

DANDENONG



DISTRICT

DIVISION OF GENERAL PRACTICE

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24th September 2002

Please find attached Our results from the study into General Practice Compliance Costs.

Kind Regards,

On Behalf of Dr Graeme Downe

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Dandenong District Division of General Practice

Study into General Practice Compliance Costs

A survey of GP's across the Dandenong District Divisions geographical boundaries was performed. The survey asked questions relating to workload and remuneration. Separation into the four department areas as per attachment C was performed to assist question focus. It was noted that within the categories there were:

- 1). Forms for completion with specific attached payment. eg. Centerlink.
- 2). Forms for completion with specific attached payment. eg. DVA.
- 3). Administration tasks that indirectly lead to remuneration. eg. Pip tasks.

Summary of Findings:

Department of family and community services

100% respondents reported excessive workload in this category.

100% responded insufficient remuneration.

80% reported some forms not appropriate for GP completion.

Comments included: Forms "inefficient" and "repetitive"
many questions on activities of daily living and physical function, known to patient but not GP.

PIP Requirements

78% reported the administrative task of PIP requirements to be "high/substantial/too complicated" but recognised the level of attached remuneration.

DVA

The DVA volume plus attached remuneration was reflected in results of 50% satisfaction with 50% reporting some frustration.

Comments included:

- Payment is appropriate.
- Veteran population size – low, not overly demanding.
- Well paid.
- Repetitive forms.
- Conditions claimed that patients have never been treated for.
- often duplication.

PBS Authorisation

Equal spread with responses of satisfactory V's excessive workload.

Collated suggestions/strategies for change are listed for reference:

- Pay time included with DFCS forms.
- Remunerate all forms.
- Scrap PBS authorities now.
- The PBS authorization system should be publicly audited nationally.
- PBS authorization workers on the phone should be fluent in English.
- Increased flexibility on PBS authorities, e.g.: being able to do a repeat before last repeat if patient is going away.
- Centerlink staff need to be better informed about what is required for patients to qualify for benefits
- Simplify forms so more can be done by patients and less needs to be done by the doctor, (or even the Centerlink staff could complete.)
- Don't ask forms to be completed if info is not going to be acted on.

- Time sickness benefit forms, to when certificates are due.
- PBS authority scripts are a waste of public money. These items should be restricted benefits with some random auditing to ensure compliance with indicators.

It has been noted from the most recent Australian Doctor 6/9/02 page three, that Centerlink forms will be modified from 20/9/02. We hope a high level of GP collaboration occurred in the development process. Perhaps these forms should be subject to a similar process.