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GRATTAN INSTITUTE REPORT AN UNFAIR ATTACK ON GPs OVER CHRONIC DISEASE CARE

The Grattan Institute report, *Chronic failure in primary care*, released today, is an unfair attack on Australia’s hardworking GPs, according to the AMA.

Chair of the AMA Council of General Practice (AMACGP), Dr Brian Morton, said that the Report paints an unduly pessimistic picture of the care that GPs are providing to patients with complex and chronic disease.

“The Report is a welcome contribution to the ongoing national discussion about how to best deal with the rapidly growing number of people suffering from complex and chronic conditions, but it is blatantly wrong for the Institute to blame GPs for any perceived failings in primary health care delivery,” Dr Morton said.

“The Grattan Report singles out diabetes care as being one area where Australia is performing poorly, but other data contradicts this.

“For example, hospital admission rates per 100,000 population for uncontrolled diabetes in Australia are among the best of the OECD countries at 7.5 - well under the UK at 23.9 and the OECD average of 50.3.

“The Report even acknowledges that there is a lack of hard evidence and data to assess the performance of our primary care system in managing complex and chronic disease, which makes the attack on GPs even more surprising.

“The Institute also admits that the evidence base for what works is still slim, so clearly its analysis and conclusions need to be treated with some caution.

“The Government established the Primary Health Care Reform Advisory Group to consider potential reforms to help improve care for patients with complex and chronic disease.

“The AMA has made a range of recommendations to this group, including:

- The need to retain and support the GP-led model of primary care to support continuity of care and reduce the potential for fragmentation of care.
- Support for blended payment models, complementing FFS.
- Reform of existing Medicare chronic disease items to strengthen the role of the patient's usual GP, cut red tape, streamline access to GP referred allied health care services, and to reward longitudinal health care.
- The adoption of pro-active models of care-coordination for patients with higher levels of chronic disease and who are at risk of unplanned hospitalisation - similar to the Coordinated Veterans' Care program that has been established by the Department of Veterans' Affairs.
- The introduction of an incentive payment through the Practice Incentives Program to support quality improvement, informed by better data collection.
- The introduction of non-dispensing pharmacists in general practices to help improve medication management, particularly for patients with chronic disease.

- An enhanced role for private health insurers to fund targeted programs that support general practice in caring for patients with chronic disease.
- The utilisation of Primary Health Networks to support GPs in providing care for patients, particularly in improving the connection between primary and hospital care.
- Better use of technology, including the use of point of care testing.
- Principles that should underpin the operation of the medical home, if the Government decides to adopt this model in Australia.

“The burden of complex and chronic disease in this country continues to grow, and the Government needs to take a long term view if it is to tackle this problem effectively.

“The Government needs to invest significantly in general practice, preferably in the upcoming Budget, in the knowledge of savings in later years, better patient outcomes, and less pressure on our hospital system.

“Government measures to address this impending crisis must include immediately lifting the current freeze on the indexation of Medicare patient rebates.

“It is important that when new models of care are considered, they are carefully designed in consultation with the profession, and thoroughly tested through pilots and trials.

“What may work overseas may not be relevant in the Australian context, and we need to make sure we get things right so that patients can access the services they need.

“In the meantime, coordinated efforts to develop and implement workable solutions to meet the growing demand for chronic disease care can do without unfair and unnecessary attacks on dedicated primary health care professionals, especially GPs,” Dr Morton said.

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