

Support for longer GP consultations

Key Issues

Medicare rebates to patients who have seen a GP are intended to reflect the value of the service provided. Under the current system, there are disincentives for GPs to provide longer consults as they will be reimbursed the same amount for a six-minute consultation as they will for a 19-minute consultation. This proposal is intended to remove the disincentive and strengthen the fee-for-service model as the foundation of Medicare.

Patient consideration

Patients are reimbursed for visiting a GP through Medicare. The most common encounter in general practice is a Level B, which lasts less than 20 minutes and deals with one or more issues. The patient is reimbursed \$37.60 for this. This amount has only increased by \$0.55 since July 2014. While this price has stagnated, the costs of operating a practice have continued to rise. This gap between the cost of providing the service and the MBS rebate is sometimes paid by the patient. This is known as an out-of-pocket cost, and these costs are increasing every year.

The population is getting older and GPs are dealing with more health issues per consultation. As such, average consultation length is increasing. BEACH data show that the average consultation increased from 14.1 minutes to 14.9 minutes from 2006-7 to 2015-16.

If a GP bulk bills a patient, they accept that the MBS rebate the patient will receive for the visit is the amount they will be paid. As a Level B is \$37.60 regardless of the length of the visit, a disincentive for longer visits is built into the system. The value of the Medicare rebate drops from \$6.27 per minute at 6 minutes to \$1.88 per minute at 19 minutes. Increasing the rebate available to the patient for longer Level B consultations will remove the disincentive for providing longer consultations which is currently built into Medicare and stop punishing GPs who see patients for longer.

Government consideration

While reforms to funding for general practice will increasingly include different payment models, the fee-for-service model will remain the primary payment model and the foundation of Medicare. As such, it is imperative that flaws in the system are resolved.

Both major parties have declared they will lift the freeze on over 100 Medicare items for general practice if elected. However, after years of the Medicare freeze, during which MBS rebates were not indexed, the reimbursement for all MBS items is inadequate. Since 2005, the benefit per service has declined by 6% in real terms. The AMA has highlighted problems with ongoing underfunding of general practice for years.

We have seen two consecutive years where GP training places have not been filled. Over one-third of GPs are aged over 55. Unless the Government takes funding for general practice seriously, they risk the future of the profession.

Failure to support longer consultations in the general practice setting will also result in increased hospital presentations and increased government costs, as GPs will be unable to continue to bear the cost of providing complex care.

AMA position

The AMA calls on the major parties to increase support for longer GP consultation through the introduction of an “extended” Level B MBS consultation item that recognises the extra work involved for those GPs who spend more time with their patients.

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