

Characteristics of general practitioners that provided health assessments, care plans or case conferences, as part of the Enhanced Primary Care program

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Abstract

We aimed to describe the characteristics of general practitioners (GPs) who provided health assessments (HA), care plans (CP) or case conferences (CC) as part of the Enhanced Primary Care (EPC) program between November 1999 and October 2001. While the gender distribution of EPC-active GPs is similar to that of non-EPC-active GPs, EPC-active GPs tend to be younger (72% vs 58% aged 35-54 years). Among EPC-active GPs, males account for about 66% of providers and about 80% of services. There is a very wide range in the number of EPC services provided per GP. In all, 1591 (14%) have rendered a single service while 919 (8.1%) have rendered over 100 services each (accounting for almost half of all EPC activity in Australia). The number of GPs providing any EPC service each month gradually increased to around 5000 in October 2001. Most patients (80-90%) that received multiple EPC services did so from the same GP. Across Divisions of General Practice the proportion of practices registered for the Practice Incentive Program (PIP) that have provided EPC services ranges from 100 to 0%. In the first year at least 50% of all practices in 84 Divisions rendered at least one EPC service while in the second year 108 did. Across Australia 58% of PIP practices rendered at least one service in the first year and 76% did in the second year. A little over half the GP workforce rendered at least one EPC service in the first year of the program, but there was a very wide range in the number of services provided per GP. Most GPs provide very few and a small number provide very many. There is wide variation in the proportion of practices providing EPC services, but this is increasing.

The Enhanced Primary Care package

The Enhanced Primary Care (EPC) package was launched by the Federal Government in the 1999 budget. The aim of the EPC package is to improve the health and the quality of life of older Australians, of people with chronic conditions, and of those with multidisciplinary care needs (Commonwealth Department of Health and Aged Care, 1999). The EPC package comprises a range of initiatives including additional coordinated care trials, chronic disease self-management demonstration projects, establishment of Carelink, and the introduction of

new EPC items on the Medicare Benefits Schedule (MBS).

The EPC MBS items allow general practitioners (GPs) to undertake or participate in activities that support the broad aims of the EPC package. Specifically these activities comprise health assessments for older people, care planning for patients with chronic, complex and on-going care needs, and also multi-disciplinary case conferencing (Commonwealth Department of Health and Aged Care, 1999).

We have previously reported, in the last (Wilkinson et al 2002) and the current issues of the AHR, on trends in uptake of items for health assessment (HA), care plans (CP) and case conferences (CC); on variation in uptake between Divisions of General Practice; and on characteristics of patients who have had EPC services. Here we report on characteristics of general practitioners providing EPC services.

Methods

Data source and EPC services, patient and practitioner details

The main methods are as reported in the first paper in this series (Wilkinson 2002). Additional methods relevant to this paper are included below.

Analyses

Age and gender of general practitioners who do and who don't provide EPC services were compared for general practitioners who had 375 or more non-referred attendances (NRAs) in the three months ending December 2001. This analysis required us to use a secondary source of data from the Department of Health and Ageing, because our main data source on EPC services does not (by definition) contain information on doctors who did not provide EPC services. There were 15,303 active general practitioners in this period and we used this as the denominator for estimating uptake at the provider level.

Results

Age and sex of EPC-active general practitioners

While the gender distribution of EPC-active GPs is similar to that of non-EPC-active GPs (Table 1), EPC-active GPs tend to be younger. For example, 72% of EPC-active GPs are aged 35-54 years compared with 58% of non-EPC-active GPs.

Among EPC-active GPs, males account for about 66% of providers and about 80% of services (Table 2, All EPC Services). This distribution of activity is similar for HAs, CPs and CCs.

General practitioner activity

There is a very wide range in the number of EPC services provided by each general practitioner (Table 3). In all (Table 3), 1591 (14%) have rendered a single EPC service. However, 919 general practitioners (8.1% of EPC-active GPs) have rendered over 100 services each, accounting for almost half of all EPC activity in Australia. This pattern of a small number of GPs rendering large numbers of services and cumulatively accounting for about half of all services rendered holds for HAs, CPs and CCs individually (data not shown).

The number of GPs providing any EPC service each month gradually increased to around 5000 in October 2001 (Table 4). However, only approximately 25-30% of EPC-active GPs render an EPC service in any given month.

Most patients that received multiple EPC services did so from the same GP (Table 5). For HA 87% of those having more than one HA attended the same GP, while this proportion was 93% for CP, 82% for CCs and 88% for any EPC service.

Activity across practices

Across Divisions of General Practice, the proportion of medical practices that were registered for the Practice Incentive Program (PIP) that have provided EPC services ranges from 100 to 0%. In the first year at least 50% of all practices in 84 Divisions rendered at least one EPC service while in the second year 108 did.

Across all Australia 58% of PIP practice (Commonwealth Department of Health and Aged Care, 2001) rendered at least one service in the first year and 76% did in the second year. The proportion of PIP registered practices that rendered any EPC service increased in almost all Divisions in the second year of the availability of the EPC MBS items (Figure 1).

Discussion

These data demonstrate that those GPs that have rendered EPC services tend to be rather younger, but no different in their gender, than GPs that have not rendered EPC services.

As around 80% of EPC services have been provided by male GPs, and as part-time GPs are more likely to be female, there is some evidence that EPC services are not being run as an activity separate from routine practice activity.

As anticipated from the wide variation in rates and levels of uptake of EPC services reported in the first three papers in this series, there was very marked variation in the levels of uptake of EPC services by individual medical practice and individual GP. Perhaps the most telling findings are that almost half of all EPC services across Australia have been rendered by only 919 GPs. Most of those GPs that have rendered EPC services have only rendered a small number. It is not possible to determine from these data what these patterns of use really mean. On one hand "low" levels of use may indicate high quality and selective application of the items. On the other hand low levels of use may indicate that the items are hard to use or perceived not to be of much use, and hence are failing to have much impact. We hope to understand these issues better from the fieldwork component of our evaluation that will complement the data reported here.

Our data also shows that EPC use is quite patchy over time in that only about one third of EPC-active GPs are active in any one month. Again this may reflect judicious selection of patients that can benefit from EPC activity, or it may reflect poorly developed systems within practices. It is of interest that activity and coverage increased over time with higher levels in the second year of the item's availability.

That this is so suggests that there is greater potential for a more systematic approach to EPC that encompasses a population health approach to care (<http://www.dhac.gov.au/hsdd/gp/branch/phs.htm>). This approach might include identifying all patients over 75 years on a practice list and offering them all a HA. The HA may be repeated annually in those in whom this is judged to be required, and less frequently in others. This sort of strategy requires best-practice targets to be identified. A systematic strategy to the application of CPs and CCs could also follow a population-based method, with the formal identification - from the practice list - of all patients who might benefit from a CP or a CC, rather than an ad hoc approach that waits for these patients to attend for other reasons. Again, for this type of approach to work, clear guidance would help GPs gain the most for their patients. It is encouraging that 88% of all repeat EPC services were rendered by the same GP, suggesting that a consistent and integrated delivery of EPC services is feasible.

Over time, it will be important to determine whether medical practices need - and are able - to change their business and organisational structures in order to adjust to the new environment of multidisciplinary, integrated primary care created by the EPC program.

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Wilkinson D, McElroy H, Beilby J, Mott K, Price K, Morey S & Best J 2002, 'Uptake of health assessments, care plans and case conferences by general practitioners through the Enhanced Primary Care program between November 1999 and October 2001' Australian Health Review vol 25 no 4, pp1-11.

Table 1. Comparison of gender and age between general practitioners providing enhanced primary care services and those not providing these services

Gender	EPC provider Inactive GP		EPC provider Active GP		Non-EPC provider Active GP		TOTAL Active GP	
Female	599	51%	1932	28%	2656	31%	4588	30%
Male	582	49%	4902	72%	5789	68%	10691	70%
Unknown	1	0%	11	0%	13	0%	24	0%
Total	1182	100%	6845	100%	8458	100%	15303	100%

Age	EPC provider Inactive GP		EPC provider Active GP		Non-EPC provider Active GP		TOTAL Active GP	
<35	311	26%	548	8%	806	10%	1354	9%
35-54	739	63%	4914	72%	4912	58%	9826	64%
55-74	118	10%	1331	19%	2486	29%	3817	25%
75+	14	1%	46	1%	246	3%	292	2%
Unknown	0	0%	6	0%	8	0%	14	0%
Total	1182	100%	6845	100%	8458	100%	15303	100%

Table 2. Age and sex distribution of general practitioners providing enhanced primary care services (all service types)

	Number of providers	Proportion of providers	Number of services	Proportion of services	Average	Standard Deviation	Min	Max	Med	Q1	Q3
Gender											
Female	3,838	33.7	73,233	19.7	19.1	38.8	1	716	7	2	19
Male	7,536	66.2	297,797	80.2	39.5	74.7	1	1,756	14	4	43
Unknown	14	0.1	377	0.1	26.9	36.5	2	144	20	4	31
Age											
Unknown	6	0.1	493	0.1	82.2	124.9	1	330	44	3	71
Under 30	293	2.6	3,693	1.0	12.6	31.0	1	470	5	2	14
30-34	1,077	9.5	23,412	6.3	21.7	55.4	1	1,063	7	2	21
35-39	1,589	14.0	38,972	10.5	24.5	49.2	1	792	8	3	24
40-44	2,230	19.6	78,818	21.2	35.3	75.8	1	1,756	11	3	37
45-49	2,242	19.7	84,064	22.6	37.5	67.3	1	762	12	3	40
50-54	1,669	14.7	67,174	18.1	40.2	69.2	1	682	15	4	45
55-59	1,064	9.3	42,033	11.3	39.5	80.8	1	1,464	13	3	40
60-64	573	5.0	17,659	4.8	30.8	55.7	1	712	10	3	35
65-69	327	2.9	8,969	2.4	27.4	46.6	1	352	8	2	30
70-74	206	1.8	4,407	1.2	21.4	35.6	1	226	7	2	23
75+	112	1.0	1,713	0.5	15.3	31.9	1	283	6	2	14
Total	11,388	100.0	371,407*	100.0	32.6	65.5	1	1,756	10	3	34

2 case conferences could not be linked to GP details and have been excluded from these tables.

Min = minimum, Max = maximum.

Med = median, Q1 = 1st quartile, Q3 = 3rd quartile.

Table 3. Number of general practitioners providing different numbers of any enhanced primary care service

Number of EPC services	Doctors				Services			
	Frequency	Percent	Cum Frequency	Cum Percent	Frequency	Percent	Cum Frequency	Cum Percent
0	0	0	0	0	0	0	0	0
1	1591	13.97	1591	13.97	1591	0.43	1591	0.43
2	967	8.49	2558	22.46	1934	0.52	3525	0.95
3	690	6.06	3248	28.52	2070	0.56	5595	1.51
4	530	4.65	3778	33.18	2120	0.57	7715	2.08
5	435	3.82	4213	37	2175	0.59	9890	2.66
6	365	3.21	4578	40.2	2190	0.59	12080	3.25
7	325	2.85	4903	43.05	2275	0.61	14355	3.87
8	323	2.84	5226	45.89	2584	0.7	16939	4.56
9	281	2.47	5507	48.36	2529	0.68	19468	5.24
10-14	991	8.7	6498	57.06	11706	3.15	31174	8.39
15-19	722	6.34	7220	63.4	12241	3.3	43415	11.69
20-24	552	4.85	7772	68.25	12150	3.27	55565	14.96
25-29	442	3.88	8214	72.13	11839	3.19	67404	18.15
30-39	679	5.96	8893	78.09	23345	6.29	90749	24.43
40-49	448	3.93	9341	82.02	19915	5.36	110664	29.8
50-59	336	2.95	9677	84.98	18156	4.89	128820	34.68
60-69	263	2.31	9940	87.28	16914	4.55	145734	39.24
70-79	224	1.97	10164	89.25	16654	4.48	162388	43.72
80-89	149	1.31	10313	90.56	12555	3.38	174943	47.1
90-99	156	1.37	10469	91.93	14678	3.95	189621	51.05
100-149	417	3.66	10886	95.59	50607	13.63	240228	64.68
150-199	220	1.93	11106	97.52	37644	10.14	277872	74.82
200-249	104	0.91	11210	98.44	23129	6.23	301001	81.04
250-299	68	0.6	11278	99.03	18668	5.03	319669	86.07
300-499	77	0.68	11355	99.71	28285	7.62	347954	93.69
500-999	30	0.26	11385	99.97	19170	5.16	367124	98.85
1000+	3	0.03	11388	100	4283	1.15	371407	100

Table 4. Monthly number (%) of general practitioners providing enhanced primary care services, November 1999 to October 2001

Month / year	Number of doctors providing EPC services			All providers	Proportion of active GPs providing EPC services *
	Unknown	Inactive	Active		
NOV 99	.	56	873	929	5.7%
DEC 99	1	81	1,118	1,200	7.3%
JAN 00	.	79	1,263	1,342	8.3%
FEB 00	.	136	1,888	2,024	12.3%
MAR 00	.	162	2,329	2,491	15.2%
APR 00	.	102	1,981	2,083	12.9%
MAY 00	.	119	2,273	2,392	14.9%
JUN 00	.	118	2,209	2,327	14.4%
JUL 00	.	103	2,264	2,367	14.8%
AUG 00	.	124	2,441	2,565	16.0%
SEP 00	.	93	2,165	2,258	14.1%
OCT 00	.	84	2,395	2,479	15.7%
NOV 00	.	120	2,671	2,791	17.5%
DEC 00	.	98	2,285	2,383	14.9%
JAN 01	.	97	2,203	2,300	14.4%
FEB 01	.	140	2,903	3,043	19.0%
MAR 01	.	166	3,396	3,562	22.2%
APR 01	.	170	3,322	3,492	21.7%
MAY 01	.	203	4,117	4,320	26.9%
JUN 01	.	225	4,418	4,643	28.9%
JUL 01	2	255	4,593	4,850	30.0%
AUG 01	12	278	4,922	5,212	32.2%
SEP 01	12	264	4,705	4,981	30.7%
OCT 01	21	270	5,045	5,336	33.0%

* Calculated as number of active doctors providing EPC services (third column) divided by 15303 (total number of active general practitioners).

Table 5. The number of different general practitioners consulted by people having multiple EPC services

	Number of services	Number of People	Number of different doctors providing the EPC services									
			1 People	%	2 People	%	3 People	%	4 People	%	5 People	%
HA	71,319	35,649	31,027	87.0	4,619	13.0	3	0.0	0	0	0	0
CP	43,828	19,030	17,650	92.7	1,344	7.1	31	0.2	5	0	0	0
CC	3,069	1,251	1,031	82.4	210	16.8	9	0.7	1	0.1	0	0
EPC	151,665	67,040	58,880	87.8	7,957	11.9	191	0.3	11	0.0	1	0.0

HA - health assessment
CC - case conference
CP - care plan
EPC - enhanced primary care

Figure 1. Proportion of Practice Incentive Program practices providing Enhanced Primary Care services in each Division of General Practice

