

Catholic Health Australia

**Survey of Access to General Practice
Services in Residential Aged Care**

April 2010

Table of contents

1. Background	3
2. Number of visiting GPs per home	4
3. Residents entering in circumstances where their GP declines to continue service	4
4. Relationships with Divisions of General Practice	5
5. GP visiting rooms and management of appointments	6
6. IT capability for visiting GPs	7
7. Degree of difficulty in accessing GPs	7
8. GP access and availability of GP support services	8
9. Transfers to hospital emergency departments	8
10. Timeliness of medical records and medication orders	9
11. Participation in care plans, medication reviews and health assessments	9
12. Issues of concern regarding GP interactions with homes and residents	10

About Catholic Health Australia

21 public hospitals, 54 private hospitals, and 550 aged care facilities are operated by different bodies of the Catholic Church within Australia. These health and aged care services are operated in fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services. Further detail on Catholic Health Australia can be obtained at www.cha.org.au.

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1. Background

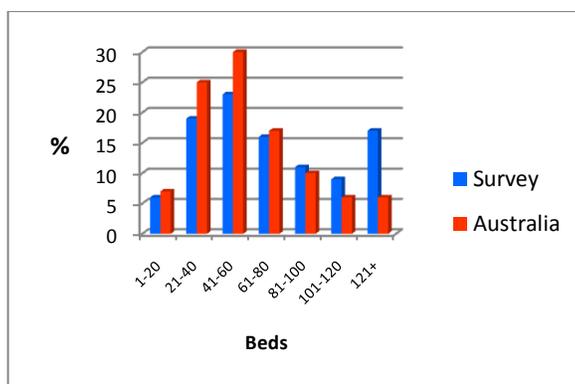
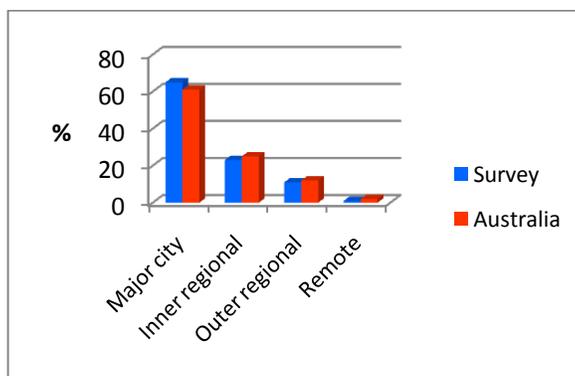
The purpose of the survey was to obtain better information on the interactions between Catholic aged care homes and General Practice from an aged care provider perspective, for use in national policy deliberations.

The web-based survey was sent to all aged care provider members of Catholic Health Australia and was conducted during January and February 2010.

Ninety responses were received, each representing a separate aged care home. This represents 3.2% of mainstream residential aged care services in Australia. The responses involved homes from 41 Approved Providers.

The survey respondents operate 6,364 beds, some 3.8% of aged care beds in Australia. Most respondents (81%) have both low and high care residents.

The geographic distribution ¹ and size of respondents is as follows:



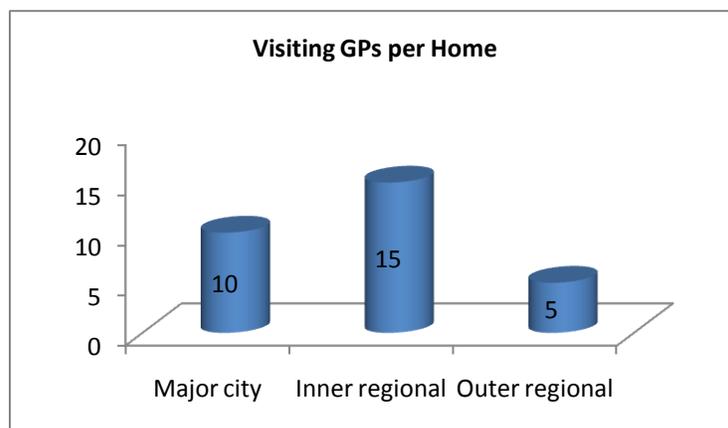
¹ Classified according to the *Australian Standard Geographical Classification (ASGC) Remoteness Areas* (Australian Bureau of Statistics)

2. Number of visiting GPs per aged care home

On average, there are 10 GPs visiting each home.

However the number of GPs attending homes can vary significantly. For example, in this survey, the number servicing a home varied from 3 servicing a 122 bed home to 13 GPs servicing a 30 bed home.

In geographic terms, this translates as follows:



From another perspective, it also translates to a ratio of one visiting GP for every 8 residents in major cities compared with one visiting GP for every 5 residents in inner regional areas and 11 residents in outer regional areas.

3. Residents entering in circumstances where their GP declines to continue service

In 43% of homes surveyed, it was reported that most residents (70%+) have entered aged care homes in circumstances where their GP has declined to continue to service them and alternative arrangements have had to be made. In 54% of homes, this was the case for more than half of the residents.

In 55% of homes surveyed, it was reported that most residents (70%+) had changed within a few months to a GP who has existing patients residing in the home.

This is a high figure given the choice principle embodied in Medicare. The result indicates that many older people who enter aged care homes experience a disruption in continuity of care at the same time as their dependence on primary care is peaking.

The risk of discontinuity of service is much greater, however, in the major cities. Only 17% of homes in major cities reported that most residents (70%+) continued to be serviced by their former GP, compared with 77% in inner and outer regional areas.

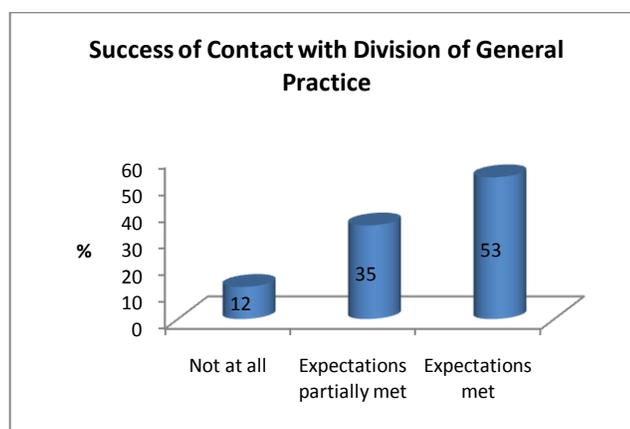
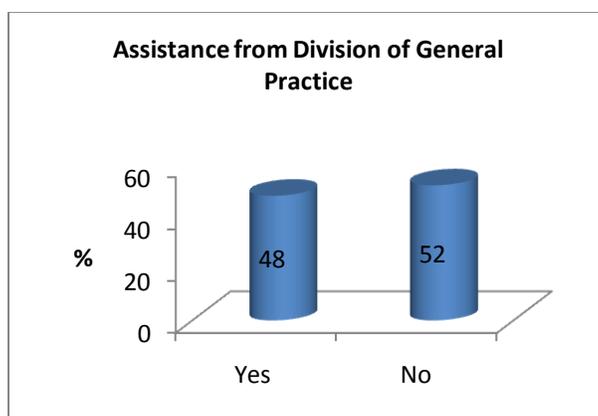
Some of the disruption is no doubt accounted for by people who move to an aged care home some distance from their former family home, notwithstanding the Commonwealth Government's regional

planning ratios. Some of the disruption may also reflect reluctance by some GPs to attend patients in aged care homes eg due to travel times involved in the major cities, practice disruption and remuneration levels. However the survey scope does not allow any firm conclusions to be drawn as to the primary reasons for such a significant disruption in continuity of care in major cities.

4. Relationships with Divisions of General Practice

Only 48% of respondents (43 homes) had sought or received assistance from their local Division of General Practice to improve GP services.

Of those, 88% had their expectations fully or partially met, with 53% fully met. Only 12% did not have their expectations met at all.



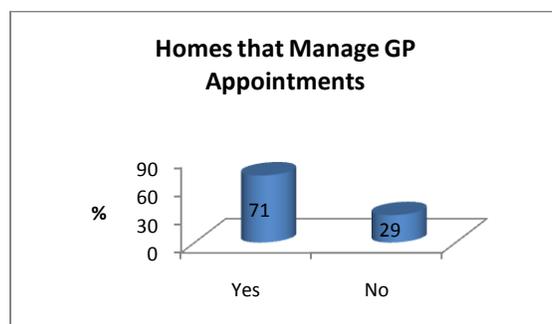
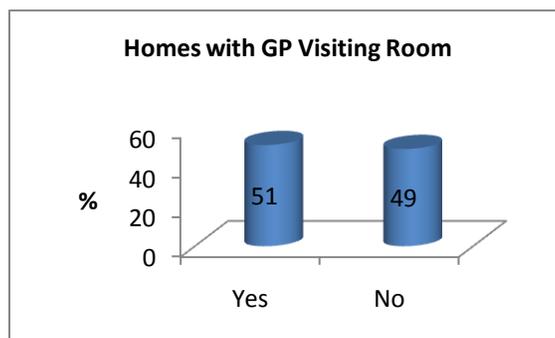
Homes in inner and outer regional areas are more likely to have sought or received assistance from their local Division of General Practice (57%), compared with 44% of homes in the major cities. The higher proportion of regional homes reporting ongoing difficulties with accessing GPs (see Section 7 below) may account for some of this difference.

Homes in outer regional areas were marginally more likely to have been satisfied with the outcome of the association with their local Division.

This result suggests that there may be some scope for more homes to approach their local Division of General Practice for help in accessing GP services. The survey provides no information as to whether local circumstances concerning some Divisions may account for the large number of homes who have not received assistance, or whether it reflects a lack of initiative on the part of some providers.

5. GP visiting rooms and management of appointments

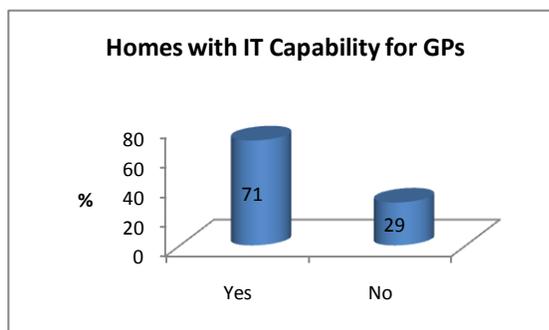
Half of the homes responding to the survey (51%) reported that they had a visiting room for GPs and 71% reported that they managed appointments for GPs. The survey did not provide any information as to the fitness for purpose of the room eg whether it was a dedicated and equipped room or a multipurpose room.



Homes in the major cities are more likely to have a GP visiting room (54%), compared with the homes in regional areas (40%).

6. IT capability for visiting GPs

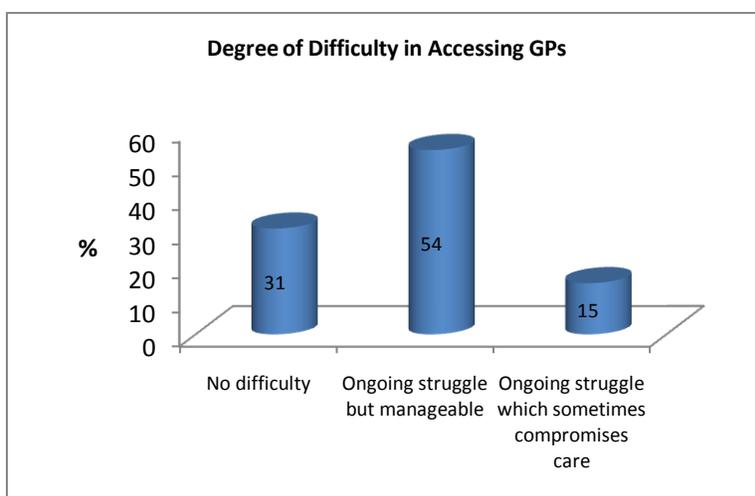
Most of the homes (71%) reported that they had IT capability for visiting GPs. However, 40% of homes with IT capability reported that very few of their visiting GPs used the IT capability. Again, the survey did not provide any information as to the suitability of the IT capability.



In contrast to the situation with GP visiting rooms, homes in regional areas are more likely to have IT capability (80%), compared with homes in the major cities (67%).

7. Degree of difficulty in accessing GPs

A third of respondents (32%) reported that they have no difficulty in accessing GPs to attend their residents, and a further 54% reported that they were managing even though it was an ongoing struggle. Disturbingly, 15% of respondents reported that the difficulty they experienced in accessing GPs sometimes compromised patient care.



More aged care homes in regional areas reported that accessing GPs was an ongoing struggle (80%), compared with homes in major cities (63%).

8. GP access and availability of support services for visiting GPs

Visiting room

Homes which have a visiting room reported marginally less difficulty in accessing GP services. Some 64% of homes with a visiting room had ongoing difficulty accessing GPs, whereas this increased to 77% for homes that did not have a visiting room.

IT capability

Similarly, 61% of homes with IT capability for GPs had difficulty accessing GP services, whereas the figure increased to 88% of homes without IT facilities.

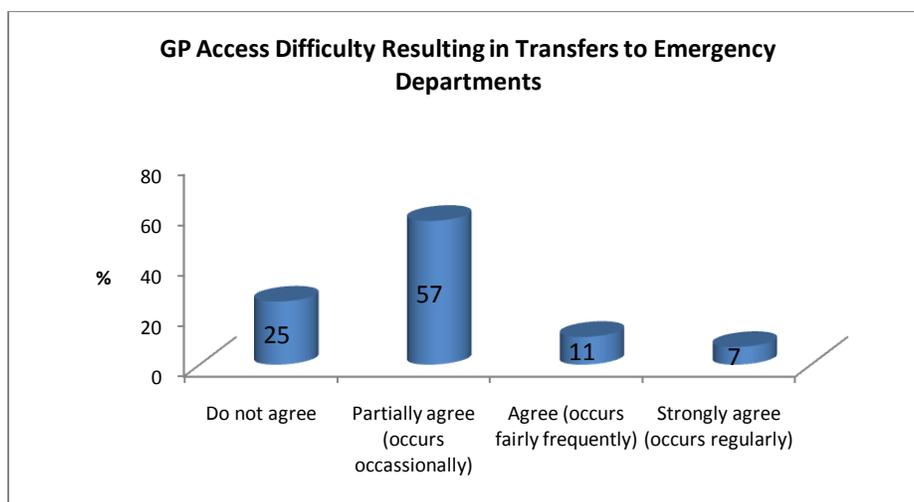
Management of appointments

Homes that manage appointments do not seem to have less difficulty in accessing GPs. Some 71% of homes that provide this service reported that they still have difficulty accessing GPs, not significantly more than the percentage of homes that do not manage appointments (64%).

9. Transfers to hospital emergency departments

Survey respondents were asked to what extent they agreed that difficulty in accessing GP services, including locum services, was resulting in transfers to hospital emergency departments.

A quarter of respondents (25%) did not agree that access to GPs was resulting in transfers to emergency departments. A further 57% reported that GP access problems occasionally resulted in such transfers, whereas 18% reported that transfers occurred fairly frequently or regularly.

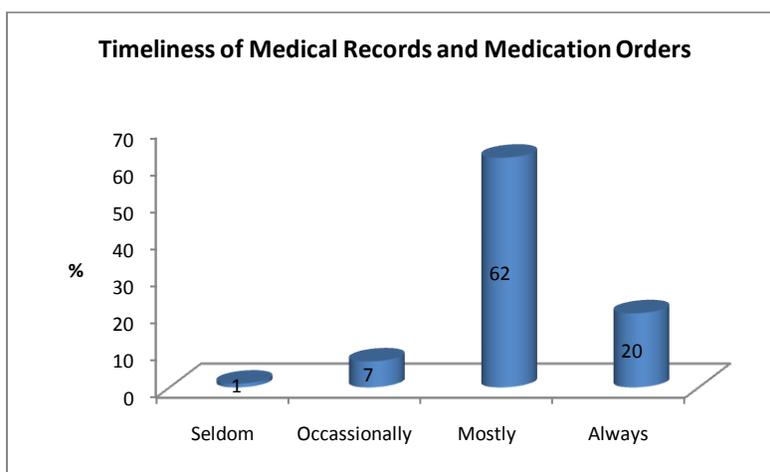


More homes in the major cities (23%) agreed that difficulties in accessing GPs was resulting in fairly frequent or regular referrals to emergency departments, compared with 10% of homes in regional areas. Yet, as we saw earlier, more homes in regional areas reported difficulties in accessing GPs. This suggests that homes in the major cities may be more likely to transfer residents to emergency departments because they are more easily accessed.

10. Timeliness of medical records and medication orders

The respondents were asked whether visiting GPs update the resident medical records and sign medication orders in a timely manner.

Almost all respondents (94%) responded that GPs were mostly or always signing medical records in a timely manner. However, timeliness was a problem for 6% of the respondents.



11. Participation in care plans, medication reviews and health assessments

Respondents were asked what percentage of the visiting GPs participated in care plan reviews, medication reviews and comprehensive health assessments.

Only 21% of homes reported that most of the GPs servicing their homes participated in care plan reviews, with a further 19% reporting that about half of their GPs participated in care plan reviews.

Participation in medication reviews and comprehensive health assessments was significantly higher, with 78% and 61% of homes respectively reporting participation.

12. Issues of concern regarding GP interactions with homes and residents

Respondents were asked to list their three main issues concerning the way GPs interact with their home and their residents. Six respondents did not answer this question and of those who did, a number listed fewer than three issues.

Of the 84 respondents who answered the question, 10 (12%) indicated that they had no issues of concern regarding their interaction with their GPs. They indicated that the relationship was working well. The most frequently raised issues by the other 74 respondents are listed below:

Issue	Frequency
Home visits difficult to organize/ timeliness of visits/ reluctance to take on new or difficult residents/GPs need to be chased up/ screening by GP receptionists	38
Poor or inadequate documentation (including for ACFI purposes) / poor communications and information sharing	36
Inadequate after hours and emergency access, including locums not reviewing residents adequately	22
Rushed consultations / not enough time allowed	19
GPs do not visit at convenient times for residents and staff / visiting times unpredictable	16
Inadequate involvement of and consultation with RNs, carers and family / unavailability to participate in family reviews	11
Inadequate knowledge of and attention to end of life and palliative care	6

Other issues mentioned include difficulties involving pharmacies and prescriptions, lack of a dedicated and equipped GP visiting room, IT not used by GPs, shortage of bulk billing GPs and a lack of mental health knowledge.

Some of the more commonly raised issues could be addressed by better processes and coordination, but many also suggest that a causal factor is the under supply of GPs or GP unwillingness to engage fully in residential aged care. Even the latter could be explained in many cases as being due to the pressures on GPs given the overall shortage.

The characteristics of the homes that reported no issues of concern regarding their interaction with GPs are worth noting. While acknowledging the small number of homes involved (10), these homes were:

- more likely to be located in a major city (90% compared with 65% for the survey)
- more likely to have a GP visiting room (90% compared with 51% for the survey)
- somewhat more likely to have IT capability for the GP (90% compared with 71% for the survey) though, consistent with the overall survey, only half of the GPs used the IT capability
- marginally more likely to manage appointments (80% compared with 71% for the survey)
- no more likely to have sought or received assistance from the local Division of general Practice (50% compared with 48% for the survey)
- more likely to have visiting GPs who participate in care plan reviews (50% compared with 21%), medication reviews (90% compared with 78%) and comprehensive health care assessments (100% compared with 61%)
- were being serviced by fewer GPs (5 GPs per home compared with 10 GPs for the survey average) and had higher doctor /patient ratios (1:11 compared with the survey average of 1:7)

The above suggests that the homes with the best interactions with GPs are city- based (where the ratio of GPs per head of population is higher than other areas), have visiting rooms and manage appointments, and have a core group of GPs servicing a significant number of residents each to whom new residents are prepared to transfer, and have a high rate of participation in patient reviews. The presence of IT capability or contact with or assistance from a Division of General Practice does not appear to have been a distinguishing characteristic for this city-based group of homes.

The survey generally points to an overall shortage of GPs being responsible for access difficulties, including to the extent that many GPs are not fully engaging in the care of aged care residents. This situation raises the question as to whether some of the pressure could be taken off GPs through greater use of nurse practitioners dedicated to residential aged care.

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