

Hornsby Ku-ring-gai Ryde Division of General Practice Ltd

10 September 2003

The Chair
Senator Jan McLucas
Senate Select Committee on Medicare
Parliament House
CANBERRA ACT 2600

Dear Senator,

As Chair of the Hornsby Ku-ring-gai Ryde Division of General Practice, one of the largest urban General Practice Divisions in Australia, I would be grateful if you would bring to the attention of your Committee the enclosed results of a Survey of the General Practitioners in our Division together with a copy of comments made by individual respondents to the survey.

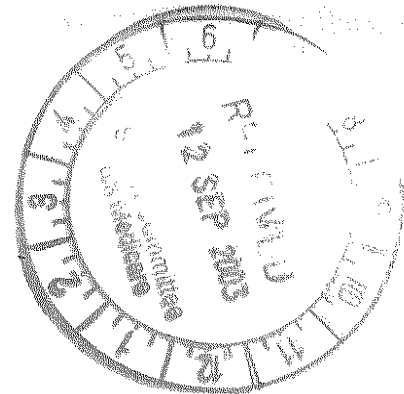
The Board has also asked that we indicate our whole hearted support for the comments made by Dr Peter Hopkins, Chair of the Alliance of NSW Divisions, in his earlier correspondence with your Committee.

Thanking you in anticipation of your consideration.

Respectfully yours

(Dr) T F Acheson
Chair

- Enc
1. Survey questions
 2. Survey results
 3. Individual respondents' comments





Survey on Medicare Proposals

The Division is conducting a survey of its members to allow input into the Senate Committee on Medicare as well as feedback on the recent proposed Medicare changes. Could you please take five minutes to respond below and then fax your response back as soon as possible to the Division on 9477 9161.

If the Medicare changes are adopted in their present format:

1. Will your practice sign up to the proposal and Bulk Bill all pensioners and Health Care Card Holders?

Yes No Undecided

2. Please comment on these features of the Proposal:

	Acceptable	Unacceptable	Unsure
a) Bulk Billing of Pensioners and HCC holders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) HIC Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Provision for principle of co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Capping of the co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Weighted incentive payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

What issues are still of concern and need further clarification?

3. Are you sufficiently informed of the Labor Party's alternate proposal?

Yes No

4. Is this proposal more acceptable?

Yes No

5. Did you receive sufficient easily understandable information in regard to these proposals?

Liberal Proposal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Labor Proposal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6. What format would you prefer (eg full papers, summary, dot points etc) to receive information? How do you prefer it to be delivered?

- email
- faxed information
- mailed
- special issues meetings

Thank you for your prompt response.

Frequencies

Statistics

		Practice sign up	Bulk billing	HIC Online	Co-payments	Capping	Weghted incentive
N	Valid	245	244	237	239	240	239
	Missing	6	7	14	12	11	12

Statistics

		Informed of labor	More acceptable	Liberal Proposal	Labor proposal	Emailed	Faxed	Mailed
N	Valid	245	148	240	238	39	51	167
	Missing	6	103	11	13	212	200	84

Statistics

		Special meetings	VAR00001
N	Valid	39	0
	Missing	212	251

Frequency Table

Practice sign up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	61	24.3	24.9	24.9
	No	112	44.6	45.7	70.6
	Undecided	72	28.7	29.4	100.0
	Total	245	97.6	100.0	
Missing	System	6	2.4		
Total		251	100.0		

Bulk billing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Acceptable	118	47.0	48.4	48.4
	Unacceptable	84	33.5	34.4	82.8
	Unsure	42	16.7	17.2	100.0
	Total	244	97.2	100.0	
Missing	System	7	2.8		
Total		251	100.0		

HIC Online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Acceptable	124	49.4	52.3	52.3
	Unacceptable	48	19.1	20.3	72.6
	Unsure	65	25.9	27.4	100.0
	Total	237	94.4	100.0	
Missing	System	14	5.6		
Total		251	100.0		

Co-payments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Acceptable	192	76.5	80.3	80.3
	Unacceptable	20	8.0	8.4	88.7
	Unsure	27	10.8	11.3	100.0
	Total	239	95.2	100.0	
Missing	System	12	4.8		
Total		251	100.0		

Capping

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Acceptable	19	7.6	7.9	7.9
	Unacceptable	190	75.7	79.2	87.1
	Unsure	31	12.4	12.9	100.0
	Total	240	95.6	100.0	
Missing	System	11	4.4		
Total		251	100.0		

Weghted incentive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Acceptable	30	12.0	12.6	12.6
	Unacceptable	124	49.4	51.9	64.4
	Unsure	85	33.9	35.6	100.0
	Total	239	95.2	100.0	
Missing	System	12	4.8		
Total		251	100.0		

Informed of labor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	41.4	42.4	42.4
	No	141	56.2	57.6	100.0
	Total	245	97.6	100.0	
Missing	System	6	2.4		
Total		251	100.0		

More acceptable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	18.3	31.1	31.1
	No	102	40.6	68.9	100.0
	Total	148	59.0	100.0	
Missing	System	103	41.0		
Total		251	100.0		

Liberal Proposal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	123	49.0	51.3	51.3
	No	117	46.6	48.8	100.0
	Total	240	95.6	100.0	
Missing	System	11	4.4		
Total		251	100.0		

Labor proposal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	73	29.1	30.7	30.7
	No	165	65.7	69.3	100.0
	Total	238	94.8	100.0	
Missing	System	13	5.2		
Total		251	100.0		

Emailed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	email	39	15.5	100.0	100.0
Missing	System	212	84.5		
Total		251	100.0		

Faxed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Faxed	51	20.3	100.0	100.0
Missing	System	200	79.7		
Total		251	100.0		

Mailed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mailed	167	66.5	100.0	100.0
Missing	System	84	33.5		
Total		251	100.0		

Survey on Medicare Proposals

Replies relating to Q. 2: Please comment on these features of the Proposal:

Other:

- Any element of comparison or capping is unacceptable. Any B. Billing would only be of use if schedule fee was significantly increased.
- Universal Bulk Billing for all M/C card holders and capped co-payments for all and GP to Whom to exempt co-payments without any coercion or compulsion (?).
- HIC online is acceptable with no strings and financial subsidy as the benefits to HIC are massive.
- No increase in patients' rebates is disturbing.
- I feel that government has no right whatsoever to tell doctors how to charge. I don't bulk bill and feel that Doctors should show some intestinal fortitude and charge what they are worth.
- As a current bulk billing practice the recent package has made no change. As a practice considering reverting to private billing it has pushed us further in this direction, we will abandon bulk billing as there are not enough incentives to stay.
- Long term survival of general practice is the issue. Window dressing of no value.
- No PIP payments should be linked to this package as it has no reflection on the quality of the practice. Like any other businesses (both medical and non-medical), Doctors should be allowed to charge patients whatever they want. Let the simple economic theories of supply and demand work it out.
- An extra \$1 is an insult.
- I'm not interested – going to private bill no matter what. \$1 is an insult – suspicious of all government offers.
- Co-payment is acceptable if uncapped and negotiable between doctor and patient.
- We are private practitioners. Please stop meddling in the practice and let us work!!
- a) Depends on rebate amount; b) HIC online a hassle – so many electronic problems.
- Eliminate VR and PIP
- Don't understand!
- People with seniors cards should not be included.
- Too much paper work and calculations.
- Would accept proposal if didn't include HCC holders.
- We already Bulk Bill pensioners and card holders. It is better as a profession if we do not sign up.
- The Medicare rebate should be brought in line with CPI which I thought was the original agreement.

What issues are still of concern and need further clarification?

- Will bulk billing be removed eventually?
- Schedule fees increase short of CIP increase.
- Will these be linked to PIP in future?
- Government attitude to escalation in PBS costs (tripled in 12 years), -v- attitude to proper funding of GP services (only up by about 30-40% in same period).
- The imbalance of \$/time for the prolonged consultation compared with the standard.
- Incentive payment issues.
- Visits and after hours.

- Scrap PIP/EDC etc and put it into Medicare rebate.
- I liked some parts of the proposal but feel it's 'blackmail' that it comes as a 'package' deal. I already charge a \$6 gap to some card holders now and I would be worse off.
- Amount co-payment inadequate.
- Opt in/Opt out clause.
- The fact that co-payments are linked to HIC online.
- 1. Inequality of payment. 2. Red tape.
- Inadequate "Schedule Fee" on which Medicare rebates are based.
- If any patient feels economic hardship for co-payment – such patient could apply for card from Government and capped co-payment will determine assessing HIC online Fully funded and IT supportGP.
- Eligibility of HCC holders – far too many at present.
- Low Medicare rebates
- Fee capping
- Is the dispute between HIC and Billing Software Co. resolved re funding for HIC online software?
- Primary care schedule fee scale requires major upgrade and overhaul.
- Medicare rebates
- Difficult to determine the truly poor and and who is a full pensioner.
- Could we have HIC online and co-payment without the whole package?
- Other future payments e.g. through PIP to be linked to the package.
- Bulk billing all pensioners and HIC holders.
- Is there a difference between full and part pensioners?
- What is being done to link HIC online to the billing software providers.
- Neither political party is committed to Health care.
- Less paper work i.e. admin work.
- Stop Bulk Billing.
- Current paying patients will be paying more as rebate hardly changes.
- If the scheme includes "Seniors Health Card" holder's age and income tested not asset tested. Do I have to be part of the scheme to have HIC online at all?
- Severe shortage of GPs especially outer metropolitan areas – no financial incentive.
- Freedom to practice well and earn living.
- It is the linking of the proposals makes the package unacceptable.
- Too complicated a system.
- Remove red tape and speed up HIC payments. Scrap/move private insurance levy to Doctors.
- Rebates and future increases and indexation.
- The utterly pathetic and inadequate schedule fee.
- Medical indemnity insurance.
- Complete details.
- The issue of bulk billing.
- We stopped bulk billing because \$25 was an inadequate fee. \$26 is an insult.
- Metropolitan GP to receive low incentive payment for bulk-billing.
- Possibility that Medicare payments will remain static or increasingly lag behind costs of running practice.
- We will never beat government – we must look after ourselves.
- The full package needs clarification.
- No cohesive health policy!
- The rebates should be increased by at least 25%.
- Capping of co-payments.
- Most of the government proposals are of concern.

- Nothing clear to me, should I charge those who are working, or student or pensioner, if I do bulk billing?
- All co-payments and incentives should be separately sent by Medicare vouchers to all Assistant and salaried GPs – copy sent to the practice.