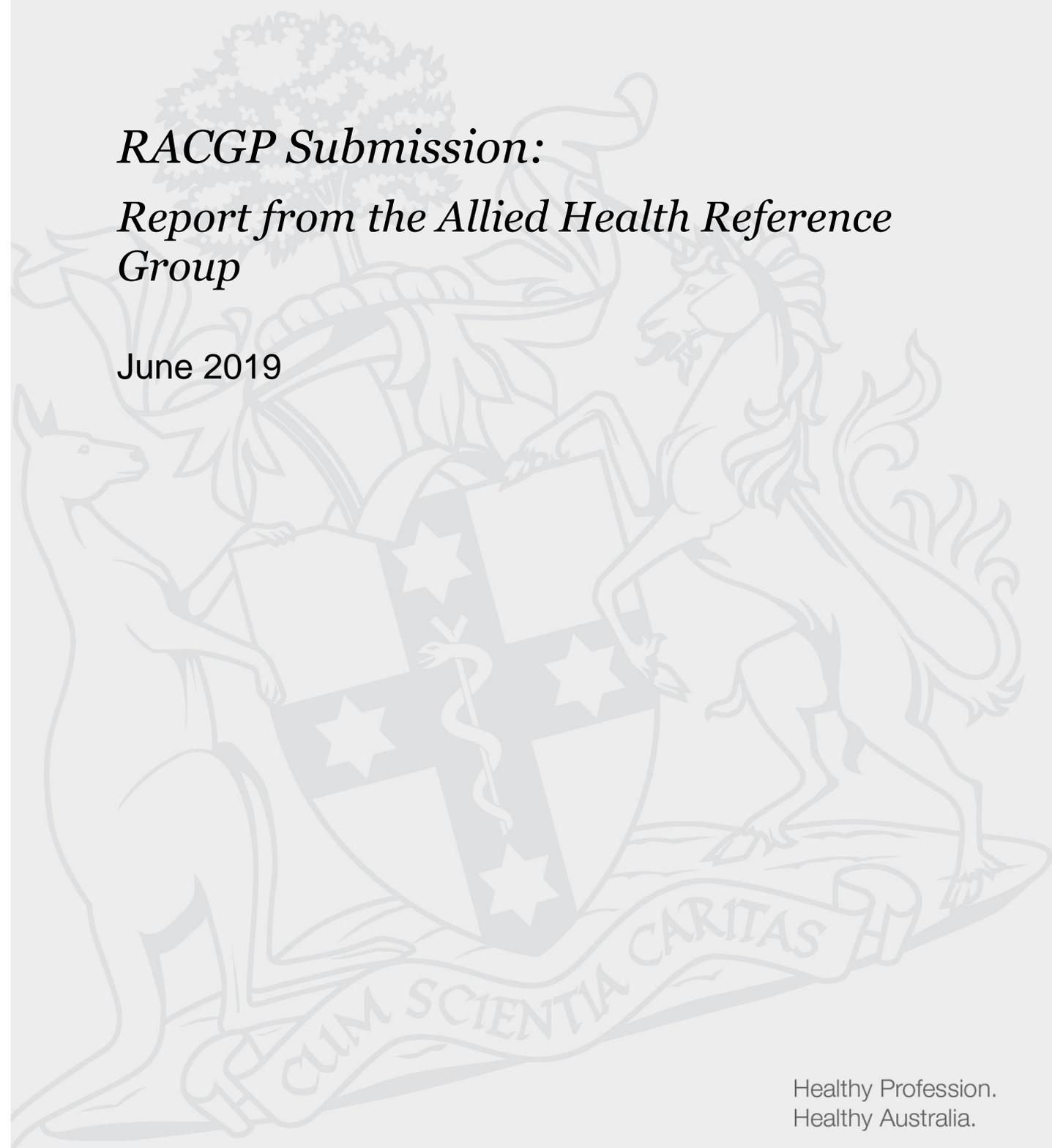


RACGP

Royal Australian College of General Practitioners

*RACGP Submission:
Report from the Allied Health Reference
Group*

June 2019



Healthy Profession.
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1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Allied Health Reference Group (the Reference Group) for the opportunity to provide feedback on its report.

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 and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service.

2. Recommendations

On review of the report, the RACGP recommends that the Reference Group:

- ensures that any additional care provided by allied health professionals as a result of the recommendations outlined in the report is coordinated through a patient's usual GP to prevent fragmentation and support continuity of care
- support the introduction of Medicare rebated Shared Medical Appointments facilitated by GPs and involving, where relevant, other members of the GP-led team
- clarify how financial support to facilitate the setup of secure electronic messaging systems could be provided, as supporting this through the Medicare Benefits Schedule is inappropriate
- supports enhanced communication between GPs and allied health professionals through secure messaging systems
- proposes that specific learning disabilities are recognised under the M10 descriptor
- conducts further consultation on the addition of non-dispensing pharmacists to the list of eligible allied health professionals – specifically in regards to possible implications of duplicated funding.

3. Rationale

3.1 Across all recommendations – the expansion of allied health in primary care

GPs and allied health professionals work closely to provide quality care for patients. This relationship is especially important in providing care for patients with chronic conditions.

Many of the recommendations outlined by the Allied Health Reference Group (the Reference Group) in the [Allied Health Reference Group Report](#) (the report) propose an expansion of the role of allied health professionals in primary care.

While the RACGP welcomes increased access to services for patients, it is essential that any mechanism aiming to increase access does not also fragment care and undermine continuity of care with a patient's usual GP.

When situated at the centre of their patients' care, GPs are able to provide continuity of care, reducing fragmentation and duplication of services. Patients whose care is continuous and coordinated have lower rates of hospitalisation and emergency department attendances, as well as lower mortality rates.¹

Continuity of care is enhanced by patients accessing one GP for all their health needs, including referring the patient to other services where required.² All health policies should encourage patients to form an ongoing therapeutic relationship with their GP.

3.2 Recommendation 2 – expand allied health involvement under team care arrangements

The RACGP supports changes that enable patients with complex care needs to access additional allied health visits under team care arrangements. The RACGP's [Vision for general practice and a sustainable healthcare system \(2015\)](#) recommends a model for chronic disease management. This model proposed a three-tier system for accessing allied health services for enrolled patients with chronic disease, under which patients with more complex care requirements are entitled to an increased number of allied health appointments (an additional 5, on top of the 5 currently available).

The RACGP therefore, supports the Reference Groups recommendation to stratify patients with complex and chronic disease(s), and ensure that patients with more complex care requirements have access to additional allied health services as required.

3.3 Recommendation 4 – incentivise group therapy for chronic disease management

There is significant value in group sessions for patients with chronic disease. Many GPs already run group sessions for their patients. These group sessions can increase access to a GP for patients and improve efficiencies in the general practice setting. They also empower patients by providing them with tools for self-care and provide health education supporting increased health literacy. However, shared medical appointments are currently unsupported through Medicare.

As a first step in increasing access to group sessions for chronic disease management, the RACGP recommends that shared medical appointments facilitated by GPs are supported through Medicare.

The RACGP supports the involvement of other members of the general practice team in GP-led shared medical appointments – but does not support group sessions that are run by allied health professionals that have no link to a patient's usual GP.

3.4 Recommendation 6 – improve access to complex paediatric health assessments

The RACGP supports the Reference Group's recommendation to improve access to paediatric allied health assessments.

Our members have also raised that there is currently no support through Medicare for children to be assessed for Dyslexia, Dyscalculia and Dysgraphia. Currently, such assessments can be undertaken by an educational psychologist or a speech pathologist with an interest in literacy as a private assessment only.

The Diagnostic Statistical Manual of Mental Disorders (DSM-5) considers specific learning disabilities to be Neurodevelopmental Disorders that impede on the ability to learn or use specific academic skills.³

The RACGP recommends that the M10 descriptor is expanded to include additional specific learning disabilities such as Dyslexia, Dyscalculia and Dysgraphia, all of which have a significant impact on the ability of Australian children to learn in the classroom.

3.5 Recommendation 16 – enhance communication between patients, allied health professionals and GPs

The RACGP is pleased to note that the report includes a recommendation to enhance communication between allied health professionals and GPs through secure messaging systems by recognising the need for increased financial support to set up these systems. This is reflective of calls in the RACGP's [2019 Federal election statement](#).

However, the Medicare Benefits Schedule (MBS) is not the correct platform for such financial support. MBS items are patient rebates which assist patient access. Instead, such support could be administered as a practice payment via the Department of Human Service's Practice Incentive Program (PIP). These payments contribute to quality care by supporting practices to maintain and upgrade equipment, and to improve practice facilities.

Fifty per cent of GPs send and receive clinical information via secure electronic communication, and many GPs have reported that eHealth helps to improve collaboration with other healthcare providers, as well as continuity of care.⁴ GPs are often the "information managers" for patients and rely on other healthcare organisations to reliably provide additional details regarding diagnosis, treatments, management plans and outcomes.⁵ The adoption of secure electronic communications should be a priority for the entire healthcare sector to ensure improved efficiencies and provision of safe quality care.

As outlined in the RACGP's [position statement on the use of secure electronic communication](#) within the healthcare system, the majority of health services communicating with general practice do not currently use electronic communication systems that are compatible with those existing in general practice. As a result, general practices are often required to manually transfer information from their clinical or administrative systems into paper based or online forms.

To support enhanced communication between patients, allied health professionals and GPs through secure messaging systems, it is crucial that all electronic communications:

- have templates and systems that use data and information from within the general practice clinical information systems to pre-populate documents and forms
- are created and sent from within the general practice's electronic clinical software system
- are automatically received into the local patient electronic health record via the clinical software system inbox
- to external healthcare providers and agencies are sent securely, aligning with best practice data privacy handling principles to protect patient privacy and confidentiality
- provided through secure messaging systems align with the Australian Digital Health Agency's [National Digital Health Strategy](#).

3.6 Recommendation 17 – Add non-dispensing pharmacists to the list of eligible allied health professionals under the MBS

Pharmacists are a key part of the patient healthcare journey and, when part of a team-based model of care, can support GPs, practices and patients with medication management and education services.

The [RACGP is supportive of the role of non-dispensing pharmacists in general practice](#) in medication management for patients with complex care requirements as part of a GP-led team.

The RACGP can see benefit in adding the role of non-dispensing pharmacists to the list of eligible allied health professionals under the MBS to assist with effectively coordinating services through chronic disease management items. However, it is essential that in doing so, funding streams to support this model do not become blurred.

From January 2020, eligible general practices will be able to employ non-dispensing pharmacists through the Department of Health's Workforce Incentive Program. Many non-dispensing pharmacists in general practice are already partly or fully supported by funding medication management reviews or home medicine reviews via the Community Pharmacy Agreement. Adding non-dispensing pharmacists to the list eligible allied health professionals on the MBS will open an additional funding stream to support this role. Supporting roles through multiple funding streams can lead to duplication of funding and waste limited health resources.

In addition, we see that it would be difficult for the MBS to define and regulate the restriction to non-dispensing pharmacists as opposed to all pharmacists. This could lead to unintended use of the MBS by the broader pharmacy sector.

The RACGP supports the intention of the recommendation to add non-dispensing pharmacists to the list of eligible allied health professionals, but does not support this being implemented as a result of this report. More in-depth considerations need to be undertaken to determine potential impacts on funding streams and further specific consultation needs to be undertaken with the primary care sector before this recommendation is considered for implementation. It is essential that mechanisms are put in place to ensure that funding duplication is avoided.

3.7 General comments

3.7.1 Reinvestment of savings from the MBS Review

The federal government has committed to reinvesting MBS Review savings back into Medicare. The RACGP calls on the MBS Review Taskforce to provide more transparency regarding this reinvestment by detailing the savings that will be made, and the additional spending that will be required, to any recommendations it makes to the government. The RACGP would also like to see, in detail, how the MBS Review savings have been, or will be, reinvested into the health system, particularly into general practice.

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's [Vision for general practice and a sustainable healthcare system](#) (the Vision) provides solutions to address a range of issues and pressures currently facing general practice and the Australian healthcare system more broadly, and outlines a framework for redesigning government support for excellence in healthcare. The Vision demonstrates how well-supported GP teams can deliver sustainable, equitable and high-value healthcare, benefiting patients, providers and funders. It is a document that must be considered when making any improvements to the MBS or primary care that affects GPs and their teams.

3.7.2 Ongoing support for the MBS Review

The RACGP notes the recent decision for the MBS Review to conclude by mid-2019, despite commitment in the 2017-18 Federal Budget to fund the review until at least 2020. The RACGP recommends that any changes made as a result of the MBS Review be subject to rigorous monitoring, evaluation, and consultation with stakeholders, to ensure that the intended results are being achieved.

3.7.3 Further discussion

If you have any questions or comments regarding the RACGP's submission, please contact Ms Susan Wall, Program Manager – Funding and Health System Reform, on (03) 8699 0574 or at susan.wall@racgp.org.au.

4. References

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