RACGP Pre-budget Submission

October 2022-23 Budget

RACGP

Recommendations

The Royal Australian College of General Practitioners (RACGP) is calling for the following:

Priority 1: Enhanced primary care services for people over the age of 65, people with mental health conditions and people with disability.

This should comprise:

- new service incentive payments (SIPs) that support patients through the provision of a grouping of services, targeted towards populations with complex health needs.

Priority 2: Longer general practice consultations to support patients with complex needs.

This should comprise:

- at least a 10% increase to Medicare patient rebates for Level C (20-40 minutes) and Level D (40 minutes plus) GP consultations
- a new Level E (60 minute plus) general practitioner (GP) consultation.

Priority 3: Improved access to telehealth, so patients can talk to their GP on the phone about complex issues

This should comprise:

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

Priority 4: 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

This should comprise:

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

Priority 5: 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.

This should comprise:

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

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.

Priority 1: Enhanced primary care services for people over 65, people with mental health conditions and people with disability.

Issues

GPs are seeing higher numbers of patients presenting to practices with complex, and often unaddressed, health needs.[1] This includes people aged over 65, people presenting with mental health concerns and people with disability. These patient groups have higher rates of chronic conditions and multimorbidity. As such, their care is often complex and requires more time to identify issues, as well as ongoing support and monitoring to manage their conditions.

Seeing the same GP for most of an individual's health needs (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 health services, and reduced healthcare use and costs.[2] Low continuity of care has been linked to higher risk of mortality.[3] Continuity of GP-led care is particularly important for people with complex health needs, ensuring their care is coordinated and effective.

The current Medicare rebate structure does not adequately support continuous and coordinated care for people with complex needs, 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 these patients, including the additional time and costs.

More information on the key issues underpinning this priority are outlined in the RACGP Advocacy Priorities.

Solution

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.[4]

Introducing targeted funding, in addition to current fee-for-service funding, will help to support regular and continuous care with a GP. This investment will build on the therapeutic relationship while also enhancing the provision of complex care, facilitating early intervention and improved care management. This will be particularly impactful for people in rural and remote Australia, given the higher total burden of disease and need for more preventative and complex care in these areas.

Improving remuneration for GPs to provide complex care will also contribute to the perception and attractiveness of general practice for future medical students.

The RACGP is calling for new Service Incentive Payments (SIP) that support care for

- people aged over 65 years through the provision of a grouping of services, including:
  - a health assessment[1] for older people and/or a GP management plan with at least one review
  - a frailty assessment.
- people with mental health conditions through the provision of a grouping of services, including:
  - a GP mental health treatment plan with at least one review
  - a physical health assessment.

[1] This measure should include expanding eligibility for the Medicare Benefits Schedule (MBS) health assessment to include patients 65–74 years (and 50–74 for Aboriginal and Torres Strait Islander Australians).

- people with disability through the provision of a grouping of services including:
    - a relevant health assessment or GP management plan with at least one review
    - completion of NDIS reports/documentation.

The RACGP sees that these payments would be made up of $100 for each patient where a target level of care is provided by the GP in a calendar year and a $150 payment to GPs for providing the majority of care for a patient in a calendar year.

Measure	Investment required, annually ($)
Service incentive payment for people over 65	$223.2 million per year for two-tiered payments
Service incentive payment for mental health	$181.6 million per year for two-tiered payments
Service incentive payment for people with disability	$163.7 million per year for two-tiered payments

Priority 2: Longer general practice consultations to support patients with complex needs.

Issues

Federal government expenditure on preventive care is only 2% of total health expenditure.[5] This is despite approximately 32% of our total burden of disease being attributable to modifiable risk factors.[6] To curb the growth of chronic disease in Australia, the major risk factors that contribute to them must be addressed.

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.[7,8]

The current Medicare rebate structure devalues longer consultations, with patient rebates decreasing significantly as a person spends more time with their GP. Under this structure, it is not viable for many practices, particularly bulk billing practices, to provide longer consultations.

Often, people with the most complex health conditions require the longest time with their GP, meaning the sicker a person gets, the harder it is to get the time needed, and the more they may pay out of pocket costs to see their GP. Concerningly, any patients who are seeking out bulk billed care often can only access shorter consultations, exacerbating access issues for those most in need.

The total burden of disease and injury in Australia tends to increase with increasing remoteness, highlighting the rising demand for complex care in rural and remote areas. [9] Without changes to pivot the structure of Medicare towards preventative and complex care, people in rural and remote areas will continue to struggle to access the support they need.

Devaluing longer consultations not only negatively affects patient care – it can also have long-term effects on the medical workforce pipeline. Training GPs requires time, and often consultations take longer if provided by GP registrars or observed by medical students. Therefore, failure to appropriately value longer consultations could worsen already poor general practice workforce projections and undermine access to general practice care. Unfortunately, it is likely these growing workforce issues will be disproportionately felt in rural and remote areas.

Solution

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. Longer consultations will also help to proactively address the growing preventative healthcare needs of those living in rural and remote parts of Australia.

Increasing funding for longer consultations to support complex care is a simple and effective way to build the required resourcing into the system and begin to address worsening general practice workforce issues.

The RACGP is calling for:

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

Measure	Investment required, annually ($)
At least a 10% increase to patient rebate for Level C and D GP consultations	$167.6 million per year
New patient rebate for a Level E GP consultation	$33.9 million per year

Priority 3: Improved access to telehealth, so patients can talk to their GP on the phone about complex issues.

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 Medicare Benefits Schedule 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.

Despite the high uptake of telehealth, more than 77% of GP consultations are still provided face to face.[10] This shows that telehealth complements face-to-face care, with GPs and their patients deciding how best to meet their needs. As highlighted above, telehealth use in Australia is largely phone-based. In 2021, video consultations comprised only 4% of telehealth services, whereas phone consultations comprised 96%.[11] Limiting phone-based consultations effectively removes telehealth access for many Australians.

Although a video call is sometimes deemed 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.[12] 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 decision-makers refrain from rolling out video calling in mainstream healthcare until these issues are addressed.[13] Notably, research continues to highlight the significant digital divide between metropolitan and regional areas, indicating that people living in rural and remote areas continue to be digitally excluded in Australia and may face additional barriers to videoconference use.[14]

Solution

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. Medicare rebates for longer phone consultations is particularly important for rural and remote communities, who are significantly more likely to report barriers to accessing GPs compared with other Australians.[15,16]

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.

The RACGP is calling for:

- re-instatement of Medicare patient rebates for phone consultations lasting longer than 20 minutes, mental health and GP management plans as part of the permanent telehealth model.

Measure	Investment required, annually ($)
Patient rebate for Level C GP phone consultations	$92 million per year
Patient rebate for Level D GP phone consultations	$12 million per year

Priority 4: Support for patients to see their GP within seven days of an unplanned hospital admission.

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.[17] PPH rates in very remote areas were 2.6 times higher than in major cities as of 2019-20, with the rate in remote areas 1.8 times as high.[15]

Preventable hospital readmissions make up a significant proportion of these potentially preventable hospitalisations. Approximately 718,000 readmissions to hospital occur each year.[18] Unplanned or unexpected hospital readmissions may arise as a result of the need for care that can only be delivered in a hospital or as the result of a lack of appropriate post-discharge care in the community.

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.[19,20,21] Dedicated time for seeing a GP following an unplanned hospital admission will help reduce a person's chance of readmission by 12 to 24%.[22] Conservative estimates suggest that a reduction of 12% in hospital readmissions could save the health system a minimum of $69 million per year.[18]

Solution

Funding to support continuous and coordinated GP-led care post-hospital discharge will help to address unsustainable hospital demand and improve outcomes for patients. Introducing targeted funding for GPs to see people within seven days of an unplanned hospital admission or ED presentation will reduce readmissions and ensure people with complex needs do not get lost in the system, particularly those in rural and remote Australia.

The RACGP is calling for:

- support for GPs who see their patient within seven days of an unplanned hospital admission or ED presentation.

Measure	Investment required, annually ($)
Expanding eligibility for MBS Health Assessment Items	$63.1 million per year *Estimates indicate that a reduction of 12% in hospital readmissions could directly save the health system a minimum of $69 million per year, which would offset the above investment and see a total net savings of more than $5 million annually.*[18]

Priority 5: Improved access to care in rural communities.

Issues

Australia's rural and remote communities have poorer health outcomes than communities in metropolitan areas.[23] People in rural and remote Australia 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 general practice funding via Medicare, through both the Medicare freeze and the failure to appropriately index patient rebates over successive governments, has impacted the viability of their practices.

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 health care services, due to less availability of local specialist services.[24] Rural and remote health services are generally smaller, with potentially limited infrastructure, and provide a wider range of services to a more broadly dispersed population.

With only 13.8% of medical students considering general practice as their preferred career path, we are also facing a future workforce crisis that will be worse in rural and remote areas.[25] 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.

Solution

We need to see efforts to make general practice, particularly rural general practice, a more attractive career path for the future medical workforce. We know that the best way to keep people in the regions is to train people in the regions.

We need to address current and future workforce challenges by finding the right mix of international medical graduates, and locally trained graduates. This means reducing red tape for qualified doctors seeking to serve our communities and improving opportunities and supports to train and keep students and registrars in the regions. 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.

The RACGP is calling for:

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

Measure	Investment required, annually ($)
Expanding the rural procedural grants to include a non-procedural stream	$20.2 million

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