

The nature and magnitude of administrative and compliance

costs: A personal experience at the Grass roots

My husband and I set up in general practice in Cronulla Sydney 14 years ago .I now work two days a week in our general practice. In addition I spend time assessing all new government initiatives and where appropriate repackaging them to make them efficient and user friendly for the other 4 doctors in our practice. In summary I would consider the administrative burden to be

Paperwork related to day to day patient care

There has been no major change in the format and time taken to write scripts and referral letters, complete work certificates, Workcover forms and Centrelink paperwork. However,

- I am less able because of time restraints to complete these while patients are with me and thus legitimately attract a higher medicare rebate.
- I now receive a huge number of requests to complete these without an appointment. This problem is mainly because of shortage of doctors, scarcity of appointment and long waiting times
- I do not believe that computerisation has significantly lessened the load.
- Although the Authorities line is very efficient. Ringing up adds time to consultations. I also receive requests for authority scripts without an appointment. This is a significant pain at midnight when you are at home trying to catch up with paperwork.

In summary after each of my working days I carry home a washing basket full of paperwork. One of the other ladies in the practice coincidentally has one exactly the same.I am thinking of marketing the concept.

Accreditation

Sadly as with so many practices I only took on the arduous and costly task of accreditation so as not to lose the PIP which we had become dependant on. I decided if I had to do it I would do it well and try and use it to put systems in place for my practice.

I found it difficult to find time to set things up and took 3 months off from clinical work to complete the requirements for accreditation

I think there were some limited benefits but during my time away I missed a regular review of a patient and feel responsible for not having referred her earlier for her breast Cancer. It is not that the process was unproductive just that there is not the resource in General Practice

Computerisation

Like so many practices we computerised when it was obvious that part of the PIP would be dependent on it and there was a financial incentive to do so.

When they work they are great when they don't it is a disaster. We are not big enough organisations in general practice to have proper IT support. They are

expensive and the cause of much stresses whether it is simply a printer not working or the whole server going down.

EPC item, HMRs, SIPs

In an effort not to have to pass the cost of the relatively decreasing medicare rebate onto the patients I have accepted each new government program with enthusiasm, seen the anticipated positives and worked out how to adapt them to our practice in an entirely transparent manor.

None of these schemes are worth utilising financially unless you really embrace them. To do 10 CARE PLANS in a year is not worth the effort; to set up a system whereby each GP in the practice does 100 is worth it. So this is what I have done for each of the schemes

Health assessments

- Designed a single page form. It is overwhelming when template forms are 3-4 pages long.
- Employed a sister to complete part of the assessment.
- Actively recruited all patients over the age of 75 for an assessment

Of all the new item numbers this is one of the least arduous administratively and useful as an annual health summary.

Care Plans

- To set up a system for CARE PLANS in our practice took me at least 60 hours.
- I employ someone for around 10 hours a week to administer it.
- The doctors all complete the Care Plan paperwork in hometime.

Set up and administered with the least amount of effort for the doctors it is profitable financially and I believe for the patients. I do not believe many practices particularly solo GPs would have the resource to do this.

Case conferences

I spend an entire day reading and re-reading the schedule and decided that I simply could not meet the administrative challenge of organising case conferences in General Practice.

Home Medication Reviews

I teamed up with a pharmacist friend to try and make this work.

It took around 48 hours of administration to set it up. It has been incredibly beneficial clinically but I believe the administrative reality is that it is doomed to fail unfortunately.

SIPS

We have set up protocols for the asthma3+, Diabetes, Cervical screening and the mental health. The main problem has been patient response. We sent out over

100 letters to ask patients with Diabetes to come in. Only around 8 responded the rest were happy to just mention it at the next visit.

With all of these Item numbers and Schemes patients are a little bemused we seem to be doing extra work for them when they aren't sure if they want it and yet they can't get in to see us when they need to.

In summary I believe much of the administrative burden placed on us is in essence well meaning and intended to improve patient care. It is however extra work on a workforce already bulging under the strain. There is a possibility of extra remuneration but you have to be very organised and motivated to get it.