THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Submission to the Senate Finance Committee on Proposed Access Card

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Summary of the RACGP response

The Royal Australian College of General Practitioners (RACGP) supports the Access Card initiative.

The RACGP is, however, concerned that there may be unintended and negative consequences that could impact on individual Australians, the quality of their health care and on general practice.

Access and the relationship of trust

The RACGP is concerned that the introduction of an Access Card could negatively impact on patients' access to health care. The RACGP recommends that issues relating to equity, access and trust are explored, as the implementation of the card may further disadvantage Australians who are least able to fund their health care.

Compliance and risk management

The RACGP recognises the clear distinction between the provision of services, and access to Medicare benefits. The Access Card proposal moves fraud surveillance from the Commonwealth to the general practitioner, with risk for non-payment transferred from the government to the health practitioner. The RACGP recommends that this matter is further investigated and supports the premise that fraud surveillance remains an Australian Government, not an individual general practice, responsibility.

Inclusion of emergency information

In broad terms, the RACGP supports the inclusion of a small range of information that would assist in emergencies, on the Access Card.

Business Impact

General practices have varying capacities to introduce new systems. Attention needs to be given to the practical issues (business systems) involved in introducing the Access Card.
The RACGP recommends that general practices and other private businesses be provided with appropriate training and incentives to ensure speedy uptake across the nation.

The RACGP also recommends that relevant stakeholders be consulted in order to identify all special needs that general practices may have in relation to implementing the technical and administrative processes into their practice.

Access Card and Research

The RACGP recommends that consideration is given to the role the Access Care could play in facilitating an e-health infra- and info-structure for Australia.

1. Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to make a submission to the Senate Finance Committee on the Proposed Access Card. The comments of the RACGP are based on the College's involvement in patient equity and safety, IM/IT and quality issues.

2. Background to the RACGP

The RACGP defines the nature of general practice, sets and maintains the standards for high quality Australian General Practice, leads the education, training and assessment processes, advocates on behalf of the discipline, and supports this country's general practitioners in meeting the primary medical health care needs of all people in Australia.

The RACGP has over 16,000 financial members including over 4,000 rural general practitioners, making it the largest specialist medical college, with the largest rural membership in Australia. Virtually all general practice registrars are members of the RACGP. Most general practitioners participate in the College's Continuing Professional Development and Quality Assurance Program and the College's publication, *Australian Family Physician*, is distributed to over 33,000 medical practitioners each month.

The mission of the RACGP is to improve the health and wellbeing of all people in Australia by supporting both current and future general practitioners and their general practices in the pursuit of clinical excellence and by ensuring high quality clinical practice, education and research for Australian general practice. The RACGP advocates on any issue that affects the ability of general practitioners to deliver high quality service to the people who trust us for their medical care and advice.

3. Comments on the proposed Access Card

The RACGP supports the Access Card initiative in principle, recognising that the provision of an Access Card is a significant step in managing access to Commonwealth benefits and, potentially, for e-health info- and infrastructure.

The RACGP is, however, concerned that there may be unintended and negative consequences that could impact on individual Australians, the quality of their health care and on general practice.

The Access Card should enhance access to services for all Australians and particularly, our most disadvantaged. It should not be a barrier to the delivery of quality healthcare or add an additional impost to business.

3.1 Access and the relationship of trust

The RACGP is concerned that the introduction of an Access Card could negatively impact on patients' access to health care. Currently all Australians have access to Medicare and most general practices hold the Medicare number of their patients (with their consent), and do not need to sight the card on every visit.

The RACGP is concerned that the introduction of an Access Card may restrict provision of health services to only those Australians who hold and present an Access Card at the time of service. This will adversely affect the health care of some Australians, notably those who can least afford to privately fund their health care and who may not be reliable in their production of the proposed Access Card when they visit their GP. The Access Card should not become an institutional tool supporting the inverse care law; the more disadvantaged a patient – the less likely they will be to receive care.

The RACGP recommends the establishment of alternative strategies to ensure that appropriate and timely health care can be provided at the time of the consultation, regardless of the presentation of an Access Card.

There are groups in our community that deserve special consideration because of their vulnerability. Many General Practitioners, for example, see children when they are in the care of the non-custodial parent, grandparent or carer.

- How will the needs of these children be protected?
- Who will hold the card?
- Will both custodial parents have the information of their children recorded on the card?
- Will non-custodial parents have access to this information?
- If the card is required to determine eligibility for every visit to the doctor, what will happen if children are visiting relatives or friends?
- If the person looking after the child does not hold the Access Card, will that reduce that child's access to essential medical attention?

The impact on Aboriginal and Torres Strait Islander peoples who, as a community, are known to hold Medicare card less reliably also needs special consideration.

The RACGP recommends that issues such as these – along with similar situations relating to other groups – are explored in depth, as the implementation of the card may further disadvantage our most vulnerable citizens.

However, it is not simply access but the quality of the service that may be affected. The nature of general practice is, in part, the creation of continuity of care, with many patients having a long established relationship with their general practitioner. The benefit to patients of an ongoing caring relationship with implicit trust has been shown in many studies to be a key factor in improving health outcomes and quality of life, particularly for those in our community with long term and life affecting illnesses and disabilities. Trust in a therapeutic relationship contributes to effective communication, cooperation in treatment, and greater ability to cope with uncertainties.

Requiring general practices to repeatedly undertake eligibility checking for Medicare changes the nature of the relationship between doctor and patient. The decision to require use of an Access Card in order to claim health care benefits (eg. rebates from the Medicare Benefits Scheme) creates the risk that general practitioners and their practice staff will be seen not as the providers of care in time of need but part of the government machinery of fraud compliance. The RACGP strongly recommends that consideration be given to the potential that this has in undermining the trust between patients and their general practitioner. Trust once lost is not likely to be regained.

Whilst the RACGP supports fraud prevention and/or detection, the College is concerned that social trust in the profession of general practice (and hence the positive impact of general practice) could be adversely affected if it were perceived that fraud compliance has become an integral part of the task of the GP. In fact, the Medicare benefit relationship is between the government and the consumer of the health service, not the GP.

3.2 Compliance and risk management

The RACGP recognises the clear distinction between the provision of services, and access to benefits at the taxpayers' expense. General practitioners understand that the Australian government makes a clear distinction between the necessity to hold the Access Card for

access to financial benefits under government programs, and a person's ability to receive health care services.

Many general practitioners provide services on a pro bono, or discounted basis, and the RACGP anticipates that this will continue.

However, the Access Card proposal moves fraud compliance from the Commonwealth to the general practitioner, and creates circumstances where the risk for non-payment is transferred from the government to the health practitioner. Under the current arrangements, a patient may fraudulently use a Medicare card to obtain a service provided in good faith by the GP. The general practitioner is paid for the service provided and Medicare Australia seeks repayment from the patient when the fraud is discovered. Under the new scheme, the general practitioner will be faced with the conundrum of refusing service to someone without a card, perhaps in the face of the demonstrable need of the person or in circumstances where the GP may have ethical and medico-legal responsibilities to provide a service, or to provide the service and run the risk on non-payment.

And again the most disadvantaged in our community will be the most affected.

The RACGP recommends that this matter is further investigated and supports the premise that fraud compliance remains an Australian Government, not an individual general practice, responsibility.

3.3 Inclusion of emergency information

In broad terms, the RACGP supports the inclusion of specific information that would assist in emergencies, on the Access Card.

The RACGP understands that the scope of the information to be included is still the subject of discussion. Health information about individuals changes over time (eg. medications and allergies to medicines) and the RACGP believes that it is important that information on the card is accurate, correct and verified. For instance, the date on which information was verified should be included.

Consideration may need to be given to the medico-legal ramifications of acting on 'out-of-date' information. Consideration might also need to be given to including only information that will not change (e.g. blood type) or details of emergency impacting medications (eg warfarin) or conditions (eg diabetes). The RACGP believes that GPs are well placed to verify

information to be added to a person's Access Card. Verification could create a transaction cost for general practitioners.

The utility of the information provided may depend on the proportion of Australians agreeing to include such information. If there is a low 'take-up' rate, in emergencies, healthcare professionals may not look for the information. The RACGP recommends consideration of a strategy to explain and promote inclusion of this information.

3.4 Business Impact

There are two identifiable groups of costs to be considered – the costs of the transition to the new system (transition costs), and the ongoing costs of maintaining the system (transaction costs).

General practices have varying capacities to introduce new systems. Attention needs to be given the practical issues (business systems) involved in introducing the Access Card.

There are significant lessons to be learned from the introduction of new services and technology into general practices over the last decade that are relevant to the introduction of the Access Card.

The Mediconnect and HealthConnect Trials found varying levels of information technology competence in general practice, and that processes introduced needed to mimic existing business practices to ensure adoption. Furthermore, the delivery of information and incentives for uptake need to be provided near or close to the time of implementation to enhance uptake. Change needs to be managed and the need for investment in change management must be recognised.

The RACGP recommends that general practices and other private businesses be provided with appropriate training and incentives to ensure speedy uptake across the nation.

The Access Card proposal to require the use of the card at every visit creates transaction costs for general practices in addition to the impacts mentioned earlier on access and the relationship of trust. GPs are well placed to verify and/or update emergency information on the Access Card and may be involved in verifying or providing consumer information. This will also create ongoing transaction costs necessary for the maintenance of the Access Card system.

In a model where access to services is dependent on production of the card, and on the supporting hardware and software operating reliably, it is important to recognise the potential challenges that arise from any 'bugs' or 'glitches' as the system is enhanced. With approximately 22,000 GPs operating in over 5,000 sites, providing almost 100 million Medicare-billed items each year to most Australians, the impact of system-based problems can be significant; and thus the risk management needs to be rigorous. As benefits from the Access Card will flow to the Australian government while the impost falls on General Practice, it is essential that general practices and other private businesses involved in this process face minimal costs and shutdowns and are compensated for any change in role.

The RACGP recommends profession wide engagement to identify business system requirements for the introduction of the Access Card.

3.5 Access Card and Research

The RACGP supports high quality research. However, any use of the information on the Access Card must comply with the Australian Government Privacy Act and the IPPs.

e-health is both a concept and a business strategy that brings health information, products and services online.

In relation to the Access Card, there is the potential for collation and linkage of information within the clinical setting to ensure that relevant information is available at the point of care.

The RACGP recommends that consideration is given to the role the Access Care could play in facilitating an e-health infra- and info-structure for Australia.

4 Further Details

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