



Labor's Plan for Improved Access to Medicare Services

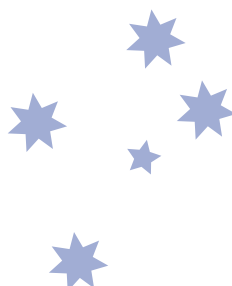
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Labor's Plan for Improved Access to Medicare Services

Labor's *Working Together for Medicare* partnership was announced on 15 July 2004. Federal Labor has reached an historic agreement with each State and Territory Government to work in partnership to save Medicare and to improve the health system for all Australians.

As a key step towards this goal, Labor will improve access to Medicare services by providing Medicare Teams in health hotspots and ensuring that all Australians have access to after hours care through *Medicare After Hours*.

Labor's plan for improved access to Medicare services will put patients first, improve access to bulk billing, and ease the pressure on public hospital emergency departments.

Labor will invest \$128 million over four years for these new measures.

Labor's Medicare Teams for Health Hotspots

Labor announced its policy to provide Medicare Teams for health hotspots in October 2003. The aim of Medicare Teams is to provide immediate access to Medicare GP services in health hotspots around Australia where doctors are in short supply and where bulk billing rates are low.

In health hotspots—even during the day time—hospital emergency departments are under enormous strain because people who can't find a bulk billing general practitioner turn up there in desperation. Even worse, people go without treatment entirely, or only present at the hospital when their illness has progressed to a serious stage. There are health hotspots around Australia, but especially in regional areas.

Generally, Medicare Teams will be co-located with hospitals to take the pressure off emergency departments.

Labor has already announced Medicare Teams in the following four locations:

- Gosford Hospital on the NSW Central Coast
- Raymond Terrace in the Hunter Region of NSW
- Maroondah Hospital in the eastern suburbs of Melbourne
- Northern Hospital in Epping in the northern suburbs of Melbourne

Medicare Teams build on Labor's *Save Medicare* policy and are an important part of our strategy to restore bulk billing and rebuild Medicare.

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While Labor's Medicare Teams policy has been welcomed, it has become clear through visits to communities, feedback from Community Forums and consultation with the States and Territories that more needs to be done. Around Australia community members, doctors and nurses have all highlighted the difficulties that sick and injured people face in getting access to after hours care, and the impact that this has on the emergency departments of public hospitals.

To address this need, Labor has designed *Medicare After Hours*.

Medicare After Hours

Labor's *Medicare After Hours* will address the national need for after hours care by providing:

- A single national telephone number linking callers to telephone triage and advice lines staffed by nurses, with a GP on hand for more difficult cases
- Medicare After Hours clinics co-located with public hospitals
- accredited after hours GP clinics

Labor will also integrate the national telephone number with existing GP home visiting services, for instance to residents of aged care institutions and frail or aged patients.

When confronted with an accident or illness after hours (including on weekends and public holidays) patients, parents and carers need ready access to advice and medical assistance. What does the worried mother do with a baby who is crying and seems to have a fever? Where does the elderly person who thinks their cold or flu is rapidly degenerating into pneumonia turn for help in the middle of the night? What does the adult injured at an evening sports session do for care?

Under the Howard Government many people in these situations go without care or end up at the emergency department of the local public hospital.

In the absence of national leadership, the States have started to address this issue.

In the Hunter, local GPs staff after hours clinics on a roster basis knowing this is a fair way to share the load. In other parts of Australia, GPs have been prepared to work in Medical Deputising Services providing home care for those in urgent need. In Tasmania, rural GPs are happy to work on a pager system and make home visits to those assessed by a doctor on a triage line as really needing attention.

Labor will ensure that no matter where a patient lives in Australia they will have prompt access to after hours care. Cooperation with doctors is essential if we are to expand and improve the quality of after hours care. Under Labor's

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Medicare After Hours, all GPs will be required to advise their patients of the arrangements they have put in place to ensure access to after hours care.

Currently, GPs are provided with financial incentives to make after hours care arrangements for their patients through the Practice Incentive Program (PIP) payments. However, in too many cases this simply means a message left on the clinic phone line instructing patients to go to the local hospital. In addition to cost shifting and waste, there is evidence of fraud.

Labor's *Medicare After Hours* will end this waste and cost shifting. Labor's new approach will ensure PIP funds are properly spent and linked to providing real outcomes for patients seeking after hours care.

With *Medicare After Hours* the anxious mother, the ill elderly person, the adult with a sporting injury will all know what to do after hours. They will ring Medicare After Hours, their call reaching a local triage centre where they will speak to a trained nurse or doctor.

The nurse will assess whether the person can manage their own condition after receiving proper advice, whether they need to see a GP or whether their condition is so serious they need to go to a hospital emergency department or ring an ambulance. If they need to see a doctor or have a home visit, the nurse will organise this through the appropriate local service. If the nurse needs assistance, a GP will be on hand to make the decision.

Labor's *Medicare After Hours* will provide Australians with peace of mind and real access to health care when they need it. The Commonwealth currently spends \$200 million annually on after hours care with about \$150 million spent on Medical Benefits Scheme (MBS) rebates and \$50 million on PIP payments. Labor will ensure this money is spent more wisely and will make a new \$128 million investment to ensure better access to Medicare services.

Labor's Plan for *Medicare After Hours*

Medicare After Hours Hotline

Labor will provide \$20 million to fund a Medicare After Hours Hotline.

The Medicare After Hours Hotline will be a national number that will ring through to local triage services. These triage services will provide a caller with one of the following, as needed:

- If the condition does not require medical attention at all or does not require medical attention until the next day, then medical advice about what to do to deal with the condition will be provided
- If the condition needs GP care immediately, then an appointment will be made at a local after hours clinic

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- If the condition is serious and needs more than GP care, the patient will be advised to attend a local emergency department or call an ambulance

The Hotline will ensure that every caller needing help gets the appropriate medical outcome, providing a unique new service to Australians.

There are current examples of expensive after hours telephone services that are not effective, primarily because they generate demand but do not offer real medical outcomes.

For example, in the United Kingdom, a national advice line called NHS Direct has been developed. The Blair Labour Government is now changing the NHS Direct model because it was an advice line that did not enable people to access real medical outcomes and was not effective. Those ringing NHS Direct were told to consult a doctor, and not referred, when appropriate, to a local after hours service. Failure to provide this crucial link to a GP meant that callers ended up at hospital emergency departments because there was nowhere else to go.

In Australia, nurse triage lines linked to after hours services have been trialed in the Hunter region in NSW and in Tasmania and found to be effective. Labor will expand such services to other parts of Australia.

The new funding will assist State Governments and existing after hours and home visiting services to establish telephone triage lines and will integrate those that already exist with the Medicare After Hours Hotline.

Improving After Hours Care in the Community

Medicare After Hours will provide after hours care in the community through a variety of models, determined on the basis of local need, in consultation with Divisions of General Practice and State and Territory Governments. These models include:

- GP cooperative services, as in the Hunter model
- GP Assist models for rural GPs, as exist in Tasmania
- Medical Deputising Service models, as exist in southern Tasmania and south-east Queensland
- Medicare After Hours Clinics co-located with hospitals
- Community health centres

Labor will also use Medicare Teams at some clinics co-located with public hospitals or community centres to provide after hours services.

In those parts of Australia where there is no real after hours care model in operation, Labor will consult State Governments and the local Divisions of General of Practice to develop such models. For example:

- Local GPs may choose to roster and staff an after hours clinic

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- A partnership of the Commonwealth Government, State Government and local GP Division may establish a co-located GP clinic at the local hospital
- Rural GPs may be prepared to respond to after hours calls provided they have been triaged and the person does really need to see them. This has been the model used in Tasmania

Each after hours model will be linked to the Medicare After Hours Hotline so people will be able to find their local services.

Medicare Teams and co-located Medicare After Hours Clinics

Labor will provide \$80 million to fund Medicare Teams and co-located Medicare After Hours Clinics.

A Latham Labor Government will work in partnership with the States and Territories and the Divisions of General Practice to agree on new sites for co-located Medicare After Hours Clinics, based on local needs. Funding for such clinics will be jointly agreed.

Co-located clinics are an appropriate model where large numbers of people are already attending hospital emergency departments looking for GP style care. Some hospitals already have suitable spaces for co-located clinics. Others are prepared to develop a suitable space if funding is assured.

Local models will vary, but generally people presenting at hospital emergency departments who see the triage nurse and who clearly have conditions that can be cared for by a GP will be directed to the GP clinic. Some GP clinics will be adjacent to the hospital emergency department. Other clinics will be physically separate but on the hospital campus.

Cooperative local arrangements will be developed with local GPs about staffing these clinics. Many GPs have indicated a preference for working within a hospital to provide after hours care because of the secure work environment it provides.

Accredited after hours clinics

In some communities, care is already provided after hours through GP clinics that are not co-located with a hospital emergency department. For example, the highly successful Hunter Division model provides care through five clinics, none of which is co-located with a hospital.

The Medicare rebate for after hours consultations is the same as the Medicare rebate for day time consultations. Nevertheless, after hours clinics using this Medicare rebate do exist in some communities, but GPs have expressed concern about their long term viability.

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In other communities, GPs have indicated they would offer after hours care if there was a Medicare rebate incentive to do so.

Labor will provide \$28 million to encourage these GPs to provide after hours health care to Australians through accredited after hours clinics.

This could include:

- An MBS incentive payment or top-up for after hours consultations that occur in accredited clinics
- MBS incentives for non-vocationally registered doctors (both Australian and overseas trained doctors) who work after hours

Accreditation is necessary to ensure clinics are part of an agreed local after hours care model and to ensure that there is no abuse of the system.

Accredited services could include:

- Locally established cooperative services (usually operated by the local Division of General Practice)
- Private clinics operating after hours services which are meeting genuine community need
- Medical Deputising Services which are meeting a genuine community need
- Community Health Centres and Aboriginal Health Centres

It is expected that for most services there will be a requirement to bulk bill as part of the accreditation and regulatory criteria.

Existing successful local models will be supported and new local models will be built in cooperation with the local community and local doctors.

Some areas in Australia may choose the Hunter Division model and cash out likely MBS after hours payments to facilitate the development of a local model. The Hunter model includes telephone triage, after hours clinics and security for home visits if required.

Auditing after hours Practice Incentive Program payments

Labor will retain Practice Incentive Program (PIP) payments but reform the system.

After hours PIP payments are subject to substantial fraud, with industry sources estimating fraud levels as high as 45 per cent of all claims. One after hours practice was recently audited and fraud levels were found to be over 90 per cent of all claims.

This fraud can occur in a number of ways.

EXAMPLE 1

A GP claims to be providing an after hours service, but no service is actually provided. This could take the form of:

- *Not advising patients of an after hours contact number*

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- *Having an after hours number that is unanswered*
- *Having an after hours number referring patients to the emergency department of the nearest hospital*

EXAMPLE 2

A GP claims to be providing an after hours service and prices that service at a rate that discourages or eliminates usage. Prices quoted range from \$150 to \$450 per after hours home visit. Occasionally GPs link into a call centre operator who manages the after hours calls and filters demand. For example:

- *A patient rings a GP for an after hours consultation*
- *The call diverts to a commercial call centre and the patient is advised that call charges of \$4 per minute apply. 80 per cent of patients then elect not to continue with the call*
- *The patient who elects to proceed with the call is spoken to by an operator who advises that there is a cost charged for contacting the GP that must be paid in advance by credit card. Typically, the cost of speaking directly with the GP is \$60*
- *Patients who elect to proceed have their telephone numbers recorded. A GP is then contacted and speaks directly with the patient after the credit card is debited.*
- *If the GP and the patient agree to a home visit, a further charge of anywhere between \$150 and \$450 is deducted from the credit card. All costs must be paid in advance*
- *Patients are advised by the call centre operator that free after hours care can be accessed if they visit the emergency department of their local hospital*

Labor will ensure that GPs claiming to provide their own after hours service are required to provide a signed and witnessed statutory declaration every year stating that they do provide an after hours service which is genuinely accessible—financially and geographically. The Health Insurance Commission will also be asked to strengthen its audits of PIP claims in this area. This will be welcomed by the majority of GPs who comply with the rules.

Labor's reforms will:

- Improve the availability of real after hours care in Australia
- Ensure the Commonwealth is paying for actual after hours care services, rather than phantom services
- Save the Commonwealth approximately \$5–10 million per annum, which could be re-deployed to effective health care delivery

Labor's *Medicare After Hours* will ensure that all Australians are made aware of the after hours services that are available to them. GPs receiving PIP after hours payments will be required to advise their patients what after hours arrangements are in place.

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Costings

Labor's Investment in Improved Access to Medicare Services

Costs (\$ million)					
	<i>2004/05</i>	<i>2005/06</i>	<i>2006/07</i>	<i>2007/08</i>	<i>Total</i>
Medicare After Hours Hotline	3	5	6	6	20
Medicare Teams and co-located Medicare After Hours clinics	16	20	22	22	80
Incentives for accredited after hours clinics	4	8	8	8	28
Total Cost	23	33	36	36	128