



2 December 2022

Support at Home Implementation Team
Department of Health and Aged Care
PO Box 9848
Canberra ACT 2601

Via online submission

Dear Support at Home Implementation Team,

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health and Aged Care for the opportunity to provide input on the proposed new program for in-home aged care.

The RACGP is supportive of aged care reforms that streamline access to appropriate services for older people. However, we remain concerned that the proposed new in-home aged care program represents a missed opportunity to support better integrated general practitioner (GP) led care for older people.

The RACGP is Australia's largest professional general practice organisation, representing over 43,000 members working in or toward a career in general practice, including four out of five GPs in rural Australia.

The RACGP is strongly supportive of aged care reforms that improve patient health outcomes and ensure sustainable access to high-quality care for all older people. However, these reforms must be designed and implemented with a patient-centred lens, which includes ensuring all health services are well integrated with care provided by a patient's usual GP.

Older people require GP services at a significantly higher rate than other age groups.¹ In 2019–20, there were over 43 million Medicare claims for GP attendances for people aged 65 and over – 30% of the total 141 million claims for GP attendances.² Older Australians are significantly more likely to be admitted to hospital or visit an emergency department.³ They are more likely to have multiple chronic conditions and/or disability, and require greater coordination of clinical and non-clinical resources.^{4,5}

GP-led multidisciplinary care is vital to keeping older people well and in their homes.^{6,7,8,9} GPs provide critical services such as health risk assessments, primary and secondary disease prevention, population health programs like cancer screening and immunisation, and tracking and managing chronic disease. Seeing the same GP for most of an individual's care is also essential for high-quality care and optimal health outcomes.¹⁰ A multidisciplinary team-based approach led by a GP is essential to ensure care for older people is coordinated, comprehensive and meets all the health needs of the patient.

Despite this, the Department of Health and Aged Care *Discussion Paper* on the indicative model for in-home aged care includes no mention of GPs or general practice services. It does not account for the central role GPs have in supporting older to stay healthier in their home, nor does it discuss the importance of engagement and information exchange between other health professionals and a patient's usual GP to ensure integrated care.

This is a significant oversight and concern to the RACGP given the importance of ensuring older people can access their GP and the broader issues around fragmentation of care highlighted throughout the Royal Commission into Aged Care Quality and Safety.



While we acknowledge general practice care for older people outside of residential aged care facilities (RACFs) is funded through the Medicare Benefits Schedule, and hence separately to most aged care services, this does not negate its consideration in the design and implementation of the new model for in-home aged care.

To address these issues in the first instance, the RACGP strongly recommends that the Department of Health and Aged Care broadly update the policy for the new in-home aged care program to address the crucial role of GPs in supporting older people to be healthier at home for longer.

There also exist further specific issues that should be addressed alongside key aged care reforms. Current models of care and funding arrangements mean there are significant barriers to GPs providing coordinated care to older people, both in the community and residential aged care facilities. To address these issues, the RACGP recommends:

- actively involving GPs in the ongoing development of the approach for the in-home aged care program
- introducing changes to funding for GP led care for older people that simplify the approach and increase investment in care for older people
- re-introducing patient rebates for phone consultations longer than 20 minutes.

More detailed comments and recommendations are provided at Appendix 1.

The issues outlined above require immediate consideration and amendment to ensure older people can access the care they need. Without consideration of these challenges, the care provided under the new program for in-home aged care will be fragmented and result in suboptimal health outcomes for patients.

If you have any queries regarding this letter, please contact Michelle Gonsalvez, National Manager, Policy and Advocacy on (03) 8699 0490 or via michelle.gonsalvez@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
RACGP President

Appendix 1: RACGP response to consultation on in-home aged care services

Promoting coordination of multidisciplinary care with a patient's usual GP

Older people often present to general practice and other health services with complex health needs which require a coordinated and collaborative approach. People aged 65 and over are more likely to have 2 or more chronic conditions compared with people aged 15–44 (51% compared with 12%),³ half of older Australians are living with disability, and older people have significantly more risk of hospitalisation for injuries.²

GPs have a significant role coordinating care for older people across the multidisciplinary care team. Coordinated care involves effective communication and a smooth patient journey through the various levels and settings within the healthcare system, including hospitals, other specialists, disability services and the social sector. Siloed care for older people will only lead to systems breakdown, patient confusion, poorer health outcomes and potentially admission to residential aged care or hospital. Our members have advised us that under the current system it is often difficult to determine what services an older person is already receiving, which limits the opportunity for the GP to suggest improvements or enhancements to care.

To support optimal care for older people, there must be structures in place that ensure a comprehensive team-based approach. These structures should support two-way communication between a person's usual GP and others involved in that person's care, such as any other medical specialists, nurses, pharmacists, care package coordinators, home care providers and family. This requires integrated technologies and secure communication mechanisms between home care providers and GPs, as well as support for remote monitoring or integrated virtual care. A care information portal may be a useful way to provide electronic secure access to information for the health professionals involved in an older person's care.

The RACGP recommends the Department of Health and Aged Care update the policy for the new in-home aged care program to address:

- the importance of continuity of GP-led care for older people
- support for multidisciplinary team-based care approaches
- mechanisms to support linking in-home care back to a patient's usual GP, including integrating technology and secure communication between home care providers and GPs.

The RACGP recommends the Department of Health and Aged Care actively involve GPs in the ongoing development of the approach for the in-home aged care program.

Funding for general practice to provide care to older people

More broadly, the RACGP notes Medicare patient rebates have not kept pace with the cost of delivering high-quality care, are overly complex for in-home patient visits and do not account for the significant time GPs spend on patient care activities when the patient is not present. The current approach, whereby GPs undertake home visits for older people using the general home visit MBS item numbers combined with the Ready Reckoner items, is unnecessarily complicated for both patients and providers.¹¹

Under the current Medicare structure there are also inconsistencies between rebates for older people receiving GP care in the home versus in residential aged care. Both approaches have different challenges, and there needs to be clarity and consistency for GPs providing care to older people, including the requirements for billing items for RACFs versus in the home.

Further, when undertaking home visits, it is common for GPs to complete paperwork, review reports, write medication charts or speak with other health professionals outside of their attendance in the home. This additional

time, on top of the travel to a patient's home, is essential for holistic and high-quality care, and yet is not recognised and supported. Many of our members have flagged the inadequate remuneration for home visits as a key barrier to delivering care to older people, as well as the physical challenges of needing to bring portability clinical equipment on these visits.

Better supporting older people to access continuous GP-led care will ensure they experience the best possible health outcomes, and also reduce demand for expensive tertiary health services by promoting prevention, early intervention and ongoing management of chronic disease. For these reasons, the RACGP supports changes to simplify the funding approach and enhance investment in care for older people.

The RACGP recommends government introduce changes to funding for GP led care for older people that:

- **simplify the funding approach and increase investment in care for older people**
- **support a team-based approach i.e. including resourcing for social workers, pharmacists and nursing staff within the general practice-led team**
- **consider funding models beyond the core fee-for-service funding method to support continuity of care**
- **acknowledges the importance of GPs liaising with the family and carers of their patient**
- **provide appropriate supplementary remuneration for after-hours GP care for older people.**

The RACGP notes that any changes to the funding model should be developed in close collaboration with the sector to avoid an inadvertent reduction in support for GPs providing this care – as was evident with the 1 March 2019 changes to the MBS RACF Ready Reckoner items.

The critical role of telehealth for in-home care

The introduction of patient rebates for telehealth services was a critical measure to support access to healthcare throughout the COVID-19 pandemic. The RACGP strongly supports a permanent model of telehealth that retains patient rebates for all patient consultations, no matter the length.

Although short consultations provide support for everyday issues, longer consultations are needed for patients with chronic conditions and complex 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.¹²

The removal of patient rebates for long phone consultations likely had a disproportionate effect on older people who cannot leave their house to access services and may not have the digital capacity to undertake video consultations. To effectively support GP care for older people, we would also expect to see funding systems encourage a mix of telehealth, including phone and video, and face-to-face services to ensure people can access appropriate primary care, including those who may be housebound.¹³

The RACGP recommends government re-introduce patient rebates for phone consultations longer than 20 minutes.

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