

**GPCG COMMENTS TO
THE PRODUCTIVITY COMMISSION STUDY ON
ADMINISTRATIVE AND COMPLIANCE COSTS ASSOCIATED WITH
COMMONWEALTH PROGRAMS THAT IMPACT SPECIFICALLY ON
GENERAL PRACTICE**

“THE REVIEW OF RED TAPE IN GENERAL PRACTICE”

INTRODUCTION

Australia’s general practitioners want to provide high quality health care that meets the needs of their patients. Unnecessary bureaucratic red tape impedes this objective.

The General Practice Computing Group (GPCG) has noted the findings and recommendations in the Commission’s Progress Report dated 10 February 2003 and feels that it is well placed to contribute to addressing some of these issues.

The GPCG’s mission is to contribute to the improvement of the health and quality of life of the Australian community through facilitating the systematic introduction and more effective management of information in general practice and between general practice and the health sector. The GPCG aims to maximise the number of general practitioners who use information technology for relevant clinical and administrative purposes and that the technological infrastructure enables nationally consistent linkages and uniform standards throughout the health sector.

It is noted that the Commission has received many submissions from GP organisations and others setting out the issues of concern and the GPCG is satisfied that the Commission has a good understanding of where the problems lie. In that context, the GPCG views are broadly in accordance with those received from other organizations, particularly the Royal Australian College of General Practitioners and the Australian Medical Association, both key GPCG stakeholders. The purpose, therefore, of this brief submission is to comment on relevant Findings and Recommendations from the Progress Report.

The GPCG notes that the Commission’s study is limited to Commonwealth programs and policies and those that do not impact on business generally. Of course it is critical that the impact of State/Territory and local Government compliance and administrative costs on general practice be acknowledged and at some stage taken into account. For this reason, some of the work proposed by the GPCG seeks to address that impact as well as the areas subject to the Commission’s investigation. Similarly, the impact of Commonwealth imposed red tape specific to general practice should be compared to that imposed on business generally.

KEY ISSUES

The key issues from the GPCG’s perspective are:

1. Standardising forms for the provision of information by GPs
2. Acceptance by Government that providing additional information is a business cost
3. Understanding that General Practices are businesses.

1. Standard Forms

This is the primary aspect of the Progress Report that relates to the GPCG. The GPCG has already independently commenced work in this area and provides the following comments against relevant Findings and Recommendations.

Comments on Draft Findings

Draft Finding 8

The GPCG is particularly concerned about the implications of this finding, noting that the problem is not just one that exists between Departments or Agencies, but occurs within Agencies such as Centrelink. This not only adds to the cost burden on GPs but makes more difficult the task of implementing IT solutions that use common platforms and standards and which can be universally adopted.

The GPCG strongly endorses Recommendation 5 and suggests that it be considered for membership of the Coordination Group.

Draft Finding 6

The use of differing IT systems across Departments is not the sole or major contributor to the maintenance of paper based systems. The ubiquity of infrastructure, social mores and the general expectations of consumers are also factors. However, achieving a degree of uniformity of systems will contribute to a reduction on the reliance on, if not use of, paper based systems.

Draft Recommendation 6 is fully supported as a precursor to further work aimed at driving agencies and the community towards acceptance of paperless data transfer and storage. The GPCG sees a primary role for itself in progressing this work in particular.

Draft Finding 11

The GPCG has established a special Task Group to examine the nature of forms currently in use for the provision of information to Departments and agencies by general practice. The Task Group brings together key GPCG stakeholders and experts.

Draft Recommendation 7 is already being progressed through the work of the GPCG Task Group whose principal mandate initially is to develop a standard form of information collection from GPs. In order for this outcome to be a realistic objective, consideration needs to be given to the underlying infrastructure issues. These include development of a standard vocabulary and terminology for use by GPs and agencies to ensure collected data is capable of transmission at all. Other standards and encryption issues also need to be address to ensure the integrity of the data, security of information and protection of privacy. These are all areas the GPCG is actively involved in and which need to progressed in parallel with and developments involving the transmission of data from general practice.

2. Additional information is a business cost

The particular area of interest to the GPCG is information management and information technology (IM/IT). The Commonwealth's approach to this agenda is guided by its Health Online Policy. The GPCG believes that the implementation of the Government's on-line agenda, including the principle that information should be exploited for secondary uses such as research, policy or planning, has the following impacts and consequences:

- Data and information collection role imposed on general practitioners that is "additional" to that already undertaken with no compensation for that additional role;
- a "policing" role on general practitioners in relation to issues such as health care entitlements and/or accuracy of HIC records.;
- onerous role in respect of privacy policy implantation, especially in respect of "informed consent". This role tends to extend beyond a GP's clinical role.
- Significant costs incurred in avoiding any risks associated with responsibility for a higher and more complex process of informed consent.

Far from representing benefits to general practice or, more importantly, improved health outcomes, many of the Government's IM/IT initiatives have created a greater burden for general practice with the associated benefits flowing directly to Government. The burden is seen through the need for additional and upgraded infrastructure, maintenance, support, education and training costs and changes to and increases in administrative work practices.

This cost shifting is not only impacting on the viability of general practices, with the potential risks to public health that are implicit in that, but it will also have a longer term impact on the willingness of GPs to embrace and actively take up Commonwealth IM/IT initiatives in the future.

The answer is acceptance of the principle that GPs need to be incentivised to do additional things. That need not be a financial incentive and can take many forms. For example, if a GP is required to provide some extra information, returning the information in aggregated and de-identified form might offer some benefit back to the GP. Alternatively, a demonstration that the GP's efforts are in some way providing efficiency gains that in turn will enable GPs and their patients to benefit. Whatever the approach, the take up of IT will be enhanced if GPs do not feel they are being made to carry the cost on themselves or their patients.

3. General Practice as a Business

In essence this relates to the fact that Commonwealth initiatives and Departmental/Agency programs often look at the business case for new initiatives in terms of efficiencies to be achieved by the Department or agency itself. The HIC's Business Improvement Program is a case in point. The focus of that is to improve the business processes of the HIC to ensure a better use of its resources and more efficient management of information within the HIC. This can come at a cost to General Practice and engenders a degree of resentment that the Commonwealth seems to think that GPs derive benefits from these efficiencies.

It is important for the Commonwealth to have an understanding of the impact on business flows within general practice. This is not just about recognizing the costs or rewarding GPs. It is important from the perspective of fostering the take up of IM/IT and would assist in delivery of the outcomes referred to in the Progress Report. GPs welcome initiatives that contribute to health outcomes and will embrace IM/IT initiatives if they feel that doing so is in the interests of health outcomes.

Being bogged down in data collection or implementing complex initiatives (such as PKI) is not conducive to maintaining patient throughput and therefore will have a direct impact on the number of patients a GP can see in a day. Adding 30 seconds to a consultation can mean the each GP gets to see one less person per day. That is 23,000 Australians who will not be seen by their GPs per day and a cost that the whole community should not have to carry.

The GPCG would be happy to engage in discussions with the Commission or to answer any questions and provide further information if required.

Please don't hesitate to contact me if required