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## Chapter 10: General practice (GP)

### *The general practice chapter*

General practice is a major component of Australia's healthcare system and plays an important role in the delivery of health services. General practitioners (GPs) form part of the primary health care system and are at the interface between primary care and other parts of the health system. Consequently, support for general practice is an important part of government strategy to improve health outcomes in Australia.

### *Indigenous data in the general practice chapter*

The general practice chapter in the *Report on Government Services 2003* (ROGS) contains the following data item on Indigenous people:

- Location of practices of GPs who saw Indigenous people, 2001-02;
- Distribution of Indigenous encounters by remoteness, 2001-02;
- Indigenous encounters by source of funding, 2001-02;
- Most frequent reasons for encounter, Indigenous patients and all patients, 2001-02;
- Indigenous and non-Indigenous health problems managed, 2001-02; and
- Summary of management activities for Indigenous patients, 2001-02.

### *Supporting tables*

Supporting tables for data within the general practice chapter of the compendium are contained in the attachment to the compendium. Supporting tables are identified in references throughout this chapter by the abbreviated chapter name (for example, GP.A5 is table 5 in the general practice attachment to the compendium).

As the data are directly sourced from the *Report on Government Services 2003*, the compendium also notes where the original table, figure or text in the Report can be found. For example, where the compendium refers to 'ROGS 2003, p. 6.15' this is page 15 of chapter 6 of the Report and 'ROGS 2003, 6A.2' is attachment table 2 of attachment 6 of the Report.

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## *Use of general practice services by Indigenous and non-Indigenous people*

*Bettering the Evaluation and Care of Health* (BEACH) is a study of general practice activity in Australia. About 1000 GPs participate in the BEACH study each year, with each participant recording details of 100 consecutive patient encounters. The 2002 BEACH study involved 983 GPs who each recorded 100 patient encounters (98 300 encounters). After post-stratification weighting there were 96 973 encounters (ROGS 2003, table 10A.6). (Britt *et al.* 2000) define an 'encounter' as any professional interchange between a patient and a GP.)

The Australian Institute of Health and Welfare (AIHW) and the (then) Department of Health and Aged Care report *Expenditures on health services for Aboriginal and Torres Strait Islander people, 1998-99* provides an analysis of data on the utilisation of general practice services collected in the BEACH survey. A series of adjustments were made to address under-identification and other methodological issues in the BEACH survey (AIHW 2001). These adjustments rest on a fundamental assumption that the characteristics of Indigenous people captured by the BEACH survey are identical to the people that were not covered in the survey. The adjusted data indicate that for every dollar expended on non-Indigenous people under the Medicare Benefits Schedule, 41 cents was spent on Aboriginal and Torres Strait Islander people. For Pharmaceutical Benefits Scheme (PBS) expenditure, 33 cents was spent on Indigenous Australians for every dollar expended for non-Indigenous people.

The BEACH study of general practice activity in Australia includes questions to identify encounters between Indigenous patients and participating GPs, however, the data should be treated with care. First, the sample frame has not been designed to produce statistically significant results for population sub-groups such as Indigenous Australians. Given that Indigenous Australians make up 2.4 per cent of the Australian population, sample surveys such as BEACH generally do not identify sufficient Indigenous people to produce reliable results unless an additional sample has been specifically chosen to target Indigenous Australians. Therefore, the BEACH survey does not generally produce statistically reliable information for this population group.

Second, the identification of Indigenous Australians is not complete. In the BEACH survey there are more 'not stated' responses on the Indigenous question (10 per cent) than 'yes' responses. It can be assumed, therefore, that the survey consistently undercounts the number of Indigenous people visiting doctors. In addition, there is no information on whether the health characteristics of those who have been inaccurately 'not identified' are significantly different to those that have

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been identified. This affects the accuracy of the detailed results of the survey for Indigenous Australians.

There were 982 encounters between Indigenous patients and GPs in the 2001-02 BEACH study, which represented 1.0 per cent of encounters in the study — a lower proportion than the 2.4 per cent of the Australian population identified as Indigenous in June 2001 (tables SA.A1 and SA.A4 in the Statistical Appendix). Of the Indigenous encounters, 87.1 per cent stated they were Aboriginal, 9.7 per cent stated they were Torres Strait Islanders and 3.2 per cent said they were both.

The location of practices of the 272 GPs who saw Indigenous people was markedly different to that of the total GP sample. Only 54.6 per cent of GPs who saw Indigenous people practised in capital cities, compared with 69.3 per cent of the total sample. In contrast, 2.3 per cent of these GPs practised in remote areas compared with 0.5 per cent of the total sample and approximately one quarter (24.6 per cent) practised in small rural or other rural areas, compared with 15.4 per cent of the total sample (table GP.A1).

Indigenous people are more likely to live outside urban areas than non-Indigenous people, which may affect their access to and use of general practice services. In 1996, 26.1 per cent of Indigenous people lived in remote and very remote areas compared to only 2.0 per cent of non-Indigenous people (CGC 2001). Indigenous encounters by remoteness are shown in table GP.A2.

General practitioners treating Indigenous people tended to be younger — 13.6 per cent were aged 35 years or less, compared with 7.1 per cent of the total GP sample, and 31.5 per cent were aged 35 to 44 years, compared with 26.8 per cent of the total sample (Britt *et al* 2002). The age distribution of Indigenous patients differed markedly from that of the total sample of patients for all encounters. Overall, Indigenous patients were significantly younger than the total sample of patients encountered. The proportion of Indigenous patients aged less than 44 years was 68.2 per cent compared with 48.6 per cent in the total data set. This difference was apparent in all the younger age groups. In contrast, the proportion of encounters with older Indigenous people was lower than that of the total data set. Only 8.9 per cent of Indigenous patients were over 65 years, compared with one in four in the total sample. The different age structure for Indigenous patients reflects the much younger age profile of the Indigenous population.

The ABS estimated residential population figures for 2001 show that 38.9 per cent of the Indigenous population was aged under 15 years, compared to 20.2 per cent of the non-Indigenous population. Only 2.8 per cent of the Indigenous population was aged over 65 years, compared with 12.4 per cent of the non-Indigenous population (tables SA.A1 and SA.A4 in the Statistical Appendix).

Most encounters (92.7 per cent) between GPs and Indigenous people in 2001-02 were paid for by the Commonwealth through Medicare, with standard surgery consultations accounting for 73.2 per cent of encounters (table GP.1).

**Table GP.1 Indigenous encounters by source of funding, 2001-02**

	<i>Number<sup>a</sup></i>	<i>Rate per 100 encounters</i>	<i>95% LCL<sup>b</sup></i>	<i>95% UCL<sup>b</sup></i>
Direct consultations	916	97.6	96.5	98.6
No charge	12	1.3	–	21.3
MBS items of service	870	92.7	89.8	95.7
Standard surgery consultations	689	73.2	67.7	79.1
Workers compensation	12	1.3	–	25.9
Other paid (hospital, State, etc.)	22	2.3	–	17.7
Indirect consultations	23	2.4	–	5.5

<sup>a</sup> Missing data removed. <sup>b</sup> LCL = lower confidence limit; UCL = upper confidence limit. – Nil or rounded to zero.

Source: Britt *et al.* (2002); ROGS 2003, p. 10.9.

The most common reasons for encounters given by Indigenous patients are provided in table GP.2 with the comparative results from the total data set. The only significant difference between the more common reasons for encounters with Indigenous people and the total data set was the rate of requests for a checkup (either of a general nature or of a specific body system), which was significantly lower than the average at Indigenous encounters (5.2 per 100 Indigenous encounters compared with 13.4 per 100 total encounters).

**Table GP.2 Most frequent reasons for encounter, Indigenous patients and all patients, 2001-02**

<i>Patient reasons for encounter</i>	<i>Indigenous encounters</i>			<i>All encounters</i>		
	<i>Rate per 100 encounters (n=982)</i>	<i>95% LCL<sup>a</sup></i>	<i>95% UCL<sup>a</sup></i>	<i>Rate per 100 encounters (n=96 973)</i>	<i>95% LCL<sup>a</sup></i>	<i>95% UCL<sup>a</sup></i>
Prescription—all <sup>b</sup>	8.3	5.2	11.3	9.8	9.2	10.3
Cough	6.9	2.8	11.0	6.5	6.1	6.9
Check-up—all <sup>b</sup>	5.2	1.2	9.1	13.4	12.7	14.0
Back complaint <sup>b</sup>	4.4	–	9.2	3.8	3.6	4.1
Test results <sup>b</sup>	4.2	–	11.9	4.7	4.4	5.1
Immunisation all <sup>b</sup>	3.9	–	8.3	4.6	4.1	5.1
Fever	3.9	–	8.3	2.0	1.7	2.3
Abdominal pain <sup>b</sup>	2.9	–	6.1	2.1	2.0	2.3
Throat symptom/ complaint	2.7	–	6.5	3.8	3.4	4.1
Rash <sup>b</sup>	2.7	–	7.1	2.8	2.6	3.0
Diabetes (non-gestational) <sup>b</sup>	2.4	–	5.6	1.0	0.8	1.2
<b>Total reasons for encounters</b>	<b>149.5</b>	<b>143.6</b>	<b>155.5</b>	<b>149.2</b>	<b>147.4</b>	<b>150.9</b>

<sup>a</sup> LCL = lower confidence level; UCL = upper confidence level. <sup>b</sup> Includes multiple primary care classification codes. – Nil or rounded to zero.

Source: Britt *et al.* (2002); ROGS 2003, p. 10.10; table GP.A3.

The 10 most common problems managed at encounters with Indigenous and non-Indigenous people are presented in table GP.3. The wide confidence intervals generated by the small sample size rendered none of the differences statistically significant.

Table GP.3 **Indigenous and non-Indigenous health problems managed, 2001-02**

<i>Problems managed</i>	<i>Indigenous encounters</i>			<i>All encounters</i>		
	<i>Rate per 100 encounters (n=982)</i>	<i>95% LCL<sup>a</sup></i>	<i>95% UCL<sup>a</sup></i>	<i>Rate per 100 encounters (n=96 973)</i>	<i>95% LCL<sup>a</sup></i>	<i>95% UCL<sup>a</sup></i>
Hypertension <sup>b</sup>	6.6	3.1	10.2	9.0	8.6	9.5
Diabetes <sup>b</sup>	6.0	3.1	8.9	3.1	2.9	3.3
Asthma	5.0	–	10.5	2.8	2.6	3.0
Upper respiratory tract infection	4.9	1.0	8.8	6.2	5.8	6.6
Immunisation (all) <sup>b</sup>	4.6	–	12.2	4.7	4.2	5.1
Acute bronchitis/ bronchiolitis	3.9	0.3	7.5	2.7	2.5	3.0
Depression <sup>b</sup>	3.2	–	6.7	3.4	3.2	3.6
Back complaint <sup>b</sup>	3.1	–	8.5	2.6	2.4	2.8
Acute otitis media/ myringitis	3.0	–	6.1	1.3	1.2	1.5
Lipid disorder	2.3	–	5.7	2.9	2.7	3.1
General checkup <sup>b</sup>	2.2	–	6.0	1.8	1.6	2.0
Urinary tract infection <sup>b</sup>	2.1	–	5.8	1.6	1.5	1.7
Impetigo	2.1	–	11.0	0.2	–	0.5
Pregnancy <sup>b</sup>	2.0	–	5.0	0.9	0.7	1.1
Sub-total	501	35.2	..	29.9	..	..
<b>Total problems</b>	<b>144.7</b>	<b>136.8</b>	<b>152.7</b>	<b>143.4</b>	<b>141.7</b>	<b>145.2</b>

<sup>a</sup> LCL = lower confidence level; UCL = upper confidence level <sup>b</sup> Includes multiple primary care classification codes. – Nil or rounded to zero. .. Not applicable.

Source: Britt *et al.* (2002); ROGS 2003, p. 10.11; table GP.A4.

Table GP.4 summarises the major management activities associated with encounters with Indigenous people. The relative rate of problems managed at encounter were almost identical in the Indigenous encounters and in the total data set. There were no statistically significant differences in any of the other encounter variables due to wide confidence intervals generated by the small size of the Indigenous encounter sample.

**Table GP.4 Summary of management activities for Indigenous patients, 2001-02**

	<i>Number</i>	<i>Rate per 100 encounters (n=983)</i>	<i>95% LCL<sup>a</sup></i>	<i>95% UCL<sup>a</sup></i>
Problems managed	1422	144.7	136.8	152.7
New problems	606	61.7	52.9	70.5
Work-related	19	1.9	–	6.6
Medications	1176	119.7	105.5	134.0
Prescribed	1001	101.0	85.8	118.0
Advised OTC <sup>b</sup>	58	5.9	0.9	10.9
GP supplied	117	11.9	–	28.8
Other treatments	559	56.9	46.9	66.9
Clinical	427	43.5	35.2	51.8
Procedural	132	13.4	10.0	16.9
Referrals	106	11.9	7.6	16.2
Specialist	62	6.3	3.0	9.7
Allied health services	35	3.5	0.3	6.8
Pathology	375	38.1	22.6	53.7
Imaging	92	9.3	5.4	13.2
<b>Total management activities</b>	<b>1469</b>	<b>149.5</b>	<b>143.6</b>	<b>155.5</b>

<sup>a</sup> LCL = lower confidence limit, UCL = upper confidence limit. <sup>b</sup> OTC = over the counter.

Source: Britt *et al.* (2002); ROGS 2003, p. 10.12; table GP.A5.