

# General Practitioner Pathways

What we know....

On average 25,000 GPs actively bill Medicare benefits

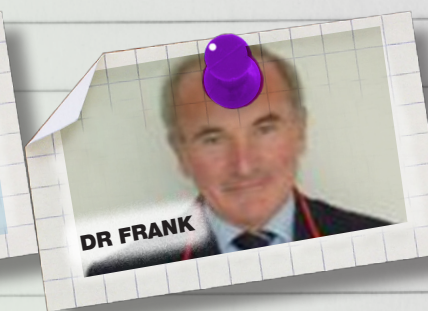
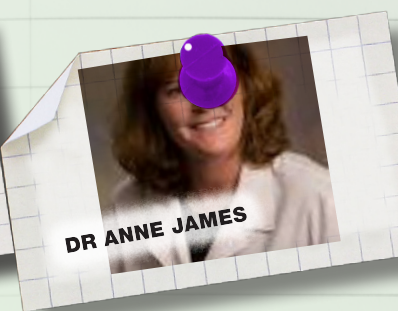
Over the last year more than 120.8 million MBS services were billed by GPs

More than \$4.8 billion in benefits were billed by GPs in the 12 months since April 2008

The highest prescribed PBS medicine group for 2008 was cardiovascular system medicines which was 36% of the total PBS items prescribed by GPs.

# General Practitioners

To understand the variety of Practice Managers and their experiences we defined who they are against some characteristics. These are described below for each persona.



## Qualification / registration

(Australian or overseas qualified; in training or completed training; vocational/non vocational registration; registered)

Overseas qualified  
Completed training  
Fellow of RACGP

Australian qualified  
Completed training  
Registered

Australian trained (but could equally be overseas trained)  
RACGP fellow

Australian qualified  
Completed training  
Vocation registration but not a fellow

Australian qualified  
Completed training  
Fellow of RACGP

## Experience and training

(Australian trained new to Australian medical system; Overseas trained, new to Australian medical system; Experienced in Australian system (<12months, up to 15yrs, 15-30yrs, 30yrs+)

Overseas trained new to Australian medical system

Australian trained new to Australian medical system

15 – 30 yrs experience (note: GPs in this practice may easily be just starting

Experienced in Australian medical system for 15-30 yrs

Experienced in Australian medical system for 30yrs +

## Practice size / structure/ composition

(Solo; Small family practice; Group; Corporate stand-alone or multisite

Group (small)

Government/community (NFP)

Small family practice of 2-3 GPs

Corporate multisite

Solo

## Location of practice (includes fixed or mobile)

(Rural/remote/regional; Metro; Outer metro; Area of need; suburban)

Rural / remote

Area of need (inner metro)

Suburban

Metro

Outer metro

## Practice systems (IM/IT)

(Paper based; Hybrid; Fully electronic)

Hybrid

Hybrid

Hybrid - Computerised accounts at a minimum.

Fully electronic

Paper based

## Scope of practice decisions

(Doctor driven; Collaborative; Corporate /management driven)

Collaborative

Management driven

Doctor driven

Corporate driven

Doctor driven

## Gender and age group

(Male or female; 25-40, 40-55, 55-70, 70+)

Female (25-40)

Female (25-40)

Female (40-55)

Male (40-55)

Male (55-70)

## Hours in practice per week

(<12, 12-25, 25-50, 50+)

25-50 hours

<12 hours

25-50 hours

25-50 hours

50+ hours

## Community setting

(Income status; Cultural and linguistic diversity)

Low socio-economic setting

Non English speaking

Mixed

Mixed

Mixed but elderly

## Billing mix

(Bulk billing; Patient billing; hybrid)

Patient billing

Bulk billing

Hybrid

Hybrid

Hybrid

## Accreditation status

(Yes; No)

Yes

No

No

Yes

No

## Type of practice

(Traditional GP; Sub specialties; After hours Community care)

Traditional GP with after hours

Traditional GP providing community care

Traditional GP with some after hours work

Traditional GP but corporate practice provides all services (incl. ancillary)

Traditional GP

## Professional association

(RACGP / AMA; Loose affiliation; None)

RACGP and rural network

Loose affiliation

Most likely Divisions – used to gather extra professional development points.

None

AMA and local division

## General Practitioner Persona: Dr Sasha

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Background              | Dr Sasha is 35 years old. She recently moved to Australia from Sri Lanka. She is overseas trained and has been granted a placement in the Rural and Remote and Other Medical Practitioners Scheme in Roma Queensland. She has a 10 year old child and husband living in Brisbane.                                                                                                                                                                                                                                                                       |
| Drivers and motivations | Dr Sasha is motivated to provide access to a new and better life to her family in Australia. She looks forward to living a full life in the city with her family.                                                                                                                                                                                                                                                                                                                                                                                       |
| Strengths               | Her people skills are very strong.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Desired work experience | She is focussed on surviving separation from her family and the opportunity to complete training to enable her full qualifications and fellowship.                                                                                                                                                                                                                                                                                                                                                                                                      |
| Daily interactions      | She interacts with patients, other doctors and she contacts her family by webcam every day. She needs to meet regional training / work requirements so she is networking with peers and trainers. She also interacts with authorities / enquiry lines.                                                                                                                                                                                                                                                                                                  |
| Challenges              | Language is a barrier and she finds it difficult to communicate over the phone. She worries about dealing with patients and community acceptance because of the cultural difference. The treatment methods are different from Sri Lanka. She also worries about the families financial situation and everyday routine such as driving, shopping, and school for her children. Other challenges are: accessing information, knowing where to go, learning pressures (clinical procedures, health system), confidence, isolation and low economic setting |
| Go about work           | Training and support to meet challenges. Employment opportunities for husband in same location. Good schools for her 10 year old girl.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Biggest concern?        | Not passing her exam and not completing training. Apprehensive when dealing with government agencies but she wants to do the right thing. Unable to adopt to community. Managing work / life balance and being able to manage financially.                                                                                                                                                                                                                                                                                                              |
| Training / Development  | Items and other medial claims via practice. Attendds conferences. Works with peers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Support                 | Within the practice, on the internet, from regional training providers, from recruitment agencies (rural workforce agencies), RACGP, community and family.                                                                                                                                                                                                                                                                                                                                                                                              |



# General Practitioner Dr Sasha: First 6 months practicing in Australia



What does the first 6 months practicing in the Australian health system look like for an overseas trained doctor?

My feelings

Time

Typical daily activities:

Onsite

Offsite

Interactions

- people
- paper products
- online products
- services

→ - comes to me

↪ - I initiate

Issues/risks

Mixed feelings... I'm anxious and excited!  
I'm confused and overwhelmed about what I need to do...  
I don't know where to go for help!  
I'm encouraged!

Typical 0 - 6 months

- I arrive in Australia
- I have to apply for a working visa
- I become aware of what I need to do to start practicing in Australia
- I do some research
- I make enquiries
- I realise I have to sit an exam and register with the medical board
- I register with the medical board
- I register for a Provider Number
- I register with workforce agencies
- I find out I got a placement
- A provider number's been issued to me

- Department of Immigration
- Other government authorities
- Doctor Connect (DoHA)
- MA enquiry line
- Internet
- DoHA enquiry lines
- Registration forms
- Exams
- Registration forms
- Medicare Australia
- Workforce agencies

- With over 18 forms to fill in, Dr Sasha is already experiencing compliance burden
- Length of time processing provider numbers adds more pressure

## BACKGROUND

Dr Sasha is 35 years old. She recently moved to Australia from Sri Lanka. She is overseas trained and has been granted a placement in the Rural and Remote and Other Medical Practitioners Scheme in Roma Queensland. She has a 10 year old child and husband living in Brisbane.

## CHALLENGES

Language is a barrier. She finds it difficult to communicate over the phone. She worries about dealing with patients and community acceptance because of the cultural difference. She also worries about the families financial situation and everyday routine such as driving, shopping, and school for her children, accessing information, learning pressures (clinical procedures, health system), confidence, isolation and low economic setting

The orientation training was too technical! Item numbers don't make sense to me!

I'm bombarded with information and have to do a lot of reading!

- I start practicing
- I meet practice staff and new patients
- I'm invited to orientation training with Medicare Australia and I attend
- I attend orientation training provided by Medicare Australia
- I get used to the system
- I start to build a network
- I receive RACGP information, newsletters

- Trainers
- MBS, PBS, forms
- RACGP newsletters

- Incorrect item numbers may be used
- GP unsure about how much information to record to justify billing

## Notes

- Medicare Australia could work with rural workforce agencies to support OTDs
- I could do with getting information earlier, perhaps before arriving in Australia
- It would help me if products and services were provided in my native language or used plain english in forms, information, newsletters
- A specific enquiry line with translators would also help
- Medicare Australia could liaise with the Department of Immigration to get a better sense of the skilled migration program so that the organisation can better plan and target the timing of education and support
- A whole-of-government learning and support package for me, developed and delivered by Immigration, DoHA, Medicare Australia
- I'm not sure what Medicare Australia's role is in the lifecycle of an OTD (i.e. pre-arrival, at arrival, post-arrival)
- Medicare Australian could provide a 'clearing house service' to me to help make the registration process more efficient and less burdensome

## General Practitioner Persona: Dr Ng

### Background

Dr Ng is 27 years old. She has been married for 3 years and has a 2 year old son who is in day care. Her parents migrated to Australia from China Brisbane.

### Drivers and motivations

Dr Ng has been raised to succeed. Her parents have very high expectations of her. She has a strong sense of community and culture.

### Strengths

She is well organised and dedicated to her profession.

### Desired work experience

Dr Ng does 3 x 4 hour sessions per week. She works in a community health centre with co-located GPs. She wants flexibility in her practice.

### Daily interactions

Dr Ng interacts with patients, the practice manager, administrative staff, and other GPs. She networks with other health professions (e.g. allied health, practice nurses). She liaises with drug representatives, Medicare Australia for new practitioner sessions, and occasionally attends divisional events (but she's not proactive about them)

### Challenges

Dealing with traditional culture and educating others on contemporary approaches. Balancing being a mother and working, as well as continuing her professional development. Dr Ng finds it difficult to keep abreast of all changes to Australia's health system and often relies on the practice manager, even though they both work part time. She is on a basic wage so she worries about her financial situation

### Go about work

Dr Ng. Blends traditional culture with modern medicine for the benefit of the community.

### Biggest concern?

Work life balance. Dr Ng has internet at home but finding time is a challenge. She gets divisional newsletters but has little time to read them. The patient mix is demanding clinically - she deals with drug addicts, elderly patients, prescription shoppers - generally a low socio-economic background and conscious of what they can / can't afford in terms of scripts.

### Training / Development

Practice management and conferences

### Support

Practice and own network



# General Practitioner

## Dr Ng: Dealing with a change practice policy - mental health care plans

The Health Centre has decided to employ a psychologist because of the mental health issues in the community/area of need. Dr Ng is told by the Practice Manager that she will need to prepare care plans and has never done this before.



### BACKGROUND

Dr Ng is 27 years old. She has been married for 3 years and has a 2 year old son who is in day care. Her parents migrated to Australia from China.

### CHALLENGES

Dealing with traditional culture and educating others on contemporary approaches. Balancing being a mother and working, as well as continuing her professional development. Dr Ng finds it difficult to keep abreast of all changes to Australia's health system and often relies on the practice manager, even though they both work part time. She is on a basic wage so she worries about her financial situation

### Notes

- Care plans were introduced with little prior awareness building or education.
- The service provided by MA enquiry lines is generally good but some GPs need more information when it comes to understanding the intent behind items and clarifying item descriptors.
- GPs need further interpretation of the intention behind items.
- MA website information needs to be redesigned. The information provided is no different to what is provided in the paper based schedule.
- If I provide an MHCP in a classic consultation setting it's billable but not if I provide it in a community setting. This does not reflect the reality of how some GPs practice.
- The paperwork associated with care plans is a burden; 50% of the time I would normally spend with my patients is now absorbed by paperwork.
- A flow diagram of the interactions and processes between health care providers under car plan arrangements would clear up confusion and tension between providers over the role and process for care plans, particularly in directing the patient back to the GP.
- I would like advice on whether what they I'm doing with care plans is right or wrong. On-site visits by Medicare Australia would be a good mechanism for providing support.
- Care plans require long consultations, which are uneconomical for practices. This can drive GPs away from quality care into "B2 bulk billing practices". This in turn means GPs are de-skilling and there is a risk that the community does not receive good quality medical services.
- I heard about a proposed requirement for GPs to be upskilled for MHCP. I wonder whether this requirement is supported by a training needs analysis.

### My feelings

### Time

### Typical daily activities:

### Onsite

I am in my office at my desk for most of the day

### Offsite

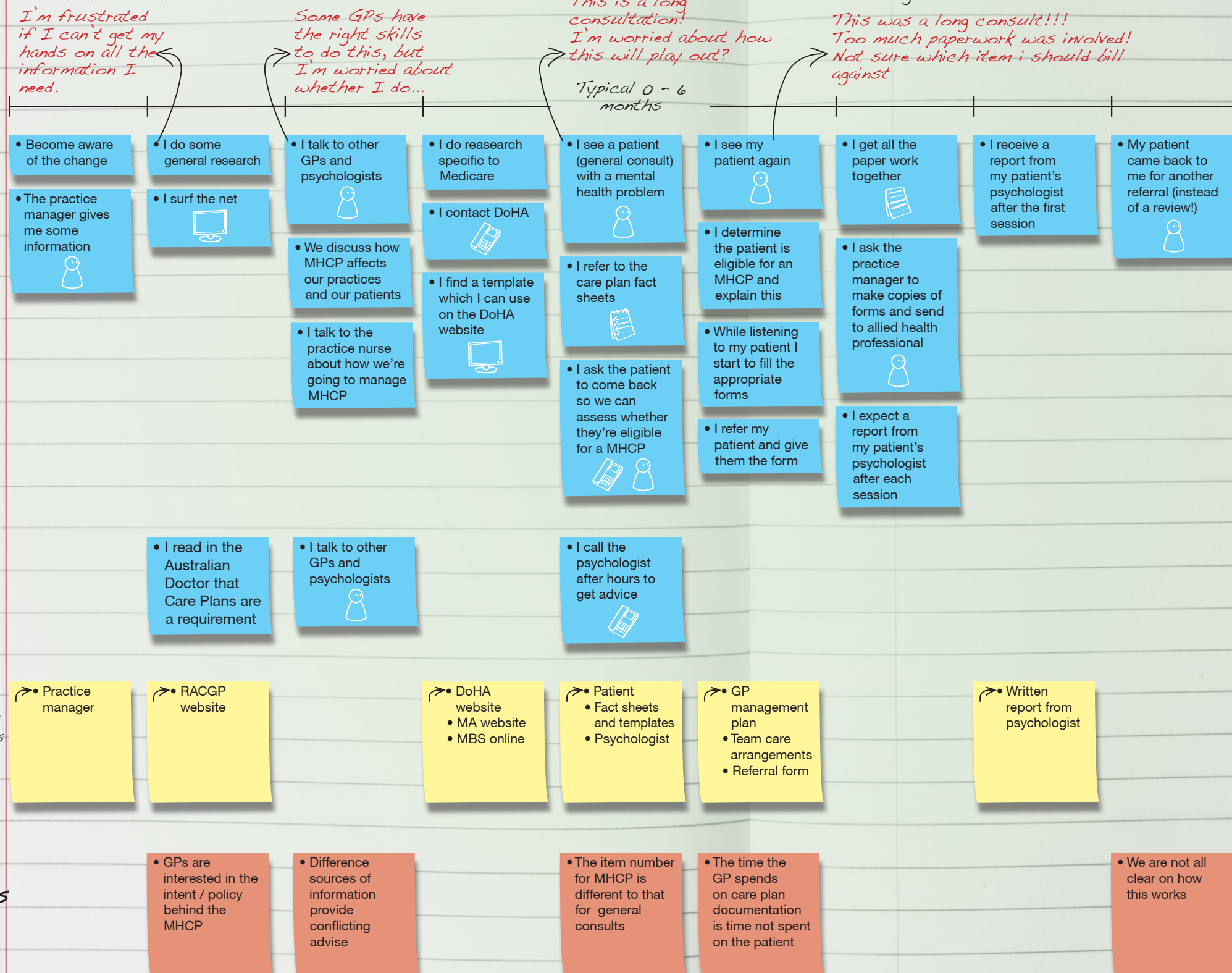
### Interactions

- people
- paper products
- online products
- services

→ - comes to me

← - I initiate

### Issues/risks



# General Practitioner

## Persona: Dr Anne James

### Background

Dr Anne James is 42 years old. She has been married to Tom for 20 years who's also a doctor. She was born and raised in Canberra and decided to settle in a quiet suburb.

### Drivers and motivations

She's motivated to keep her family practice running successfully and to see her long term patients.

### Strengths

She is family oriented in her private life and so takes an interest in the health and well being of her patient's families.

### Desired work experience

Dr Anne works in a small suburban practice. She doesn't mind seeing her patients on weekends. She tends to co-ordinate these appointments with her husband Tom.

### Daily interactions

Dr Anne interacts with patients and her receptionist.

### Challenges

Balancing her work and private life, since her practice is open on Saturdays. The receptionists are on rotating rosters. If a receptionist calls in sick, she has to coordinate a replacement. This is really difficult on weekends!

### Go about work

Dr Anne is a quite and dedicated doctor. She's totally concerned with her patients. If she's confronted with a beurocratic process she feels it takes away from the time she'd rather spend with her patients.

### Biggest concern?

Work life balance.

### Training / Development

She's associated with her local Division mainly to keep up her professional development.

### Support

Practice and own network



# General Practitioner Dr Anne James: Typical day in a small, suburban health centre that bulk bills



## BACKGROUND

Dr Anne James is 42 years old. She has been married to Tom for 20 years who's also a doctor. She was born and raised in Canberra and decided to settle in a quiet suburb.

## CHALLENGES

Balancing her work and private life, since her practice is open on Saturdays. The receptionists are on rotating rosters. If a receptionist calls in sick, she has to coordinate a replacement. This is really difficult on weekends!

## Notes

- There's a chance that the practice staff will call Medicare Australia enquiry line to clarify what item number should be used. Depending who you get on the enquiry line, you may get a different answer.
- There are time pressures to see more patients. I need to delegate questions I have to practice staff.
- If I need to I will follow-up the item claim issues in front of the patient.
- Occasionally I may get a call from MA but I tend not to take these, and let the Practice Staff take a message.

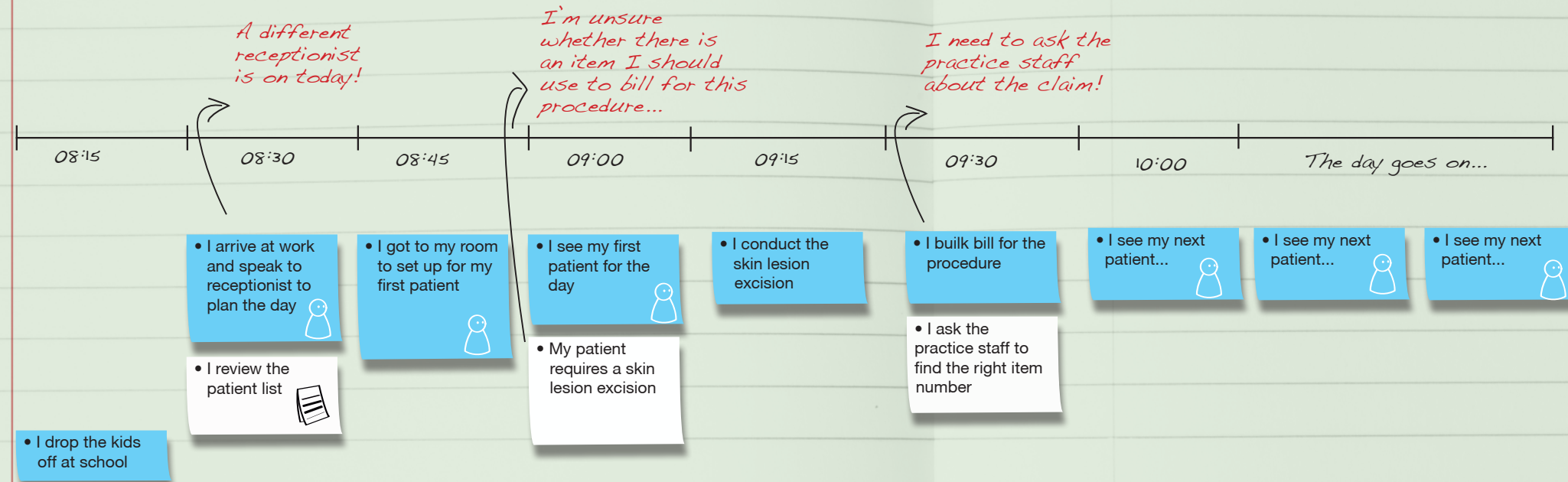
## My feelings

## Time

## Typical daily activities:

## Onsite

## Offsite

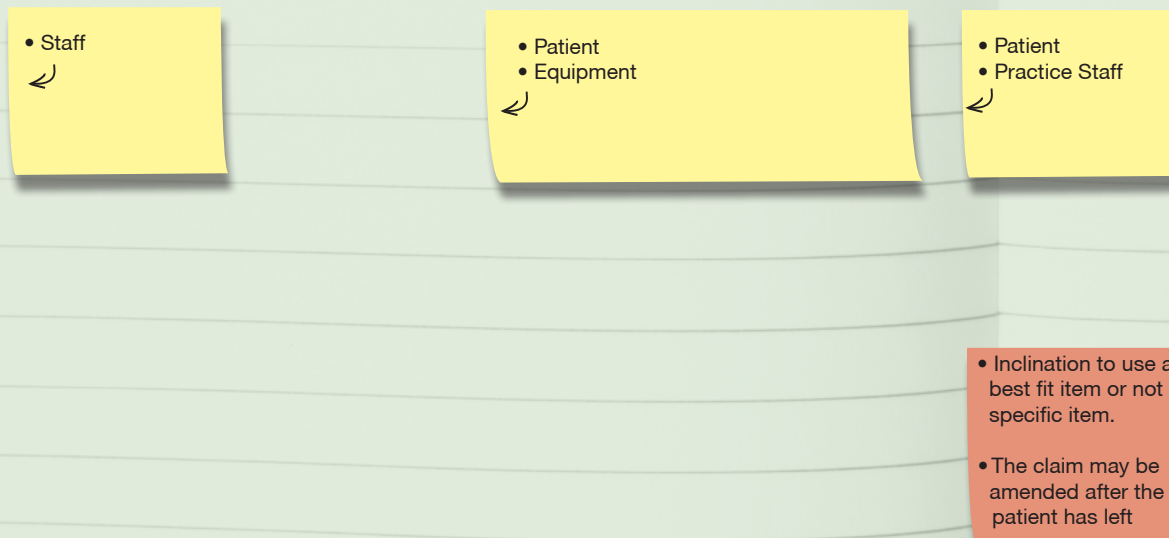


## Interactions

- people
- paper products
- online products

- ↗ - comes to me
- ↖ - I initiate

## Issues/risks



## General Practitioner Persona: Dr Dennis

### Background

Dr. Dennis is 44 years old and has been practicing for 15 years. He was a solo GP for many years. He got sick of the red tape and pressures of his own practice. He joined the corporate multisite to take advantage of the financial incentives.

### Drivers and motivations

He is inspired in maintaining people's wellbeing and by striking a healthy work-life balance.

### Strengths

He is well connected with plenty of contacts. He knows the ins and outs of the profession and can provide has a wealth of experience.

### Desired work experience

He concentrates on practicing medicine but is also very aware that he needs to minimise stress and responsibilities.

### Daily interactions

He interacts with patients, practice staff (local manager, receptionists), management. Interaction with PBS and other authorities is minimal.

### Challenges

He worries about his job security. The main driver for the corporation is productivity. Competition between doctors working in corporate multisites is also an issue. He doesn't utilise IT to its full potential but he is computer savvy.

### Go about work

He begrudgingly follows the corporate line. He adopts a 'check-in check-out' attitude and tries to minimise paperwork as much as possible. Some would say he's 'all care and no responsibility'.

### Biggest concern?

He worries about whether the decisions he makes are in line with corporate expectations.

### Training / Development

He attends conferences and gets some training from acquired contacts.

### Support

He gets good support from practice staff and local management and also from his family and the community he lives in.



# General Practitioner

## Dr Dennis:

### Dealing with changes to schedules

Government has changed its policy on Medicare rebates. As a consequence, significant changes to the Medicare Benefits Schedule will be introduced. Changes include introductions of new items, deletions of items and changes to existing items.



### BACKGROUND

Dr. Dennis is 44 years old and has been practicing for 15 years. He was a solo GP for many years. He got sick of the red tape and pressures of his own practice. He joined the corporate multisite to take advantage of the financial incentives.

### CHALLENGES

He worries about his job security. The main driver for the corporation is productivity. Competition between doctors working in corporate multisites is also an issue. He doesn't utilise IT to its full potential but he is computer savvy.

### Notes

- Sometimes I become aware of the change because my patient raises it with me (rather than practice staff).

### my feelings

I'm surprised to hear about the change!

It can be frustrating if I get conflicting advice.

Typical 6 - 12 months

Changes can cause me, my staff and patients stress

### time

### typical daily activities:

### Onsite

I am in my office at my desk for most of the day

- I become aware of the changes

- I contact Medicare Australia for an explanation and DoHA for policy advice

- I'm clear on my responsibilities

- I may talk through practical implications with the practice manager or other GPs

- I implement changes

- I hear about the change at a regular staff meeting

- I need to change billing system

- I advise my patients



### Offsite

### Interactions

- people
- paper products
- online products
- services

➞ - comes to me

↩ - I initiate

### issues/risks

➞ • Practice Manager

- Medicare ↩
- DoHA

- Risk of misunderstanding the changes

➞ • Regular staff meetings

➞ • In person meetings

- Software changes can take several months

- If I get it wrong and I'm audited, I'm held accountable (not the practice manager)

## General Practitioner Persona: Dr Frank

### Background

Dr Frank is 65 years old. He is Australian qualified and has 30 years experience as general practitioner. He's conservative, a church goer, he has traditional values and insular views of the world. He's set in his ways. He socialises only with doctors of his age, playing golf. When he's not working or playing golf, he likes to drive his vintage mercedes.

### Drivers and motivations

Medicine is his life. He prefers to do everything himself. His rooms are traditional - not even a tv or magazine!

### Strengths

He has a strong focus on patient care.

### Desired work experience

Other than for his patients, Dr Frank prefers to not be disturbed during the day.

### Daily interactions

He will contact the AMA or local member if he has a complaint or issue. He is unlikely to call the Medicare Australia enquiry line, unless he has an issue with a claim. He calls his doctor friends for advice. He's reluctant to read what he doesn't have to. He often questions the local pharmacists.

### Challenges

Any changes to the drug listing on PBS. Patient pressure when they prefer electronic claiming to get an immediate rebate. He's unable to take holidays and can often get stressed. An aging patient base puts his practice at risk.

### Go about work

Dr Frank plays by the rules but he knows the grey areas of the law. He's unlikely to come under audit.

### Biggest concern?

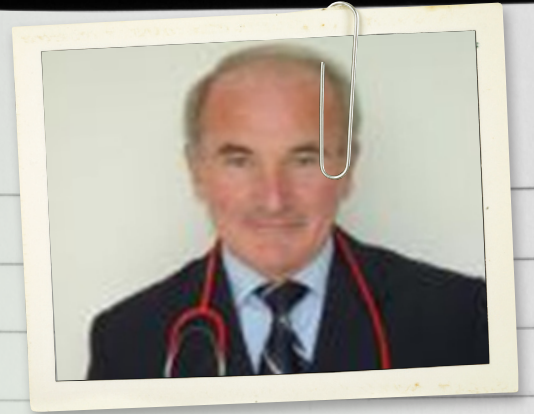
Dr Frank realises that general practice is evolving and there's pressure to change. He also feels threatened by the new audit regime. He wonders what he'll do with his practice given his age.

### Training / Development

He doesn't think much about accreditation but he does CPD just to stay practicing.

### Support

Dr Frank's wife manages his practice.



# General Practitioner

Dr Frank:

Transitioning to mandatory e-prescribing

General practitioners who normally hand write prescriptions are required to create and provide their prescriptions electronically.



## BACKGROUND

Dr Frank is 65 years old. He is Australian qualified and has 30 years experience as general practitioner. He's conservative, a church goer, he has traditional values and insular views of the world. He's set in his ways. He socialises only with doctors of his age, playing golf. When he's not working or playing golf, he likes to drive his vintage mercedes.

## CHALLENGES

Any changes to the drug listing on PBS. Patient pressure when they prefer electronic claiming to get an immediate rebate. He's unable to take holidays and can often get stressed. An aging patient base puts his practice at risk.

## Notes

- I can get conflicting advice from Medicare Australia enquiry lines depending on who I call.

### my feelings

Surprised. Sometimes not much time!

This can take several weeks. I don't know where to go for help!

I would love an onsite visit from Medicare Australia to show me how to set up and prepare

Changes can cause me, my staff and patients stress

### time

### typical daily activities:

### Onsite

I am in my office at my desk for most of the day

### Offsite

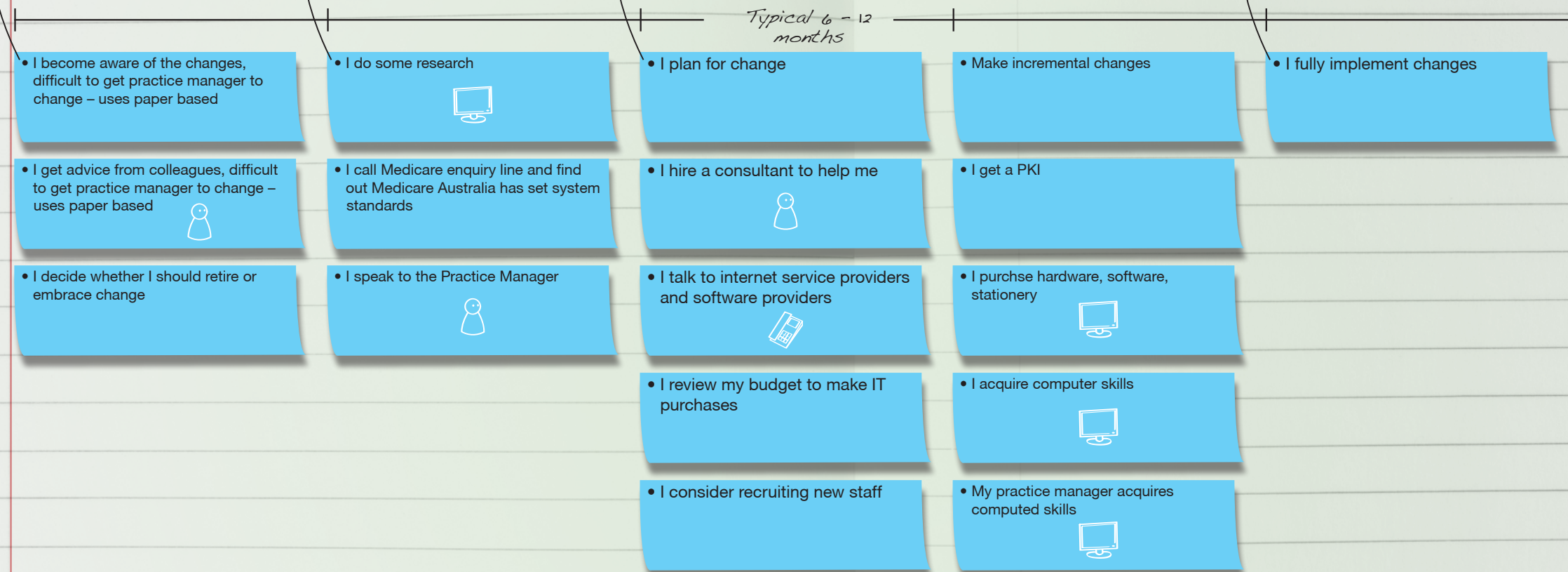
### Interactions

- people
- paper products
- online products
- services

→ - comes to me

↪ - I initiate

### issues/risks



→ Advice from DoHA  
• Media  
• Intranet

→ Practice Manager  
• Medicare  
• DoHA

→ MBS and PBS Software vendors

• Pressures from pharmacists

• It is difficult to get the Practice Manager to change - she is used to a paper based system

• Software changes can take several months

# Scenario A The 'virtual' General Practitioner

"GPs are moving away from classic consultation... The wireless internet offering means I can provide better patient care when outside the practice..."  
The following breakdown of activities illustrates what this emerging GP's experience looks like. We can learn about the mobility and the variety of interactions.

My PKI isn't working! MA's support in digital certificates is very poor.



Time

Typical daily activities:

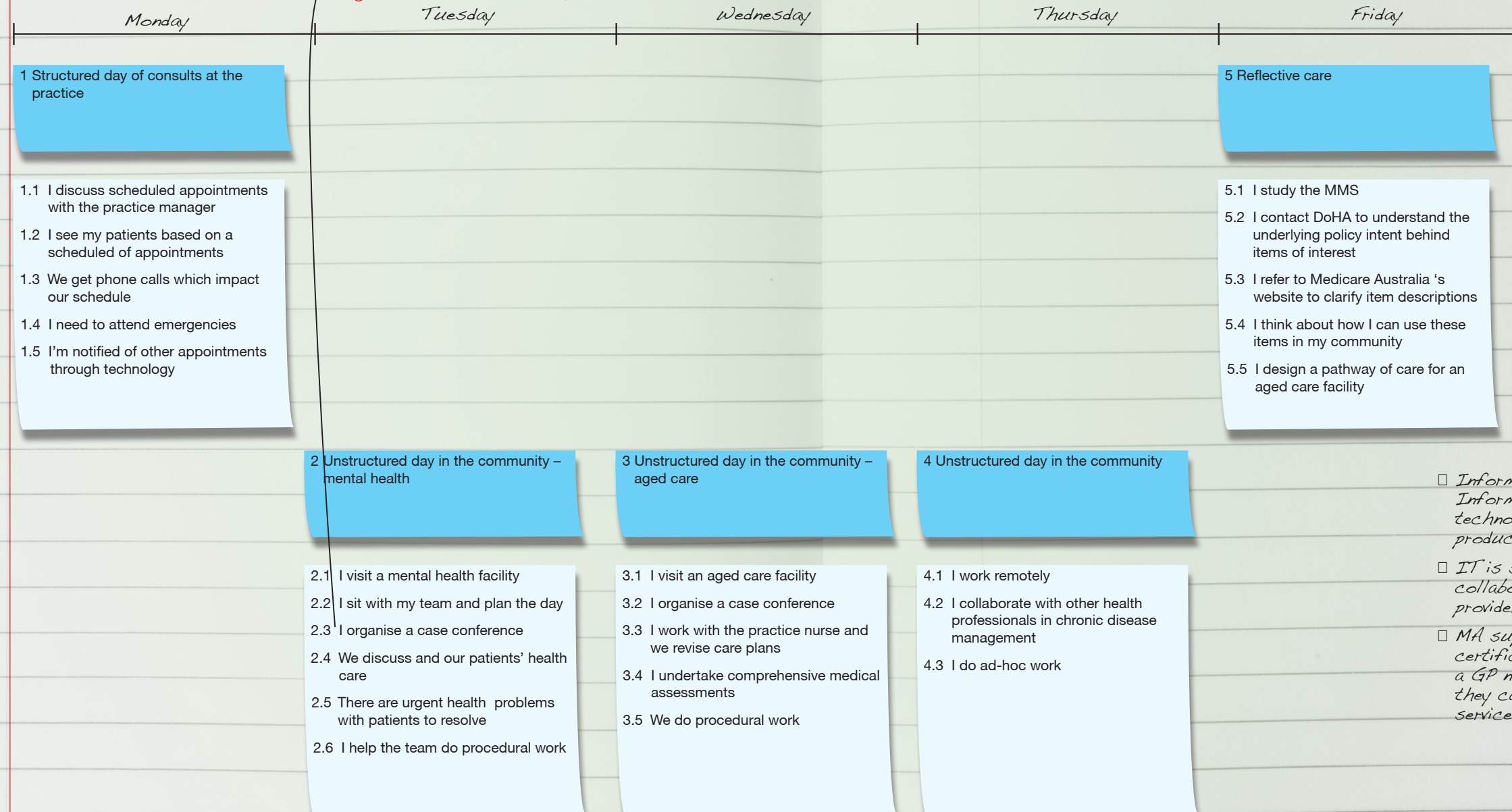
Onsite

Offsite

Interactions

- ☐ people
- ☐ paper products
- ☐ online products
- ☐ services

➔ - Comes to me  
➞ - I initiate



- ➔ • Psychologists
- ➔ • Practice nurses
- ➔ • Mental health nurses
- ➔ • Social workers

Notes

- ☐ Information management (IM) and Information and Communication technologies are enabling efficient and productive community care.
- ☐ IT is supporting and driving collaboration between health care providers.
- ☐ MA support services in digital certificates could be improved. If a GP needs support with their PKI they cannot wait a week. A dedicated service area would help.

- ☐ Information management (IM) and Information and Communication technologies are enabling efficient and productive community care.
- ☐ IT is supporting and driving collaboration between health care providers.
- ☐ MA support services in digital certificates could be improved. If a GP needs support with their PKI they cannot wait a week. A dedicated service area would help.

# Scenario B GP's unstructured day in the community - mental health



While the GP is visiting a mental health facility he or she will organise a case conference with other providers. This pathway is showing how IT is supporting and driving collaboration between health care providers. That is information management (IM) and Information and Communication technologies are enabling efficient and productive community care.

## Notes

□ A dedicated PKI service area in Medicare Australia would help! I can't wait for a week to get my PKI working.

## My feelings

## Time

## Typical daily activities:

## Onsite

I am travelling to a mental health facility

## Offsite

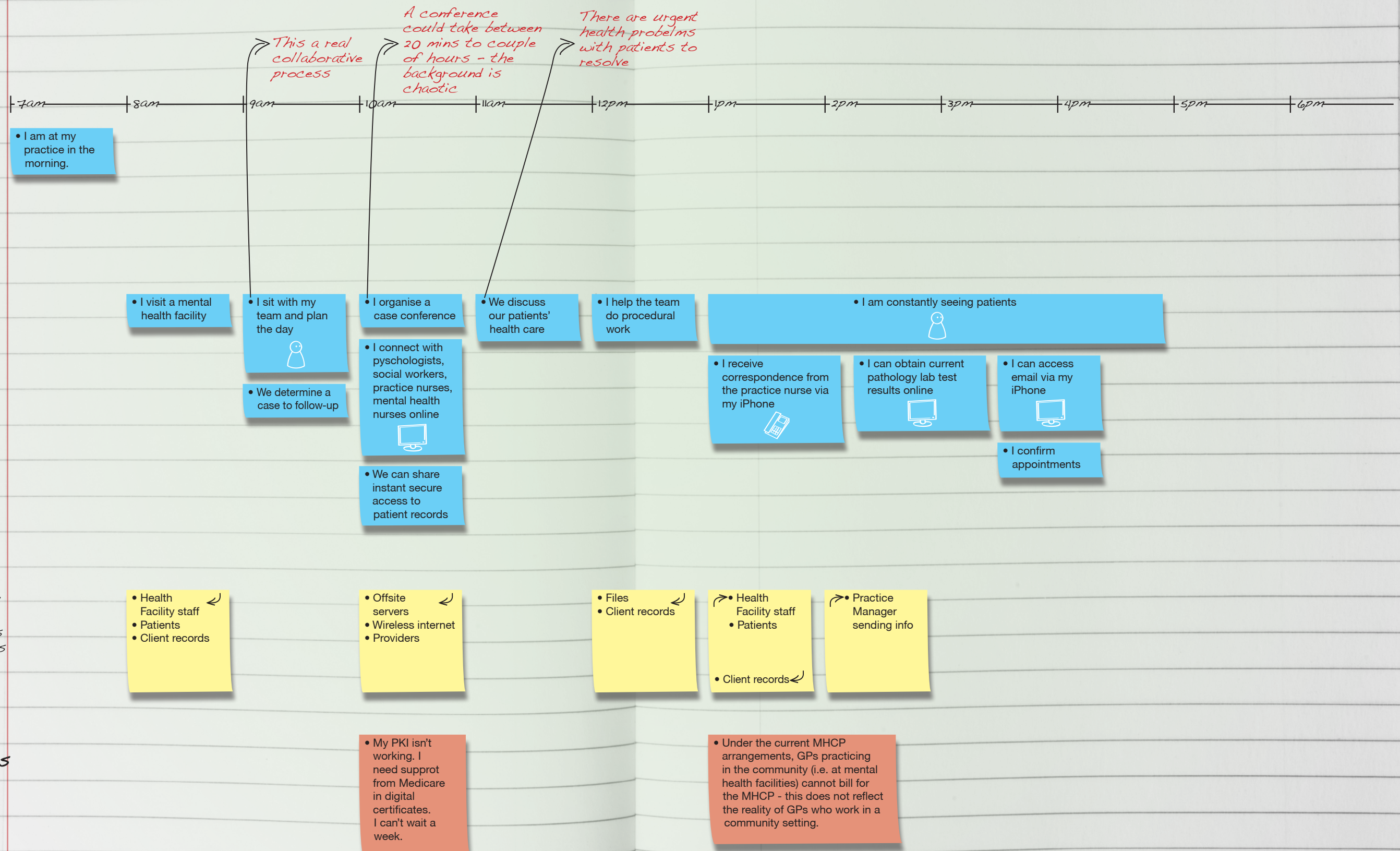
## Interactions

- people
- paper products
- online products
- services

➔ - comes to me

↩ - I initiate

## Issues/risks



# Scenario C Oversea's trained GP in an Aboriginal Community



This pathway reflects a day in the life of a GP practicing in an Aboriginal community. The GP is new to the Australian medical system and is trying to familiarise themselves with the system while dealing with many interactions. The patients are mainly mother and children.

## Notes

- Orientation training for OTD left me confused! I have very little knowledge of the benefits and billing systems. Item numbers meant nothing to me at the time.
- The item descriptors in the 'Green Book' book didn't provide enough detail for me to know what information I should capture in my client notes.

## my feelings

I have been up since 5am with my family.

I am irritated by no-shows but need to be flexible for walk-ins

For Item 704 Aboriginal Adult health checks - I am not sure whether I should wait for health check results to be available before I can claim so I take lots of patient notes

Some of my patients are violent so I need to call the police!  
I can't bill for this time!

I can't bill for this time!

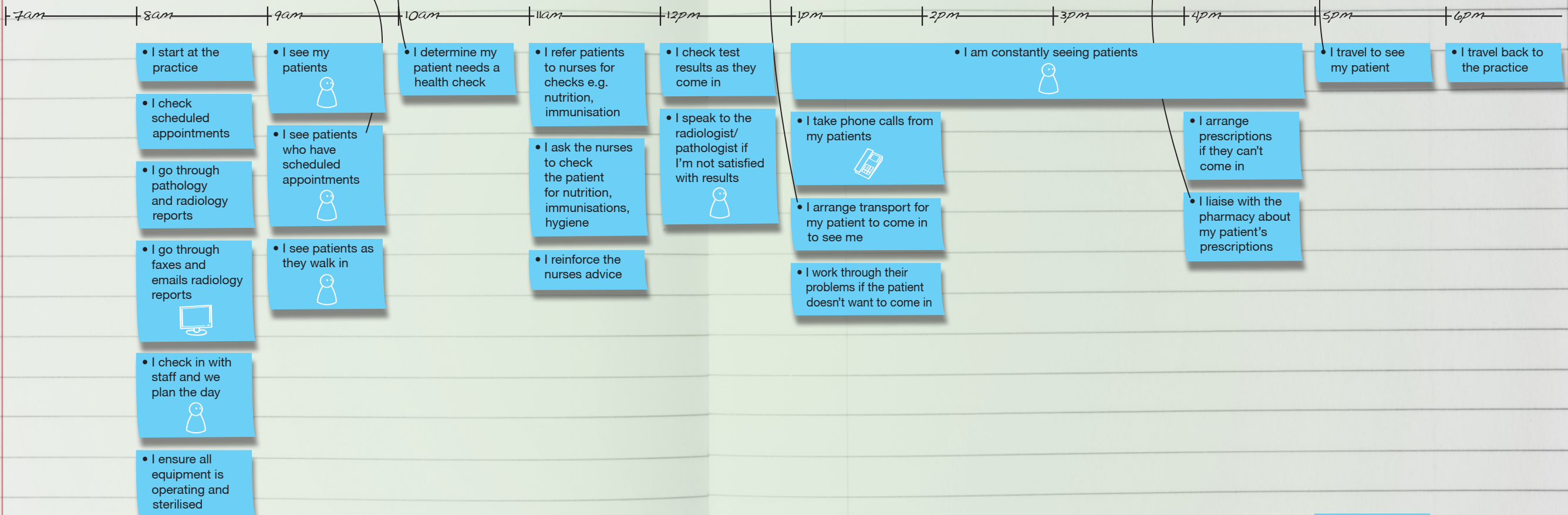
I can't bill for this time!  
This could take up to 3 hours!

## time

## typical daily activities:

## Onsite

I have a practice to go to



## Offsite

## Interactions

- people
- paper products
- online products
- services

→ - comes to me

↪ - I initiate

## issues/risks

'Green Book' didn't provide enough detail to know what information to capture in my client notes to justify my billing.