



GP RED TAPE BLUES

BY AMA PRESIDENT, DR ANDREW PESCE

“It is difficult to understand why the Government does not do more to provide an environment where medical practitioners can spend more time doing what they do best – caring for patients.”

Red tape is the scourge of quality primary care. GPs hate red tape and the time it steals. GPs would prefer to spend that time with patients.

The AMA has long fought the good fight against red tape in medical practice. Successive governments have promised to cut red tape but all we have seen are gentle snips around the edges.

In 2002, the Productivity Commission was tasked with reviewing red tape in general practice. There was plenty of reviewing but very little reducing of the red tape burden by the Government.

The red tape review conducted by the Small Business Regulation Review Taskforce in 2006 was similarly ignored.

As Shadow Health Minister, Nicola Roxon went to the 2007 election with a promise to cut red tape.

True to her word, the Rudd Government announced a review of Medicare items in December 2008. It was, however, a far more modest exercise than that forecast by the 2007 election promise. This review was to be finalised by March 2009. It wasn't.

Following the obligatory consultation process and delay after delay, the results of that review were released two weeks before last Christmas. The Government's moves to 'streamline and simplify the MBS' were originally meant to come into effect from 1 June 2009. They didn't. The changes – hardly sweeping – came into effect from 1 May this year.

But the burden has not been lifted. There may be fewer items but there is no relief from the reams of red tape. The changes have been cosmetic at best. The arrangements for referring patients to allied health and mental health services are still far too complex.

There is no evidence that GPs now have more time to spend with their patients due to a dramatic reduction in Government paperwork. The truth of the matter is that Medicare has not been simplified or streamlined – but it has to be, and soon. GPs are under enormous pressure.

Red tape restricts patient access to GP care. Some estimates indicate that GPs must spend up to nine hours a week complying with red tape obligations. For every hour that a GP is tied doing

Government paperwork, around four patients cannot get to see that doctor. That is unacceptable at any time, but totally unacceptable at a time of medical workforce shortage.

The Government says that the number of primary care items in the MBS tripled from 66 to 247 over a 10-year period under the previous Government, and that the top 10 of those items made up 92% of all Medicare claims for primary care services.

Based on those numbers, it should be relatively simple to create greater efficiencies in the MBS. Why do we have so many MBS items given the pattern of utilisation?

For review after review, the AMA has suggested areas where cuts can be made, and we continue to do so.

For a start, the authority system for prescribing altogether. The streamlined program introduced in 2007 showed no appreciable change in prescribing trends but it has cut red tape. Let's cut more red tape – scrap the system.

Here are some more programs and activities that impose unnecessary red tape:

- multiple provider numbers under Medicare;
- Centrelink programs;
- Department of Veterans Affairs programs;
- the Practice Incentive Program paperwork and compliance requirements;
- workforce programs; and
- subsidised taxi services for patients.

It is difficult to understand why the Government does not do more to provide an environment where medical practitioners can spend more time doing what they do best – caring for patients.

Red tape in medical practice represents a significant cost to the community.

Red tape is inappropriately used to ration services for patients and to count services simply for the sake of counting services.

Red tape is strangling the health system and making life unbearable for hardworking family doctors.

Red tape – get rid of it. 🇦🇺