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THE IMPACT OF AUSTRALIA'S MEDICARE REBATES ON THE PRACTICE OF PRIMARY MEDICAL CARE

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In Australia, the federal government subsidises the delivery of General Practitioner (GP) services with a Medicare rebate. The remuneration arrangements drive the way primary health care is delivered; especially in locations where GPs bulkbill. Bulkbilling is especially prevalent in lower income communities. Due to the Medicare remuneration fee for specified time blocks of patient care and the lack of payment for non-contact patient care, there is a perverse financial incentive for fast throughput, high volume caseloads with repeat attendances of patients, and an associated tendency to poor record keeping. Preventive care; such as counselling on smoking cessation and weight management, or screening tests, are given less attention. The consultation is often 'patient driven', with the patient attending because of acute illness, or requesting a referral to a specialist or for a repeat prescription. Whilst the professional colleges provide guidelines on best practice, and operate professional development programs, the significant disconnect between desired /optimal and actual standards of care delivery is really not appreciated by health care leaders. This presentation will describe my experience as a general practitioner having worked in the UK, NZ and in over 100 locations in Australia as a locum

GP. My perspective is also influenced by my background as a public health physician, health services manager and executive director of medical services. I hope to convey the importance of aligning and integrating Financial, Quality Assurance, and Information Systems with evidence-based Best Practice and Preventive Care in order to prioritise and optimise cost-effective care delivery and health outcomes.

Biography

Catherine Ealing has worked in executive health services management, policy and planning and medical administration at a hospital, regional and state-wide level in Australia and New Zealand. She has also worked in clinical practice in Australia, England, New Zealand, Solomon Islands and on a cruise ship to Antarctica. For the past 10 years, she has worked as a senior doctor in rural and remote medicine, undertaking locums in mining, Indigenous, farming, coastal and outback communities. It is this practical experience and knowledge, together with her training as a General Practitioner, Public Health Physician and as a manager, that would provide the 'knowledge and skills' for this presentation. She has not published for several years, perhaps decades.

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