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Playing by the rules

Speech pathologists' views about patient suitability for the Enhanced Primary Care Program

Background

Allied health practitioner views about patient suitability may impact on which patients seek to be referred to the Enhanced Primary Care (EPC) Program through their general practitioner. These views have not been previously evaluated.

Method

Participants were speech pathologists who were both working in private practice in Australia and members of Speech Pathology Australia (SPA). Participants completed an online survey, which was sent via an email link to all eligible members. The email database captured more than 95% of all private practitioner members of SPA.

Results

Speech pathologists discuss the EPC Program with patients if they feel it is relevant to them. In determining eligibility, the majority of speech pathologists cited the Department of Health and Ageing criteria for eligibility as their guide; however, interpretations of these criteria varied. Additionally, speech pathologists frequently considered other factors, such as severity or financial need, as impacting on suitability. Speech pathologists expressed concern about the perceived inconsistency of referrals by GPs under the EPC Program.

Discussion

There is an urgent need for clarification, education and interprofessional discussion about eligibility and access to the EPC Program.

■ **Allied health items have been included in the Medicare Benefits Schedule (MBS) since 1 July 2004 through the Enhanced Primary Care (EPC) Program. The eligibility criteria for allied health services state that the patient must:**

- **have a chronic condition and complex health care needs, and**
- **a GP Management Plan and Team Care Arrangement items set in place within the previous 2 years.^{1,2}**

Medicare data as of January 2009 suggests that over 3.7 million allied health EPC Program services have been processed by Medicare, representing over \$176 million in benefits paid. Speech pathologists have provided over 120 000 of these services since 2004.³

Uptake of the program in practice, however, has been far from straightforward. General practitioners have identified several major barriers to carrying out enhanced primary care and similar chronic disease management initiatives, including a lack of time, particularly for the paperwork involved; practical limitations (eg. a lack of computer based templates); and, importantly, a lack of knowledge (in their own case and in the case of other health professionals) about the Medicare items involved.^{4,5}

While allied health professionals (AHPs) are among those who work alongside GPs to provide enhanced primary care, there has been limited formal education of AHPs about the EPC Program items, including the process of accessing the program and patient eligibility. The AHPs' knowledge of the EPC Program is important because, while GPs determine patient eligibility,¹ it is probable that some AHPs represent the point of primary contact with patients who have chronic and complex needs. These AHPs may discuss the EPC Program with their patients, particularly if they see them as having needs suited to the program. Additionally, AHPs such as speech pathologists (SPs) have specialist knowledge, and thus may have their own views about which patients are suitable for, and would benefit from, enhanced primary care. With this in mind, we examined SPs' views about patient suitability for the EPC Program, and their practices in discussing this scheme with patients.

Method

Participants

Participants were SPs who were both working in private practice in Australia and members of Speech Pathology Australia (SPA). Speech pathologists must meet these two criteria and be registered with Medicare in order to provide services under the EPC Program.

Data collection tool

Participants completed an online survey which was sent via an email link to all eligible members. The email database used captured >95% of all private practitioner members of the SPA. The survey asked SPs about their experiences with the EPC Program and the beliefs and views they held relative to it, along with general demographic questions such as geographical location, type of patient usually seen, and years of clinical experience. Both open ended and closed questions were used to elicit responses.

Ethics approval was obtained through the Melbourne Royal Children's Hospital Human Research Ethics Committee (HREC CA28045).

Results

Of the 1777 SPs who were sent the survey, 541 responded; response rate 30.4%. Of those respondents, 490 (90.6%) had provided services under the EPC Program. All further findings reported in this article

draw upon data from these 490 respondents.

Participant demographics are shown in *Table 1*. The disproportionate number of participants working with paediatric patients reflects current patterns of provision in speech pathology practice, with over 95.1% of enhanced primary care services being provided to children aged 0–14 years.³

The broad range of patients seen by SPs under the program are shown in *Table 2*. Those most commonly seen were patients with a speech/language disorder, autistic spectrum disorder, general developmental delays, and reading/literacy problems.

Communicating enhanced primary care to patients

When asked about communicating enhanced primary care to patients, 97% of respondents indicated that they tell patients about the program if they think it is relevant to them. In addition, 75% 'agreed' or 'strongly agreed' with the statement that 'speech pathologists in private practice should always inform patients about EPC'; a further 88% agreed or strongly agreed that 'speech pathologists working in public settings should tell their patients about EPC'.

Views about appropriateness for enhanced primary care

Respondents were asked the open ended question, 'To your knowledge, what factors make a patient appropriate for EPC?', to which 379 SPs responded. Responses were coded using NVivo analysis software, and frequencies were calculated for each code (*Table 3*).

Respondents most commonly listed a chronic condition, complex needs and multidisciplinary service involvement as determining appropriateness for enhanced primary care, with 79% (299/379) reporting at least one of these criteria. The use of terms such as 'complex' and 'chronic', however, varied among participants. Some respondents said that for a condition to be considered chronic, it had to be in existence for 6 months; others said at least a year. Complexity was similarly expressed in various ways: some SPs interpreted the involvement of multiple agencies as making a case 'complex', while others suggested that speech/language disorders were in themselves complex, and could be the sole reason for accessing the program.

In addition to criteria concerning complexity, chronicity and multiple service involvement, 42% (159/379) of respondents believed that other factors such as severity, patient motivation, financial issues and demonstrable inability to obtain public services played a role in determining patients' appropriateness for enhanced primary care.

Although not specifically asked, 32 clinicians (8%) used this part of the questionnaire to comment that criteria for the program appeared to be used inconsistently by GPs for patients with communication and swallowing disorders, and/or that GP decisions did not always match SPs' understanding of the criteria for the program. This was reinforced by responses to a further open ended question that elicited general comments about enhanced primary care: in this section, 22% of respondents noted the same issues of inconsistency, and/or differences in understanding about eligibility between GPs and SPs.

Table 1. Demographics of SP participants who had used the EPC Program

State/territory	Percent
New South Wales	36.7
Victoria	28.0
Queensland	14.3
Western Australia	14.0
South Australia	5.8
Tasmania	0.5
Northern Territory	0.5
Australian Capital Territory	0.26
Place of practice	
Capital city/major city	78.9
Rural/remote	21.1
Patient population	
Adult	8.7
Child/adolescent	91.3
Years of experience	Mean 17.3; SD: 10.4; range 1–51
Number of patients seen under the program per year	Mean 16; SD: 16.0; range 1–100
Proportion of caseload seen under the program per year	Mean 22%; SD: 21.8%; range 1–100%

'Availability seems to be up to the whim of the referring GP,' one SP responded. 'I do not understand how some of my patients have been eligible'. Another wrote, 'some GPs appear willing to complete care plans for fairly straightforward SP [speech pathology] issues only, while others very clearly stick to the guidelines'. Several were concerned that they could be audited, and potentially found liable, for providing services to patients who were not strictly eligible under the criteria.

Discussion

General practitioners make decisions about patient eligibility for the EPC Program. However, our study indicated that AHPs such as SPs often provide information about enhanced primary care to patients they consider eligible. In this way, SPs' views about which patients are suitable for the program may influence the types of patients who seek enhanced primary care through their GP.

When reflecting on patients' appropriateness for the program, the majority of SPs identified criteria provided by the Department of Health and Ageing (DoHA): chronic condition, complex needs and multidisciplinary service involvement. The interpretation of these terms was inconsistent, however, reflecting a need for clarification and education. The DoHA itself provides limited guidance on the use of the terminology, offering mostly medically focused examples in the MBS item descriptions.⁶

Developmental conditions, and conditions of a 'nonmedical' nature (eg. severe speech disorders with no known pathology), are difficult to fit into the EPC Program framework in its current form, which may result in a lack of uniformity in discussing criteria with patients suffering from communication and swallowing disorders.

A large number of SP respondents indicated that, to their knowledge, factors such as severity, the patient's financial situation and access to other services impact on whether a patient is suitable for the program. These factors, while not part of the DoHA descriptions of EPC Program eligibility,^{1,6} may reflect underlying assumptions SPs have made on the basis of the existing criteria (the terms 'chronic' and 'complex', for example, might imply 'severe' to some clinicians). They also provide insight into SPs' opinions about the patients they think would benefit from the program, and may even suggest the types of patients with whom EPC is discussed in private speech pathology

Table 2. Patient groups seen by SPs under the EPC Program

Paediatric	Adult
<ul style="list-style-type: none"> • Developmental speech disorder • Developmental language disorder • Fluency disorder • Voice disorder • General developmental delay/disorder • Autistic spectrum disorder • Reading/literacy difficulty • Acquired brain injury • Congenital/genetic disorder (eg. Down syndrome) • Cleft lip/palate • Hearing impairment • Auditory processing disorder • Vision impairment • Severe communication disorder • Feeding/swallowing impairment 	<ul style="list-style-type: none"> • Acquired brain injury • Neurodegenerative condition • Congenital/genetic disorder • Hearing impairment • Vision impairment • Fluency disorder • Voice disorder • Auditory processing disorder • Swallowing disorder

Table 3. Criteria that make a patient appropriate for EPC – SPs' views

Criteria reported by speech pathologists	Response rate (n=379)
Chronic condition/disorder/disease	191 (50.4%)
Number of services involved	146 (46.4%)
Complex condition/disorder/disease	127 (33.5%)
Severe disorder/disease	59 (15.6%)
Patient or family has financial issues (eg. cannot afford to pay full private practice fees)	30 (7.9%)
Disorder is 'medical' in nature (eg. patient has an ENT history or diagnosed medical condition such as cerebral palsy)	20 (5.3%)
Patient has limited access to public services (eg. condition is not commonly managed in public services or waiting list is long)	16 (4.2%)
Disorder is impacting on quality of life and/or functional achievement (eg. education, social)	15 (4.0%)
Amenable to intervention/likely to make progress within 5 sessions	9 (2.4%)
'Motivated' family or patient	4 (1.1%)

practices. Research with other professional groups, particularly GPs, may be useful to see if these views are held more widely.

Although not specifically asked in the survey, some respondents expressed concern about what they saw as inconsistent application of the EPC Program by GPs. This finding may reflect a lack of knowledge on the part of SPs as to which patients are truly eligible for the scheme. It also likely reflects different views across the general practice and speech pathology professions as to what 'complexity' and 'chronicity' mean in the context of patients with speech, language and swallowing difficulties.

Speech pathologists expressed concern that they were unable to 'play by the rules' in providing enhanced primary care. In their opinion,

some eligible patients were being denied access, while patients that SPs would not see as 'complex' were being referred to the program.

This study is the first to survey a large group of AHPs about their views on the program. The survey was targeted to SPs eligible to use the EPC Program. The response rate was moderate, however, which means the results should be generalised with some caution. It is possible that those who responded may have had more extreme views – positive or negative – about the program than those who did not. Nevertheless, the findings are of importance to the profession of speech pathology, as they are to GPs providing enhanced primary care to patients with speech, language and swallowing disorders. Importantly, the results suggest areas in which the information and education associated with the program can be improved.

Implications for general practice

Our data suggest that many SPs in private practice discuss the EPC Program with their patients. It is important, then, that GPs and SPs develop a mutual and consistent understanding of the range of communication and swallowing disorders that meet the criteria for referral under the program. Clarification by the DoHA of eligibility for patients who don't fit into a straightforward 'medical' understanding of chronic and complex (eg. those with developmental disorders) is urgently needed, particularly given the high proportion of paediatric patients accessing the program. Additionally, initiatives such as joint education between AHPs and GPs, and discussion between general practice and AHP professional bodies about enhanced primary care, may foster a better shared understanding of which patients should be eligible for the program.

Conflict of interest: none declared.

References

1. Australian Government Department of Health and Ageing. Allied health services under Medicare – fact sheet. Available at www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-allied-cnt.htm [Accessed 8 September 2008].
2. Foster MM, Mitchell GK, Haines T, Tweedy S, Cornwell P, Fleming J. Does enhanced primary care enhance primary care? Policy-induced dilemmas for allied health professionals. *Med J Aust* 2008;188:29–32.
3. Medicare Australia. Medicare item reports. Available at www.medicareaustralia.gov.au/statistics/mbs_item.shtml [Accessed 20 January 2009].
4. Blakeman TM, Zwar NA, Harris MF. Evaluating general practitioners' views on the enhanced primary care items for care planning and case conferencing: a one year follow up. *Aust Fam Physician* 2002;31:582–5.
5. Oldroyd J, Proudfoot J, Infante FA, et al. Providing healthcare for people with chronic illness: the views of Australian GPs. *Med J Aust* 2003;179:30–3.
6. Australian Government Department of Health and Ageing. Enhanced primary care program (EPC): overview. Available at www.health.gov.au/internet/main/publishing.nsf/Content/Enhanced+Primary+Care+Program-1 [Accessed 12 August 2008].