

Investing in the health and wellbeing of all Australians through **Medicare**

What are the issues?

Years of underfunding and neglect has put Medicare and general practice in crisis. **We are seeing pressure mount on a broken system, resulting in poorer patient outcomes, unsustainable hospital demand and burnout in the health workforce.**

With only 16% of medical students considering general practice as their preferred career, we are also facing a severe future workforce shortage.¹

Though the current Medicare rebate structure funds acute, episodic care, it does not adequately support continuous, regular, coordinated care, and therefore does not meet the needs of Australians who require care over time.

Less than 7% of Australia's health funding is spent on general practice.² With rising rates of chronic disease, mental health conditions and an ageing population, this represents a growing proportion of people seeking care.

What is the solution?

The therapeutic relationship between a patient and their general practitioner (GP) presents an ideal situation to prevent, identify, treat and manage complex health issues. However, reforms are needed to ensure that Medicare supports patients to access the continuous and high-quality care they need through GPs and their multidisciplinary teams.

Investment in patient care through general practice will ensure the health sector can meet current and future health needs, improving outcomes for all Australians. It will also reinforce general practice as a sustainable and attractive career path for future doctors.

The Federal Government can invest in the health and wellbeing of all Australians by:

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

Introducing targeted funding that supports regular and continuous patient care with a GP will build on the therapeutic relationship, facilitate early intervention and improve care management. This in turn will ensure people with complex and ongoing health needs can experience the best possible health outcomes.

The RACGP recommends introducing Service Incentive Payments to support people who often present to general practice with complex health issues, particularly older people, people experiencing mental illness and people living with disability.

2 **Support people to spend more time with their GP by increasing Medicare rebates for GP consultations longer than 20 minutes by 10% and introducing support for consultations longer than 60 minutes**

Although 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.^{3,4}

Care for complex health issues must be better supported through Medicare. Increasing funding for longer consultations to support complex care is a simple and effective way to ensure patients can access the care they require.

3 **Reintroduce Medicare rebates for longer telephone consultations, so patients can talk to their GP on the phone about complex issues such as chronic illness and mental health**

Removing rebates for phone consultations effectively removes telehealth for a large proportion of people and can have a disproportionate impact on certain vulnerable groups. Infrastructure and accessibility issues make video consultations unsuitable for many patients, including older people and those living in remote areas.

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

References

- 1 M Wright, R Versteeg, K van Gool How much of Australia's health expenditure is allocated to general practice and primary healthcare? Australian Journal of General Practice 50 (9), 673-678
- 2 Medical Deans Australian and New Zealand. Medical Schools Outcomes Database: National Data Report 2021. Available at: <https://medicaldeans.org.au/data/medical-schools-outcomes-database-reports/>
- 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.1525-1497.1999.00263.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.