

CENTRE FOR GENERAL PRACTICE INTEGRATION STUDIES

Incorporating: General Practice Integration Research Project

SUBMISSION TO PRODUCTIVITY COMMISSION INQUIRY INTO GENERAL PRACTICE COMPLIANCE COSTS

INTRODUCTION

This submission is being submitted on behalf of the Centre for General Practice Integration Studies at the School of Public Health and Community Medicine, University of New South Wales. This centre conducts research and evaluation into developments in general practice, particularly those associated with its emerging role in chronic disease management and population health. This work includes the areas of information management, organisational capacity and integration of health services, as well as the development of shared care between general practice and other services.

This submission deals particularly with the burden being placed on general practice through its developing role in these areas. It does not relate to other areas of compliance in general practice: for example financial management or governance.

In summary, while we recognise that increasing expectations of general practice create demands that some practices find hard to manage, these expectations reflect important developments in health care. In general the appropriate response is not to just to review and revise back the expectations, but also to support practices to develop the capacity to respond to them.

WHAT ARE THE INCREASING EXPECTATIONS AND WHY DO THEY MATTER?

Areas in which general practice is being increasingly expected to strengthen its role include:

- ❑ evidence based management of chronic disease
- ❑ detection and management of risk factors
- ❑ the health of populations (for example all the patients who attend and practice) and communities, rather than just the individuals who happen to seek services
- ❑ equity of access to and quality of care.

General practice is seen as particularly important in these areas because it provides the bulk of primary care, including continuing care for the majority of those with chronic diseases and complex care needs.

These expectations arise in part through increased consumer expectations and in part from mounting evidence about the impact of consistent, evidence based care in improving health. They were identified in the National Health Strategy report *The Future of General Practice* [1], supported through the subsequent General Practice Strategy and confirmed in the review of this strategy in 1998 [2].

WHAT COMPLIANCE DOES THIS REQUIRE FROM GENERAL PRACTICE?

There are a number of programs which are intended to encourage, support or reward general practice for providing more effective care in these areas. These programs include:

- ❑ Vocational Registration, which provides for higher Medicare rebates but requires GPs to pass examinations and do continuing training;
- ❑ accreditation, which enables practices and GPs to apply for the Practice Improvement Program payments, but requires the practice to achieve specific standards in the services it offers;
- ❑ Enhanced Primary Care Medicare items, which pay GPs for care planning, case conferencing and aged care assessments, providing that they meet certain minimum requirements (for example for consulting with other professionals);
- ❑ incentive payments for good quality diabetes, asthma and mental health care, for levels of immunisation attained and for conducting Pap smears amongst women who have not had a test for four years.

Inevitably, these programs place requirements on GPs and practices in a number of areas:

- ❑ in training (for example the training prescribed in the Better Outcomes in Mental Health Care program).
- ❑ in recording and reporting (for example recording the elements of diabetes care as they are provided and reporting that the full cycle has been completed);
- ❑ in audit (for example GP claims for payments may be subject to audit);
- ❑ in getting informed consent from patients (for example for an aged care assessment);
- ❑ in documenting communications with other service providers (for example for a care plan).

We do not wish to review these in detail, but consider that they are typical of the requirements for an accountable system of quality health care. While specific details can always be revised, general practice will need to develop the capacity to manage requirements such as these if it is to meet emerging public and professional expectations. We therefore suggest that the Inquiry focus on the need to strengthen the capacity of general practice to operate in this environment as well reviewing specific requirements. It might also consider the way in which these requirements are communicated to general practice and the types of support that are available to assist it. For example, our experience suggests that general practice finds it difficult to deal with a series of independent, single disease initiatives rather than more general approach to developing practice capacity.

HOW CAN GENERAL PRACTICE DEVELOP THE CAPACITY TO MEET THESE EXPECTATIONS?

While some practices are well able to manage current requirements, others, particularly solo practices, find this difficult. The infrastructure of many practices suits reactive acute but is less adequate for the complex mix of preventive, chronic and acute care that most practices now provide.

A number of programs are currently assisting to develop the capacity of general practices.

- ❑ Divisions of General Practice are increasingly focusing their efforts on developing practice capacity or providing services to support practices, including IM/IT within the practice.
- ❑ The current Commonwealth program to subsidise practice nurses in rural locations will increase practice capacity, particularly for the requirements for chronic disease and risk factor management.
- ❑ Accreditation programs by AGPAL and GPAA provide a framework within which practices can work to meet standards.
- ❑ Training courses such as the General Practice Business Advantage program run by Australian Divisions of General Practice.
- ❑ The RACGP is currently revising its practice standards.
- ❑ This Centre is involved in research to identify the capacity that practices need to provide effective chronic disease care.

These and other programs may need to be enhanced to support development within general practice. It may also be necessary to review the way in which requirements are presented to general practice

SUMMARY

While it is important to make compliance as easy as possible, some of the problems that general practice faces arise because its infrastructure has not kept pace with the increasingly complex care it provides. Developing this infrastructure is at least as important as lightening the burden of compliance, and it would be helpful to have this perspective reflected in the report from the Inquiry. It would also be helpful to have the Inquiry consider how support from external organisations and programs can best be configured to fit with the way general practice works.

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1. Commonwealth Department of Health Housing and Community Services, *The future of general practice*, in *National Health Strategy, Issues Paper No.3*. 1992, Commonwealth Department of Health, Housing and Community Services: Canberra.
2. Commonwealth Department of Health and Family Services, *Changing the future through partnerships. The report of the general practice strategy review*. 1998, Commonwealth Department of Health and Family Services: Canberra.