

# General practice in Australia 2000

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This is an impressively lengthy, well written, and elegantly presented book that is a mine of useful information, not only about general practice but also several interesting peripheral matters. There are large numbers of useful references, although some may be difficult (or almost impossible) to find.

I have not quoted a price because none is indicated. Interested people are advised to contact the Office of the Medical Adviser at the Commonwealth Department of Health and Aged Care in Canberra. An email address is given (GpInOZ@health.gov.au) in the book, but no telephone or fax numbers.

This is the second in a series. The first was titled *General Practice in Australia 1996*. The Department subsequently issued updates of the most of the 1996 edition's tables in its publication titled *Supplementary Tables 1997*.

General Practice in Australia 2000 retains most of the format of its predecessor, but many of the chapters have additional (as well as updated) information. There are some entirely new chapters on topics not covered at all (or only in passing) in the first edition. There is also a minor change of style: the Department says that it allowed authors "... more freedom to explore contentious issues that arise from the data" than was previously the case.

The series arose from a desire to define and stimulate a research and evaluation agenda for general practice, and was based on issues that were raised by the General Practice Evaluation Program. The Department says that the main purpose was to "... provide a new impetus to research, data management and infrastructure development, including the need for more explicit links between general practice and other primary care activities."

Chapter 1 deals with matters of history. The first edition started with the colonial settlements. This second edition skips most of the early history and concentrates on what happened from the late 1980s onwards. Emphasis is given to the various policy reviews and legislative changes, and particularly to the General Practice Strategy Review and the Review of GP Training. Other emerging issues are covered, such as the rapid growth of concern for services in rural areas.

Chapter 2 describes the workforce. Use is made of statistics that were assembled by the Australian Institute of Health and Welfare for the Australian Medical Workforce Advisory Committee, and it therefore covers some of the ground reported in issue 23-4 of the Australian Health Review. There are many useful statistics on trends, geographical distribution, demographic attributes, and working patterns. Some management issues are briefly noted, such as problems of matching supply and demand as a consequence of the long lead times for training and the continual changes in functions of GPs.

Chapter 3 discusses the Aboriginal Community Controlled Health Services, defined to be those that are initiated by incorporated Aboriginal organisations, initiated by and based in a local Aboriginal community, governed by a board elected by the local community, and delivering holistic and culturally appropriate services. Each of the 88 services is listed, and maps are provided that show their locations.

The authors of this chapter note that GPs have an important role to play, but that many changes are needed if they are to fulfil their potential. Issues include difficulties of recruitment, the content of training, and "... a lack of co-ordination between federal and state governments, with consequent buck-passing."

This chapter is more about Aboriginal health than general practice, which is entirely appropriate in my view. There is a useful summary of health status and health services. The authors repeat the points that have been made elsewhere, but they need to be repeated: that the health status of Aborigines is much lower (often many times lower) than that of other Australians and yet we spend much less on Aborigines than other Australians, and that many of the services are culturally inappropriate and downright inefficient.

The Department, in its overview, notes that we have too little information. "The lack of reliable data sources that capture the provision of primary medical care services to Indigenous people is both a major shortcoming in the context of this book and a priority for future data development." I agree, but this must not be used as an excuse for failing to do more. The nature of the problem might not be known in detail, but its magnitude is such that you could hardly fail to notice. The Department fairly observes that "... there is still a long way to go before inequalities are properly addressed and Indigenous people can look forward to the quality of health that most other Australians enjoy."

Chapter 4 analyses two data sets that describe the services delivered by GPs. The first comprises the claims and payments made under the Medicare Benefits Schedule (MBS). The author wrongly calls it the Medical Benefits Schedule, but otherwise this chapter (like most others) is commendably free of mistakes. The authors (and the distinguished team of editors) deserve a medal.

The second source is BEACH (the Bettering the evaluation and care of health) study. A while ago, I awarded BEACH second prize in the worst acronyms contest. On reflection, I was too kind.

The contents of the HIC database are occasions of service that were billed to Medicare, categorised by doctor (general practice and specialist), patient, and service type. BEACH is a sample survey that has been conducted four times since 1992. The latest data reported in this book came from 100 consecutive general practice encounters for a national sample of GPs. Nearly 100,000 encounters were recorded, but the response rate was low (35%). For each encounter, data were collected on patient and doctor demographic attributes (mainly age and sex), reason for encounter and up to four problems (coded by ICPC), drugs that were prescribed, treatment, and referral to other services.

Many interesting statistics are reported from both data sets, and some comparisons are made between the two. For example, the number of general practice attendances continues to grow, but the rate of increase has declined since 1995. The numbers of pathology and imaging orders are increasing much more rapidly than general practice consultations. The number of drug prescriptions per encounter has fallen by 6% since 1990, but it is still worryingly high (0.94 per encounter). Female GPs provide fewer but longer consultations than male GPs. Rural GPs provide more and shorter consultations.

Limitations of the data are precisely described. They include an inability to construct longitudinal records: the author notes that both data sets only provide information about single patient encounters, and yet "... continuing care is one of the hallmarks of general practice." Other limitations include a failure adequately to measure the psychosocial or holistic aspects of general practice care, gaps (such as those in the HIC data where the service is not billed), inconsistencies of definitions, and consequences of the complexity of general practice care (in terms of imprecision of diagnosis, presence of multiple conditions, associations between encounters in a series, and so on).

The information summarised here (and referenced elsewhere) is encouragingly comprehensive and of satisfactory accuracy for most purposes. I do not think we need more of the same. The point about needing to have longitudinal records is a good one. There is an argument that we should be concentrating less on measuring what is currently taking place in general practice, and more on trying to change the circumstances in which it is provided. Accurate measurement of a system that has the wrong incentives (including fee-for-service rather than capitation) is not necessarily a cost-effective way to improve performance. I would have liked more discussion of this and related matters, but the Department may be right in believing that there are other forums in which the debate can take place.

The author argues in his summary of the chapter that there are indications we are getting better at managing supply of general practice services as a consequence of the various changes being promoted through the General Practice Strategy. He says this is exciting because it shows "... that supply in health care can be manipulated without recourse to relatively crude market models." I think I agree, but his argument is not expanded here.

I assume he is referring to the memorandum of agreement (MoU) signed in 1999 between the Commonwealth government and general practice representatives which defines a cap on total Commonwealth expenditure for general practice. Perhaps he is also referring to shift towards other forms of payment than FFS, as discussed below. If so, I agree that these are good ideas, but they might not be the best around - or being applied in the most effective way.

There is an interesting if brief discussion of the decline in services per general practice between 1995 and 1999 that occurred while the number of GPs was increasing (by 4%). The author notes the widespread view that "... doctors have a capacity to induce demand to maintain their level of income", and that recent trends are somewhat inconsistent in this regard: if number of GPs is increasing, then the number of billable services ought to have increased at an equivalent rate. He concludes that there must have been other forces that were acting to constrain general practice expenditures. The data suggest that "... GPs have been constrained in their demand for scarce health funding even prior to the introduction of the MoU". He raises an interesting set of possibilities, and leaves the reader full of curiosity about the answers.

Chapters 5 and 6 describe how general practice services are organised. The emphasis is on the trend towards group practices, and on the Divisions of General Practice. However, a wide variety of topics is included, some of which are also addressed in other chapters.

This is especially the case for chapter 5. Topics include a brief history of general practice, moves towards specialisation and specialised training, blended payments, the organisation of group practices, staff mix, incomes, quality of care, and consumer participation. There is a strong AMA perspective, and it is therefore not surprising that emphasis is given to the morale of GPs, which "... remains at an unsatisfactorily low level." The authors argue for "... a reduction in the pressures of general practice" and for further changes that might help achieve this goal. However, they also note the high level of cynicism among GPs, and I am not sure that the few changes that are proposed by the authors (such as a move towards more efficient large group practices and better information management) will be sufficient.

Chapter 6 gives an excellent overview of the many organisations that act on behalf of GPs. Each of around 20 organisations is described, in addition to the many Divisions of General Practice (39 in New South Wales and the ACT, 31 in Victoria, 20 in Queensland, 14 in South Australia, 15 in Western Australia, 3 in Tasmania, and 2 in the Northern Territory). Maps are provided showing every Division.

The roles and structures of Divisions are described and discussed. Also covered are the various aggregations of Divisions at State and national level, together with summaries of the ways in which general practice organisations can interact with governments and consumers. A large part of this chapter, perhaps surprisingly, discusses the nature of collaboration and teamwork. This includes discussion of topics like the learning organisation, professional cultures, leadership, and change management. The authors conclude that Divisions must play a major role in "... building group knowledge through systems thinking and integration, a shared vision, and team learning." It is important to "... celebrate collective entrepreneurship" and "... honour our teams more."

Chapter 7 contains a well-written and detailed description of financing and resource allocation (including service prices and volumes). A part is only of marginal relevance to general practice, including tables on total health expenditure. However, the broader scope means this chapter is almost self-sufficient.

The author notes and amplifies trends discussed elsewhere including the correlation between total expenditures and number of GPs, the increasing share of total health expenditures going to medical services (from 16.2% to 18.1% in the last 15 years), the falling share going to non-specialist medical services over the same period, and the trend towards increased user-pay. Up-to-date statistics are presented which show (yet again) that bulk billing has been a successful policy with widespread support - rather than a disastrous idea that is gradually falling apart. There has been a minor decline in the last two years, but a participation rate of over 85% cannot be bad.

He stresses the inequities between urban and rural areas. For example, the per capita cost of general practice services for people in remote areas is only 44% of that for people in capital cities, and yet the average cost per encounter is nearly 10% more. To make matters worse, the average copayment per encounter is only \$1.61 for people in capital cities, whereas it is \$5.73 in remote centres.

There is a precise description of the options to fee-for-service - which largely comprise grants to the Divisions of General Practice program, Practice Incentive Payments, and the General Practice Immunisation Incentives Scheme. They are highly desirable programs in principle, and seem to be working in a satisfactory way (although there are criticisms of detail). The author is clearly enthusiastic about these programs, but does not comment on whether they might or should account for a larger share of total general practice expenditures in future. In 1998-99, they accounted for 2% (\$64 million), 3.5% (\$98 million), and 0.4% (\$10 million) respectively.

Chapter 8 discusses the quality of care provided by general practice, and the consequent health outcomes. The authors cover licensing, accreditation, auditing, and a variety of voluntary and informal activities intended to measure and promote quality of care.

Particular attention is paid to the private company that was established in 1997 to accredit general practices (Australian General Practice Accreditation Limited, or AGPAL). Some preliminary findings are presented: the most common weaknesses among practices that have been accredited thus far concern facilities and equipment, patient rights, and practice administration. The authors are generally optimistic, but I would have thought there was reason to be concerned about the lack of attention that has been paid to quality of care and health outcomes in general practice, compared with institutional (and especially acute hospitals) over the last 20 years or so. Recent work is encouraging, but there is a lot of leeway to make up.

There is some frank criticism of the failure adequately to deal with consumer feedback (if you read between the lines). The criticism that was directed at the patient feedback component of the Better Practice Program may have affected the extent to which it was adequately covered in the starting designs for AGPAL accreditation.

Four chapters address issues of service co-ordination and integration. Chapter 9 concentrates on moves towards the integration of general practice, hospital, and community health services. The underlying ideas are precisely defined and explained, together with a summary of activities in other countries (including budget-holding in the United Kingdom and managed care in the United States of America). The authors say "... there is still only limited evidence of the benefits of increased integration, especially between general practice and other services". I thought this was an unfortunate statement: are the authors implying that the benefits are small or that too little evaluative work has been done thus far? In their subsequent discussion, they illustrate what is probably a matter worth underlining - that integration is hard (especially when there are financial and structural constraints like separation of payment responsibilities for GPs and hospitals between two different levels of government). I would have preferred less ambiguity here. The authors left me uncertain: should we be trying harder to eliminate the constraints or giving up because there is weak evidence and the task is just too difficult?

All the main manifestations of recent attempts to improve integration are mentioned including the co-ordinated care trials, shared care, and the various projects funded under the National Demonstration Hospitals Program. The authors conclude there has been much progress over the last decade, and the momentum will be maintained in the foreseeable future. They see the main reasons to be cost pressures (integrate to control costs), further reductions in hospital lengths of stay, and the growing interest in disease management (for problems like mental illness and diabetes where it is now recognised that GPs can make a contribution).

They envisage increased interest in managing the interface between hospitals and the community, co-ordinated care, and the contracting of GPs by state and territory health authorities. They mention directions being taken in other countries including the United Kingdom and New Zealand, but are concerned these kinds of ideas will be limited by the mess of funding arrangements in Australia. They observe that "... many of the tasks required for more integrated care are not easily accommodated within a fee-for-service arrangement" but many GPs do not want to move away from FFS.

Chapter 11 covers similar ground to chapter 9, but takes a quite different perspective. The main theme is that primary health care, population health, and general practice are mutually dependent, but unfortunately Australia has tended to have relatively separate policies and programs. The authors present some sensible ideas whereby the links may be strengthened. There are useful definitions of the underlying concepts, and the authors do an excellent job of distinguishing them and describing where they overlap and are complementary. The book's summary states that Australia is attempting "... to develop a primary health care agenda that seeks to place general practice in the centre of a multidisciplinary team approach to the care of individuals and populations." This seems an admirable goal, but what needs to be done to ensure it is quickly attained is not fully discussed.

It is noted that the 1999-2000 federal budget included \$171 million for GPs to perform health checks, care assessments, and care planning for the elderly and for people with chronic and complicated health care needs. A useful question is raised in this regard: whether the fee-for-service basis for payment "... is appropriate alone or should be supplemented through sessional payments to GPs for population health work" as recommended in the GP strategy review report.

Chapters 14 and 15 deal with the co-ordinated care trials (but they are also discussed in several other chapters, and a subject-matter index and more cross-referencing would have helped). Chapter 14 deals with the 'general trials' and the other describes the trials in Aboriginal and Torres Strait Islander communities. Both chapters are well-written and informative.

A part of chapter 14 is particularly interesting (if you have not yet read the evaluation reports in full). The author notes that the trials did not show any significant change in the health of the participants (the enrolled clients). This is, of course, counter-intuitive and one might take a view that the measurement systems were inadequate (which they were, especially in terms of the few observations of highly complicated care processes) or that the interventions did not have enough time to mature. The second main hypothesis, that there would be beneficial service substitution, is also unproven. The author notes that data problems have meant that it is hard to measure exactly what substitution took place. Other hypotheses are similarly unproven.

I remain sceptical about the logic of the trials. It is hard to evaluate an idea (that co-ordinated care as applied to whole communities as a matter of course will improve cost-effectiveness) if you do not actually test it - but rather test something else which is different (in terms of self-selection, small scale, only partially pooled, funded as a one-off rather than a continuing activity, and so on). The author argues that it was unreasonable to expect definitive results from the first round of trials, and more answers are likely after the second round. He fairly notes that the trials will have made an important contribution to health service reform "... irrespective of what policy decisions are taken as a result of these trials in the future." However, I retain my opinion that, since co-ordinated care is an idea that has been good for ever, we might have made more progress at less cost if we had simply changed some of the normal rules (like who pays for what) and then left the system to work out an answer in the spirit of continual improvement.

I have fewer concerns about the Aboriginal and Torres Strait Islander care trials, as described in chapter 15. One reason is that they have been testing a more sensible approach - that of using co-ordinated care for virtually all services for all residents in a community. The conclusions certainly appear to be more positive (although this may simply reflect the personalities of the authors). At least, I find it encouraging to read that the trials have made considerable progress, given "... the difficulty of the environment in which the trials have been implemented." It is noted that "... there remains a strong commitment to the trials by all the stakeholders."

Chapter 10 deals with education and training for GPs. The origins of general practice training are summarised, and attention is given to the most recent developments and possibly leading issues in the near future such as the move to graduate medical courses, changes in continuing medical education, and the establishment of the General Practice Education and Training Council. The authors note there are many differences of opinion about future education requirements, and that this reflects the uncertainties regarding expectations of patients, GPs, and governments about the way general practice should operate in future.

Chapter 12 presents an elegant description of ethical and legal issues, and provides well-informed advice to GPs regarding the way they are handled. Ethical issues include patient consent, patient confidentiality, relationships with drug companies, gatekeeping and fund-holding, research, and euthanasia. Legal topics include managing risks, insurance, and the main reasons why patients complain or sue. The authors appear to be relatively satisfied with current arrangements. They emphasise that one of the best ways of reducing risk is by establishing "... open and respectful ways of communicating with patients." The Commonwealth's introductory section appears to see greater dangers: it observes that "... there are clear workforce and access implications if GPs decide to withdraw the provision of some services for real or perceived fear of increased litigation risk."

Chapter 13 deals with data and general practice. Much of the content is based on ideas raised at a national workshop in 1997, with emphasis on the extent to which progress has been made. The authors report that improvements have occurred with respect to standardisation of data collections, the quality and interpretation of data from administrative collections, broadening of the scope of data systems to cover information relevant

to research and evaluation, and dissemination of data by compact disk and the Internet. Issues yet to be adequately addressed include increasing the availability of information on quality of care and health outcomes, and data ownership and access.

The last chapter comprises essays on the future of general practice from several perspectives - two academics, a consumer advocate, a recent GP registrar, a GP with wide experience in representation and management of the industry, and a medical editor. Each is well written and informative. The consumer advocate notes how GPs have moved away from procedures and prescriptions, and more attention needs to be given to communication in a fast-changing doctor-patient relationship. The recent registrar discusses the increased training requirements, notes the high level of dissatisfaction within the profession, and argues for a more proactive role for 'a powerful guiding coalition of GPs' in the formulation of policy. One academic notes the many groups involved in representing the profession, and regrets the high level of 'mutual badmouthing'. Other themes in this chapter include a hope for more involvement including a day in the future "... hospitals insist that any patient admitted under the care of a specialist must also be under the care of a GP."

The Commonwealth, in its overview, correctly points out that "... any reader who takes on the task of covering all of the contents will emerge with a comprehensive knowledge of the current state of general practice in Australia." It also invites comments, which may be directed to the General Practice Branch of the Department of Health and Aged Care.

I have one positive comment: well done, this is a splendid book and all authors and editors are to be congratulated.

I have three complaints. First, a document as useful as this should be available in electronic form on the website of the Department. There should at least be some kind of reference to this document (an overview or a summary would be useful). When I checked the website on 1 January 2001 (just before going to print with this issue of AHR) I could find no reference at all. Indeed, the only reference I could find was to the 1996 edition.

Second, there should be a subject index. It is hard work searching through 566 pages for (say) the dozen or so references to the co-ordinated care trials. This is an extremely useful publication. It is surely worthwhile making a little effort at the end, to ensure it is widely and easily read.

Third, I would have liked a little more debate and controversy, not as a substitute for the invaluable information but to provide a setting within which readers might interpret it. Chapter 16 is a step forward relative to the 1996 edition, but it is mild in comparison to what is actually being said every day over drinks around Australia. Perhaps I should change my drinking partners.