

## General Practice Access

General practitioners (GPs) are often the first point of contact for patients in the health system, providing primary and preventative care, advice, education and referrals.



” I know a lot of people who put off going to GP because of expense. ”  
- Health professional

” I would like to see targeted funding to focus on prevention not cure. ”  
- Community member

### Consumer perspective



Community engagement continues to highlight **access to GP services** as the most common health issue.

#### Specific challenges include:

- Cost of accessing health care services
- Compromised continuity of care due to lack of access to usual GP / general practice
- Long waiting times
- Availability of bulk billing GPs
- Approachability of services
- Affordable after-hours access to GPs
- Access to GPs who do home visits

#### People more likely to find access to services difficult are those:

- with a chronic disease or complex health needs
- over 65 years old
- experiencing social or financial disadvantage
- living in rural/remote areas
- Aboriginal and Torres Strait Islander
- living with a disability
- LGBTIQ+ people

### General practice use



**93.3%** of people in Gippsland received at least one Medicare-subsidised GP service in 2021-22 (compared to **89.9%** of people across Australia). This was an increase from **88.6%** of people in 2020-21.

Proportion of people in **Gippsland** by type of general practice attendance (compared to Australia):

- 13.6%** chronic disease management (**15.0%**)
  - 9.3%** mental health (**8.6%**)
  - 7.1%** after-hours (**16.6%**)
  - 3.2%** health assessment (**4.0%**)
  - 0.7%** diabetes mellitus cycle of care (**0.5%**)
  - 0.3%** telehealth support for specialist consult (**0.1%**)
- | An average of **7.8 GP** attendances per person (**7.3** in Australia)



Lower in East Gippsland (**7.2**) and Wellington (**7.0**)  
Higher in Baw Baw (**8.8**)

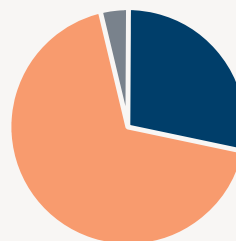
### Billing methods



#### Definitions:

- Medical Benefits Schedule (MBS):** A list of health professional services the Australian Government subsidises
- Bulk-billing:** Services are billed to Medicare directly and are provided with no out-of-pocket cost to the patient
- Private:** Patients pay a fee determined by GPs for the service provided and obtain the Medicare rebate that subsidises all or part of the fee paid
- Mixed:** GP privately bills some services and bulk bills others

#### Survey of 53 Gippsland practices in 2022 (60% of practices)



Mixed: **68%**

Bulk Billing: **28%**

Private: **4%**

60% had different billing for pensioners and concession card holders.

32% considered a change in billing in the next year due to the mismatch between the current Medicare rebate and rising costs of running a practice; *“...it is becoming harder and harder to remain viable.”*

#### Mixed billing practices:

- o bulk billing for Aboriginal and Torres Strait Islander people, children under 16 years or under 5 years, veterans, concession card holders, care plans or at GP’s discretion.
- o fees ranging from \$20-50 for dressings and procedures.

One practice, which moved from bulk billing to private billing, noticed more cancellations on the day, with patients only attending when necessary. This increased the availability of same-day appointments for patients.

” Rural health [should not be] seen as second rate. ”  
- Community member

# General Practice Access



## Factors affecting affordable access to general practice services



An ageing population with complex and ongoing health care issues, including diabetes, disability and mental health conditions, leading to a need for longer and/or more frequent services.

The distribution of GPs and other health professionals does not match community need, with less professionals in rural and remote areas and in areas with greater need.

Demand for GP services is forecast to outpace supply.

Limited pathways for general practice training in rural and regional areas.

A Medicare rebate freeze introduced in 2013 has affected the general practice business model (+1.6% in 2018 and +65 cents in 2022).

The COVID-19 pandemic has led to:



Delayed routine care which is now adding to the workload



Rapid increase in phone and video consultations



A change in community expectations and health literacy



Unpredictable needs, including due to Long COVID

Natural disasters such as fires, floods and droughts leading to added stress for many communities.

Financial and social pressures due to rising costs of living, a challenging housing market and changes in the job market (including a move away from coal fired power and logging).

The Distribution Priority Area (DPA) classification identifies locations in Australia with a shortage of medical practitioners. International medical graduates work in a DPA to be eligible for Medicare. Changes from 1 July 2022 include broadening the areas classified as DPA to include outer metropolitan areas (Modified Monash Model classification 2).

Telehealth has been amazing during the pandemic as I've been able to keep my clients engaged with specialist and allied health.

- Health professional

## Professional perspective



Recruitment and retention of primary health professionals, including doctors, is an ongoing challenge and a shortages of staff impact access to services.

A 2020 survey of Gippsland GPs found that:

57% received their primary medical training in Australia

60% of GPs felt like they belong in their community

55% were moderately or very satisfied with collegiate support provided

Main factors for GPs staying in their current practice:



often related to personal or family life, including social connections, recreation, schools and childcare



reduced workload



increased support for credentialing and other career opportunities



a supportive well-functioning practice

Findings from a 2021 survey of Gippsland professionals (48% GPs):

- Burnout is a growing concern
- Transport availability is a common barrier for access

...providing transport to our clients is truly helpful as most of the clients don't have reliable transport if at all.

- Health professional

A national survey of GPs in 2022 found that:



49% would recommend general practice as a career



One in four GPs planned to retire within the next five years (an increase from 18% in 2021)



More than 40% of GPs are aged 55 or older



Fewer than half of GPs intend to keep practicing in 10 years' time



Seven in 10 practice owners worried about the short- or long-term viability of their business as they struggled to find and retain doctors



Almost three in four GPs reported experiencing feelings of burnout over the previous 12 months

13.8% of medical students are choosing to become GPs, down from 16.1% last year

## General Practice Access



*“ I have regular and affordable access to health care... within my local community ”*  
- Community member

### Primary care funding models



Primary Health Networks (PHNs) work in **partnership** with local health networks to implement solutions that meet the needs of communities, providers and other stakeholders.

Gippsland PHN's aim is a measurably healthier Gippsland, underpinned by the **quintuple aim** of improving population health, patient experience, provider experience and value while addressing inequity.

Approximately one third of **health spending** in Australia is for primary care (\$66.7 billion in 2019-20) of which:

**20%** unreferred medical services (mainly GPs)

**19%** for subsidised pharmaceuticals

**18%** for other medications

**\$17 billion** in Medicare benefits for primary care (2020-21):

**51%** GP attendances (\$8.8 billion)

**24%** diagnostic imaging (\$4.2 billion)

**14%** specialist attendances (\$2.3 billion)

**10%** allied health (\$1.8 billion)

### Emerging models to meet health needs of the Gippsland community.



Care coordination



Mobile multidisciplinary team-based care



Health care hubs/ co-located services



Supported telehealth hubs/ booths

### Funding models for primary care in Gippsland need:



Longer funding cycles to increase sustainability and provide a greater degree of certainty.



Flexibility to ensure rural health service providers can practice at their broadest scope and adapt to rural health needs.

### The Latrobe Health Advocate has worked with key stakeholders to identify areas for action in Latrobe City to improve access to GPs:

- Improving training and accreditation pathways for doctors
- Enhancing and promoting the livability and strengthening local GP recruitment systems
- Building health and digital literacy and enabling greater responsiveness to community voice
- Local system design and innovation to reduce the burden on the Emergency Department and create a multidisciplinary business model for the future

### New funding



**The Commonwealth Government** is funding 50 Medicare Urgent Care Clinics that will help reduce the pressure on the hospital system.

**The Victorian Government** is funding 25 new GP-led Priority Primary Care Centres: two Gippsland locations in Baw Baw (Warragul) and Latrobe (Moe)



**\$185.3 million** for a Rural Workforce package to attract, support and retain more doctors and allied health professionals into regional and rural communities.

### Value-based care



- Value-based healthcare pays providers to achieve patient health outcomes.
- Helps patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives.
- The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.

*“ Primary health care is care for all at all ages. All people, everywhere, have the right to achieve the highest attainable level of health ... and deserve the right care, right in their community. ”*

- World Health Organisation

### Opportunities for improvement



- Invest in primary care models that **meet growing community health and wellbeing needs**
- Future models for primary care in Gippsland could focus on local solutions and systems designed to reduce the burden on emergency departments and a **multidisciplinary business model** that strengthens the connection between hospitals, GPs, nurses and allied health
- Support **Medicare reform** as part of a primary health care system designed to meet the quintuple aim
- **Support current workforce** with professional development opportunities, wellbeing initiatives and ways of integrating with the broader health and wellbeing system
- Invest in **digital tools** to enhance consumer and provider experience as an alternative to face to face where appropriate
- Advocate for **addressing health inequities** in health care improvement and innovation by focusing on individuals and communities that need them most
- Support the implementation of recommendations from the **Strengthening Medicare Taskforce**
- Support inclusion of **nurse practitioners** as part of a primary health system with improved access and integration