

RACGP advocacy priorities



Prioritising patient outcomes in primary care reform

Did you know?



80% of Australians over the age of 65 have one or more chronic health condition



20% of Australians live with mental health and behaviour conditions



50% of Australians with a chronic condition also report having a disability



Patients who have a post-hospital visit with their GP within seven days have a **significantly lower risk of readmission** within 30 days



98% of telehealth consultations happen over the phone

What are the issues?

Australia's healthcare system is considered one of the best in the world.¹ However, we are seeing rising rates of chronic disease, an ageing population and a looming mental health crisis put increasing pressure on the system, resulting in poorer patient outcomes, unsustainable hospital demand and burnout in the health workforce.

Years of underfunding of primary care and neglect has put general practice in crisis. Less than 7% of Australia's health funding is spent on general practice.² And with only 16% of medical students considering general practice as their preferred specialty, we are facing a severe future workforce shortage.³ Unless government invests in prevention, early intervention and ongoing management of chronic conditions in general practice, the system will fail.

What is the solution?

General practice as the heart of primary care

With almost 85% of us visiting our GP each year,⁴ general practice provides the most effective setting for early identification and management of health risks and chronic disease.

Investment in patient care through general practice will ensure the health system is supported to meet current and future health needs. It will also reinforce general practice as a sustainable and attractive career path for future doctors.

The RACGP Vision for general practice and a sustainable healthcare system (Vision) sets out a roadmap for sustainable and high-quality healthcare created through a strong primary care system. Economic analysis of implementing the Vision found direct benefits of at least \$1 billion in the first year and \$5.6 billion over the next five years, in addition to improved health outcomes for all Australians.⁵

We have identified five key measures that will ensure high-quality, cost-effective and person-centred care for every Australian, now and into the future.

The RACGP is calling for:

- enhanced primary care services for people over the age of 65, people with mental health conditions and people with disability
- longer general practice consultations to support patients with complex needs
- improved access to telehealth, so patients can talk to their GP on the phone about complex issues such as chronic illness and mental health
- support for patients to see their GP within seven days of an unplanned hospital admission, to help prevent the risk of patients going back to hospital
- improved access to care in rural communities, by encouraging and supporting rural doctors to upskill in other areas such as internal medicine, mental health, paediatrics, palliative care, and emergency.

The RACGP also supports the implementation of the Uluru Statement of the Heart and Closing the Gap and calls for government action in providing a voice for Aboriginal and Torres Strait Islander people in the Parliament of Australia and investing in equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples.

Enhanced primary care services for people over the age of 65, people with mental health conditions and people with disability

Key issues for older Australians

People over the age of 65 have much higher rates of chronic disease and multimorbidity compared with the general population,⁶ so the healthcare they require is often more complex. Older Australians are significantly more likely to be admitted to hospital or visit an emergency department.⁷ Supporting patients to access care targeted at common ageing-related health issues, such as frailty, will keep them healthy and living in the community for longer.

Key issues for people with mental health conditions

Mental health and behavioural conditions are the most common chronic conditions in Australians, affecting 4.8 million (20% of the population).⁸ People with mental health conditions are twice as likely to report having a physical chronic condition, which can be due to a variety of factors associated with poor mental health, such as medication effects, lifestyle factors, alcohol or drug use, and comorbid physical health disorders.⁹ A physical health assessment will help prevent poor physical health outcomes experienced by people with mental health conditions.

Mental health care is a core component of general practice, with GPs providing more than three million mental-health-specific Medicare-subsidised services each year.¹⁰ This does not include the mental health care provided as part of a standard GP consultation. Further, over 90% of vocationally registered GPs in Australia have also undertaken additional mental health skills training.¹¹

Key issues for people with disability

Chronic conditions often coexist with disability – 50% of Australians who have a chronic condition also report having a disability.⁶ People living with disability also experience high or very high levels of psychological distress compared with people without a disability (32% versus 8%).¹²

GPs have a role in supporting the overall health of their patients with disability, including supporting their application for support through the National Disability Insurance Scheme (NDIS). Although the Department of Health has confirmed that access to the NDIS is considered relevant for the purposes of managing the medical condition of a patient, there is currently no support for GP completion of NDIS reports or documentation unless the patient is present.

What the evidence says

Seeing the same GP for most of an individual's care (often referred to as 'continuity of care') is essential for high-quality care. Continuity of care is linked to better patient-provider relationships, better uptake of preventive care, increased access to care, and reduced healthcare use and costs.¹³ Low continuity of care has been linked to higher risk of mortality.^{13,14}

Health economists recommend mixed payment systems of fee-for-service and other models to balance two different objectives: (i) productivity and ensuring that priority services are delivered; and (ii) the proactive management of health risks and chronic and complex disease.¹⁵

How can the Government ensure people receive the care they need?

The current Medicare structure does not adequately support continuous, regular, coordinated care, and therefore does not support Australians who require care over time. It also does not address the barriers many GPs face when providing care to groups with more complex needs, including the additional time and costs associated with providing this care.

Introducing targeted funding that supports regular and continuous care with a GP will build on the therapeutic relationship while also supporting the provision of complex care, facilitating early intervention and improved care management. This funding should be targeted towards people over the age of 65, people with mental health conditions and people living with disability.



Priority 1: Enhanced primary care for people over the age of 65

The RACGP is calling for investment in care for people over the age of 65 by:

- establishing a new service incentive payment (SIP) that supports patients through the provision of a grouping of services, including:
 - a health assessment for older people and/or a GP management plan with at least one review
 - a frailty assessment.
- expanding Medicare Benefits Schedule (MBS) health assessment for people 75 years and older to include patients 65–74 years (and 50–74 for Aboriginal and Torres Strait Islander Australians).



Priority 2: Enhanced primary care for people with mental health conditions

The RACGP is calling for investment in mental health care by establishing a new SIP that supports patients through the provision of a grouping of services, including:

- a GP mental health treatment plan with at least one review
- a physical health assessment.



Priority 3: Enhanced primary care for people with disability

The RACGP is calling for investment in care for people living with disability by establishing a new SIP that supports patients through the provision of a grouping of services including:

- a relevant health assessment or GP management with at least one review
- completion of NDIS reports/documentation.

The SIPs should involve a payment for achieving the targeted level of care and a payment for providing the majority of care for the registered patient in a calendar year (see structure of existing [Indigenous health incentive](#)).

Support patients with complex needs by funding longer consultations

Key issues

Federal Government expenditure on preventive care is only 1.8% of total health expenditure.¹⁶ This is despite approximately 32% of our total burden of disease being attributable to modifiable risk factors.¹⁷ To curb the growth of chronic disease in Australia, the major risk factors that contribute to them must be addressed.

What the evidence says

We know short consultations provide support for everyday issues, longer consultations are needed for the chronic illnesses so prevalent in Australia today. Evidence shows that longer consultations with a GP have significant advantages, including increased patient education, identification and management of complex issues, preventive health, early intervention, immunisation adherence, counselling, patient satisfaction and participation, and better use of medications.^{18,19}

How can the Government better support patients with complex needs?

Care for complex health issues must be better supported through Medicare. Longer consultations provide an opportunity to address major risk factors by allowing more time for preventive care and early intervention for chronic conditions. Increasing funding for these longer consultations to provide complex care is a simple and effective way to build the required support into the system.



Priority 4: Investment in longer general practice consultations for people with complex care needs

The RACGP is calling for investment in people with complex care needs who need more time with their GP by:

- applying a 10% increase to Medicare rebates for Level C (20–40 minutes) and Level D (40-minute plus) GP consultations
- introducing a Level E (60-minute plus) GP consultation.

To encourage continuity of care for patients who require complex care, this measure could be applied to enrolled patients only.

Improve telehealth access and allow patients to talk to their GP on the phone about complex issues such as mental health and chronic disease

Key issues

Telehealth helps facilitate a person's access to their usual GP, meaning people can more easily receive high-quality, personalised health services when and where it suits them. Telehealth is beneficial for all Australians, but particularly important for patients who may experience compromised mobility, such as older people or people with disability.

Telehealth use in Australia is overwhelmingly phone-based. On 1 July 2021, the majority of MBS items for patient/GP telephone consultations were removed. While patient rebates for phone consultations longer than 20 minutes were temporarily reinstated, these were again removed on 1 July 2022. The removal of patient rebates for longer phone consultations increases access issues and health gaps for specific groups, including Aboriginal and Torres Strait Islander people, elderly people, people with disability, and rural populations.

What the evidence says

Despite the high uptake of telehealth, more than 80% of GP consultations are still provided face to face.²⁰ This shows that telehealth complements face-to-face care, with GPs and their patients deciding how best to meet their needs. Telehealth use in Australia is largely phone-based. In 2021, video consultations comprised only 4% of telehealth services, whereas phone consultations comprised 96%.²¹ Limiting phone-based consultations effectively removes telehealth access for many Australians.

Although a video call is sometimes considered the 'gold standard' of telehealth due to the perceived benefits of having visual cues, research has found that health outcomes and patient satisfaction are generally comparable between video and telephone consultations.²²

However, unlike phone consultations, video consultations are associated with infrastructure and accessibility issues that make them unusable for many people, leading researchers to recommend that decisionmakers refrain from rolling out video calling in mainstream healthcare until these issues are addressed.²³

How can the Government better support patients with complex needs?

Telehealth should enable all people to access the care they need. Infrastructure and accessibility issues make video consultations unsuitable for many patients, including older people and those living in remote areas. It is vital that the gains achieved in improving patient access through telehealth are not compromised by restricting access to a limited telehealth model.

The permanent reinstatement of patient rebates for longer phone consultations will enable access to care for people with complex health needs. This includes people needing support for chronic disease and mental health issues.

We know the next few years will be critical as governments continue to navigate what telehealth will look like in the future. The RACGP is ready and willing to engage and share insights on behalf of GPs, as experts in the practicalities of telehealth.



Priority 5: Support for all patients to access telehealth through phone consultations

The Federal Government can support every Australian to continue to access telehealth as part of their ongoing general practice care by:

- reinstating Medicare rebates for phone consultations for long consultations, mental health and GP management plans as part of the permanent telehealth model

To support safe, high-quality care for all Australians, these consultations must be:

- available for all GP consultation lengths and types
- valued at the same level as face-to-face and video-call consultations
- linked to a patient's usual GP, with some exceptions for GP-specialist services upon usual GP referral.

Reduce the risk of patients going back to hospital by supporting appropriate follow up care within seven days of an unplanned hospital admission

Key issues

Public hospitals are experiencing high demand across Australia, resulting in significant delays for ambulance and emergency department (ED) services. The RACGP sees a significant opportunity to reduce the pressure on these services by addressing potentially preventable hospitalisations (PPHs). More than 748,000 PPHs occur each year in Australia, accounting for 6.6% of all hospital admissions and 9.8% of hospital bed days.²⁴

What the evidence says

Preventable hospital readmissions make up a significant proportion of PPHs. Approximately 718,000 readmissions to hospital occur each year. Local and international evidence shows that better support for, and use of, general practice is associated with reduced ED visits and hospital use and decreased hospital readmission rates.^{25–27} Dedicated time for seeing a GP following an unplanned hospital admission will help reduce a person's chance of readmission.²⁸

How can the Government better support patients?

Introducing funding for patients to see their GP within seven days of an unplanned hospital admission or ED presentation. This will help ensure patients have the best possible outcomes. Additionally, this will reduce re-admissions and ensure people with complex needs do not get lost in the system.



Priority 6: Support for people to complete a post-hospitalisation follow-up consultation with their GP

The RACGP is calling for investment in reducing hospital admissions by:

- introducing additional support for patients to see their GP within seven days of an unplanned hospital admission or emergency department presentation.

Improve access to care in rural settings, by encouraging and supporting rural doctors to upskill

What is the issue?

Australia's rural and remote communities have poorer health outcomes than communities in metropolitan areas.²⁹ Australians in rural and remote areas have inequitable access to health funding and are more reliant on primary care to manage and coordinate their health needs.

GPs in rural and remote areas are facing increasing demand, while the decline in patient subsidised care through the MBS, through both the Medicare freeze and the failure to appropriately index patient rebates over successive governments, has impacted the viability of their practices.

What the evidence says

People in rural and remote communities often access primary care differently to those in metropolitan areas. Rural and remote populations rely more on GPs to provide healthcare services, due to less availability of local specialist services.³⁰ Rural and remote health services are generally smaller, with limited infrastructure, and provide a wider range of services to a more broadly dispersed population.

With only 16% of medical students considering general practice as a career path, we are also facing a future workforce crisis that will be worse in rural and remote areas.³ Without increased investment to support and retain the general practice workforce in rural and remote areas, many of these communities will continue to see poorer health outcomes, and minimal benefits from other structural reforms.

How can the Government better support access to care in rural settings?

We need to see efforts to make general practice, particularly rural general practice, a more attractive career path for the future medical workforce. Practical measures needed to support rural GPs include more incentives, rebates, and scholarships for GPs to gain and maintain additional skills to benefit their community.



Priority 7: Invest in upskilling and supporting rural general practitioners

The RACGP is calling for investment in rural healthcare by:

- providing flexible procedural grants for GPs who provide both community GP services and hospital services
- increasing Workforce Incentive Programs with additional payments for those doctors who use additional advanced skills in the rural areas (scaled to rurality), will support rural GPs
- providing access to the relevant speciality MBS items when a GP holds advanced skills in a rural area, this compensates GPs for gaining additional expertise
- providing additional funding for GP supervisors and general practices in rural and remote areas to support GPs in training.

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