



News Release

Australian Divisions of General Practice Ltd.

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Limitations of allied health plan mean most will miss out

The peak body representing Divisions of General Practice, the Australian Divisions of General Practice (ADGP), today expressed concern that the hasty introduction of new MBS items for allied health and dental services for the chronically ill means it will not deliver services where they are most needed.

The new items are only available to patients with chronic illness and complex care needs who are being managed by a GP under an Enhanced Primary Care (EPC) multidisciplinary Care Plan.

“Unfortunately, only about 10% of GPs are doing the vast majority of care plans because of the additional work involved, particularly in non-computerised practices,” said ADGP Chair Dr Rob Walters.

“Workforce shortages of both GPs and allied health providers, particularly in rural, regional and outer metropolitan areas, will also limit access to these services.

“The way these items are being rolled out means that only those patients eligible for a care plan, who can get an appointment with a GP doing care plans, and can then find an allied health professional registered with the HIC for the items, will be able to receive rebates for these services,” he said.

It has been estimated that more than 80% of patients with chronic illness and complex care needs will not have access to the services.

“In many cases, there will still be large gap payments for the allied health or dental services, which will mean they are still unaffordable for many people, particularly as this group of patients includes large numbers of aged pensioners or people on low incomes,” said Dr Walters.

“ADGP believes the money would have been better spent by targeting patients who are most in need of subsidised allied health and dental services through a program like the very successful *More Allied Health Services* (MAHS).

“Through MAHS, Divisions of General Practice are coordinating affordable allied health services in low-access rural areas and have contributed to the recruitment and retention of health professionals for these communities.

“Division coordination of services also means better integration and collaboration amongst the different providers involved in patient care, which is absolutely critical for chronically ill patients.

“At the very least, the Government should provide support for Divisions of General Practice to assist with the education of patients, GPs and allied health professionals or dentists who might be involved in the initiative. Otherwise, the administrative and red tape burden will once again fall back on the already time-strapped GPs.

“GPs just want to ensure the best care for our patients. We are more than happy to work with other health professionals who are providing care for our patients, but these new items do not support better access, more continuity or more affordable care for most people with chronic care needs,” Dr Walters said.

The Divisions of General Practice Network links 95 per cent of GPs across Australia in a national structure that supports general practice and improves community access to primary care. This Network is the key to integrating general practice with other sectors of the health system, both government and non-government, to deliver high quality care to the Australian community.

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