

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 29 & 30 May 2017

Ref No: SQ17-001033

OUTCOME: 2 - Health Access and Support Services

Topic: After Hours GP Services

Type of Question: Written Question on Notice

Senator: Di Natale, Richard

Question:

Has the department seen or done any modelling to see whether use of after hours GP services takes pressure of hospitals?

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, which represent an extra cost to the MBS or Pharmaceutical Benefits Scheme.

Due to the differing levels of care between an ED and an urgent after-hours home visit, it may be more appropriate to compare the cost of an MBS urgent after-hours item to the 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 many genuinely urgent cases, patients receiving an urgent after-hours home visit would be referred to an ED, and the home visit is therefore in addition to the ED admission, rather than a substitute for it.