

Position Statement

May 2004

## **Bulk Billing Clinics in, or near, Hospital Emergency Departments**

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**The  
Queensland  
GP Alliance**

### **Introduction**

Following on from the recent State Election, there has been considerable discussion around a series of election commitments made by the State Government. Of particular interest is the election commitment related to the development of four pilot bulk-billing GP clinics located near public hospitals.

This position paper clarifies the views of the Queensland GP Alliance in relation to the establishment of bulk billing GP clinics in, or near, Public Hospital Emergency Departments. Further to this, it proposes a number of principles that need to be considered when looking at locating acute primary care type services in, or near, Public Hospitals. Fundamentally, the provision of primary care services in acute hospital settings should not compete with well-trained and credentialed doctors working in accredited general practice settings providing the full scope of primary care services.

This paper is informed by the position and discussion papers of General Practice Divisions Victoria (GPDV) entitled "*GP Clinic and Hospital Emergency Departments*", July 2002. Parts of these papers have been reproduced with the permission of GPDV.

### **Concerns of the Queensland GP Alliance**

It is essential to distinguish between acute primary medical care clinics and general practice clinics. The provision of acute primary medical care clinics should not to be confused, or compared to, the provision of general practice services in Public Hospitals. The Queensland GP Alliance has the following concerns about the effectiveness of GP bulk billing clinics in, or near, public hospital emergency departments.

- ▶ It is likely that these clinics would reinforce a consumer view that hospital is the most appropriate place to seek medical care, and may in fact increase demand on hospital services. Moving busy, overworked GPs out of their practices and into hospital locations will only increase the number of patients attending hospitals for their health care. Establishing a GP clinic in or beside a hospital emergency department could appear an attractive option, as it seems to offer the promise of diverting patients who require general practice services and "mistakenly" present to the emergency department, to the general practice where they are thought to belong. However, to the person presenting, there may be little apparent difference between the emergency department or a GP clinic that operates alongside it. The existence of a GP clinic is likely to undermine the message that a hospital is **not** the place to seek primary care medical services, and may actually encourage the public in the long term to seek out hospital-based services.

- ▶ It is essentially shifting resources from preventative, community based care to the more expensive model of acute, emergency care, in addition to draining already limited General Practice services. The current GP workforce shortage would limit GPs ability or willingness to work in these types of clinics. Further to this, recruitment of GPs would be problematic particularly if there is a perception that the hospital clinic is competing with the existing general practices in the area.
- ▶ Establishment of these clinics risks compromising Continuity of Care by isolating patients in hospital based-clinics. Further to this, attendance at hospital-based clinics may increase the likelihood that patients may not have a regular GP.
- ▶ Further work is required to determine and define what is an inappropriate attendance in Public Hospital Emergency Departments. It is important that policy makers realise that identifying those emergency department patients who might appropriately be diverted to a primary care setting is more complex than simply sending all triage category 4 and 5 patients to a GP. One study suggests that 10% of cases deemed 'GP substitutable' actually required hospitalisation<sup>1</sup>
- ▶ A public awareness campaign, in partnership with consumers, is required to ensure appropriate utilisation of Hospital emergency departments and general practice services.
- ▶ General Practice is unlikely to support clinics that are not underpinned by appropriate billing models, which in turn promote high quality and sustainable general practice.

### **Principles for establishment of Acute Primary Care in an Acute Hospital Setting**

The Queensland GP Alliance proposes that the following principles would need to be considered prior to the establishment of primary care clinics in an acute hospital setting<sup>2</sup>:

- ▶ Initiatives that provide improved pathways for patients between acute health and general practice and for improved responsiveness to patient needs are supported by the Queensland GP Alliance.
- ▶ Any substitution of acute health services with primary health services needs to be funded and not represent a cost shifting exercise.
- ▶ Any general practice provision in acute hospital settings should not threaten the viability and sustainability of an existing general practice, including training practices.
- ▶ Any general practice provision, including services provided within an acute hospital setting, need to meet the appropriate standards for general practices.

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<sup>1</sup> Ireaci et al, 2000, "Emergency medicine and 'acute' general practice: comparing apples with oranges", *Aust. Health Review*, 23:2 pp 152-161, cited in Centre for General Practice Integration Studies, 2001, *GP-hospital integration: what have we learnt?*, Appendix 3, p 71.

<sup>2</sup> Based on the "Principles for establishment of General Practice in an Acute Hospital Setting" developed by the ADGP/SBO Coalition, 4-5 March 2004.

- ▶ Any general practice provision in acute hospital settings should not result in an unfunded shift of activity to general practice (including follow-up care).
- ▶ Any general practice provision in acute hospital settings should not encourage patients to hospital emergency departments for chronic disease management.
- ▶ There is a range of innovative solutions that are possible to meet the above principles that will be influenced by the local context.

## **Conclusion**

The Queensland GP Alliance has a range of concerns related to the effectiveness of GP clinics, particularly bulk billing clinics, within the hospital context. These clinics are likely to encourage consumer behaviour, which may ultimately increase hospital demand, reduce continuity of care and impact on the effectiveness and sustainability of existing general practice. The General Practice Reference Group also holds these concerns at the national level<sup>3</sup>. The Queensland GP Alliance would welcome further consultation on this critical issue, including further discussion on how to use limited resources to try and find innovative solutions to the problems affecting General Practice in the State. The establishment of bulk billing GP clinics in Emergency Departments is a bandaid solution that does not have the support of general practice in Queensland. Timely access to specialist services, increased allied health resources to assist in patient management, increased community services to enable elderly and disabled patients to live more independent lives would take the pressure off GPs and free them up to see more patients.

**Prepared: March 2004**

### **The Queensland GP Alliance consists of:**

Australian Association of Academic General Practice

Australian College of Rural and Remote Medicine (ACRRM)

Australian Medical Association Queensland (AMAQ)

Queensland Divisions of General Practice (QDGP)

Queensland Rural Medical Support Agency (QRMSA)

Royal Australian College of General Practitioners Qld Faculty (RACGP)

Rural Doctors Association of Queensland (RDAQ)

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<sup>3</sup> The General Practice Reference Group (GPRG) consists of members of the Australian Divisions of General Practice, Australian Medical Association, the Royal Australian College of General Practitioners and the Rural Doctors Association of Australia.