

Issues Paper

Access to General Practice bulk billing – July 2019

Background

Gippsland PHN's vision is for a measurably healthier Gippsland. Our objectives include;

- Increased efficiency and effectiveness of medical services and other primary health services
- Improved coordination of care to ensure patients receive the right care, in the right place, at the right time
- Improved health outcomes for people with chronic disease and those patients at risk of poor health outcomes

Gippsland PHN relies on strong evidence and data together with crucial input from primary health professionals and the community to make decisions. We listen to, and work with, communities to make sure funded services meet their expectations.

Issue description

This paper relates to access to bulk billing at general practices in Gippsland, with a specific focus on the Latrobe Local Government Area. General practices are private businesses¹ and Gippsland PHN cannot influence billing practices of private entities. Setting of fees for individual consultations is a decision based on GP judgment which includes many considerations including the patient's ability to pay and clinical considerations.

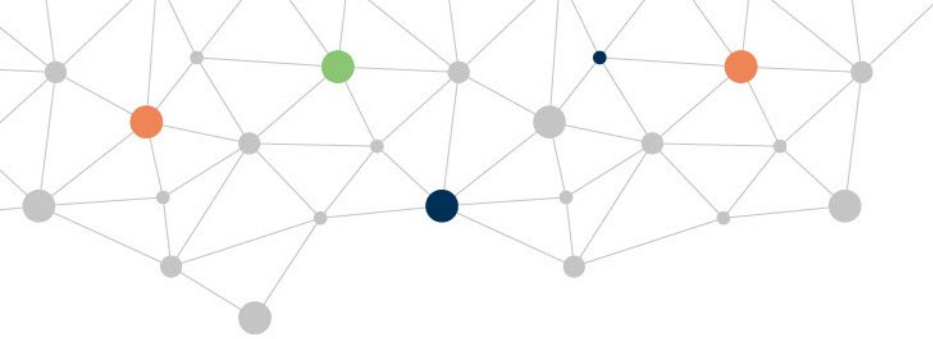
Policy and context

The Victorian and Tasmanian PHN Alliance recently provided feedback to the MBS Schedule Review Taskforce consultation.² This sets out a long-term vision for general practice, enabling a move to a patient-centred primary care model supporting GP stewardship. Some points highlight the vision and PHN capabilities;

- PHNs acknowledge that general practice is highly heterogenous and support needs to be tailored
- PHNs provide support to adopt digital health systems and technologies
- Quality improvement is a foundation for high performing primary care and PHNs have the experience and insight to support this
- Consumer and community engagement are foundational to the PHN approach
- Support for the recommendation to enhance chronic disease management item numbers and changes to health assessments

¹ Billing for general practice services, RACGP; <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/billing-for-general-practice-services>

² Victorian and Tasmanian PHN Alliance; <https://vtphna.org.au/collaborative-initiatives/thought-leadership/>



Broader primary healthcare reform is in progress. A document by the Australian Healthcare and Hospital Association provides a suggested strategy for outcomes-focused and value-based healthcare. It includes some relevant points;³

- Payment mechanisms can be used to drive sustainable transformations in healthcare that will improve individual and population health outcomes.
- Primary care services are typically provided by fee-for-service (FFS), with Medicare reimbursing patients for 100% of the Medicare Benefits Schedule (MBS) fee for a GP. However out-of-pocket costs for patients have become more and more inconsistent, ‘undermining the universality of Medicare, widening health inequalities and arguably leading to increased hospital costs’ (Russell & Doggett 2015).
- Fee for service models can create inappropriate incentives to provide treatment and favour volume at the expense of effectiveness and quality of care. Equity and access can also be compromised.
- Coordination and integration between funders are recommended to reduce preventable hospital admissions and emergency department presentations.
- Continued investment in mechanisms to integrate healthcare across sectors (e.g. through HealthPathways).
- The Health Care Homes initiative is mentioned as a method of using data about disease complexity to inform a patient-centred payment system. An evaluation will inform future funding models to improve health outcomes of patients with chronic disease.⁴

Prevention of chronic disease is an important means of reducing future demand on the health system while simultaneously improving quality of life.⁵ The increasing burden of chronic disease in Australia intensifies the need for investment in evidence based preventive health strategies.

Relevant data

Latrobe residents have a high prevalence of chronic disease and 26 of every 100 people experience very high disadvantage (compared to 8 of 100 in Victoria).⁶ The following considerations about bulk billing are therefore very relevant for this regional and rural area;⁷

- Higher bulk-billing rates have been proposed to be positively associated with the density of general practices in a given area (with the associated increased competition) and higher general practice caseloads.
- Bulk-billing for patients who require longer consultations due to more complex issues is becoming financially unviable. This leads to reduced access to affordable care for patients with complex needs, including patients with chronic disease and patients with poor mental health.

³ Australian Healthcare and Hospital Association; work https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_2017_0.pdf

⁴ Department of Health; [http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-cp/\\$File/Evaluation%20plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-cp/$File/Evaluation%20plan.pdf)

⁵ The Australian Prevention Partnership Centre; <https://preventioncentre.org.au/>

⁶ Gippsland PHN Latrobe LGA Snapshot (2018); <https://www.gphn.org.au/populationhealthplanning/resources-2/>

⁷ Australian Journal of General practice; <https://www1.racgp.org.au/ajgp/2019/january%E2%80%93february/the-mosaic-of-general-practice-bulk-billing-in-reg>

- Vulnerable patients in rural areas may need to travel substantial distances to access bulk-billing services or may forego or delay necessary general practice appointments.
- Vulnerable people may turn to emergency departments or other services that do not require co-payments.

Table 1. Indicators of access to GPs, compared to other Gippsland SA3s and Australia.⁸

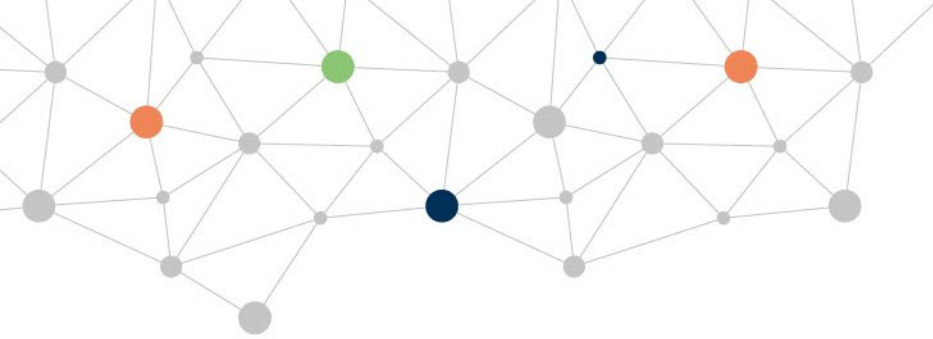
Indicator	Baw Baw	Latrobe	East Gippsland	Wellington	Gippsland South West	GIPPSLAND	Australia	Data source	Currency
Average number of GP attendances per person, age-standardised	6.5	6.5	4.5	5.3	5.7	5.8	6.1	MBS	2016-17
Percentage of people who did not claim a GP attendance	8.1%	7.6%	11.9%	13.2%	10.4%	9.8%	12.5%	MBS	2016-17
General practitioners (including registrars), FTE per 100,000 population	116	130	124	99	121 Bass Coast	123	117 Victoria	National Health Workforce Dataset (DoH)	2016
Bulk billed GP attendances	87.5%	90.1%	80.3%	82.6%	88.1%	86.7%	85.1%	MBS	2014-15

- High compared to Australia, top 25% of PHNs/SA3s
- Low compared to Australia, bottom 25% of PHNs/SA3s

There are 26 general practices across the Local Government Area of Latrobe City, ranging from single GP clinics through to large businesses with up to about 15 GPs.

- 10 are in Traralgon
- 7 in Morwell
- 4 in Moe
- 3 in Churchill
- 1 in Yinnar
- 1 in Newborough

⁸ See Gippsland PHN web site for more detail; <https://www.gphn.org.au/populationhealthplanning/resources-2/>



The Rural Workforce Agency of Victoria needs assessment for 2018-19 lists Churchill as priority area for health workforce initiatives.⁹

Several local clinics in Latrobe, including in Moe, Morwell and Traralgon offer bulk billing for all patients with a valid Medicare card or Veterans Affairs Card while others have different eligibility criteria. Access to appointments can vary considerably over time due to short- or long-term workforce issues.

Difficulties with filling vacancies for general practitioners and other primary health clinicians are frequently reported across Gippsland, most commonly in more remote areas. There is a great deal of complexity relating to a comprehensive workforce strategy. Gippsland PHN has initiated place-based and broader initiatives to better understand and address workforce issues with other stakeholders.

Feedback from local general practices have indicated to Gippsland PHN several longstanding non-vocationally registered GPs (up to 10) were unable to pass the mandatory Fellowship exam by June 2018. For these non-vocationally registered GPs having not been able to comply with the requirements of the program within the regulated time frame has impacted on eligibility to remain in their training program and access the MBS. Consequently, these doctors have had to leave their usual place of employment in Latrobe City resulting in several general practices reducing their appointment availability.

Additional feedback from Gippsland PHN Clinical Advisory Groups has indicated:

- An increase to the Medicare rebate to support bulk billing should be explored, given the increased complexity of care and the cost of consumables for general practice.
- There are varied levels of understanding of health system funding models (e.g., Medicare) within the community.
- There is a distinction between the number of bulk billing GPs versus the availability of an appointment with a bulk billing GP. This imbalance has a subsequent impact on hospital emergency department presentations.
- Changes to GP training programs impacts on GP recruitment levels, particularly in rural areas.

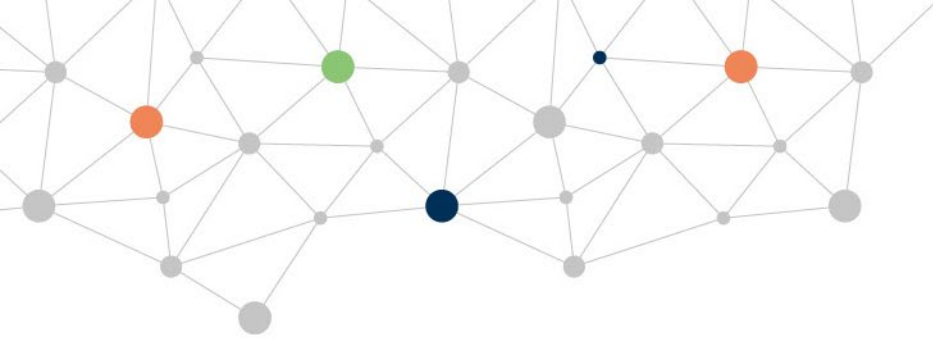
Community perspective

Based on community engagement by Gippsland PHN,¹⁰ affordable access to GPs is a main barrier to good health and wellbeing. This was especially significant for people with financial worries, people 60 years or older and parents and carers.

“When on a low income without a Health Care Card there are few options in accessing a GP particularly if working full time. Waiting long periods of time, (not being elderly or a young child who have to be seen first), at a bulk billing clinic is not OK.”

⁹ Gippsland PHN; <https://www.gphn.org.au/gippsland-phn-assessment-2019-22/>

¹⁰ Gippsland PHN; <https://www.gphn.org.au/populationhealthplanning/community-engagement/>



In Latrobe City;

- 33% of respondents reported that the cost stopped them getting health care they needed in the past 12 months (Gippsland 32%)
- 43% of respondents reported problems accessing a GP during business hours in the past 12 months (Gippsland 43%)

Other organisations are actively engaging with the Latrobe City community, including the Latrobe Valley Advocate whose recent findings have raised access to GPs as an issue.¹¹ Gippsland PHN are actively working with Latrobe City and the Municipal Public Health and Wellbeing Plan partners.

Gippsland PHN investments and activities

Gippsland PHN supports general practices across Gippsland through several mechanisms, including quarterly practice visits and education and training opportunities.

Practice support aims to equip general practitioners (GPs) and other primary care clinicians to provide quality care to patients so they do not need to seek hospital care for conditions that can be effectively managed outside of hospitals.

Gippsland PHN works with local practices and other organisations including the Rural Workforce Agency of Victoria (RWAV), DHHS and RACGP to identify solutions to primary care access issues for the local community.

State funded initiatives in Latrobe City with Gippsland PHN involvement include;

- The Latrobe Health Innovation Zone provides a focal point for coordination and integration of health services and supports a range of health-related projects, including work led by Gippsland PHN.¹² The Latrobe Health Assembly is a key component to *'paving the way for a new era of community engagement, health improvement and integration of health and community services for people with complex conditions.'*¹³ It is governed by the Department of Health and Human Services, Latrobe Community Health Service, Latrobe Regional Hospital, Latrobe City Council and Gippsland Primary Health Network.
- The Doctors in Secondary Schools initiative with two sites in Latrobe City; Kurnai College Morwell and Traralgon Secondary College.

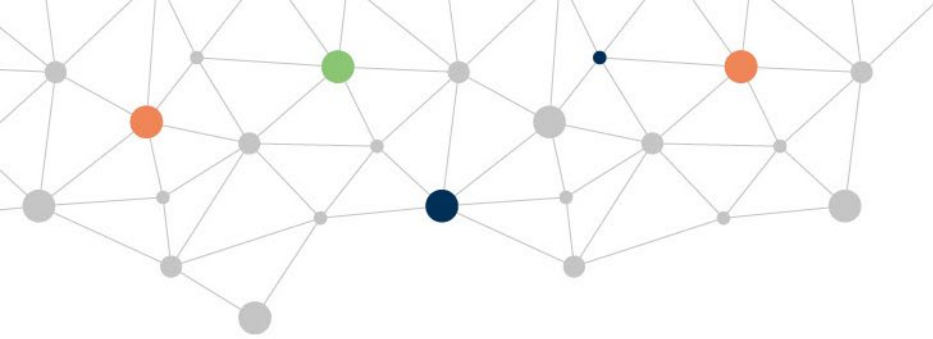
Federally funded services commissioned by Gippsland PHN include;

- The Moe After-Hours Medical Service addresses gaps in after-hours service arrangements and maintains activities that are outside the scope of the PIP scheme or MBS and supports communities without hospital services. The service provides after hours access from 7.30 – 10.00pm Monday – Friday; 4.30 – 10pm Saturday and 2.30 – 10pm Sunday.

¹¹ Latrobe Valley Advocate; <https://www.lhadvocate.vic.gov.au/wp-content/uploads/2019/02/Engagement-Report-On-the-Buses-Dec-2018-final3.pdf>

¹² Gippsland PHN; <https://www.gphn.org.au/latrobe-health-innovation-zone/>

¹³ Latrobe Health Assembly; <https://healthassembly.org.au/about/>



- HealthPathways aims to guide best-practice assessment and management of common medical conditions, including when and where to refer patients and is designed to be used by general practice.
- Digital health initiatives including POLAR GP is an 'in practice' software product for GPs, Practice Managers and other staff to use within their practice to support internal operations, patient-centred care, quality improvement and business development.
- The Integrated Team Care (ITC) program assists eligible Aboriginal and Torres Strait Islander people with chronic disease to access a broad range of primary health care and specialist services through coordinated care coordination.

Key discussion points

- In Latrobe City, 26 of every 100 people experience very high disadvantage.¹⁴
- Gippsland PHN supports general practice to be part of a more efficient and effective primary health system through quality improvement activities targeted at local needs.
- Community feedback highlights affordable access to GPs as a main barrier for good health, especially for vulnerable groups of people.
- Training program requirements for overseas trained doctors in Latrobe has resulted in several longstanding non-vocationally registered GPs (up to 10) leave their usual place of employment in Latrobe City
- According to available data, residents of Latrobe City access GPs more frequently compared to Gippsland residents.

¹⁴ Gippsland PHN Latrobe LGA Snapshot (2018); <https://www.gphn.org.au/populationhealthplanning/resources-2/>