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## ANZSGM Submission

Senate Inquiry: Rural, Regional, and Remote Medicare Access and Funding -  
Implications for Older Australians

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Alison King, CEO  
145 Macquarie Street, Sydney NSW 2000  
+61 2 9241 2412  
[communications@anzsgm.org](mailto:communications@anzsgm.org)  
[anzsgm.org](http://anzsgm.org)



## The Australian and New Zealand Society for Geriatric Medicine

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) is the peak professional body for geriatricians and other medical practitioners who wish to advance equitable access to the highest quality care and foster excellence in health care of older persons in Australia and New Zealand.

We support the needs of geriatricians in Australia and New Zealand to help them provide the best possible care to older people. Our focus is on policy development and education. We advocate to government for improvement and innovation in aged care medical services and for the professional needs of geriatricians. ANZSGM members represent the organisation on committees and advisory groups whose purpose is to shape the future of care for older people across Australia and New Zealand.

We set, promote and continuously improve the standards of clinical practice in geriatrics throughout Australia and New Zealand. The Society is the chief advocacy group for medical specialists in aged care and aims to facilitate training and professional development to improve medical practice to enhance the quality of care for our patients.



## ANZSGM response

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) welcomes the opportunity to provide input to the Senate inquiry into Rural, Regional and Remote Medicare Access and Funding.

ANZSGM is the peak professional body representing geriatricians and other clinicians with expertise in the care of older people across Australia and New Zealand. Our members work across acute hospitals, community services, residential aged care, rehabilitation, and primary care settings.

Older Australians living outside metropolitan areas experience higher levels of chronic disease, frailty, multimorbidity, and social vulnerability, while facing reduced access to specialist and multidisciplinary services. Medicare policy settings play a critical role in determining whether care is timely, coordinated, and preventive.

This submission outlines the specific implications of current and proposed Medicare settings for older Australians living in rural and regional areas, and proposes reforms to improve equity, sustainability, and health outcomes.

## Key issues for consideration

### **1. Impact of Medicare Changes on Access to Primary Care and Telehealth**

Older Australians often have complex medical needs requiring frequent, coordinated, and longer consultations. Telehealth has been a valuable tool, particularly for those with mobility limitations or living far from specialist services.

Any reduction in telehealth support, limitations on bulk-billing, or complex billing requirements disproportionately affect older adults. These changes increase the risk of delayed diagnoses, poorly managed chronic conditions, medication mismanagement, and avoidable hospitalisations.

Ensuring that telehealth remains accessible, affordable, and integrated with local primary care is essential. For many rural older Australians, telehealth is more than just a convenience, it is the only practical mechanism for accessing specialist geriatric advice.

### **2. Financial Sustainability of Independently Owned Rural General Practices**

Rural general practices often operate on narrow financial margins. Older patients frequently require longer consultations to manage multimorbidity, cognitive impairment, polypharmacy, frailty, and functional decline.



Current Medicare funding structures tend to prioritise volume over complexity. This approach threatens the viability of small, community-embedded practices that provide high-value, continuity-based care for older adults.

Funding models must better recognise the time, expertise, and coordination required to deliver comprehensive geriatric care in rural settings. Without this recognition, there is a real risk of further workforce attrition and service withdrawal from already underserved communities.

### **3. Preventable Hospital Presentations and Admissions**

Inadequate Medicare support for comprehensive primary and community-based care contributes to preventable hospital presentations, particularly among frail older adults. Multidisciplinary approaches including GP-led care, nurse practitioners, allied health, and visiting geriatricians, are often constrained by restrictive funding rules and fragmented billing arrangements.

Given the limited availability of geriatricians in rural and remote areas, it is important to support recruitment of general physicians with expertise in geriatric care to these communities. Enhancing Medicare incentives for proactive, team-based, and home-based assessment could reduce avoidable admissions and readmissions, improve quality of life, and lower overall healthcare costs.

### **4. Support for Mixed-Team Models of Care**

Effective geriatric care relies on coordinated teams: GPs, nurse practitioners, aged-care nurses, allied health professionals, and visiting specialists.

Current Medicare settings can restrict collaboration through billing limitations, referral requirements, and siloed funding streams. These barriers reduce continuity of care and undermine integrated service delivery.

Reforms should support multidisciplinary outreach, home-based assessment, shared care planning, and flexible consultation models, particularly for older adults in remote or underserved areas.

### **5. Equity Between Large Corporate Providers and Small Rural Clinics**

Corporate providers may benefit from economies of scale that small rural clinics cannot achieve. However, small clinics often provide high-intensity, relationship-based care to older patients and play a critical role in maintaining continuity and community trust.

Medicare reforms should ensure equitable support for small and independently owned rural practices. Without deliberate policy protection, there is a risk of increasing service deserts and widening health inequities for older Australians.



## Recommendations

ANZSGM recommends that:

- Medicare funding models recognise clinical complexity, frailty, and the longer consultations required for older adults.
- Telehealth remains fully supported for rural and remote older Australians, including flexibility for multidisciplinary consultations.
- Incentives promote team-based and outreach care, including visiting geriatric services, allied health, and nurse practitioner programs.
- All future Medicare changes undergo “rural stress-testing” to assess impact on older Australians’ access, safety, and outcomes.
- Support mechanisms for small, community-embedded practices are strengthened to maintain viability and prevent service gaps.

## Conclusion

For older Australians living in rural, regional, and remote communities, access to Medicare-supported primary and specialist care is fundamental to survival, independence, and quality of life. Medicare settings must evolve to reflect the realities of population ageing, increasing multimorbidity, and the structural fragility of rural health systems. Policies that prioritise short consultation volumes over clinical complexity, or that fail to support multidisciplinary and outreach models of care, risk increasing preventable hospitalisations, accelerating functional decline, and deepening inequity between metropolitan and non-metropolitan Australia.