



13 May 2013

Dr Ian Holland  
Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

*community.affairs.sen@aph.gov.au*

Dear Dr Ian Holland

## **Re: Inquiry into the Aged Care (Living Longer Living Better) Bill 2013 and associated legislation**

The Royal Australian College of General Practitioners (RACGP) thanks the Community Affairs Legislation Committee for the opportunity to provide further comment regarding the Living Longer Living Better reforms.

As highlighted by Dr Wenck in her opening statement, there have been a number of long-standing barriers to the delivery of GP services in residential aged care facilities (RACF). To improve patient access the RACGP recommends action in the following priority areas:

### **1. GP recognition**

- Recognise the role of GPs as providers of comprehensive care for older Australians
- Ensure GP representation on the Quality Advisory Council to facilitate effective service design.

### **2. MBS reform**

- Increase current MBS rebates for RACF visits
- Eliminate the MBS sliding-scale that reduces fees as more patients are seen
- Recognise un-paid non-patient contact work done.

### **3. Better healthcare staffing**

- Introduce standards for healthcare staffing in RACF
- Attract more permanent and experienced nursing staff to RACF
- Reduce reliance on temporary agency nurses, particularly those of non- English speaking backgrounds, to address communication problems and improve continuity of care.

### **4. Health IT investment**

- Facilitate remote access to patients' medical records
- Facilitate telehealth consultations
- Facilitate timely and secure communication between GPs and RACF staff.

### **5. Better medication management systems and processes**

- Allow pharmacies to prescribe directly from medication charts
- Allow ongoing dispensing from those charts without renewed prescription, for an appropriate length of time
- Facilitate electronic authorisation and issuing of scripts by GPs to pharmacies.

### **6. Removal of red tape**

- Remove the requirements for authority scripts for patients in RACF.

**Question taken on notice**

During discussion at the Senate Hearing, the College was asked to provide comment on the issues raised by the Medical Technology Association of Australia.

The RACGP reviewed the submission made by the Medical Technology Association of Australia, and has identified the following issues as relevant to general practice:

1. remote monitoring of patients using assistive-technologies
2. video-conferencing between GPs and their patients in home-care or RACF settings.

The College is supportive of such advances in service provision. Elderly patients with mobility issues stand to benefit most from their use.

**1. Remote monitoring**

Remote monitoring would benefit such patients by allowing GPs to:

- monitor wellbeing indicators (such as oxygen saturation, blood pressure, blood glucose levels)
- monitor patients' health status and any changes to it
- identify any ongoing trends
- detect patients who are at risk of developing sudden critical conditions that can be treated in advance to prevent hospital admissions
- prioritise patient care on the basis of this information.

**2. Videoconferencing**

The College also supports the introduction of video-conferencing technologies that would overcome the tyranny of distance for patients with mobility issues. This includes the use of video-conferencing technologies for:

- synchronous and asynchronous telehealth consultations between GP and patients in home-care settings
- video-conferencing between several health practitioners to achieve better service planning and care coordination.

To make such clinical advances a reality, a cost-benefit analysis of the different technologies and possible funding mechanisms is needed. In addition to the infrastructural and start-up costs, the Government will need to consider extending use of MBS items to support such clinical activities.

Further, the College notes that the penetration of information technology (IT) more broadly into Australia's RACFs is very low, despite recognition of the significant benefits associated with its use.

The Australian Government should invest in aged sector IT and training to:

- link RACF to general practices and pharmacies through a central web-based portal
- enable RACF staff to seek on-line advice from a patient's GP for minor changes to medication and/or treatment options, avoiding time delays caused by the GP having to visit patients in RACF for this purpose
- enable electronic authorisation and issuing of scripts by GPs directly to pharmacies, increasing the speed of pharmaceuticals delivery to RACF
- enable visiting GPs to access and maintain full electronic medical records for patients
- enable RACF staff to access and share relevant information on residents for the purposes of monitoring care
- reduce admissions and re-admissions to hospital due to therapeutic misadventure caused by duplication of medications, or missing notes on changes to medication management
- improve billing, payment and claims processes.



# RACGP

Healthy Profession.  
Healthy Australia.

Finally, the RACGP notes that the General Practice Information Management and Technology Strategic Framework (which was operationalised through the General Practice Computing Group in the late 1990's) greatly enhanced availability of IT in general practices. A similar approach may improve uptake and effective use of such assistive medical technologies in the aged care sector.

The College would greatly appreciate your consideration of the issues canvassed herein. If you have any questions regarding these matters please contact myself or Mr Roald Versteeg, Manager – Policy & Practice Support

Yours sincerely

**Dr Liz Marles**  
President