

# Content of GP consultations in RACGP proposed Medicare time-tiers

from the BEACH program April 2012 - March 2014

SYDNEY MEDICAL SCHOOL



BEACH

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Family Medicine Research Centre



2013, general practice = '6 minute medicine'  
2014, general practice = 'sausage machine medicine'

Refuted by BEACH, *Debunking the myth of general practice as '6 minute medicine'*  
<http://sydney.edu.au/medicine/fmrc/beach/bytes/index.php>

Let's have a \$5 reduction in MBS rebate for non-concession patients....

OK, let's put a minimum 10 mins on Level B MBS items

May 2014: \$7 co-payments for general practice, pathology and imaging Medicare services; the increase in PBS co-payment;

See: Bayram et al: Estimated impact of proposed co-payments....  
<http://sydney.edu.au/medicine/fmrc/beach/bytes/BEACH-Byte-2014-003.pdf>

Let's continue the freeze on Medicare rebates for the vast majority of GP item numbers until July 2018

see Harrison C, Bayram C, Miller GC, Britt HC. *The cost of freezing general practice*. Med J Aust 2015;202(6):313-6).

Recent statements and policy proposals related to general practice



## The RACGP proposal and objectives of this research

After all these policies were withdrawn (except the continuing MBS freeze which is out of scope for this paper).....

The RACGP put forward a discussion paper  
*"Working towards a sustainable health care system"*

It proposed a 6 tier time-based Medicare item system:

**0-5, 6-10, 11-20, 21-30, 31-40, 41+ minutes**

but suggested

*'detailed consideration of content and costing of these 6 items descriptors is required'.*

**Our objective was to assess the extent to which the content of encounters is differentiated by these 6 time bands.**

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## The politicians' mantra

*"General practice = 6 minute medicine"* (e.g. Dutton; Ley) *"the sausage machine"* (e.g. Abbott)

Our earlier work to test these statements showed that for all MBS claimable GP consultations:

- Range 1-165 minutes
- Mean 14 minutes
- Median 12 minutes
- Mode (50% longer /50% less) 10 minutes
- Of their **consulting time**, GPs spent: ~12% in <10 minute consultations,  
 > 50% in 10-20 minute consultations  
 1/3<sup>rd</sup> in >20 minute consultations
- **Consultations of <7 minutes:** averaged 5 minutes; accounted for 10% of claimed consultations & for only 3% of GPs' claimable time.

REF: Britt H, Valenti L, Miller G. *Debunking the myth that general practice is '6 minute medicine'*. Byte from BEACH No:2014/2 Sydney. FMRC, University of Sydney, 2014.  
<http://sydney.edu.au/medicine/fmrc/beach/bytes/>

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## Methods

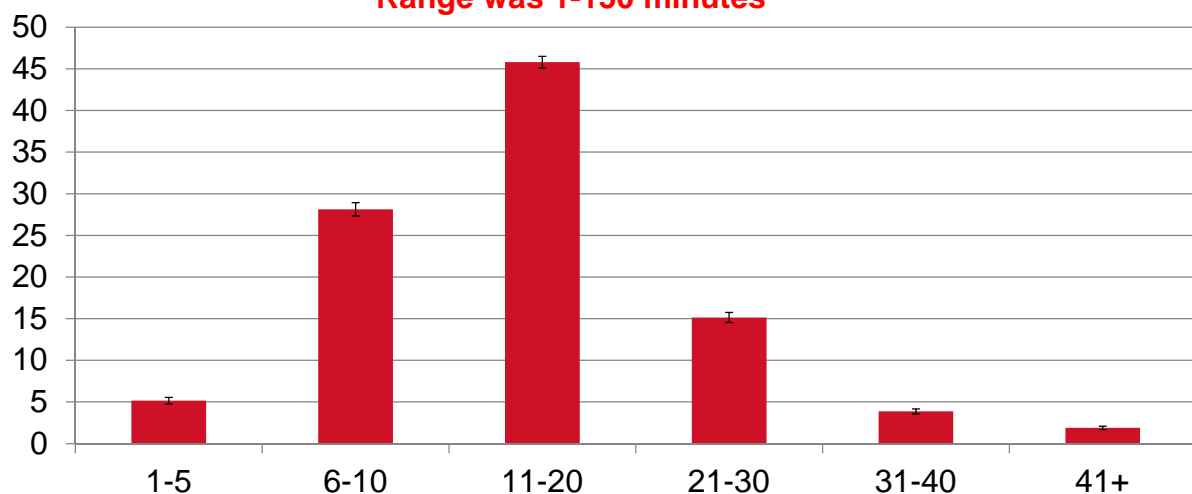
- › Analyses of data from the BEACH program 2012-14
- › Using a sub-sample of **65,914** encounters with **1,858** GPs at which GP had recorded start-time and finish-time and an MBS/DVA GP consultation service item number was recorded as claimable
- › Length of consultation = finish-time minus start time, in minutes
- › Encounters were categorised by RACGP proposed time band
- › Content of encounters in each time band was compared.

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## Distribution of MBS/DVA claimed consultations (%) x time bands (n=65,914 encounters with 1,358 GPs)

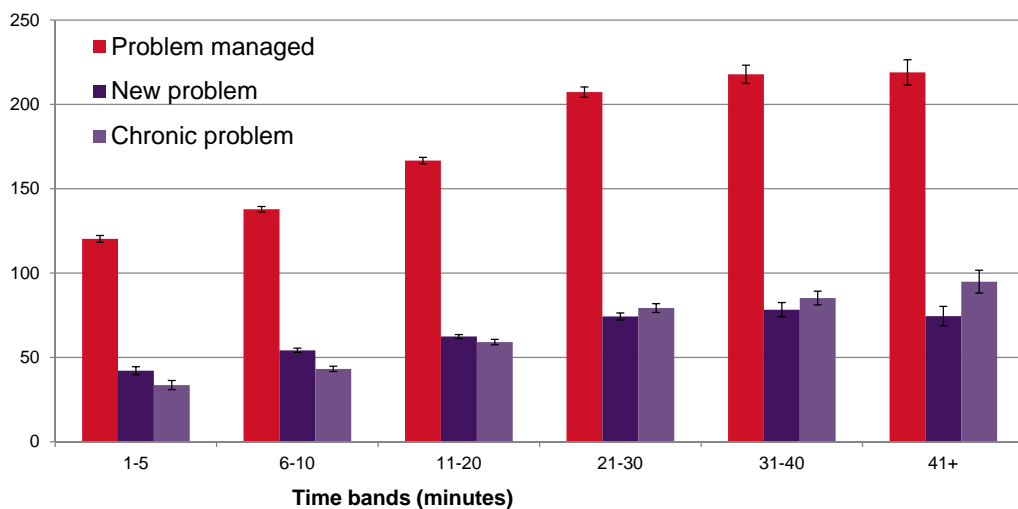
Range was 1-150 minutes



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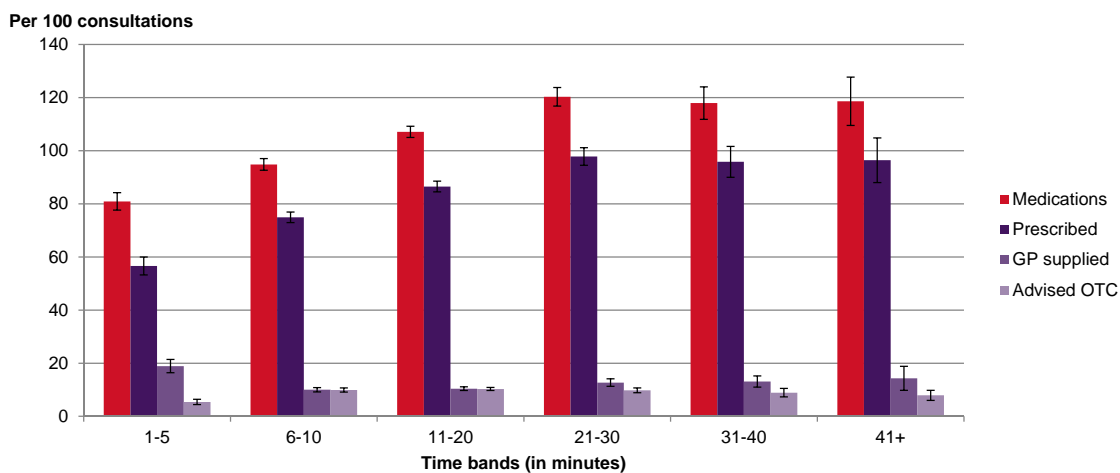
### Problems managed per 100 consultations x time bands



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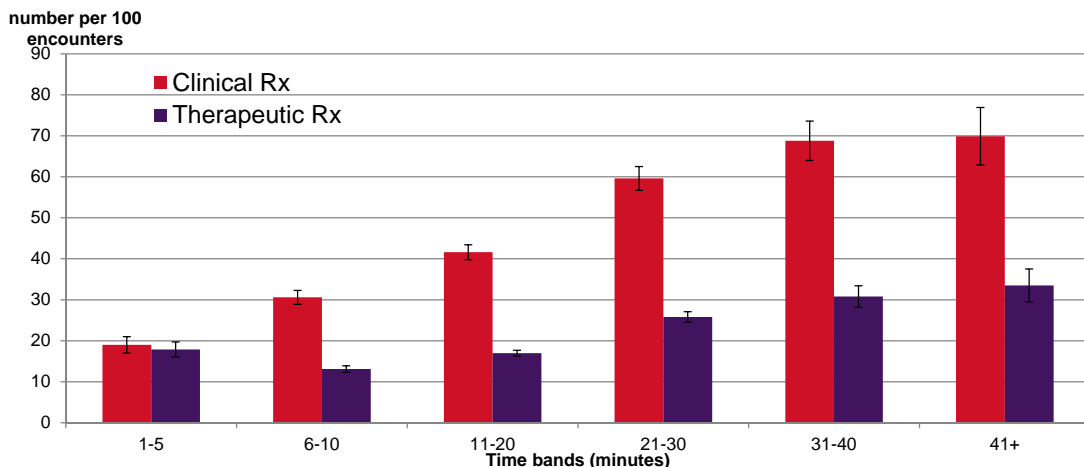
### Medications per 100 consultations x time bands



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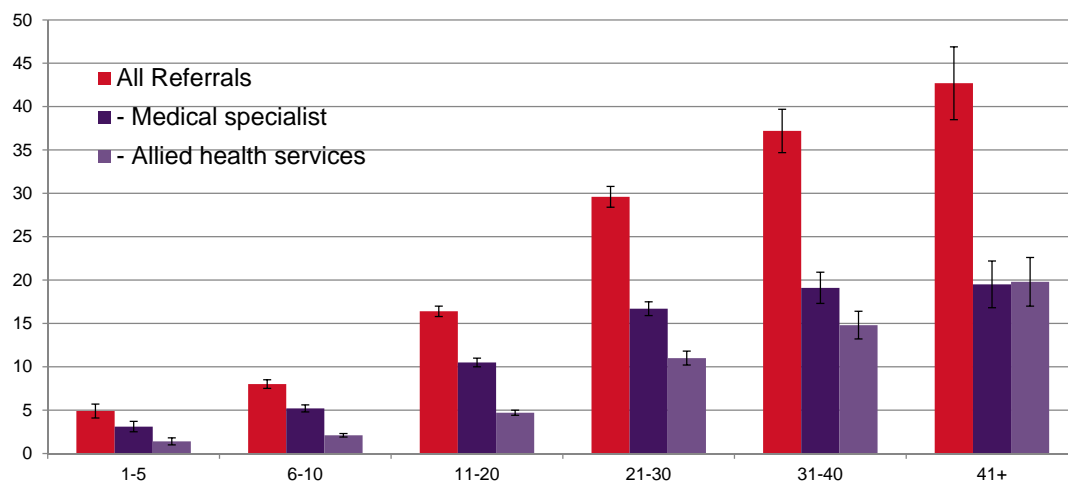
### Clinical and therapeutic treatments per 100 consultations x time bands



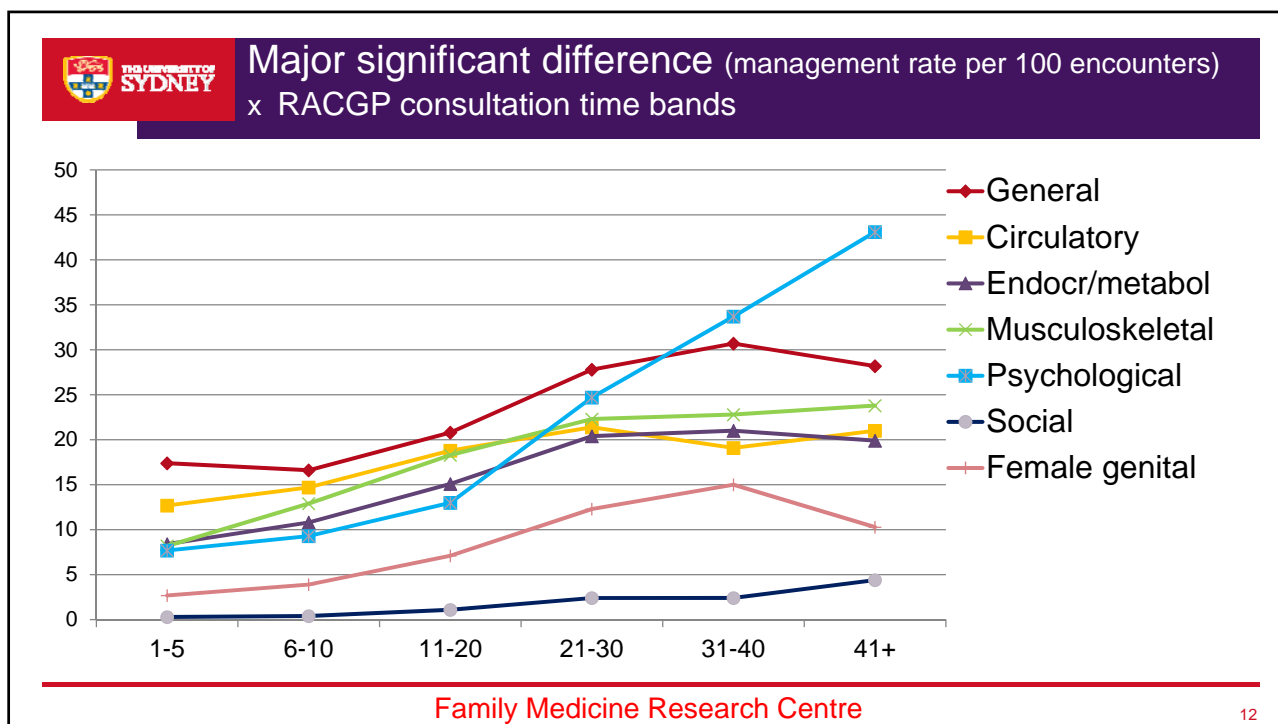
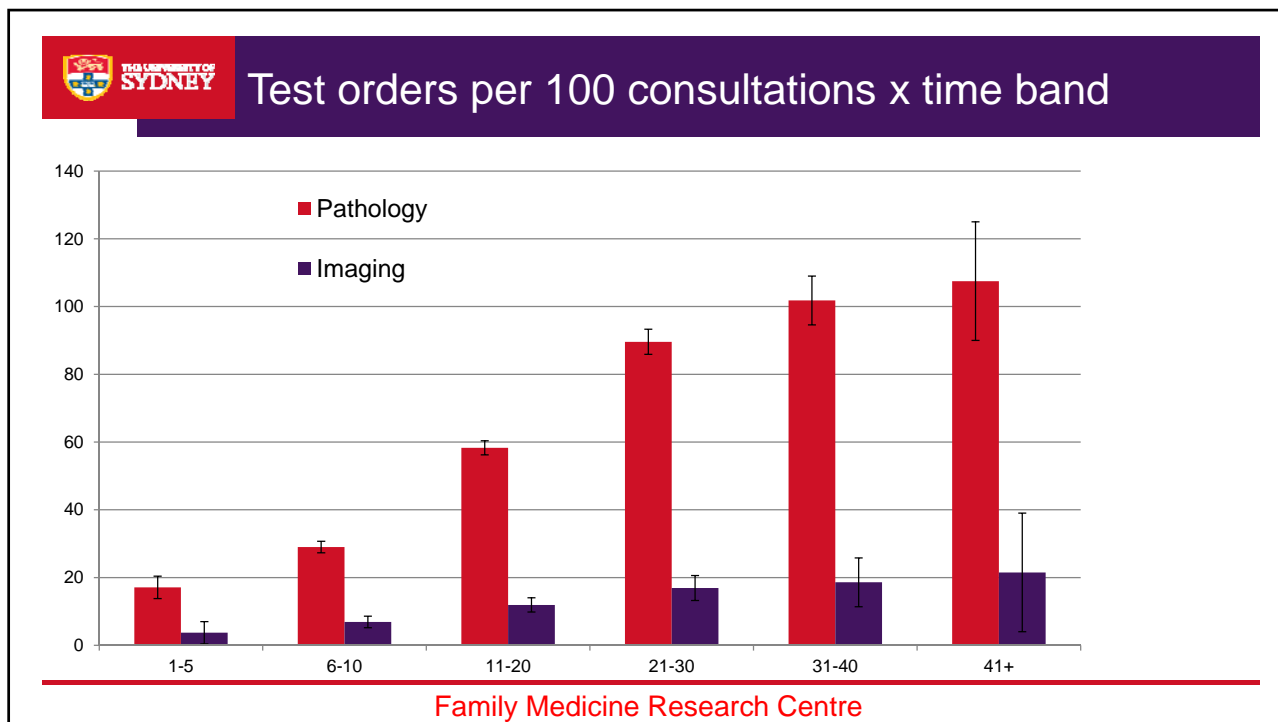
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### Referrals per 100 consultations x time bands

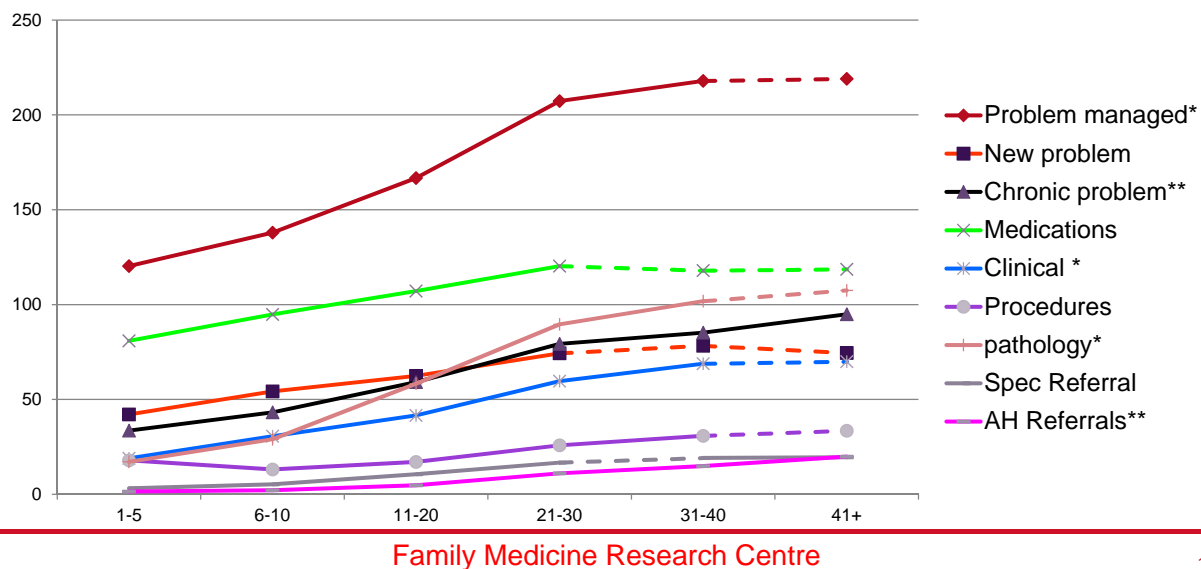


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## Summary of change, rate per 100 encounters x time tier



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- › These results support our 2005 research identifying the predictors of consultation length.

*(Britt HC, Valenti L, Miller GC. Determinants of consultation length in Australian general practice. Med J Aust; 183(2):68-71).*

- › In addition to some GP & patients characteristic,

content predictors were:

- more problems manage,
- management of social, psychological, or female genital problems,
- number of chronic disease(s) managed
- provision of clinical treatments (e.g. counselling).

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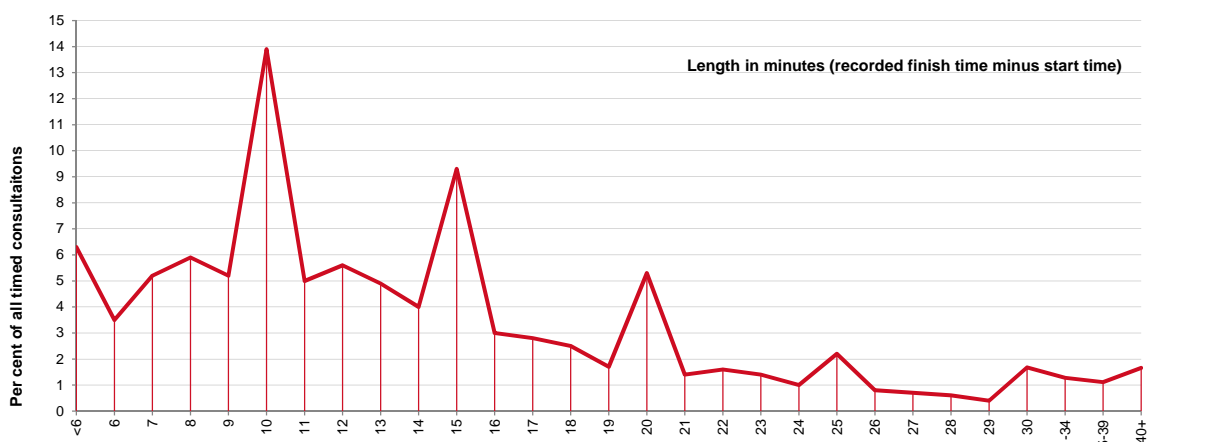
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### Distribution of all MBS/DVA claimable GP-patient encounters by length (in minutes) – earlier research (N=34,984 [weighted])

Source: BEACH consultation length 2012-2013, for 34,926 Medicare/DVA claimable encounters.

[Debunking the myth that general practice is '6 minute' medicine](http://sydney.edu.au/medicine/fmrc/beach/bytes/BEACH-Byte-2014-002.pdf) <http://sydney.edu.au/medicine/fmrc/beach/bytes/BEACH-Byte-2014-002.pdf>

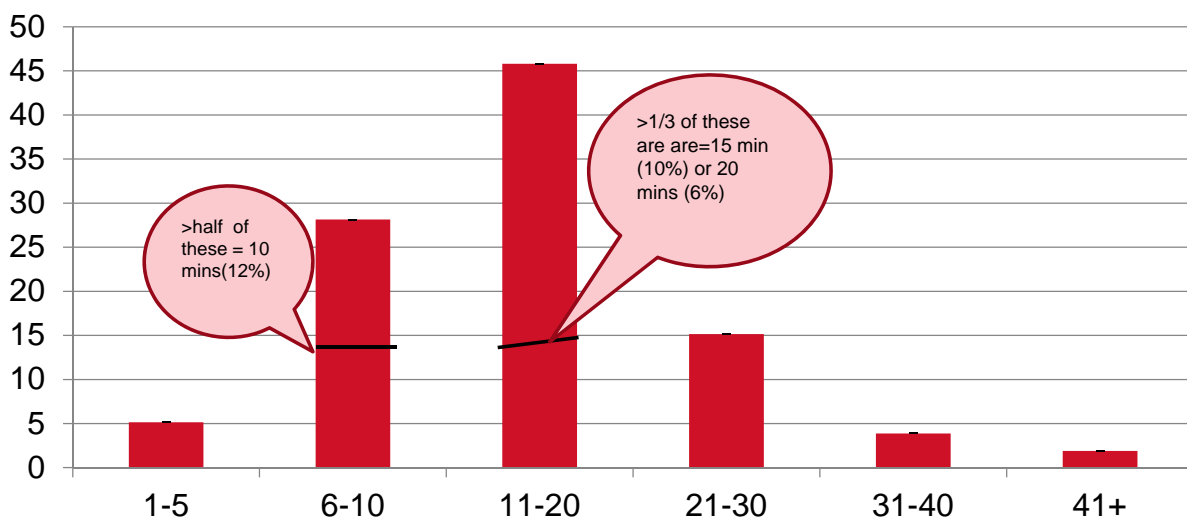


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### What of the time cut offs?



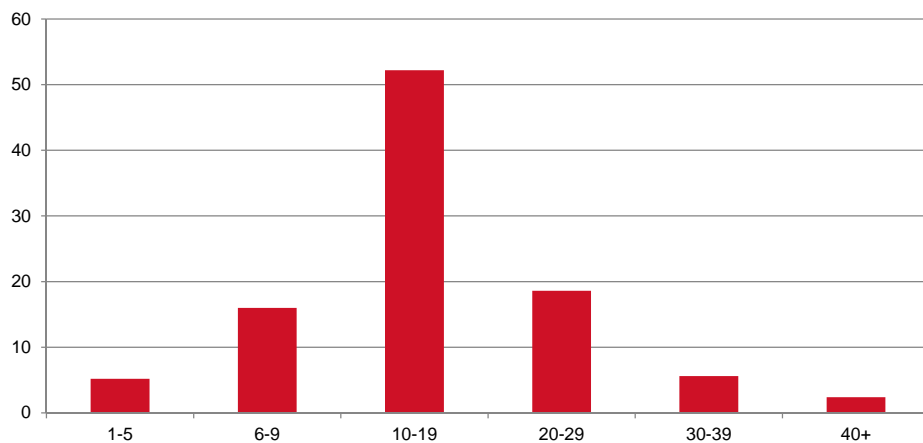
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Let's try moving 10 mins, 29 mins, 30 mins, 40 mins



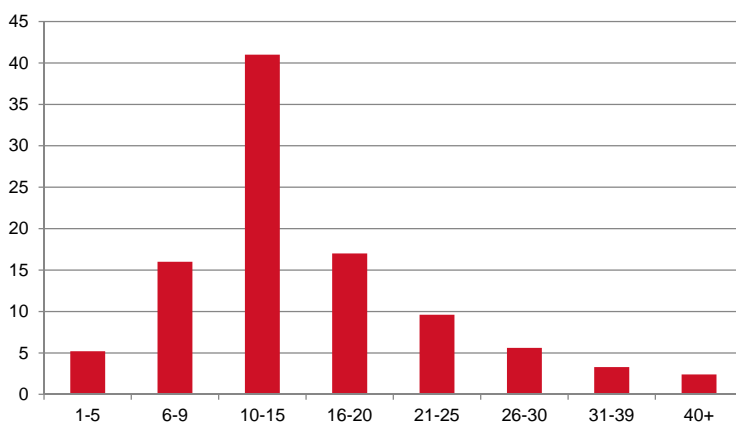
Mmmm... a more normal looking curve with over 50% being 10-19 minutes.....

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Lets try breaking at 15 & 25 minutes (% distribution)



Certainly get a different distribution don't you?

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## In summary

- › The RACGP time-tiers have been selected using professional judgment
- › **IF** we want a time-tier based payment system for general practice, we need to base the tiers on evidence.
- › Our research shows that different variables impact specific time slots.
- › We need to graph the rates of each of these and other variables x individual minute, in order to identify 'cut-off points' that differentiate between tiers in terms of content and complexity of care.
- › The tier-placement of 10 minutes, 15 minutes, 20 minutes, needs to be considered carefully. As shown these will have a large impact on distribution of items claimed and the total cost.



## We also know from previous published BEACH research

There are many important variables I have not presented today.

For example we know from earlier work that average length of consultations:

- › with female GPs is longer than those with male GP
- › with female patients is longer than those with male patients
- › with same sex dyad (M-M or F-F) are longer than those not (M-F; F-M)
- › in rural areas is longer than those in metropolitan areas

These differences are reflected in the content variables I have shown you today, but each also has its own independent influence of consultation length.



## So having seen all this.. What is the answer?

- › Is it enough to define consultation items purely in time bands?
- › If so, how do we decide where the cut-offs should be?
  - Especially appointment time slots 10 minutes, 15min, 20mins, 30 mins
- › If not time slots, on what other basis should GPs be remunerated ?

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*Many thanks  
to the GPs*

*BEACH 2012-14*



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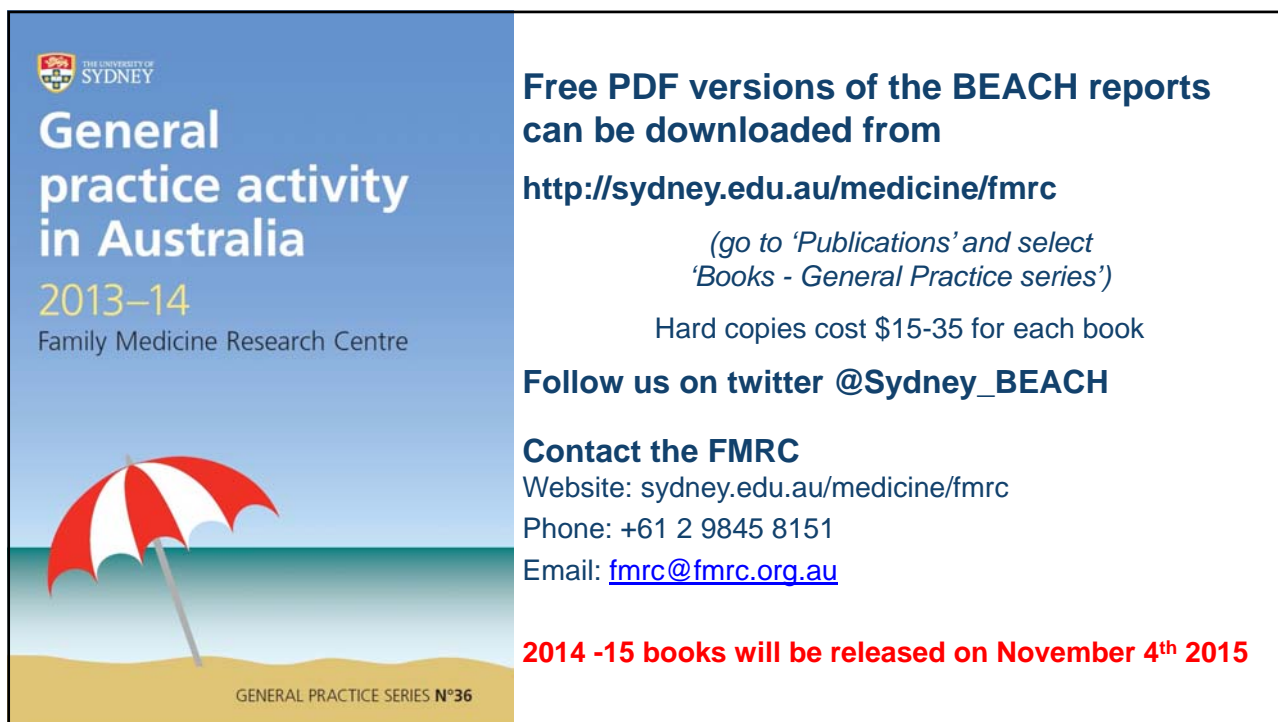
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**BEACH 2012-14**



THE UNIVERSITY OF SYDNEY

**General practice activity in Australia**  
2013-14  
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<http://sydney.edu.au/medicine/fmrc>  
*(go to 'Publications' and select 'Books - General Practice series')*  
Hard copies cost \$15-35 for each book

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**2014 -15 books will be released on November 4<sup>th</sup> 2015**

GENERAL PRACTICE SERIES N°36



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# Let's talk!