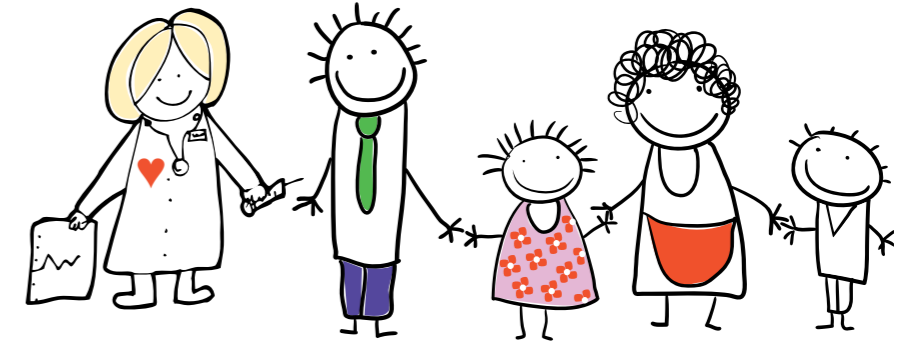


family doctors

the heart of health



Message to GPs from AMA (NSW) President and Deputy Chair, GP Taskforce, Dr Brian Morton.

In my many conversations and meetings with GPs over the past few months it has become obvious that my colleagues are very uneasy about the future of general practice and the Commonwealth Government's reform agenda. At the same time the vast majority of GPs are passionate about their vocation and deeply believe what they do is valuable and worthwhile.

The AMA has been working hard to represent the interests of GPs to the Commonwealth Government and has made some significant policy gains in recent times. However, more needs to be done to remind the decision-makers that general practice is the cornerstone of what is demonstrably one of the best primary healthcare systems in the world.

Recognising this need the Federal AMA established a GP Taskforce in November last year to develop a GP campaign in the lead-up to the Federal election. To provide a sound basis for this campaign an independent company was commissioned to undertake research into the public's views of general practice and run focus groups of GPs to enable the AMA to gain a better understanding of their concerns and views.

What does the public think?

This special feature reports in detail on the fascinating results of the research. You will be pleased to read that the outcomes of the public polling are very positive. While details are provided on

the following pages some key points include:

- 88 per cent of patients are very satisfied/satisfied with the medical care they receive.
- 84 per cent agree with the view that every Australian should be able to see a GP of their choice and only doctors are trained to manage a wide variety of issues.
- 86 per cent of patients agree it is important to have a usual family doctor they know and trust.

Interestingly, when asked to rate a range of health professionals for knowledge, experience and trustworthiness, the public rated the "family doctor" as easily the highest, even higher than the "general practitioner". It may seem to you and me that there is no difference between a family doctor and a general practitioner but the question was deliberately phrased in a way to test what description resonates most with the public.

Another fascinating finding is that the public very clearly understands only doctors are trained to diagnose and treat the full range of illnesses. The survey shows the public have a great deal of respect and affection for nurses and want to see more Government funding for nurses in primary care. However, the public also has strong views that nurses should be working with doctors rather than independently.

Almost all members of the public have more than one GP i.e. they have

a trusted family doctor but also visit clinics and see any available doctor. The research clearly shows that Australian mothers (it is clear that it is mothers rather than fathers) self-diagnose to the extent that they will visit their trusted family doctor when they perceive that the issue is important but will visit a "convenience" GP (a clinic or a GP who is closer) for matters they perceive to be minor.

The message of this research is clear – Australians will not support any government policy that threatens the right of every family to visit their trusted family doctor whenever they need to.

What do GPs think?

Following the completion of the public polling the independent researchers undertook in-depth discussion with 81 GPs selected on the basis of achieving a spread across age, location, type of practice and AMA membership/non-membership. The research took the form of online focus groups, telephone interviews and survey questions. While the results of the research are detailed on following pages the key themes are:

- GPs are overwhelmingly positive about choosing to be a GP but are very concerned the system penalises them financially for providing quality patient care.
- They feel general practice has been devalued in the eyes of the Government, the public and their specialist colleagues.
- They are very concerned about the

loss of continuity of care for patients.

- They want Medicare to be simplified and red tape reduced.
- GPs value and want a strong role for nurses to work with them in general practice.

What is the AMA doing?

The AMA will campaign on behalf of GPs between now and the Federal election along the theme "Support Family Doctors – the Heart of Health". The campaign will involve a campaign website where GPs and the public can register their support and express their views, material for GPs to distribute to patients to enlist their support, email campaigns directed at local MPs and opportunities to meet MPs face-to-face.

We will continue to lobby the Commonwealth Government to ensure the voices of GPs are heard at the highest level. During the term of this Government we have strongly influenced policy changes affecting GPs:

- The risk of fund-holding Primary Health Care Organisations (PHCOs) has been averted with recent policy announcements giving PHCOs the role of managing funds for allied health but not GPs.
- Proposed legislation giving Medicare auditors unrestricted access to patient records was amended following AMA lobbying so only medical practitioners can access clinical information.
- A proposal to give midwives and nurse practitioners access to the MBS and PBS has been significantly amended so access is now dependent on mandatory

collaborative arrangements with doctors.

- Following representations by the AMA, the Government has announced significant increases in the number of GP training places.

As part of the "Support Family Doctors" campaign we will lobby on behalf of GPs and their patients in five key areas:

1 Choice of doctor – maintenance of the right of all Australians to choose and see their own family doctor.

2 More time to spend with patients – improved MBS arrangements to support a broader range of work to be undertaken by GP practice nurses and allied health workers.

3 More practice nurses – funding for 1,300 more practice nurses/allied health workers to support GPs by 2011/12.

4 Support for infrastructure – \$830 million is needed over the next three years to kick-start the facilities required to teach and train and provide comprehensive multidisciplinary care through general practice.

5 MBS simplification – review and simplification of MBS GP items to enable patients to receive rebates appropriate to, and reflective of, the high quality acute care, complex care, chronic disease management and preventive care provided in general practice.

What can you do to help?

- Go to www.supportfamilydoctors.com.au to register your support for the campaign and provide your views.
- Organise a meeting of your local GPs to discuss the campaign and invite the AMA to attend.
- Respond to requests for your participation as the campaign unfolds e.g. send an email to your local MP.
- Encourage your colleagues to join the AMA and support the campaign to support family doctors.

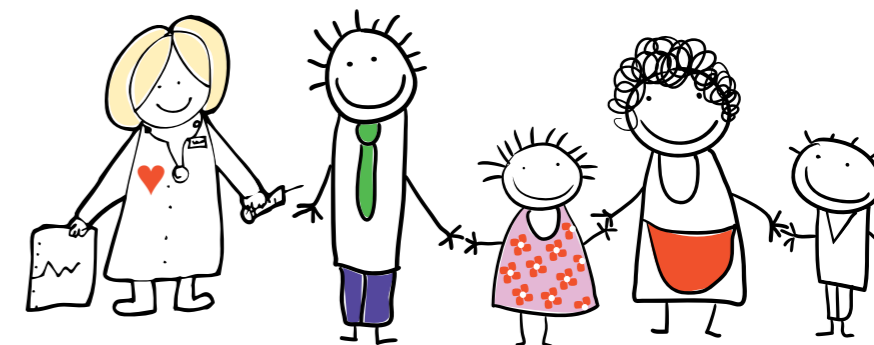
GP views

"GP status and income has gradually fallen to the point where it is no wonder graduates do not see general practice as a career. I do my best to promote GP to my medical students but acknowledge that it is mainly for variety, continuity of care and lifestyle."
Female, Outer Urban, Group Practice

"The pressure under which we seem to work is not conducive to thoughtful and creative doctoring. Turnstile medicine is not good either for patient or doctor."
Male, Inner Urban, Medical Centre

What do Australians think about primary care?

The AMA's national patient poll results



Australians value their family doctors and would support measures that gave them more time and resources to deliver patient care, including an extension to the numbers of nurses working in GP practices.

These are among the key findings of Australia's first comprehensive survey of GP patients conducted in January 2010 by Essential Research for the Australian Medical Association. The national patient poll of 1,510 respondents found:

The 'family doctor' is the highest-ranking health professional. In scoring health professionals from 1 to 10 in terms of knowledge, experience and trustworthiness the family doctor scores the highest against each of these attributes – significantly higher than GPs or doctors generally.

Q A positive experience when visiting a doctor

- 88 per cent of patients are very satisfied or satisfied with the medical care they receive.
- 62 per cent visited a doctor about one particular health issue and 30 per cent raised a range of different health issues when they last visited a doctor.
- Half (50 per cent) are bulk billed by their GP through Medicare and don't pay the bill at the counter. One quarter (25 per cent) pay for some of the costs and other services are bulk billed and 15 per cent visit a doctor that doesn't bulk bill.
- Of those that aren't offered bulk billing 48 per cent indicated it was because they don't mind seeing a doctor they know and trust and 32 per cent say it is impossible to find a doctor who bulk bills.

Q Access and relationship with GP is of prime importance

- 40 per cent of those surveyed visit a GP two-or-three times a year and most (88 per cent) have a regular GP.
- Of the 12 per cent that don't have a regular GP more than half (57 per cent) attend a local clinic and see any available doctor and 24 per cent go wherever they can to get an appointment.
- 58 per cent think it is reasonably easy to see a GP – they can get an appointment but may need to wait.
- 66 per cent think that getting enough time with the doctor is very important.
- 65 per cent think having a long-term relationship with one doctor so they can know their medical history is very important.

Q The public are hesitant of independent nurse practitioners

- 82 per cent agree the best outcome for patients is to have doctors and nurses working together.
- 80 per cent believe nurses are not trained to diagnose the full range of illnesses and diseases.

Q The public wants GPs to remain the first point-of-call in primary healthcare

- 80 per cent agree the general practitioner should remain as the primary point of care for all health issues.
- 84 per cent agree with the view that every Australian should be able to see a GP of their choice and only doctors are trained to manage a wide variety of issues.

The public agrees with the view of doctors that while nurses have a role in the health system it would be dangerous in some circumstances for a patient not to see a doctor for expert diagnosis and management.

There is clear public support for doctors and nurses working together with 76 per cent agreeing with a model that sees the government funding more nurses to work with GPs in general practices.

Q The public value GPs' role in primary healthcare and society more broadly

- 86 per cent of patients agree it is important to have a usual family doctor they know and trust and 78 per cent agree GPs and family doctors are the fundamental pillar of a good society.
- 71 per cent agree they get good value from the time spent with their general practitioner.

Q The public support investment in training more GPs rather than replacing doctors with nurses

- 76 per cent agree that nurses cannot replace GPs because they lack the training to diagnose and treat the full range of illnesses.
- 69 per cent agree the reason Australia doesn't have enough doctors is because of bad government policy and it is time the government invested in more GPs.

GP views

"By far the biggest issue is time. Fifteen minutes is not enough time but in order to keep a practice viable it has got to be... Time is a factor because of poor remuneration. If I could see 20 patients a day and remain viable I would. I need to see 30+."
Female, Outer Urban, Group Practice

"I am frustrated by the care plans – apart from accessing a few allied health services cheaply I have never seen a single patient benefit from these care plans. They take ages to do – they look pretty with all the right boxes filled out – and then nothing happens."
Female, Outer Urban, Group Practice

"A practice nurse is a great boon. A nurse working in their own special skill areas within our structure is very valuable. Dressings, injections, skilled observation, procedural assistance, advice on these, intelligent phone assistance and screening, all are useful. To be able to access allied health in a way that attracts rebates, without all the official paperwork guff, would be useful."
Male, Inner Urban, Group Practice

GP research summary

Doctors' thoughts on being a GP

- GPs, regardless of age, choose to become a GP for positive personal and professional reasons. These are a combination of diversity of medical knowledge and application, interest in people, ability to provide continuity of care, a flexible lifestyle and being a meaningful part of the community.
- Most were happy with their career choice although some GPs were happier than others. Those happier tended to be regional/rural GPs who had work/life balance right, were financially happy and valued in the community or those working in 'well run' practices where the pressures of GP life were shared.
- Few regretted their career choice but many were concerned younger doctors would not choose to become GPs because specialist career paths are much more financially rewarding. Because of this some would not recommend being a GP to others even though they were satisfied with their own career.
- Some felt specific things had improved for GPs over their time in the profession including:
 - technology which has created efficiencies.
 - improved remuneration (for some).
 - recognition of being specialists.
 - collaborative work with allied health.
- Overall most felt things had become worse for GPs due to increased pressure through a combination of:

- less financial reward due to the competing interests of time vs. quality vs. money.
- very burdensome paperwork – Audits, Medicare, Care Plans and other Government forms.
- fragmentation of GP services reducing continuity of care.
- doctor shortages, especially in country areas.
- de-skilling, a particular concern for older doctors.
- the risk of burnout or not getting the work/life balance right.
- a reduced sense of value due to a combination of patient demand, lack of 'care' by government/doctor organisations and less money.

Doctors' thoughts on patients' pragmatic 'two' doctor choice

- The most common complaint from patients was gaining access to their preferred doctor.
- Reaction to the pragmatic choice that many patients make to have two doctors – a family trusted doctor and a convenience doctor – was mixed.
 - Some accepted that was the reality and even did it themselves for their family.
 - Some thought it was just sensible for patients given the limitations of the system.
 - Some were angry because they felt they got the complex patients, put in the work and were punished financially for it.

- Some complained about how it cost resources, duplicated tests and information was not shared or available.
- Others thought it demonstrated the need for e-health so records could be accessed.
- Those in practices that had created a structure for this – duty doctor, emergency doctor or appointments – felt they were responding to it and had fewer complaints.
- All thought continuity of care was a priority.

Money matters

- Many of the conversations ended with discussing money. It was very clear that GPs did not want to sound like they were money grabbing or money focused but discussions around quality care and ability to service had a financial outcome, either positive or negative. Money became the measure of satisfaction, reward and value.
- Complex cases, preventative health and at times delivering quality care often takes time but income is derived from patient throughput. It was found that GPs getting a ‘case-mix’ of simple, mid-level and complex health issues is critical to balance remuneration and for some, ‘burnout’.
- GPs responded they are resentful of corporatised medicine with economic models delivering higher remuneration through targets of a minimum number of consultations.
- GPs see medical colleagues such as specialists as having less pressured working conditions and significantly higher pay.
- This discussion also led to a conversation around fee-for-service, bulk billing and value. There was no consensus.
 - Some think the public see healthcare as free and just have to deliver.
 - Some think the schedule is what the government is only prepared to pay and GPs should charge a fee. Many do and say is hasn’t reduced their patient numbers.
 - Others want a combination of a higher schedule and co-payments.

Nurses

- Many GPs interviewed use Practice Nurses in their practice.
- These nurses performed a range of tasks including dressings, immunisations, overseeing care plans, home visits, paperwork and preparation for procedures etc.
- Without exception GPs valued these nurses. Several had only recently introduced them and initially didn’t think they would do much only to find they now can’t live without them. It has given GPs more time to focus on what they want to achieve with patients.
- Many GPs wanted to increase the abilities of their Practice Nurses by enabling them to perform certain tasks without in-person oversight. They also thought the Medicare system should be adjusted to enable them to bill for these tasks. The current arrangements require sign-off for everything, which is not always necessary and limits remuneration.
- Involving nurses and other allied health professionals in GP care was very much desired, especially by younger GPs.

Independent Nurse Practitioners

- Overall the ‘independence’ of Independent Nurse Practitioners was not supported.

- Many GPs were horrified of the ‘independence’ aspect. While holding the greatest respect for nurses, GPs did not feel they were in a position to diagnose and treat without a doctor’s oversight and that the risk of minor illnesses turning into something major was too high.
- GPs also felt their own role, training and experience would be significantly diminished and further undervalued.
- In remote and rural areas where health professionals and especially doctors are lacking, an INP was seen as an acceptable alternative but still requiring back-up, using technology, from doctors.
- Increasing nurses’ role in GP services was seen as very welcome but support and supervision by GPs was deemed essential.

public view

“I have two GPs, my family one – the one that I grew up with... We have got one close to the house for the kids if they are sick. But if it is something more important, I take them to the family one – I really, really trust him”.
Public Interviewee

	EXTREMELY KNOWLEDGEABLE RATED 8-10	EXTREMELY EXPERIENCED RATED 8-10	EXTREMELY TRUSTWORTHY RATED 8-10
Family Doctor	72%	71%	76%
GP	65%	66%	64%
Doctors	66%	66%	64%
Doctors in emergency at hospital	56%	57%	56%
Nurses	42%	51%	57%
Locum (doctor on call)	42%	44%	44%
Alternative therapist	15%	19%	19%

The health reform we need...

By Sim Mead



Public healthcare reform is complex and the debates shift from overly simplistic sound bites to complex economic and specialist analyses. The question of whether or not we need major health reform in Australia is quite simple, we do. The questions of why we need it and what form the reforms should take are far more complex and contentious.

Let’s go to the “why” question first. The single important reason why we need health reform is about long term affordability in the context of an ageing population and increases in chronic disease. We want to maintain our high standards in the context of growing demand and limited budgets. What needs to be reformed is more difficult to define.

Our healthcare system performs very well by international standards. Australia has the third longest life expectancy of all OECD¹ countries and if we examine the key indicators for our hospitals reported each year by the AMA², the differences in performance between states is marginal. All perform reasonably well. This is not to infer there is no scope for improvement in patient outcomes but improvement in these areas is best managed by health professionals rather than through a

national reform process. Issues created by multiple levels of government engaged in policy and funding of various aspects of the system instead of as a coordinated whole are best managed through a national reform process.

Disconnections in policy and funding across the healthcare system creates a range of issues that impact on patient care, efficiency, timeliness, duplication and accountability. Currently we have six states, two territories and the Commonwealth Government all navigating funding and policy levers to achieve the highest quality, best value health services for the community. No level of government has access to all of the levers – health promotion, Medicare, hospital-based care and treatment, PBS, community health, mental health, out-patients, primary healthcare, dental and transport – so none is in a position to ensure the most cost-effective mix of services to meet community needs.

The availability of residential aged care beds has a direct impact on the number of frail older people living in hospital and this in turn impacts on the availability of beds for patients admitted through emergency departments. The availability of community healthcare and general practitioners impacts on

the number of people presenting at emergency departments. Timely access to elective surgery impacts on the need for pharmaceuticals to manage pain and for community care. Availability of post-surgical transition care services providing care for people at home and community-based treatment for people with chronic conditions enables availability for patients needing hospital-based care.

None of these ideas are new or unique. On the contrary they have been raised for many years with no capacity to resolve them properly as the responsibility sits across governments. This is the opportunity of national health reform. The Commonwealth, states and territories must grasp this opportunity for genuine reform that enables practitioners to deliver high quality healthcare services in the most effective and efficient way.

Finally, how should our system be reformed? Providing the funding and macro policy levers to the Commonwealth Government will enable all the levers to be considered and provides at least the *potential* to deliver sustainable, high quality, accountable healthcare to the entire community. The current proposals for reform maintain mixed responsibilities for funding and policy across governments and will not resolve duplication nor the finger pointing which is endemic now. The roles and functions of the states, territories and local health services also need to be designed and agreed in a manner that promotes local decision making, clinician engagement, efficient and effective healthcare and fair resource allocation.

This is the type of national reform we need. This is the type of leadership we need.

[1] Health at a Glance 2009: OECD Indicators
[2] <http://www.ama.com.au/node/5030#attachments>