

Brief: Analysis of the After Hours Primary Care Pathways Report

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Purpose

This brief provides a summary of a report commissioned by the National Association for Medical Deputising (NAMDS) to assess the benefits of after hours doctor visits to patients' homes and aged care facilities (ACFs). The report, *Analysis of After Hours Primary Care Pathways*, was produced by Deloitte Access Economics and publicly released on 21 November 2016.

In undertaking the study, Deloitte considered the primary drivers for the increase in the number of people accessing after hours care, the benefits of after hours pathways and policy implications of further integrating after hours primary care into the Australian health system.

Background

Improving access to primary care after hours has been a particular government policy objective, reflecting changing preferences in the GP workforce, changing community expectations and to avoid primary care being provided unnecessarily in emergency departments (EDs) as a last resort.

Successive Commonwealth Governments have introduced policy initiatives and services to increase access to primary care in the after hours. This followed a decline in home and aged care facility (ACF) doctor visits in the 1990s which saw patients seeking primary care from alternative providers and led to increased pressure on EDs and ambulance services. The most significant of these reforms was the Howard Government's 2005 "Round the Clock Medicare: Investing in After-Hours GP services", which increased the Medicare Benefits Schedule (MBS) rebate for after hours services.

As a result of these policy reforms, access to, and the number of, after hours doctor services has increased (as intended by policy); this has seen a significant growth in the number of Australians accessing after hours primary care over the last decade.

Key report observations

After hours pathways have different roles and ensuring the most appropriate pathway is utilised has significant benefit to the health system

- The lowest cost pathways for patients seeking after hours primary care are extended and 'after hours only' clinics (\$93) and after hours home and ACF visits (\$128). ED is the most expensive at \$1,351 if arriving by ambulance (or treated and not transported) and \$368 if self-presenting (see table i page 4).
- In 2012-13 AIHW estimated that 2.12 million presentations to EDs were avoidable, GP-type presentations, of which 63% occur after hours. If a quarter of these were diverted to either extended and 'after hours only' clinics or home and ACF visits, the net benefit to the health system would be \$81.8 million to \$93.5 million nationally.
- A study of 50,000 patients who utilised home and ACF visits showed that 94% would seek care using an alternative pathway if the service did not exist. This translates to an increased cost to the health system of \$181 million. Over four years, this would be in the order of \$724 million, assuming no change in policy or volumes.

Key report observations continued ...

Low acuity presentations as a proportion of total ED presentations have declined since 2005-06, but there are still a large number, particularly those arriving by ambulance

- Lower acuity (category 4 and 5) presentations as a proportion of total ED activity have declined from 54% to 47% over the period 2005-06 to 2014-15 (see chart ii page 4).
- Since 2011-12 more urgent (category 1 to 3) presentations to EDs have grown at higher rate at 7.0% than lower acuity (categories 4-5) at 3.4%.
- Low acuity presentations arriving from ambulances have also declined but still represent over 564,000 presentations or 23.7% of total ambulance arrivals.

Ensuring access and choice should continue to be a government policy objective

- Primary care is considered the cornerstone of the Australian health system and access is crucial for delivering better quality and lower cost outcomes.
- While access has improved more can be done to further strengthen access to after hours primary care. Particularly for priority groups including families, residents in ACFs and those living with disability.
- Trends in the delivery of health care centre on patient choice and integrated care that includes treatment in the community as opposed to hospital. Ensuring patients have choice in the service and when it can be utilised based on their personal and clinical circumstances is a policy priority.
- Community awareness of the availability of after hours services, such as home and ACF visits, is low and could be improved to improve the use of the most appropriate pathways.

Case study

The report authors compared the rate of after hours home and ACF visits and low acuity ED presentations between the Gold Coast in QLD and the Central Coast in NSW.

Both areas have similar population, geographic and demographic characteristics, but different profiles with regard to after hours home and ACF visits and low acuity ED presentations.

The Gold Coast has much higher rates of home and ACF visits (82 per 1000) compared to the Central Coast (2 per 1000) and much lower (19 per 1000) low acuity ED presentations compared to the Central Coast (52 per 1000).

	Gold Coast	Central Coast
Home and ACF visits / 1,000 people	82	2
Low acuity ED presentations / 1,000 people	19	52

Overall the case study shows for two similar regions, the Gold Coast has higher rates of after hours home and ACF visits and lower rates of low acuity ED presentations than the Central Coast.

Summary

Access to after-hours primary care has improved following a series of government initiatives, particularly since 2005.

Where access to primary care is not available, ambulance and EDs are often utilised which are not designed for primary care patients.

The lowest cost pathways for patients seeking after hours primary care are extended and 'after hours only' clinics (\$93 per patient) and after hours home and ACF visits (\$128 per patient). Ambulance and EDs are the most expensive at \$1,351 and \$368 per patient respectively.

After hours pathways have different roles and ensuring the most appropriate pathway is utilised has significant benefit to the health system.

If just a quarter of avoidable GP-type presentations to ED were diverted to either extended and 'after hours only' clinics or home and ACF visits, this would deliver annual savings to the health budget of \$81.8 million to \$93.5 million.

94% of patients who utilised home and ACF visits would seek care using an alternative pathway if the service did not exist. If this occurred it would translate to an increased cost to the health system of \$181 million — or around \$724 million over 4 years, assuming no change in policy or volumes.

In addition to the clear differences in financial cost of each pathway, there are additional benefits to patients, particularly the elderly, families with young children and those living with disabilities and other individuals and groups who would have difficulty leaving their homes.

Ensuring access and choice should continue to be a government policy objective.

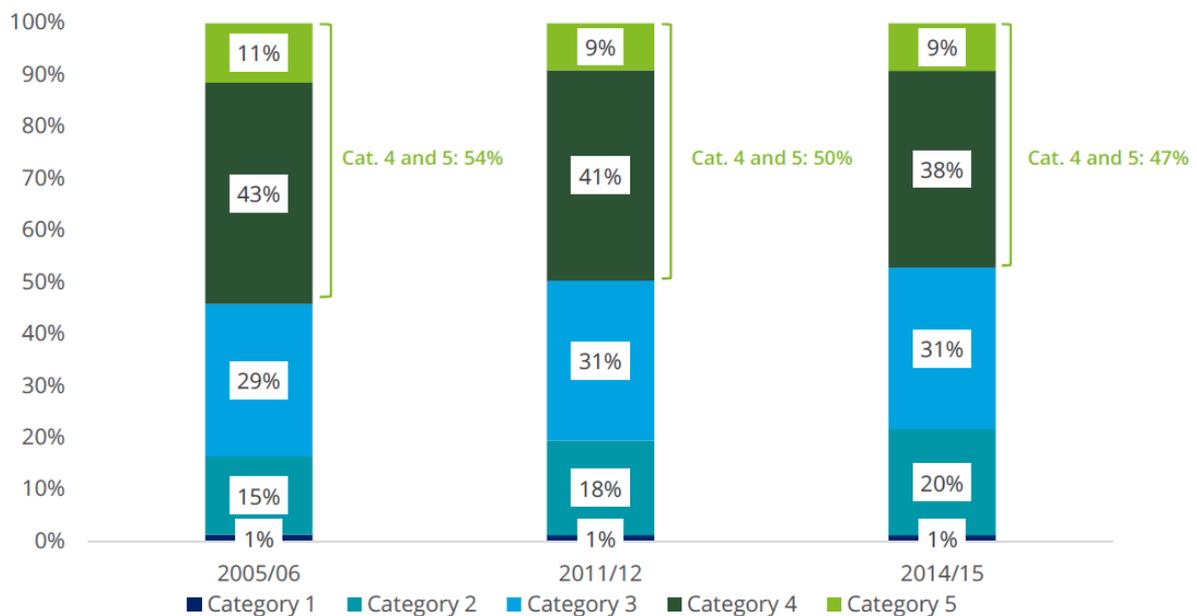
The National Association for Medical Deputising (NAMDS) is the peak body representing over 70% of Australia's medical deputising sector. NAMDS members provide after hours care to over two million Australians every year and support an estimated 9000 FTE GPs Australia-wide to provide around the clock services to their patients.

ADDITIONAL DATA

Table i: After hours primary care cost by patient pathway (per patient)

Pathway	Weighted average patient pathway cost
Emergency department (self-referred)	\$368
Ambulance to emergency department	\$1,351
Extended and after hours only clinics	\$93
Healthdirect	\$256
Hunter GP Access Scheme	\$169
After hours home and ACF visits	\$128

Chart ii: Proportion of emergency department presentations by triage category (2005-06 to 2014-15)



Source: AIHW (2015), Emergency department care 2014-15: Australian hospital statistics