

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Additional Estimates 2016 - 2017, 1 March 2017**

**Ref No:** SQ17-000208

**OUTCOME:** 4 – Individual Health Benefits

**Topic:** After Hours Services

**Type of Question:** Written Question on Notice

**Senator:** Griff, Stirling

**Question:**

One of the stated benefits of the after-hours service is that it steers people away from using emergency departments. In light of this, does this make the after-hours GP service cost effective despite the increase in cost to the MBS?

**Answer:**

Data held by the Department of Health does not support the argument that emergency department (ED) presentations have reduced in areas where the billing of Medicare Benefits Schedule (MBS) urgent after-hours services has significantly increased.

Furthermore, the Department does not believe it is appropriate to draw comparisons between the use of EDs and MBS urgent after-hours items. ED presentations and urgent after-hours home visits represent very different levels of care, resourcing and treatment options. EDs have on demand access to resources such as diagnostic imaging, pathology and medicines. In a home visit setting; diagnostic imaging, pathology and medicines are only available through added referrals and prescriptions.

Due to the differing levels of care between an ED and an urgent after-hours home visit, the Department believes it is more appropriate to compare the cost of an MBS urgent after-hours item to the much lower cost of a MBS in-hours consultation or a MBS standard after-hours consultation (either in consultation rooms or as a home visit). Data suggests that many patients are substituting urgent after-hours home visits for routine general practice care.

Reports from the medical profession indicate that many urgent after-hours services are not genuinely urgent and it is in these cases that care would be more appropriately sought in the in-hours period. If a patient is more appropriately seen during the in-hours period, either an MBS urgent after-hours item or an ED presentation would not be considered cost effective.

In some genuinely urgent cases, patients receiving an urgent after-hours home visit would be referred to an ED, and in those cases the home visit is therefore in addition to the ED admission, rather than a substitute for it.