



# Enhancing primary care services for people with disability

## What are the issues?



An estimated **one in six** people in Australia are living with disability.<sup>1</sup>

Chronic conditions often coexist with disability – **50%** of Australians who have a chronic condition also report having a disability.<sup>2</sup>



People living with disability also experience high or very high levels of psychological distress compared with people without a disability (**32% versus 8%**).<sup>1</sup>

General practitioners (GPs) have a critical role in supporting the overall health of their patients with disability, including supporting applications 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.

Introducing targeted funding that supports regular and continuous care with a GP will build on the therapeutic relationship while also supporting the complex care required for people with disability, facilitating early intervention and improved care management. The SIP should involve a payment for achieving the targeted level of care and a payment for providing most of the care for the enrolled patient in a calendar year.

## What is the solution?

The RACGP sees an opportunity to make significant improvements to the lives of people with disability through achievable and cost-effective reforms in general practice. We have identified the following measures as the first step governments can take towards a health system that provides high-quality, cost-effective and person-centred care for people with disability.

**The Federal Government can enhance primary care services for people with a disability by:**

### 1 Investing in a new Service Incentive Payment (SIP) that supports the provision of a grouping of services

This should include:

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

### 2 Increase Medicare rebates by 10% for GP consultations longer than 20 minutes

Disability can be a complex area and providing good care for people with disability takes time. Shorter consultations can be helpful to provide support for everyday issues, however, longer consultations are needed to ensure people have time to address any complex issues and understand how they can best support their own health, as well as giving the GP time to coordinate other aspects of a patient's care.

### 3 Introduce a patient rebate for a Level E (60-minute plus) GP consultation

Spending sufficient time with their GP is especially important for patients with complex health needs. 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.<sup>3,4</sup>

For more information, see the [RACGP website](#).

## References

- 1 Australian Institute of Health and Welfare. People with disability in Australia. Canberra: AIHW, 2020. Available at [www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary](http://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary) [Accessed 26 May 2022].
- 2 Australian Institute of Health and Welfare. Chronic conditions and multimorbidity. Canberra: AIHW, 2020. Available at [www.aihw.gov.au/reports/australias-health/chronic-conditions-and-m multimorbidity](http://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-m multimorbidity) [Accessed 26 May 2022].
- 3 Dugdale DC, Epstein R, Pantilat SZ. Time and the patient-physician relationship. *J Gen Intern Med* 1999; 14(Suppl 1):S34–S40. doi:10.1046/j.15251497.1999.00263.x.
- 4 Wilson A, Childs S. The relationship between consultation length, process and outcomes in general practice: a systematic review. *Br J Gen Pract* 2002;52(485):1012–20.