AMA

2012
AMA Aged Care Survey Report

Report on the 2012 AMA Aged Care Survey

On 2 July 2012, the AMA invited (by an email from the President) member general practitioners, consultant physicians, geriatricians, emergency physicians, psychiatrists, and palliative medicine specialists to complete an online survey. The survey sought feedback on members' impressions and experiences of providing medical care to older Australians. The survey closed on 27 July 2012.

The survey results provide an insight into perceptions of members in providing medical care in the aged care sector, particularly in residential aged care facilities (RACFs).

Data: size and integrity

AMA member general practitioners, consultant physicians, geriatricians, emergency physicians, psychiatrists, and palliative medicine specialists were invited to complete the survey. The e-mail was sent to 6,907 members, with 2,267 confirming that they received it. Of those, we received 731 unique responses (a response rate of 10.6 per cent of total recipients; 32.2 per cent of confirmed recipients). To ensure the survey was completed only by AMA members, respondents had to access the online survey by logging into the members' part of the AMA website.

As responses were voluntary, it is possible that a particular type of respondent is over-represented in the survey data.

As MBS does not report the number of providers billing Medicare for providing medical care to older Australians, it is difficult to corroborate the data.

Method

The questions were framed in order to give expression to frustrations either through categorising reasons why people might be dissatisfied (Likert scale responses: 'strongly agree', 'agree', 'neutral', 'disagree', 'strongly disagree') or through free text fields (with questions like 'describe the best change to encourage others to increase attendance' and 'describe factors which discourage attendance').

A list of the questions is at **Appendix A**.

Respondents' confidential comments in the free text fields have been collated in a separate, 56-page document.

Assumptions and expectations

As the questions were framed in order to give expression to frustrations, a greater proportion of negative responses toward providing medical care to older Australians were expected than positive ones. It is likely that respondents (correctly) expected the AMA to be interested in improving the existing arrangements for providing medical care in RACFs, and thus had an incentive to concentrate on critical responses.

Results

Demographics

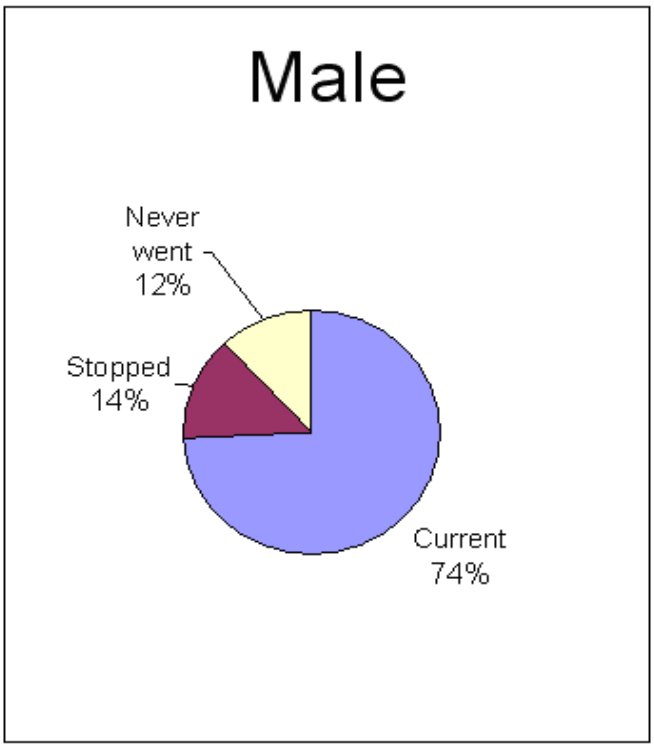
Demographic results were consistent with the 2008 survey (**Appendix B**).

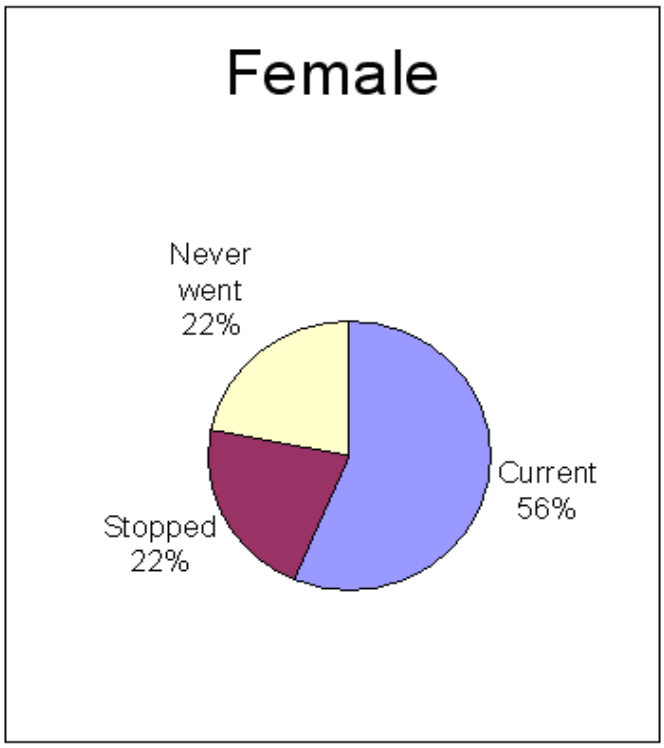
Respondents can be grouped into three categories:

1. people who currently attend residential aged care facilities (RACFs) (74.3 per cent of respondents)
2. people who attended RACFs in the past but no longer do so (12.3 per cent), and
3. people who have never attended RACFs (13.1 per cent).

74.1 per cent of male respondents and 56.3 per cent of female respondents reported attending RACFs.

11.9 per cent of male respondents reported never having attended an RACF; 21.8 per cent of female respondents reported the same. The below charts show the breakdown of male and female responses.

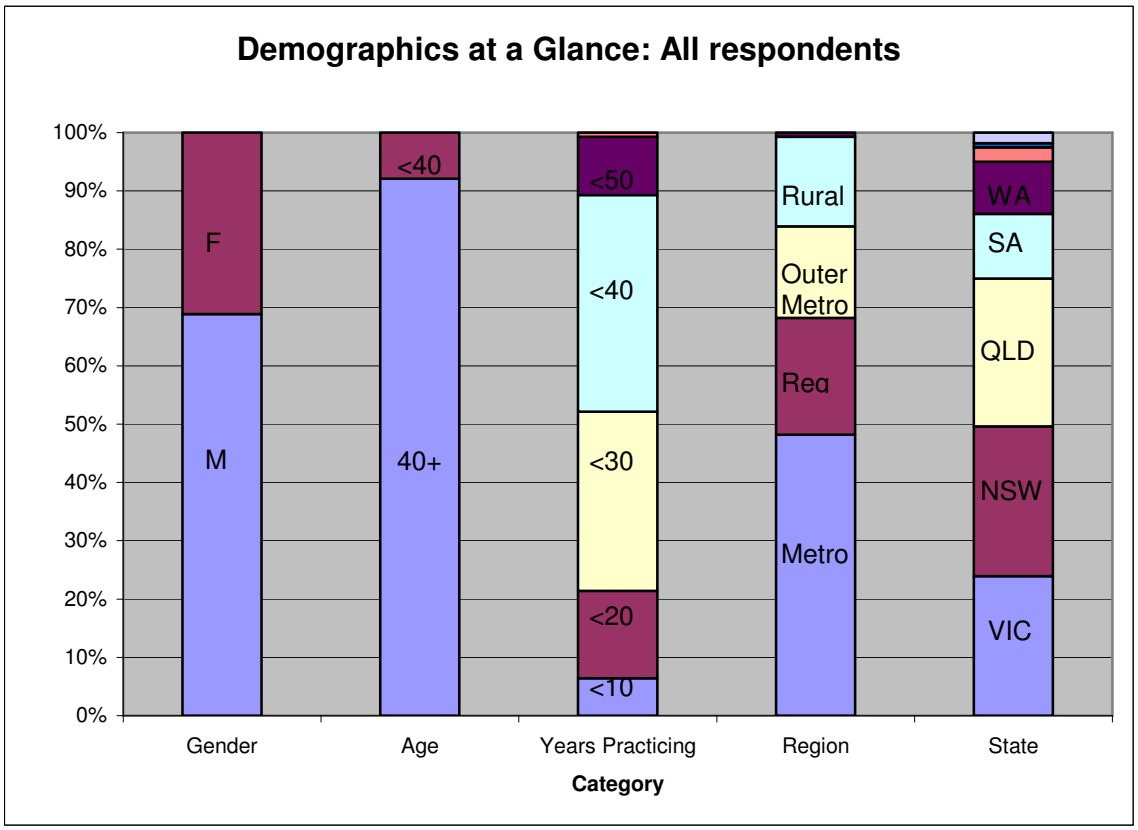


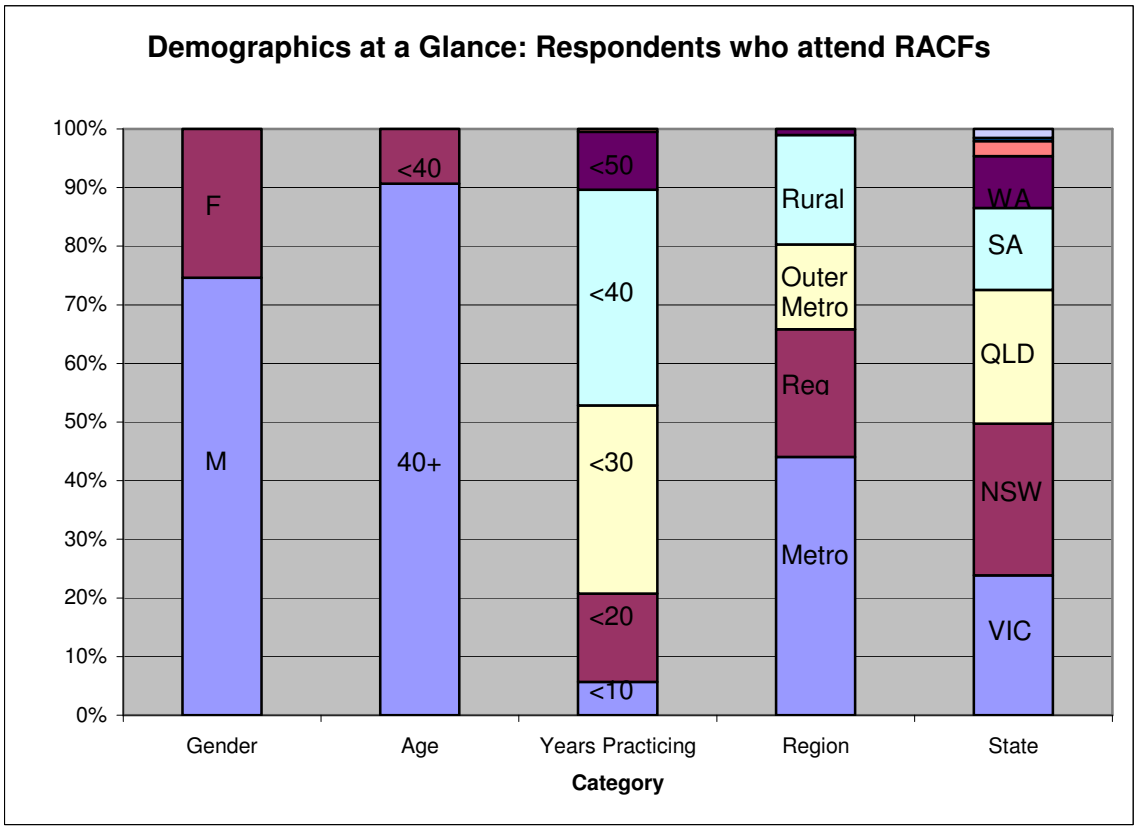


Of the respondents who attended RACFs, 74.6 per cent were male (68.9 per cent of total respondents were male).

90.7 per cent of those respondents who indicated that they attended RACFs were over 40 years old (92.1 per cent of all respondents were over 40 years old).

The two graphs on the next page compare the demographics of all respondents against only those who attend RACFs.


Demographics at a Glance: All respondents
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
F
M
<40
40+
<50
<40
<30
<20
<10
Rural
Outer Metro
Reg
Metro
WA
SA
QLD
NSW
VIC
Gender
Age
Years Practicing
Region
State
Category


Demographics at a Glance: Respondents who attend RACFs
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
F
M
<40
40+
<50
<40
<30
<20
<10
Rural
Outer Metro
Reg
Metro
WA
SA
QLD
NSW
VIC
Gender
Age
Years Practicing
Region
State
Category

The responses to the survey suggest that the typical medical practitioner providing medical care to older Australians living in RACFs is an older male. This is consistent with our current assumptions, with the challenges being:

1. how to attract younger medical practitioners to the sector and
2. how to retain female medical practitioners in the sector.

Provision of medical care

The survey asked respondents to estimate the amount of time spent on patients, the number of patients seen, the number of visits per month, and the amount of non-contact time per patient. The latter question was: 'On average, how much non-contact time do you spend (not including travel time) on each patient seen?' While the intuitive interpretation of this question includes locating the patient at an RACF, filling in scripts and paperwork, some of the text responses suggest that this might also include time spent on the telephone while in the surgery discussing issues with RACF staff.

Those who visited RACFs reported an average of 6.9 visits per month, with 5.8 patients seen per visit (range: 0-75 visits per month; 0-60 patients).

The average reported time with each patient was 16.2 minutes (range: 3-90 minutes). The average reported amount of non-contact time per patient was 13.9 minutes (range: 0-60). This suggests that, per visit, there is an average of 80.6 minutes of non-contact time per visit.

The average time per visit is 2.9 hours, being the average time spent per patient (contact and non-contact) multiplied by the average number of patients seen per visit.

It was considered likely that the estimates of time provided by respondents would be pessimistically inflated. This proved to be correct: the average reported time away from the surgery was 97 minutes (range: 0-480 minutes).
From a policy perspective, the important issue is the perception. The average amount of contact and non-contact time reported are nearly equal. The comments in the free text also attest to a widespread sense of frustration with procedures prior and following consultations with patients, including not being able to find the patient when they arrive at an RACF and having to complete excessive paperwork. Given the MBS rebate is only for contact time, this unremunerated aspect of care will make it difficult both to encourage new medical practitioners to attend RACFs and to retain the attendance of existing medical practitioners.

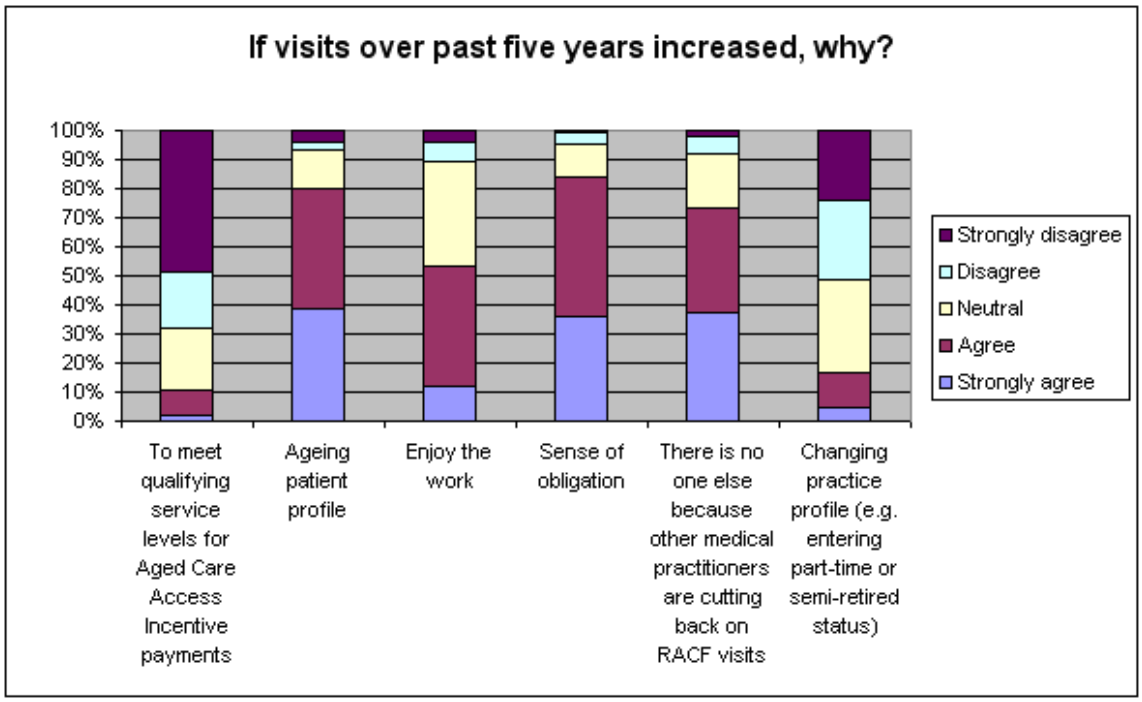
Motivations to increase or decrease visits over past 5 years

41.2 per cent of respondents who currently attend RACFs stated that their visits increased over the past five years.

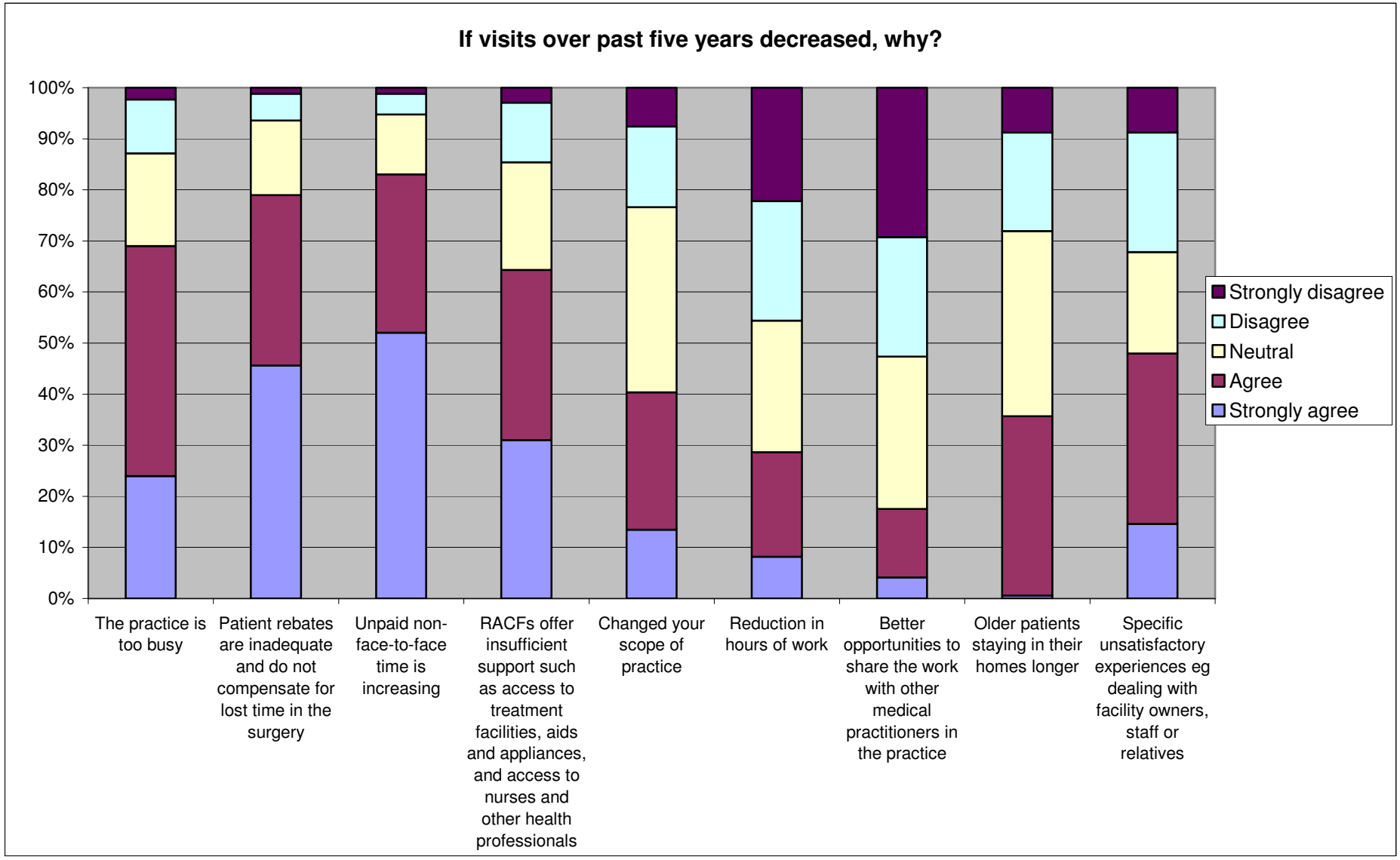
84.3 per cent stated that they increased visits due to a sense of obligation; 73.4 per cent stated it was due to insufficient medical practitioners making visits.

53.3 per cent stated that they did so because they enjoyed the work.

The graph on the next page outlines the reasons respondents gave for an increase in the number of visits.



The below graph (landscape for clarity) outlines the reasons respondents gave for a decrease in the number of visits. The most cited reason was the increase in unpaid non-face-to-face time with patients (83.0 per cent agreed or strongly agreed), but this was only marginally higher than displeasure with the MBS rebate (78.9 per cent). Being too busy and the lack of support at RACFs were also cited as reasons (69.0 per cent and 64.3 per cent).


If visits over past five years decreased, why?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
The practice is too busy
Patient rebates are inadequate and do not compensate for lost time in the surgery
Unpaid non-face-to-face time is increasing
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals
Changed your scope of practice
Reduction in hours of work
Better opportunities to share the work with other medical practitioners in the practice
Older patients staying in their homes longer
Specific unsatisfactory experiences eg dealing with facility owners, staff or relatives
Strongly disagree
Disagree
Neutral
Agree
Strongly agree

Anticipated behaviour over next two years

More than one in five medical practitioners who currently attend RACFs were planning to stop or reduce their current visits.

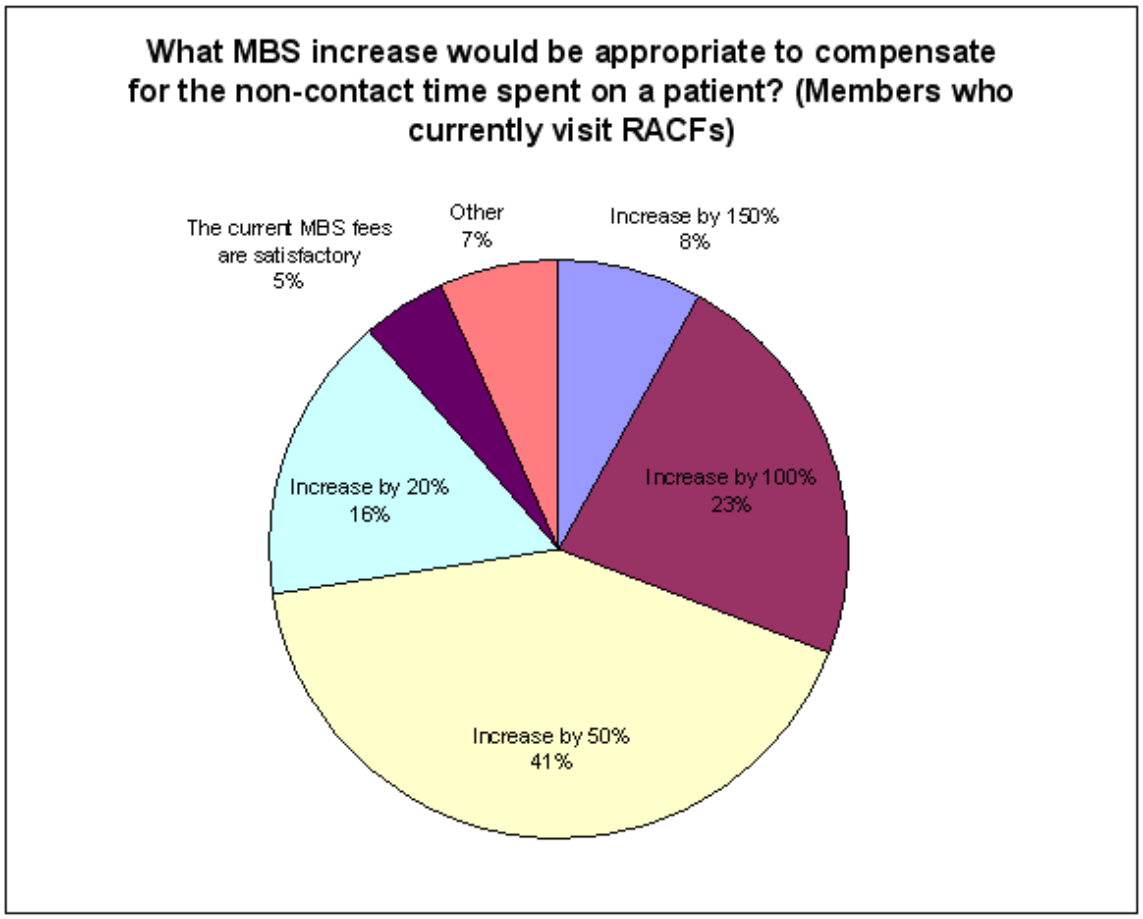
Nearly two-thirds (62.7 per cent) were planning to maintain their current rate of visits (although 14.1 per cent stated that they were not intending to take on new patients, which could mean an effective reduction).

15.9 per cent of respondents who currently attend RACFs indicated that they planned to increase the number of visits they make.

Increase in the MBS rebate

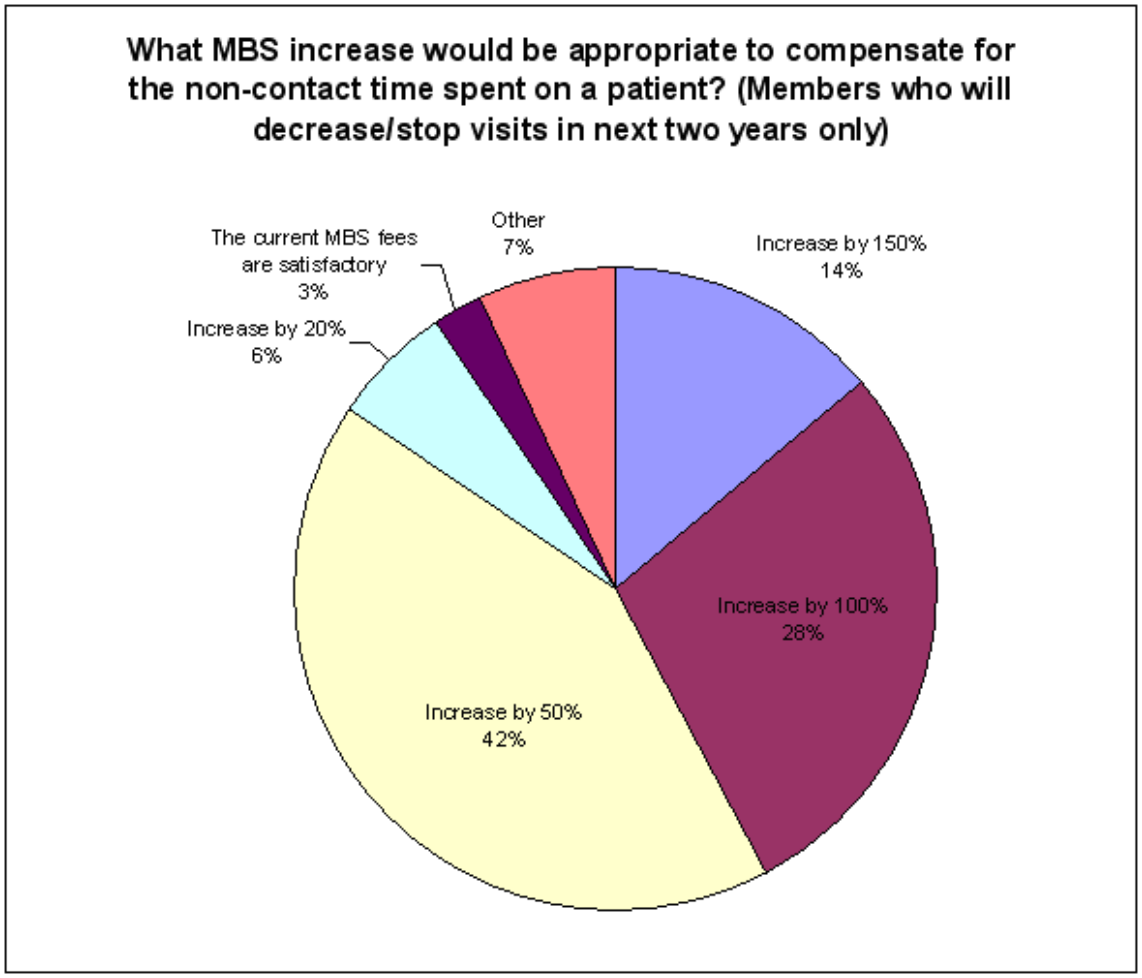
Members who currently visit RACFs were asked what increase in the MBS rebate would be appropriate to compensate for non-contact time. 41 per cent of respondents claimed an increase of 50% would suffice; 31 per cent recommended increasing it by double or more.

The graph on the next page illustrates the proportion of responses. Most of the responses to 'Other' did not provide a value.



Of the 116 respondents who stated that they were likely to reduce or stop visiting RACFs, 42 per cent recommended an MBS rebate increase of 100% or more. This provides a ground for asking further questions about retention strategies. Would their decision to reduce or stop visits change if the MBS rebate were increased to cover the non-contact time involved in caring for residents of RACFs?

The distribution of responses for this group is in the graph on the next page.

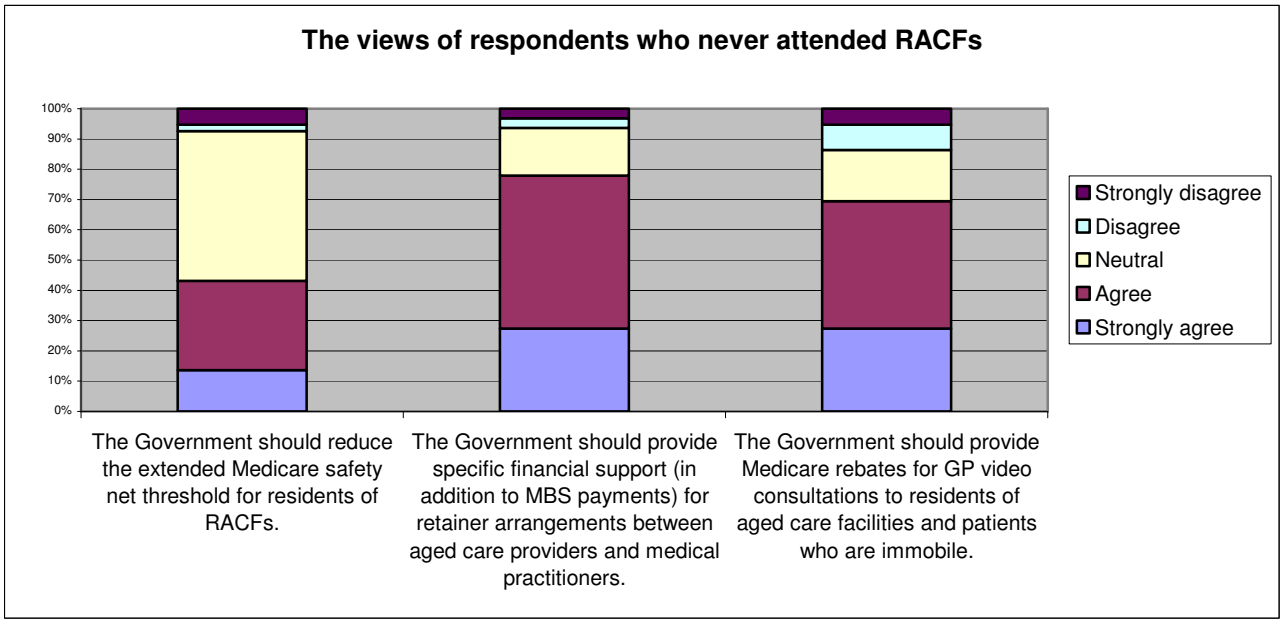


Perceptions of medical practitioners who never visited RACFs

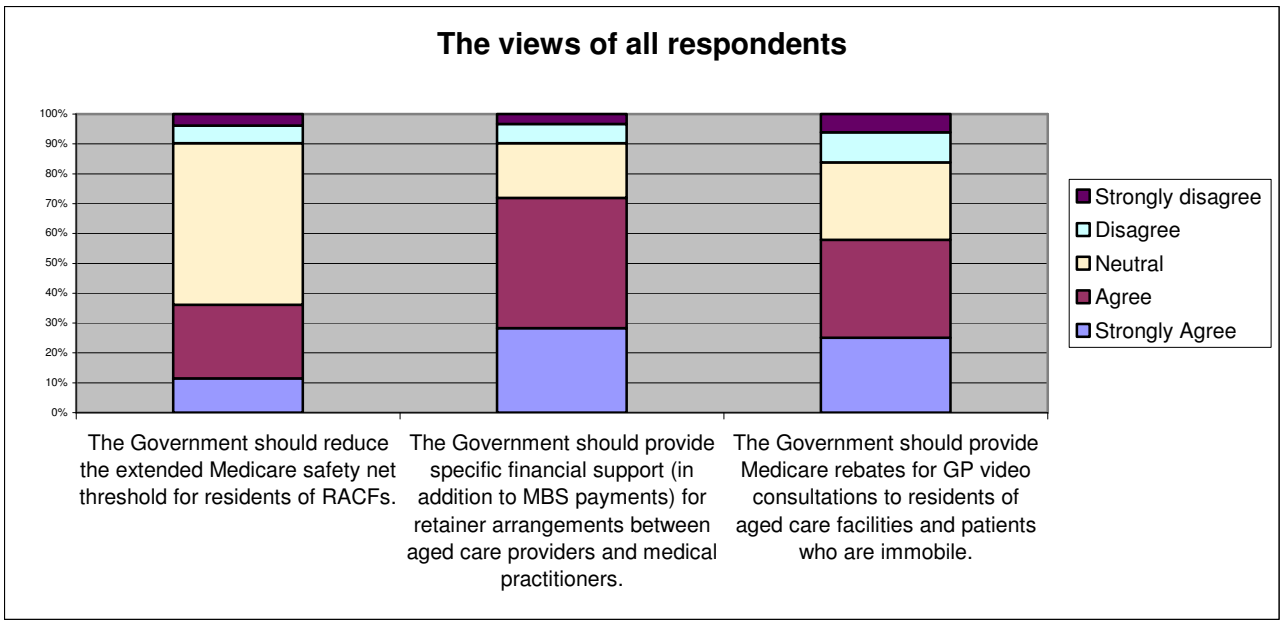
It is unclear what might motivate a person who had never attended a RACF to complete the survey. Although those respondents might have had a desire to share their perceptions of aged care, it is difficult to know the extent to which they represent the broader population: as a group, they were in the minority of respondents.

Of the 13.1 per cent of respondents who never visited RACFs, 77.9 per cent agreed or strongly agreed that the Government should provide specific financial support (in addition to MBS payments) for retainer arrangements between aged care providers and medical practitioners.

The graph on the next page outlines their responses.



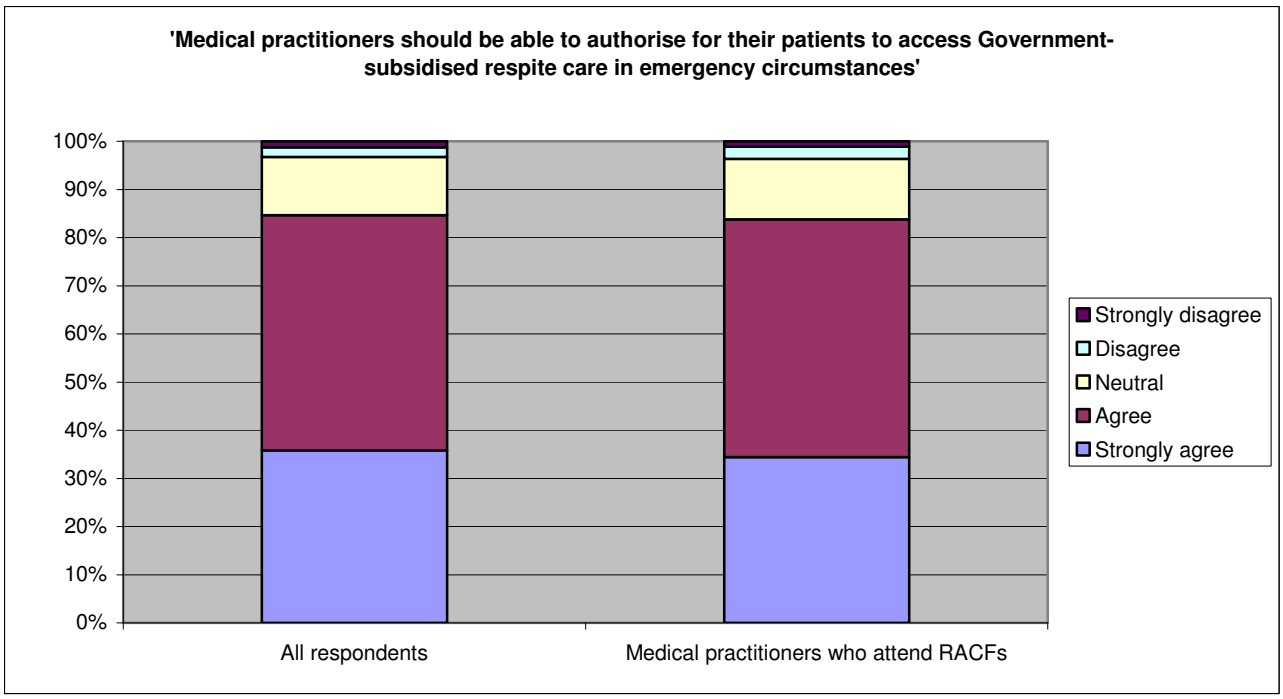
Although the result is quite similar to the result for all respondents (below), it is notable that people who never attended RACFs were more likely to support the proposal that the Government should provide Medicare rebates for GP video consultations than people who currently attend (69.5 per cent; 57.8 per cent). This might suggest that more medical practitioners would be attracted to the sector if Medicare rebates were available for GP video consultations.



Medical practitioner authorisation for Government-subsidised respite care in emergency situations

84.7 per cent of all respondents agreed or strongly agreed that medical practitioners should be able to authorise access for their patients to Government-subsidised respite care in emergency situations (83.8 per cent of respondents who currently visit RACFs stated the same).

The distribution of responses is in the graph below.



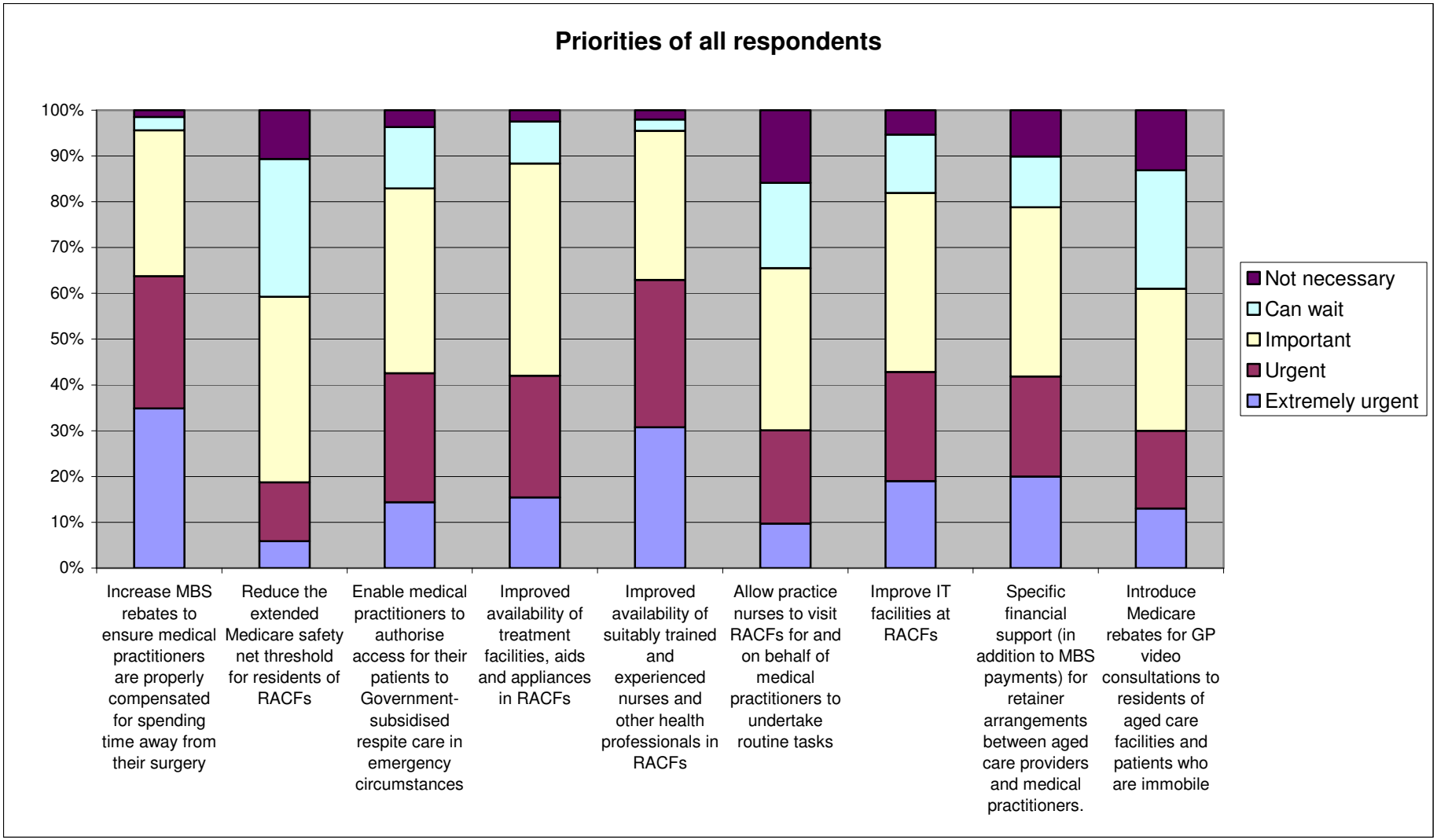
Priorities for future action

The following page (landscape) lists the priorities of all respondents. Members were asked to state to what extent a series of advocacy proposals were important to them. Responses available were:

- Not necessary
- Can wait
- Important
- Urgent
- Extremely urgent.

The distribution of 'urgent' and 'extremely urgent' show which proposals were considered the highest priority. More than 60 per cent of respondents felt the following were either urgent or extremely urgent:

- Increase MBS rebates to ensure medical practitioners are properly compensated for spending time away from their surgery
- Improved availability of suitably trained and experienced nurses and other health professionals in RACFs


Priorities of all respondents
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Not necessary
Can wait
Important
Urgent
Extremely urgent
Increase MBS rebates to ensure medical practitioners are properly compensated for spending time away from their surgery
Reduce the extended Medicare safety net threshold for residents of RACFs
Enable medical practitioners to authorise access for their patients to Government-subsidised respite care in emergency circumstances
Improved availability of treatment facilities, aids and appliances in RACFs
Improved availability of suitably trained and experienced nurses and other health professionals in RACFs
Allow practice nurses to visit RACFs for and on behalf of medical practitioners to undertake routine tasks
Improve IT facilities at RACFs
Specific financial support (in addition to MBS payments) for retainer arrangements between aged care providers and medical practitioners.
Introduce Medicare rebates for GP video consultations to residents of aged care facilities and patients who are immobile

Future surveys

If the survey were to be used in future, there would be two competing pressures on survey design:

1. The ability to make the survey data comparable with the 2008 and 2012 survey data; and

2. The ability to improve the quality of the survey responses, incorporating lessons from the 2012 survey and unforeseen emerging needs.

Some questions might be improved by the revision of the scales used to solicit an answer. For example, ranking proposals against each other – rather than rating individual proposals on a scale – would present a less ambiguous picture of what members thought were priorities.

Questions could also be included which seek to understand what members enjoy about aged care services. This would allow the AMA to look at ways of advocating changes to the negative perception of aged care.

Appendix A: List of Questions

1. Gender
    - Male
    - Female
2. Age
    - 40 or under
    - Over 40

3. How many years have you been practicing?
   [open field] years

4. Where is your practice located?
    - Metropolitan
    - Outer metropolitan
    - Regional
    - Rural
    - Remote

5. Within which state/territory is your practice?
    - ACT
    - NSW
    - NT
    - QLD
    - SA
    - TAS
    - VIC
    - WA

6. How many medical practitioners (including yourself) operate from your practice?
   [open field]

7. Of those, how many are FTE (including yourself):
   [open field]

8. Is your practice
    - Medically owned
    - Non-medically owned
    - Not sure

9. What size practice do you work in?:
    - Solo
    - Small group / small partnership
    - Large group / corporatised
    - One of the major corporates

- Other, please specify: [open field]

10. Have you ever had to organise assessment by an Aged Care Assessment Team (ACAT) for your patients?
    - Yes
    - No

11. If yes, on average, how long do patients have to wait for initial assessment by an ACAT?
    - < 1 week
    - < 1 month
    - 1 – 3 months
    - 3 – 6 months
    - > 6 months

12. Do you undertake home visits?
    - Yes
    - No

13. Will you do more home visits as more Home Care Packages are available?
    - Yes
    - No

14. Do you visit residential aged care facilities (RACFs) to see patients?
    - Yes
    - No

If answer to Q14 is 'Yes' then Qs 15 to 24 follow

15. On average, how many times do you visit an RACF per month?
    - [open field] times per month

16. On average, how many patients do you see during a visit to an RACF?
    - [open field] patients per visit

17. On average, how much time do you spend with each patient seen?
    - [open field] minutes

18. On average, how much non-contact time do you spend (not including travel time) on each patient seen?
    - [open field] minutes

19. Please estimate the average time away from your surgery while visiting an RACF
    - [open field] hours [open field] minutes

20. What MBS fee increase would be appropriate to compensate for the non-contact time spent on a patient?

- The current MBS fees are satisfactory
- Increase by 20%
- Increase by 50%
- Increase by 100%
- Increase by 150%
- Other, please specify [open field]

21. Over the last 5 years have your visits to RACFs:
    - Increased
    - Decreased
    - Remained relatively constant

22. If your visits have increased, please nominate the degree to which each of the following has influenced you:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
To meet qualifying service levels for Aged Care Access Incentive payments	○	○	○	○	○
Ageing patient profile	○	○	○	○	○
Enjoy the work	○	○	○	○	○
Sense of obligation	○	○	○	○	○
There is no one else because other medical practitioners are cutting back on RACF visits	○	○	○	○	○
Changing practice profile (e.g. entering part-time or semi-retired status)	○	○	○	○	○

23. If your visits have decreased, please nominate the degree to which each of the following has influenced you:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The practice is too busy	○	○	○	○	○
Patient rebates are inadequate and do not compensate for lost time in the surgery	○	○	○	○	○
Unpaid non-face-to-face time is increasing	○	○	○	○	○
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	○	○	○	○	○
Changed your scope of practice	○	○	○	○	○
Reduction in hours of work	○	○	○	○	○
Better opportunities to share the work with other medical practitioners in the practice	○	○	○	○	○
Older patients staying in their homes longer	○	○	○	○	○
Specific unsatisfactory experiences eg dealing with facility owners, staff or relatives	○	○	○	○	○

24. If you currently undertake regular RACF visits, over the next 2 years, are you likely to
    - ○ Increase the number of visits to RACFs
    - ○ Maintain the number of visits to RACFs
    - ○ Visit current patients, but not visit new patients in RACFs
    - ○ Decrease the number of visits to RACFs
    - ○ Stop visiting RACFs

If answer to Q14 is 'No' then Qs 25 to 27 follow:

25. If you do not visit RACFs to attend patients, please indicate which of the following best describes you:
    - ○ Stopped visiting RACFs at some point during the last 5 years
    - ○ Have never regularly visited an RACF

26. Please nominate the degree to which each of the following influenced your decision:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The practice is too busy	○	○	○	○	○
Patient rebates are inadequate and do not compensate for lost time in the surgery	○	○	○	○	○
Unpaid non-face-to-face time is increasing	○	○	○	○	○
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	○	○	○	○	○
Changed your scope of practice	○	○	○	○	○
Reduction in hours of work	○	○	○	○	○
Specific unsatisfactory experiences e.g. when dealing with facility owners, staff or relatives	○	○	○	○	○
Better opportunities to share the work with other doctors in the practice	○	○	○	○	○

27. Please indicate the degree to which you agree with the following statements

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The Government should reduce the Medicare safety net threshold for residents of RACFs.	○	○	○	○	○
The Government should provide specific financial support (in addition to MBS payments) for retainer arrangements between aged care providers and medical practitioners.	○	○	○	○	○
Medical practitioners should be able to authorise access for their patients to Government-subsidised respite care in emergency circumstances.	○	○	○	○	○
The Government should provide Medicare rebates for GP video consultations to residents of aged care facilities and patients who are immobile.	○	○	○	○	○

28. To help guide AMA advocacy to improve access to medical care in RACFs, please indicate how important each of the follow proposals are to you:

	Can wait	Near future	Important	Urgent	Extremely urgent
Increase MBS rebates to ensure medical practitioners are properly compensated for spending time away from their surgery	○	○	○	○	○
Reduce the Medicare safety net for residents of RACF's	○	○	○	○	○
Enable medical practitioners to authorise access for their patients to Government-subsidised respite care in emergency circumstances	○	○	○	○	○
Improved availability of treatment facilities, aids and appliances in RACFs	○	○	○	○	○
Improved availability of suitably trained and experienced nurses and other health professionals in RACFs	○	○	○	○	○
Allow practice nurses to visit to RACFs for and on behalf of medical practitioners to undertake routine tasks	○	○	○	○	○
Improve IT facilities at RACFs	○	○	○	○	○
Specific financial support (in addition to MBS payments) for retainer arrangements between aged care providers and medical practitioners.	○	○	○	○	○
Introduce Medicare rebates for GP video consultations to residents of aged care facilities and patients who are immobile	○	○	○	○	○

29. Describe briefly the best change that might encourage other medical practitioners to increase attendance at RACFs
    [open field]

30. Describe briefly the other factors that might discourage other medical practitioners from increasing attendance at RACFs
    [open field]

31. General comments:
    [open field]

Appendix B: Comparison with 2008

	2008	2012
Percentage of survey respondents that visit RACFs	75.2%	74.3%
Percentage of survey respondents that do not visit RACFs	24.8%	25.7%

General demographics

	Overall		Do visit		Do not visit	
	2008	**2012**	**2008**	**2012**	**2008**	**2012**
Percentage of survey respondents that were male	70%	68%	72%	74%	64%	26%
Percentage of survey respondents that were female	30%	32%	28%	59%	36%	41%
Average age of survey respondents/ 40 or under or over 40	53.3 yrs	8% 92%	52.5 yrs	82% 68%	56.1 yrs	18% 32%
Average years in practice of survey respondents	25.9 yrs	29.0 yrs	25.3 yrs	28.7 yrs	27.7 yrs	29.5 yrs
Average number of doctors in the practice	?	6.5 drs	5.3 drs	6.8 drs	5.7 drs	5.2 yrs

Location of respondents

	Overall		Do visit		Do not visit	
	2008	**2012**	**2008**	**2012**	**2008**	**2012**
Metropolitan	40%	48%	39%	64%	64%	36%
Outer metropolitan	20%	16%	18%	66%	27%	34%
Regional	20%	20%	21%	73%	17%	27%
Rural	20%	15%	22%	100%	12%	0%
Remote	1%	0.7%	0%	81%	2%	19%

Age

	2008	2012
Percentage of total respondents that visit RACFs that are 40 and under	6%	8%
Percentage of total respondents that visit RACFs that are over 40	94%	92%

Activity profile of respondents that visit RACFs

	2008	**2012**
Average number of visits to an RACF per month	8.4 visits	6.9 visits
Average number of patients seen per visit	4.8 patients	5.8 patients
Average face to face time with each patient	13.1 minutes	16.2 minutes
Average amount of non-contact time for each patient	13.2 minutes	13.9 minutes
Average time away from surgery while visiting an RACF	1 hour, 47 minutes	1 hour, 37 minutes

How has the activity of respondents who visit RACFs changed over the last 5 years

	2008	**2012**
Number of respondents that said the number of visits they make to RACFs had increased over the last five years	41.5%	42.8%
Number of respondents that said the number of visits they make to RACFs had remained relatively constant over the last five years	36.8%	26.2%
Number of respondents that said the number of visits they make to RACFs had decreased over the last five years	21.6%	31.5%

RACF respondents' reasons for increasing the number of visits to RACFs

	2008	**2012**
Sense of obligation	19.8%	84.2%
Ageing patient profile	25.4%	79.9%
There is no one else because other medical practitioners are cutting back on RACF visits	27.2%	73.3%
Enjoy the work	13.4%	53.3%
Changing practice profile, eg entering part-time or semi-retired status	N/A	16.6%
To meet qualifying service levels for ACA Incentive payments	N/A	10.9%
Other reasons	9.2%	N/A
Through initiatives run by the local division of general practice	5.1%	N/A

RACF respondents' reasons for decreasing the number of visits to RACFs

	2008	**2012**
Unpaid non-face-to-face time is increasing	N/A	83.0%
Patient rebates are inadequate and do not compensate for lost time in the surgery	22.7%	78.9%
The practice is too busy	18.2%	69.0%
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	11.8%	64.3%
Specific unsatisfactory experiences, e.g. dealing with facility owners, staff or relatives	N/A	48.0 %
Changed your scope of practice	5.5%	40.4%
Older patients staying in their home	3.6%	35.7 %
Reduction hours of work	12.7%	28.7%
Better opportunities to share the work with other doctors in the practice	7.3%	17.5%
Other Answers	18.2%	N/A

RACF respondents' likely visiting frequency over the next two years

	2008	**2012**
Increase the number of visits to RACFs	16.0%	15.9%
Maintain the number of visits to RACFs	44.5%	48.2%
Visit current patients, but not visit new patients in RACFs	16.7%	14.4%
Decrease the number of visits to RACFs	15.4%	15.5%
Stop visiting RACFs	7.4%	5.9%

RACF respondents were asked to nominate steps in order of priority that should be taken to encourage more visits to RACFs (2008 results)

First priority	
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	71.5%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	13.3%
Improve IT facilities at RACFs	9.3%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	4.4%
Increase funding for local Divisions	1.4%

Second priority	
Improve IT facilities at RACFs	29.6%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	29.4%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	20.3%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	17.1%
Increase funding for local Divisions	3.6%

Third priority	
Improve IT facilities at RACFs	30.7%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	26.6%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	21.1%
Increase funding for local Divisions	11.4%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	10.2%

RACF respondents indicating the importance of a list of proposals, ranging from not necessary, can wait, important, urgent, and extremely urgent (2012 results)

In order of importance	% of total RACF respondents indicating: important, urgent, extremely urgent
Improved availability of suitably trained and experienced nurses and other health professionals	95.6%
Increase MBS rebates to ensure medical practitioners are properly compensated for spending time away from their surgery	95.2%
Improved availability of treatment facilities, aids and appliances	88.0%
Enable medical practitioners to authorise access for the patients to Government-subsidised respite care in emergency situations	80.5%
Improve IT facilities	81.6%
Specific financial support (in addition to MBS payment) for retainer arrangements between aged care providers and medical practitioners	77.3%
Allow practice nurses to visit RACFs	63.7%
Introduce Medicare rebates for GP video consultations to residents and patients who are immobile	59.1%
Reduce the extended Medicare safety net threshold for residents	54.8%

Analysis of the responses from respondents that do not visit RACFs

	2008	**2012**
Percentage of respondents that stopped visiting RACFs at some point during the last 5 years	44.6%	47.9%
Percentage of respondents that had not visited an RACF during the last 5 years	55.4%	51.1%

Reason why respondents were not visiting RACFs

	2008 % of total non-RACF respondents indicating: yes	**2012 % of total non-RACF respondents indicating: agree, strongly agree**
Unpaid non-face-to-face time is increasing	N/A	73.9%
Patient rebates are inadequate and do not compensate for lost time in the surgery	8.3%	66.5%
The practice is too busy	10.4%	52.1%
RACFs offer insufficient support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	4.2%	54.8%
Reduction hours of work	15.6%	33.5%
Changed scope of practice	30.2%	43.6%
Specific unsatisfactory experiences, e.g. dealing with facility owners, staff or relatives	N/A	30.3
Better opportunities to share work with other medical practitioners in the practice	N/A	23.4%
Other answers	31.3%	N/A

Respondents that do not currently visit RACFs were asked to nominate steps in order of priority that should be taken to encourage more visits to RACFs (2008 results)

First priority	**Percent**
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	68.31%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	13.38%
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	13.38%
Improve IT facilities at RACFs	3.52%
Increase funding for local Divisions	1.41%

Second priority	
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	34.06%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	26.81%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	20.29%
Improve IT facilities at RACFs	15.94%
Increase funding for local Divisions	2.90%

Third priority	
Allow practice nurses to visit to RACFs for and on behalf of GPs to undertake routine tasks such as blood pressure monitoring	18.46%
Improved support such as access to treatment facilities, aids and appliances, and access to nurses and other health professionals	33.08%
Increase patient rebates to ensure GPs are properly compensated for spending time away from their surgery	12.31%
Improve IT facilities at RACFs	24.62%
Increase funding for local Divisions	11.54%

Respondents that do not currently visit RACFs indicating the importance of a list of proposals, ranging from not necessary, can wait, important, urgent, and extremely urgent (2012 results)

In order of importance	% of total RACF respondents indicating: important, urgent, extremely urgent
Increase MBS rebates to ensure medical practitioners are properly compensated for spending time away from their surgery	96.8%
Improved availability of suitably trained and experienced nurses and other health professionals	95.2%
Enable medical practitioners to authorise access for the patients to Government-subsidised respite care in emergency situations	89.9%
Improved availability of treatment facilities, aids and appliances	89.4%
Improve IT facilities	83.0%
Specific financial support (in addition to MBS payment) for retainer arrangements between aged care providers and medical practitioners	83.0%
Allow practice nurses to visit RACFs	70.7%
Introduce Medicare rebates for GP video consultations to residents and patients who are immobile	66.5%
Reduce the extended Medicare safety net threshold for residents	71.8%