# Strengthening Medicare: Agreement with the Royal Australian College of General Practitioners (RACGP) on behalf of general practitioners

## **Purpose**

A 2017-18 health sector 'compact' will support the value and role of strengthening and keeping Medicare sustainable with the reforms needed. Evidence-based reforms will help make the system stronger, allow for high value care for patients, and emphasise the value and role of general practitioners.

The compact is underpinned by the shared principles of:

- Stewardship of the health system and a shared responsibility for its ongoing sustainability;
- **Transparency** of decision-making, of data and information transfer, including to patients;
- Accountability for structural reform out to 2020-21, providing the platform for more ambitious change over the next 10 years; and
- Commitment to the **integrity** of Australia's world class health system, including patient safety and high-value clinical care.

### Statement of Intent for the Government

The Government recognises the significant pressures on the health system, including an increase in and growing burden of chronic disease, an ageing population (including the health workforce), and growing demand for high-cost, high-tech services and breakthrough medicines.

It also recognises the pivotal and essential role of general practitioners (GPs) in a system which touches every Australian. Strong general practice and primary care systems are integral to a high performing health system.

The Government is committed to rebuilding trust with the sector, and balancing targeted investment decisions in the health system, with patient safety at the forefront, and a focus on high-value clinical care.

### MBS indexation

In this context, the Government is committed to the early resumption of MBS indexation, commencing with bulk-billing incentives in 2017, followed by general practice professional attendance items in 2018. This overall investment is anticipated to be in the order of \$550 million over the forward estimates. This will in particular recognise and reward specialist general practitioners.

Indexation for these items will continue annually, on an ongoing basis, using the calculation which has formed the basis of indexation of MBS items by successive governments since 1995.

# Statement of intent, RACGP

The RACGP recognises the stewardship required to assist the Government to ensure the long term sustainability of the health system and to allow for reinvestment into high value medical services.

## Support and engagement on the MBS Review process

The RACGP supports the ongoing operation of the MBS Review Taskforce and the clinician-led approaches to supporting quality care and future-proofing the system over the next 4 years, with a view to permanency. The RACGP will also work with Government and the Department of Health to create implementation pathways arising from the MBS Review for general practice item numbers.

The Government will work with the RACGP and other key stakeholders to consider ways of integrating, on a permanent basis, the work of the Medical Services Advisory Committee, and the MBS Review.

# <u>Support for tightening of access to high value after hours MBS items in line with the MBS Review recommendation</u>

The RACGP will work with industry stakeholders and support the Government's actions to amend current MBS after-hours items aimed at:

- Improving patient care through high quality after-hours services;
- Appropriate use of after-hours item numbers;
- Supporting the establishment of rebate structures that recognize the qualifications and breadth of practice of specialist GPs, GP registrars and non-specialist doctors providing services in after-hours settings;
- Examining the role of the Practice Incentives Program in after-hours care; and
- Linking the delivery of after-hours care to an individual's usual GP.

### Long-term workforce reform.

The RACGP supports reforms that would include the introduction of streamlined pathways to becoming a GP, allow greater access to the MBS for non-vocationally recognised Australian trained doctors working in appropriately supervised settings, and change financing and distribution policies to better support high quality, well distributed general practice and primary care, particularly in rural and remote settings.

In this context, the RACGP is currently developing a unified pathway for all medical practitioners wishing to work towards Fellowship of the RACGP. The Government commits to working with the RACGP, ACRRM and the sector more broadly on long term changes to general practice training to provide greater control of training pathways to the colleges while allowing for appropriate total levels and distribution of training activities with an emphasis on rural and remote areas. The Government commits to actively considering the RACGP Unified Pathway 3GA status as part of long-term workforce reform.

### Commitment to encouraging further uptake and usage of My Health Record

The RACGP recognises that a well maintained patient record can play a crucial role in supporting care outcomes by optimising access to the information required to facilitate patient care.

The RACGP commits to encouraging GPs to adopt the use of the My Health Record system into daily practice.

### Working to supporting continuous quality improvement

The RACGP will work with the Government on measures to support and explore quality improvement in general practice, including:

- Incentives that support continuous quality improvement through the RACGP Standards for General Practices; and
- \$5 million committed by Government to fund a Quality general practice research pilot over 18 months, where practices are supported to provide continuity of care for their patients across the health system. The pilot will be implemented through 2 existing general practice research networks, based on international best practice in coordinated services and block funding, with the evaluation approach to be jointly agreed.

The RACGP supports high quality service provision and more flexible models of care in general practice, including reform to payment models.

### Support for revised arrangements with other medical specialties

The RACGP endorses the Government's decision not to reference a definition of market rent (based on medical suites) for Pathology Approved Collection Centres. The RACGP will continue to work constructively with Government to support and implement improved compliance arrangements consistent with the prohibited practices provisions of the Act.

<u>Compliance processes to ensure MBS overpayments are detected and recovered</u>

The RACGP acknowledges that Medicare billing is often directed by the organisation/practice, as opposed to the individual practitioner. Therefore, changes to compliance arrangements, which encourage quality practice and provide the ability to investigate billing by both practitioners and organisations, are supported by the RACGP.

The RACGP also supports changes to compliance mechanisms that compulsorily offset a portion of future MBS payments against MBS debt for practitioners.