



AMA

**AMA GP SURVEY
MEDICARE LOCALS**

Report of Findings

December 2013

Executive Summary

The Commonwealth Government, on 29 November 2013, formally announced the review of Medicare Locals and has defined the terms of reference of the review as:

- the role of Medicare Locals and their performance against stated objectives;
- the performance of Medicare Locals in administering existing programmes, including after-hours;
- recognising general practice as the cornerstone of primary care in the functions and governance structures of Medicare Locals;
- ensuring Commonwealth funding supports clinical services, rather than administration;
- assessing processes for determining market failure and service intervention, so existing clinical services are not disrupted or discouraged;
- evaluating the practical interaction with Local Hospital Networks and health services, including boundaries;
- tendering and contracting arrangements; and
- any other related matters.

To inform its response to the review, the AMA has conducted a survey of 1212 GPs asking them about the work of their Medicare Local and what impact, if any, it had on the delivery of primary care services and access to care for patients. This report presents the findings of the survey.

Key findings

- About half (48.9%) of GPs surveyed indicated that they have not been kept informed about the work their Medicare Local is undertaking and the services it supports.
- More than half (57.8%) indicated that they have not been provided with information and access to events of relevance to day to day practice.
- Almost three-quarters (68.8%) indicated that their Medicare Local had failed to engage and listen to them about the design of health services needed in the local area.
- A significant majority (60.8%) believed that their Medicare Local does not value or recognise the inputs of local GPs.
- More than half (52.9%) indicated that their Medicare Local had failed to improve patients' access to health services (that are facilitated by their Medicare Local).
- More than half (52.4%) indicated that their Medicare Local was holding meetings and information sessions at times that were not easily attended.
- More than half (56.4%) indicated that their Medicare Local has not been supporting well targeted programs that could help patients, particularly those who are disadvantaged.
- About half (49.5%) indicated that their Medicare Local is duplicating existing general practice services.
- More than half (55.3%) indicated that their Medicare Local had not put in place effective arrangements to support access to after hours GP care.
- Nearly half (45.9%) indicated that their Medicare Local had not implemented contracts for after hours GP services that are fair and reasonable.
- Nearly half (44.1%) indicated that their Medicare Local had implemented contracts for after hours GP services that have increased red tape and compliance costs.
- More than half (56.6%) indicated that their Medicare Local had not provided effective

support for practices to implement the Personally Controlled Electronic Health Record.

- About half (49.0%) indicated that their Medicare Local had failed to improve patients' access to ATAPS services.
- A significant majority (61.9%) indicated that their Medicare Local did not have effective programs to provide patients in aged care facilities with access to allied health services in a timely fashion.
- About three-quarters (73.0%) indicated that their Medicare Local had not improved local access to care for patients in comparison to the former Division of General Practice.
- About three-quarters (71.6%) believed that their Medicare Local had not improved the delivery of primary care overall and should not be retained.

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1. Introduction

The AMA has long recognised the need for a robust structure to improve the coordination of primary health care services, to support GPs to provide patients with access to allied health services, and to address gaps in the primary health care system.

The previous Government introduced the Medicare Local model in 2011 in an attempt to address this need. This resulted in the establishment of 61 Medicare Locals with primary responsibility for identifying and assessing the health care needs of their populations, improving the coordination and integration of primary health care in local communities, addressing service gaps, and making it easier for individuals, carers and service providers to navigate their local health care system.

While the AMA has acknowledged the potential for Medicare Locals to improve the delivery of primary care services, it believes that there are key features that should be incorporated into their design and implementation. These are outlined in the [AMA Position Statement on Medicare Locals](#).¹

General Practitioners are the most highly trained practitioners in the primary health care setting and have a key role in the coordination and management of care for patients, providing over 120 million services each year. Overseas experience suggests that Primary Health care Organisations, such as Medicare Local, work best when GPs play a strong leadership role and these organisations work to support GPs in providing improved access to care for patients.

In conducting the review it is important that the Government hears first-hand about the experience of grass roots GPs and how it can better support GPs in providing care for patients. This survey report provides a snapshot of Medicare Locals' overall performance in improving the delivering of primary care services and in meeting their stated objectives, as experienced by GPs.

¹ AMA Position Statement 'Medicare Locals – 2011' at: <https://ama.com.au/position-statement/medicare-locals-2011>

2. Survey Methodology

The survey was constructed and hosted by the AMA website (web form).

The survey was in the field for one week from 2 to 9 December 2013.

Participants were provided with a number of statements and were asked to select the options (strongly agree, mostly agree, neither agree or disagree, mostly disagree, or strongly disagree) that best reflect their opinion of their Medicare Local's performance.

1212 respondents completed the survey and data was collected on all 61 Medicare Locals.

Microsoft Excel was used to analyse and present the data.

A free text option was available at the end of the questionnaire to enable respondents to provide comments on the issues raised.

Demographics - members' participation according to Medicare Local's boundary:*

<u>ACT</u>	
ACT Medicare Local	21
<u>NSW</u>	
Inner West Sydney Medicare Local	20
Northern Sydney Medicare Local	15
Eastern Sydney Medicare Local	10
Hunter Medicare Local	32
Illawarra-Shoalhaven Medicare Local	17
North Coast NSW Medicare Local	33
Southern NSW Medicare Local	16
South Eastern Sydney Medicare Local	17
South Western Sydney Medicare Local	10
Sydney North Shore and Beaches Medicare Local	13
Western Sydney Medicare Local	20
Murrumbidgee Medicare Local	13
Nepean-Blue Mountains Medicare Local	13
Central Coast NSW Medicare Local	12
New England Medicare Local	14
Western NSW Medicare Local	14

Far West NSW Medicare Local	3
<u>NT</u>	
Northern Territory Medicare Local	10
<u>QLD</u>	
Metro North Brisbane Medicare Local	58
Greater Metro South Brisbane Medicare Local	48
Gold Coast Medicare Local	16
Sunshine Coast Medicare Local	21
Wide Bay Medicare Local	19
Central Queensland Medicare Local	10
Central and North West Queensland Medicare Local	5
Townsville-Mackay Medicare Local	12
Far North Queensland Medicare Local	27
West Moreton-Oxley Medicare Local	23
Darling Downs-South West Queensland Medicare Local	44
<u>SA</u>	
Central Adelaide Hills Medicare Local	23
Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local	23
Country South SA Medicare Local	21
Country North SA Medicare Local	12
Northern Adelaide Medicare Local	27
<u>TAS</u>	
Tasmania Medicare Local	28
<u>VIC</u>	
Northern Melbourne Medicare Local	83
Frankston-Mornington Peninsula Medicare Local	14
Great South Coast Medicare Local	1
Gippsland Medicare Local	16
South Western Melbourne Medicare Local	8
Inner East Melbourne Medicare Local	26
Barwon Medicare Local	16

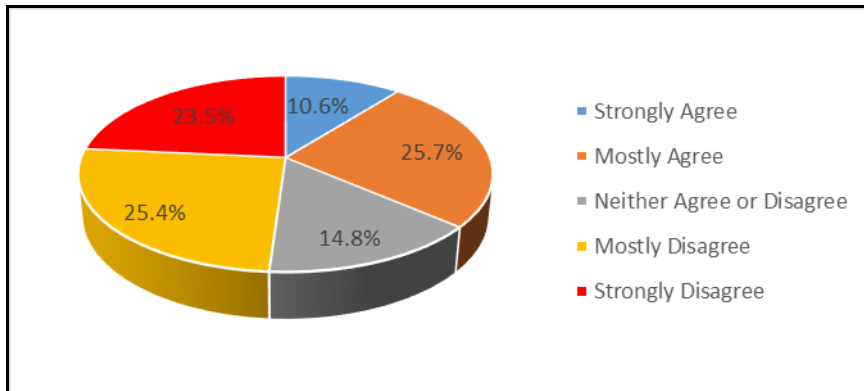
Hume Medicare Local	17
Lower Murray Medicare Local	4
Loddon-Mallee-Murray Medicare Local	6
Eastern Melbourne Medicare Local	24
Grampians Medicare Local	8
Macedon Ranges and North Western Melbourne Medicare Local	14
South Eastern Melbourne Medicare Local	15
Goulburn Valley Medicare Local	9
Inner North West Melbourne Medicare Local	20
Bayside Medicare local	21
<u>WA</u>	
Fremantle Medicare Local	9
Perth South Coast Medicare Local	5
South West WA Medicare Local	20
Perth North Metro Medicare Local	19
Bentley-Armadale Medicare Local	14
Pert Central and East Metro Medicare Local	19
Goldfields Medicare Local	13
Kimberley-Pilbara Medicare Local	13

*78 participants did not provide the name of their Medicare Local

3. Summary of Results

3.1 Information about Medicare Locals' activities and services

My Medicare Local keeps me informed about the work it is undertaking and the services it supports:

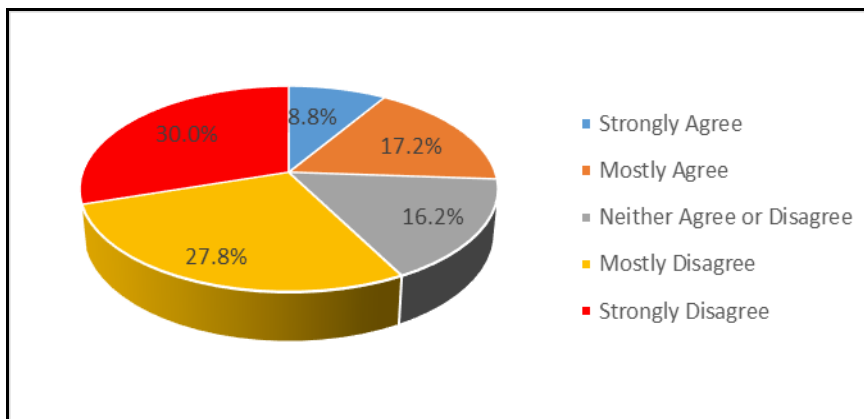


Key points:

- About half (48.9%) of GPs surveyed disagreed with the statement, 36.3% agreed and 14.8% neither agreed nor disagreed.
- The findings suggest that GPs have not been kept informed about the work their Medicare Local is undertaking and the services it supports.

3.2 GPs access to information and events of relevance

My Medicare Local provides me with information and access to events of relevance to my day to day practice:



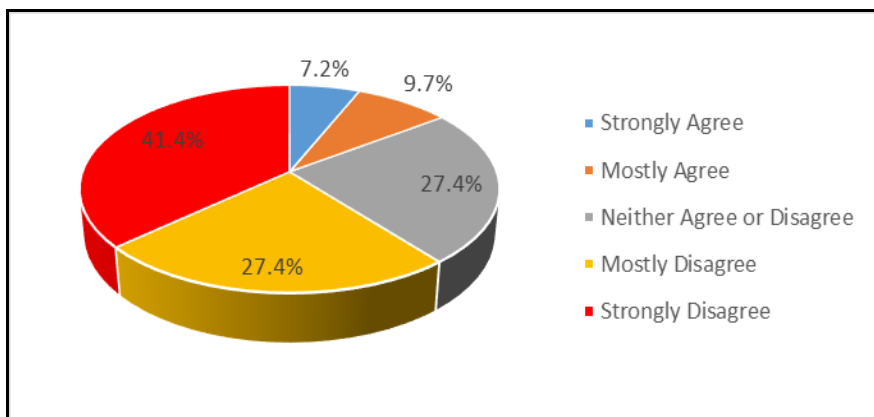
Key points:

- More than half (57.8%) of GPs surveyed disagreed with the statement, 26% agreed and 16.2% neither agreed nor disagreed.
- The findings suggest that Medicare Locals have not provided GPs with information and

access to events of relevance to day to day practice.

3.3 Medicare Locals' engagement with local GPs

My Medicare Local engages with and listens to local GPs about design of health services needed in the local area:

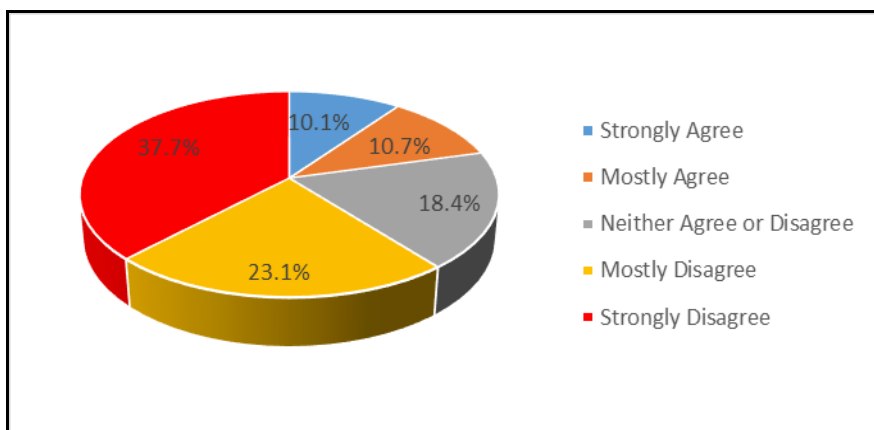


Key points:

- Almost three-quarters (68.8%) of GPs surveyed disagreed with the statement, 16.9% agreed and 27.4% neither agreed nor disagreed.
- The findings suggest that Medicare Locals have failed to engage and listen to GPs about the design of health services needed in the local area.

3.4 Valuing GP contribution

My Medicare Local values and recognises the input of local GPs:

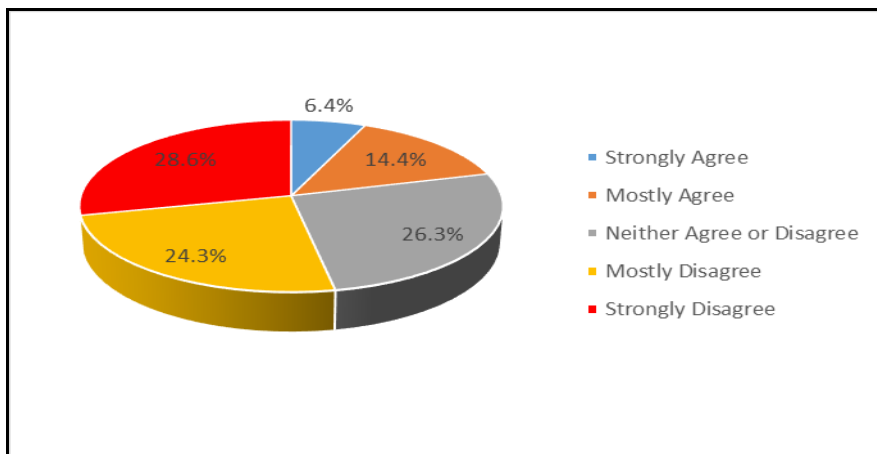


Key points:

- A significant majority (60.8%) of respondents disagreed with the statement, 20.8% agreed and 18.4% neither agreed nor disagreed.
- The findings suggest that the majority of GPs believe their Medicare Local does not value or recognise the inputs of local GPs.

3.5 Patients access to health services

My patients can access health services facilitated by my Medicare Local in a timely fashion:

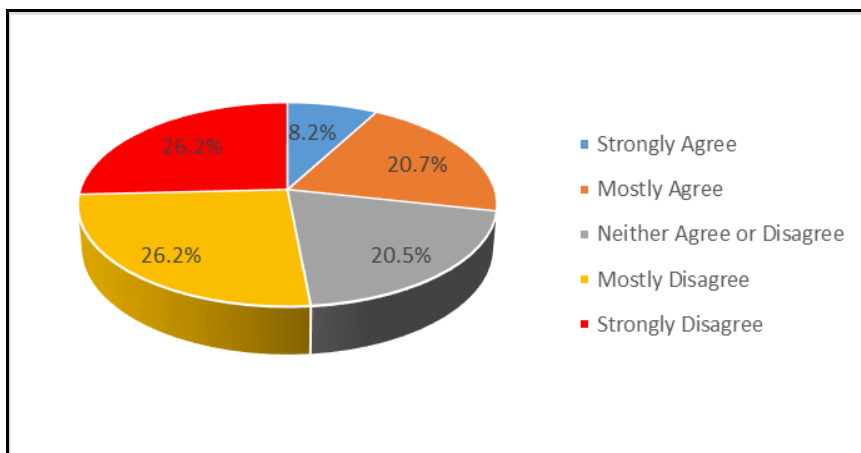


Key points:

- More than half (52.9%) of respondents disagreed with the statement, 20.8% agreed and 26.3% neither agreed nor disagreed.
- The findings suggest that Medicare Locals have failed to improve patients' timely access to health services.

3.6 Timing of meetings and information sessions

My Medicare Local holds meetings and information sessions at times when they can be easily attended by GPs:

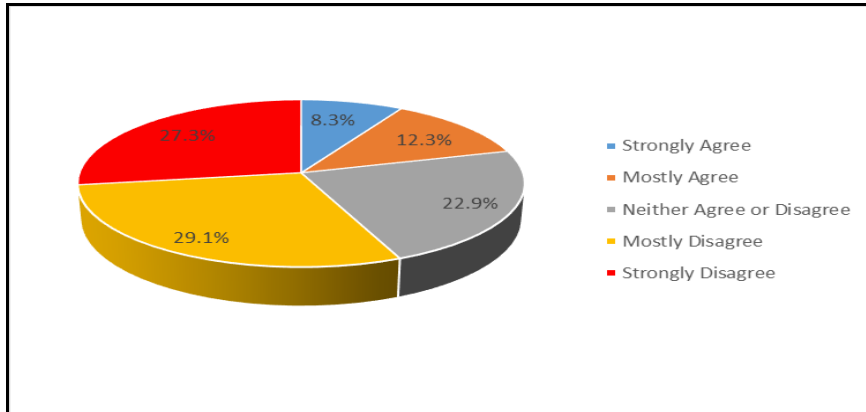


Key points:

- More than half (52.4%) of respondents disagreed with the statement, 28.9% agreed and 20.5% neither agreed nor disagreed.
- The findings suggest that Medicare Locals were holding meetings and information sessions at times that were not easily attended by GPs.

3.7 Supporting targeted programs for disadvantaged groups

My Medicare Local is supporting well targeted programs that help my patients, particularly those who are disadvantaged:

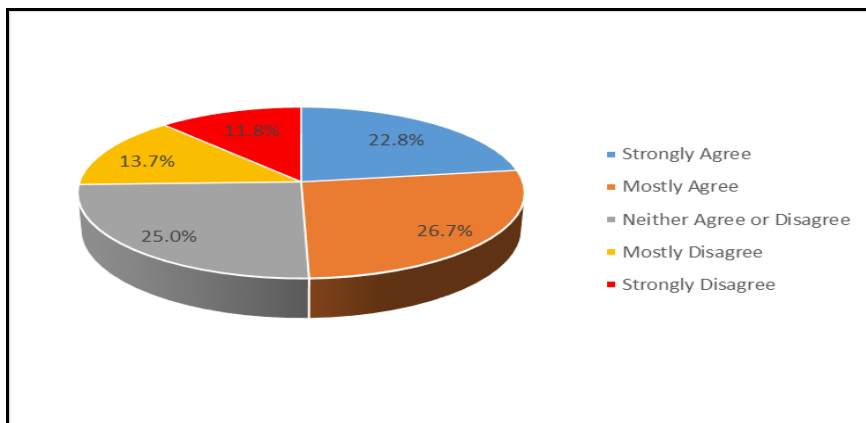


Key points:

- More than half (56.4%) of respondents disagreed with the statement, 20.6% agreed and 22.9% neither agreed nor disagreed.
- The findings suggest that Medicare Locals are not supporting well targeted programs that could help patients particularly those who are disadvantaged.

3.8 Duplication of general practice services

My Medicare Local duplicates existing general practice services:

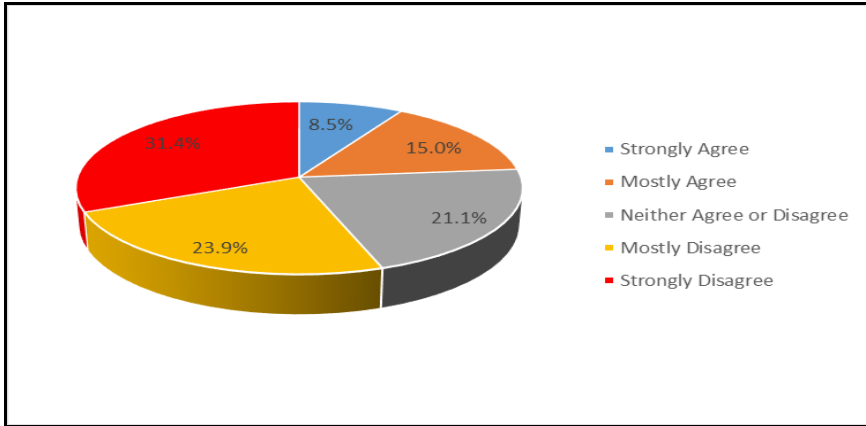


Key points:

- About half (49.5%) of respondents agreed with the statement, 25.5% disagreed and 25.0% neither agreed nor disagreed.
- The findings suggest that Medicare Locals are duplicating existing general practice services.

3.9 Arrangements to support access to after hours GP care

My Medicare Local has put in place effective arrangements to support access to after hours GP care:

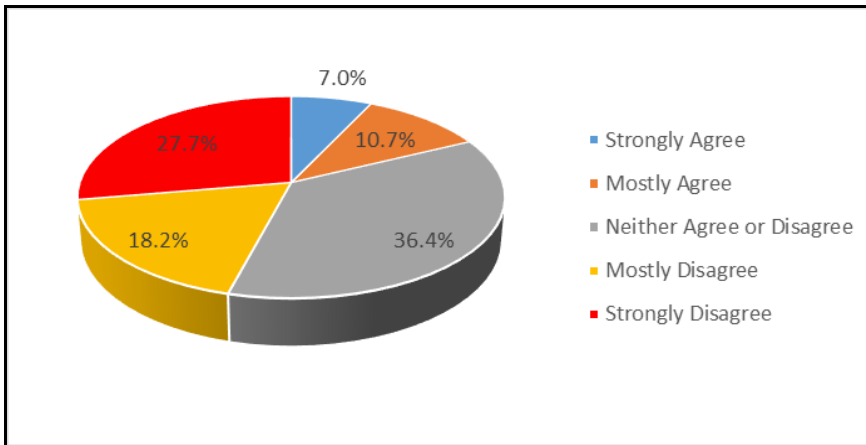


Key points:

- More than half (55.3%) of respondents disagreed with the statement, 23.5% agreed and 21.1% neither agreed nor disagreed.
- The findings suggest Medicare locals have not put in place effective arrangements to support access to after hours GP care.

3.10 After Hours contracts

My Medicare Local has implemented contracts for after hours GP services that are fair and reasonable:

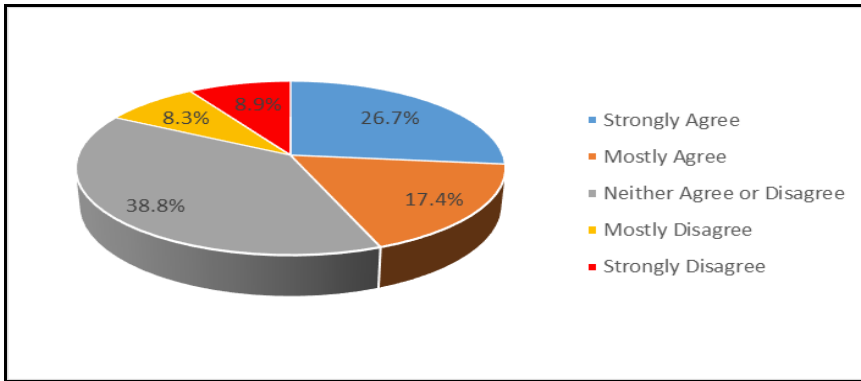


Key points:

- About half (45.9%) of respondents disagreed with the statement, 17.7% agreed and 36.4% neither agreed nor disagreed.
- The findings suggest that there are a large number of GPs who believe that their Medicare Local has not implemented contracts for after hours GP services that are fair and reasonable.

3.11 Red tape and compliance cost of after hours services

My Medicare Local has implemented contracts for after hours GP services that have increased red tape and compliance costs:

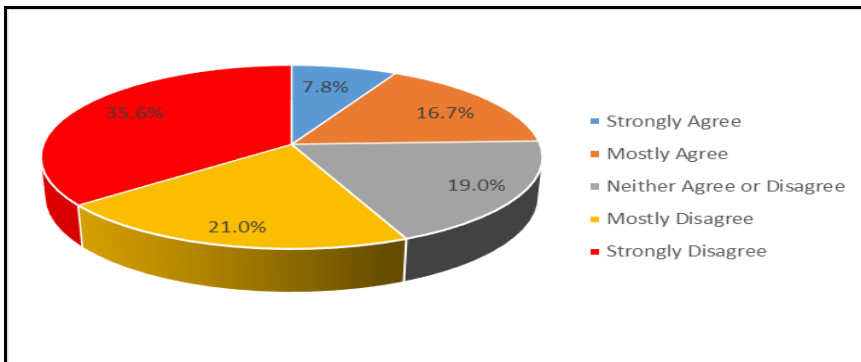


Key points:

- Nearly half (44.1%) of respondents agreed with the statement, 17.2% disagreed and 38.8% neither agreed nor disagreed.
- The findings suggest that, there are a large number of GPs who believe that their Medicare Local had implemented contracts for after hours GP services that have increased red tape and compliance costs.

3.12 Practice support for PCEHR

My Medicare Local has provided effective support to my practice to implement the Personally Controlled Electronic Health Record:

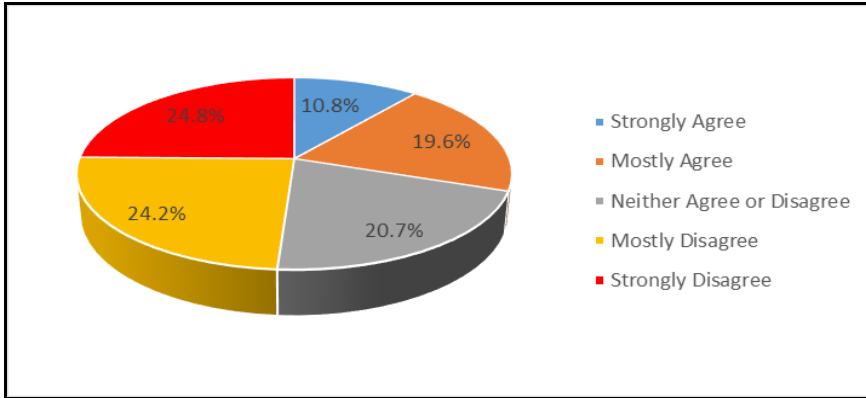


Key points:

- More than half (56.6%) of respondents disagreed with the statement, 24.5% agreed and 19.0% neither agreed nor disagreed.
- The findings suggest that Medicare Locals had not provided effective support for practices to implement the Personally Controlled Electronic Health Record.

3.13 Patients access to ATAPS

My Medicare Local provides easily accessible ATAPS (the Access to Allied Health Psychological Services Program) services for my patients:

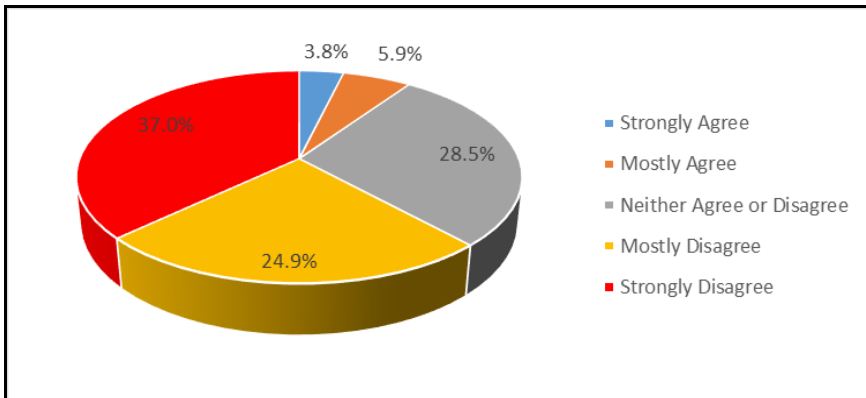


Key points:

- About half (49.0%) of respondents disagreed with the statement, 30.4% agreed and 20.7% neither agreed nor disagreed.
- The findings suggest that a large number of GPs believe that their Medicare Local had failed to improve patients' access to ATAPS services.

3.14 Patients in aged care facilities access to allied health services

My Medicare Local has effective programs to provide my patients in aged care facilities with access to allied health services in a timely fashion:

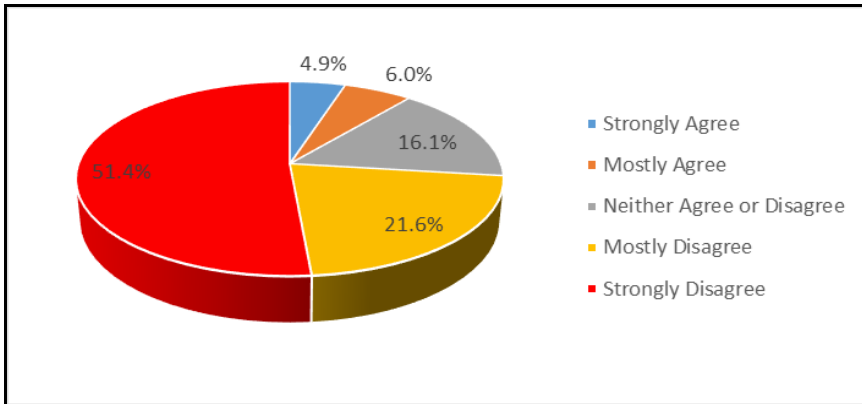


Key points:

- A significant majority (61.9%) of respondents disagreed with the statement, 9.7% of respondents agreed with the statement and 28.5% neither agreed nor disagreed.
- The findings suggest Medicare Locals do not have effective programs to provide patients in aged care facilities with access to allied health services in a timely fashion.

3.15 Performance in comparison to the former division of general practice

My Medicare Local has improved local access to care for patients in comparison to the former division of general practice:

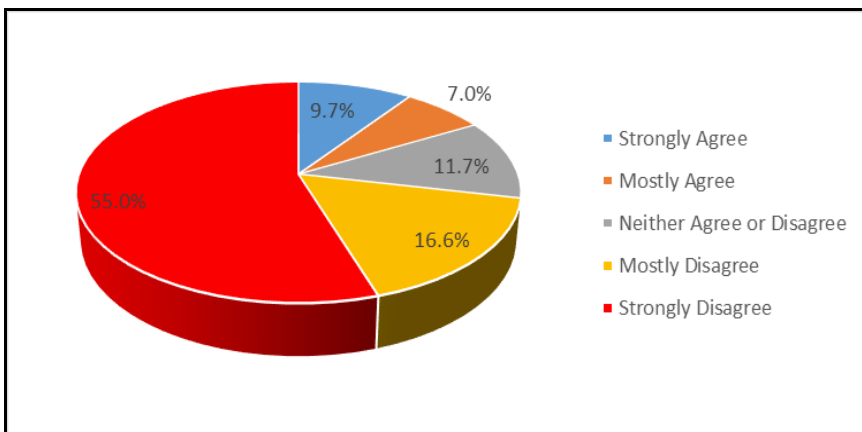


Key points:

- About three-quarters (73.0%) of respondents disagreed with the statement, 10.9% agreed and 16.1% neither agreed nor disagreed.
- The overwhelming majority of GPs surveyed believed Medicare Locals had not improved local access to care for patients in comparison to the former Division of General Practice.

3.16 Overall delivery of primary care

My Medicare Local has improved the delivery of primary care overall and should be retained:



Key points:

- About three-quarters (71.6%) of respondents disagreed with the statement, 16.7% agreed and 11.7% neither agreed nor disagreed.
- The overwhelming majority of GPs surveyed believed Medicare Locals had not improved the delivery of primary care overall and should not be retained.

3.17 Additional comments:

Respondents were asked (via a free text option) if they have any additional comments about their Medicare Local's performance. A sample is set out below:

- To test for the efficacy of Medicare Locals the AMA should be polling the public and other health providers as to the utility, you would find 90% of them would not know that the bureaucracy existed.

- Most of the educational events put on by the Medicare Local do not attract GPs anymore. They seem to be driven by a “political” rather than educational agenda. The old "Divisions of General Practice" were better voices of GPs and provided educational events far more suited to our needs.
- My Medicare Local charges for courses that were previously free. Most staff training opportunities were conducted during the day when a practice cannot send its entire staff. As a result, hardly any of the staff training opportunities have been utilised from this practice.
- My Medicare Local has increased practice visits, responded to practice queries, provided better link to hospital outpatient clinics for disadvantaged patients, arranged low-cost allied health support for disadvantaged patients, and helped aged care patients requiring support with obtaining low cost appliances.
- I would benefit if the ML continues.
- The Divisions were a poor duplication of Community Health Services, and the Medicare Locals are worse.
- Medicare Local is valuable to our practice, but so was the Division of General Practice, which was also excellent. Whether it is retained as is or changed back to Division of General Practice, the main difference in my opinion is that there is more involvement of allied health professionals/nurses/pharmacists with current Medicare Locals - which is a good thing.
- The Division of General Practice that preceded the Medicare Local was excellent, responsive, non-bureaucratic and helpful. We had a fully functioning after hours service that had been problem free for years. We now have little input into services, have terrible contracts that we are struggling to change before sign re after hours services.
- I couldn't find the question, "My Medicare Local wastes vast sums of taxpayer dollars on political advertising." Answer - strongly agree.
- My Medicare Local is very good in arranging diverse training opportunities but so did the previous Division of General Practice.
- Medicare Locals are bureaucratic organisations which duplicate pre-existing services of community health and GPs. They are a monumental waste of public money. The few services they do provide which are worthwhile could be taken over by Community Health Centres at a fraction of the cost.
- My "Medicare Local" is situated 400km away, I'm not quite sure what they actually do.
- I relate to several Medicare Locals due to my practice location. Unfortunately services don't cross boundaries and are therefore too complex and bureaucratic to access in a timely fashion, especially ATAPS. As a GP, they are not of daily relevance to my practice, and the national body even less so. I think that Divisions provided a better service and were more focused on giving GPs information and support that were relevant to real practice as opposed to someone's idea of what constitutes a GP's day. I don't see any improvement in allied health communication either.
- I am a Board member and I am sorry to say that the Medicare local has been a failure in engaging with GPs. It has an adversarial attitude to general practice, which was the result of an acrimonious union of two divisions.
- Scrap Medicare Locals and use the money saved to increase Medicare rebates.
- There seems to be a lot of re-inventing the wheel, also the name is annoying as it has nothing much to do with Medicare, and covering hundreds of km, is not local.

- I still don't really know what a "Medicare Local" is, or what it does. I had a bit of a handle on Divisions of General Practice, although really saw no use for them. I have less use for Medicare Locals, whatever they are. Save money by getting rid of them would be the simplest thing to do.
- I still believe the contract for after hours is too widely open to interpretation at my risk, and I am expected to take on risk I did not have when PIP was running it. As result I have not signed the contract despite negotiations with them and referring them to the revised AMLA contract. I think Medicare Local is a costly white elephant. Money would be better spent on general practice grants to employ allied health professionals and nurses.
- Medicare Local created duplication in the bodies we have to report to, while the educational role and follow up clinical programme and software support are good features and continuation of work done by divisions of general practice, I do not find splitting payments to be provided by Medicare and Medicare Local to be a good system.
- The quality of Boards and management of Medicare Locals vary a lot and therefore the effectiveness of Medicare Locals vary a lot. Some are next to useless, poor performance. The administrative cost base is unacceptably high in a lot of cases. The dollars per service delivery is too high in other cases.
- Merging a rural Division with an inner metropolitan Division was always going to fail. As a rural practice, the Medicare Local people from inner suburban just do not understand how we practise. Also, the demographics of our patients are far too different.
- Our Medicare Local has managed to improve access to effective counselling services for our disadvantaged patients. They have failed to address, the difficulties of after hours care. There has been a modest improvement in access to dietetic services. This has been very expensive for the modest gains. There are more admin staff than clinical services staff. I suspect the money could have been better allocated to direct patient care.
- Apart from funding after hour services I cannot see they achieve anything that divisions did not already do.
- This is another imposition on GPs and more bureaucracy, more people without experience are in key positions not doing any effective role in the work that local GP Divisions were doing before. I can't see any improvement at all in services, but a lot of wasted money in it.
- My patients are all homeless men. Medicare Local has had no impact on their care and particularly, access to ATAPS, has deteriorated.
- It appears that Medicare Locals are becoming more and more our competitors. However, I have a strong and respectful relationship with my local medical surgery competitors, however, that cannot be said for our Medicare Local. They do not provide appropriate workshops for all staff, they have introduced hefty fees for attending some of the workshops they do run, they do not offer any genuine and required support to general practice, and the contracts provided for after hours care were so appallingly written, most astute practice managers had to re write them, as our Medicare Local couldn't do it for us. I estimated that I spent at least 25 hours working on the contract to get it to a fairly suitable state that made sense, and was not contradictory. At no time is our Medicare Local ready to listen to the medical clinics that are operating in their region. There is a strong dictatorship attitude towards us. There is no strong working relationship built on support, respect and gratitude. Our Medicare Local fails on a grand scale. Most of the staff employed seem to have no idea on what they are doing, with no knowledge of the health industry.

- We still get the same pay in the same bank account but now have to sign legal documents, supply statistics every 3 months and get generally frustrated by the whole thing. Why do Medicare Locals have to hand out the money when all they are doing is being the middle man and using up much of the funds in administration and red tape adventures?
- Apart from arranging some CME I do not know that they have contributed anything tangible to general practice and there has been no increase in service delivery to the population despite an increase in staff numbers.
- Medicare Locals are a complete waste of government spending. Funding would be much better directed to allowing general practice to employ their own allied health staff, i.e. diabetes educators, podiatry, psychology. All the money is lost in admin at present. It would be better spent at the coal face of general practice for staffing and infrastructure.
- Medicare Locals and before them the divisions of general practice are almost totally a waste of money and the delivery of service is duplicated bureaucratic and inefficient in the extreme. Given the size of the budget and the alleged budget emergency surely we could get rid of yet another health bureaucracy and save a few hundred million dollars.
- They are invisible with no information coming from them to the practice or to any of my patients.
- Medicare Local has effectively disengaged general practice and the still surviving GP Network. Having been an initial board member of the Medicare Local, I have resigned in protest at their lack of direction and disengagement from GPs and complete disinterest in clinical governance etc.
- Have had almost no contact with Medicare Local. The only contact was for a time waster. They need to be dissolved, as they appear to be top heavy with non-medical officers, and providing no benefit at all to general practice or its patients.
- My Medicare Local has no interest in general practice. Didn't have elections for members after putting out nominations for elected positions of board members - board members were recommended to the board by a nomination committee. Doesn't engage with local GPs. Very little practical help with eHealth.
- My practice straddles two Medicare Locals and both are over 30 minutes drive from the surgery and the regular newsletters are very generic, but wordy and not very informative about specific programs. I believe that since GPs became minority leaders, they are just administration units that don't 'speak' to GPs in the personalised informal way that the divisions did, so they are just 'too hard' to use.
- Another layer of bureaucracy that takes money away from the coal face of general practice. Empire building at its worst. I would like a cost-benefit analysis done showing total cost of running Medicare Locals compared to patients that have truly been helped.
- The after hour contracts and red tape implemented by our Medicare Local have made us re-consider providing these services. They have no insight on the time and unnecessary paperwork they request. Medicare Local Board consists predominantly of non-medical professionals.
- The "Control Centre" is 70Km away in an area that has totally different demographics to our local area. The previous Division was much more appropriate and was familiar with the local scenario. The actual Medicare Local is a bureaucratic and functional nightmare, and pays little attention to our local needs.
- The Board of Medicare Locals should have GPs as the majority board members, otherwise the voice of the GP cannot be effective. With the previous Divisions of General Practice,

GPs were the lynchpins, around whom all allied health professionals revolved - not so with the Medicare Locals. Dismantle Medicare Locals, or at the least alter the constitution, so as to make GPs the majority in the board.

- We have had some help with the ePIP as I understand, but as far as I am concerned, I have not been contacted personally by the Medicare Local and I have no idea as to what they are actually doing. A little more communication and transparency would be good.
- Our local division was more effective in supplying services and information. Medicare Local is too big and out in the country. It is either ineffective or we are not aware what is happening. They may work in city areas but we need smaller divisions out in the country due to distance. Maybe a combination of both models - one for city one for country.
- Divisions of General Practice (DGP) I feel were truly "local" and provided better general practice and patient support at a lower cost to tax payer than Medicare Locals. DGPs were also more relevant to local health organisations, local government, LHDs and private allied health practitioners and had better lines of communication. Medicare Locals are really too large, impersonal, bureaucratic and can hide behind their size....just like other government agencies.