

Review of issues Paper on Analysis of Costs associated with 11 Commonwealth Government policies and programs that impact on general practice.

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As a practising GP the first point that comes to mind when attempting to analyse the costs involved in the various Government (and other) requirements and regulations is how much is being spent on the bureaucracy that establishes, implements and analyses them and how have they benefited real patient care?

It would be a useful initiative if all studies such as this were required to declare their budgeted costs. This would be a transparent manner of assessing activities associated with health but not directly linked to patient care.

The definition of general practitioner in this paper is appropriately broad, essentially covering all providers of unreferral medical care.

Which activities should be considered in measuring administrative and compliance costs?

Rather than deal with the individual questions this section could be covered by questioning whether the GP can see how his medical input is useful to his patients health or social situation, whether the forms and activities convey the GP's real opinion to the appropriate authority and whether the GP's opinion is carefully considered (as opposed to whether he has filled in the right boxes using the correct terminology). *Example: repeatedly filling out Sickness Benefit Forms for a woman with metastatic breast cancer who will never return to work.*

GPs frequently perform unremunerated work for the welfare of their patients but when it is for a Government requirement and correct clerical input is more important than clinical input it is not surprising that resentment and frustration add to the demands for compensation.

Recommendation: more consideration of clinical opinion be given in designing forms which allows for other than 'checkbox' answers.

The paper mentions the psychological costs on businesses associated with uncertainty regarding what is expected from various tasks. I would go further and suggest that having one's professional opinion assessed by a non-medical person via a form which has to be filled out using particular wording is demeaning and results in anger and frustration. It is not possible to measure psychological costs quantitatively but failure to take up some of the less complicated initiatives such as EPC items must reflect confusion on the part of GPs who are already doing the work anyway. Practices; with good practice nurses or managers make an enormous difference in whether tasks can be performed easily or not.

Recommendation: that more support be provided for practice staff and that Divisions continue to provide IT support to assist GPs with non-clinical work

Conclusion

Incrementally general practice has accepted more and more bureaucratic, requirements for patient management. It remains unclear whether there is an improvement in health

outcomes due to this or whether there is a benefit in terms of economy of health spending. There is certainly little benefit to the general practitioner doing the work. With good practice support there may be a benefit to the management of an individual practice but this comes at a cost that may not be able to be recouped at this level.

GPs need to feel valued for the work they do, not the forms they fill out. Australians' health has probably never been better and yet the primary health providers have never felt so besieged as now. Reducing patient care to more and more forms demeans the profession as a whole.

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