

## 5 The encounters

### 5.1 Annual results, 2006–07

#### Content of the encounters

In 2006–07 there were 91,805 encounters (weighted data) from 930 GPs. The content of these encounters is summarised in Table 5.1. Reasons for encounter (RFEs) and problems managed are expressed as rates per 100 encounters. Each management action is presented in terms of both a rate per 100 encounters and a rate per 100 problems managed, with 95% confidence limits.

- On average, patients put forward 151 RFEs and GPs managed about 149 problems per 100 encounters.
- New problems accounted for nearly 40% of all problems, being managed at a rate of 57 per 100 encounters.
- Chronic problems accounted for 35% of all problems managed, managed at a rate of 52 chronic problems per 100 encounters.
- Work-related problems were managed at a rate of 2.9 per 100 encounters.
- Medications were the most common treatment choice (68 per 100 problems managed) and most of these were medications prescribed (rather than supplied or advised), at a rate of 56 per 100 problems managed.
- Clinical treatments (such as advice and counselling) were provided at a rate of 20 per 100 problems.
- The patient was referred for care elsewhere 8 times for every 100 problems managed, most often to medical specialists (5.4 referrals per 100 problems) and less frequently to allied health professionals (2.1 referrals per 100 problems).
- GPs placed 28 orders for pathology tests and 6 imaging tests in the management of every 100 problems.

#### Encounter type

During the first 7 years of the BEACH program, where one or more MBS/DVA item numbers were claimable for the encounter the GP was instructed to record only one item number. Where multiple item numbers (for example, an A1 item such as 'standard surgery consultation' and a procedural item number) were claimable for an encounter the GP was instructed to record the lower of the item numbers (usually an A1 item number).

From the 2005–06 BEACH data year, changes to the BEACH form were made in order to capture practice nurse activity associated with the GP–patient consultations. One of these changes was to allow GPs to record multiple (up to three) Medicare item numbers per encounter.

Table 5.2 provides an overview of the MBS/DVA item numbers recorded in BEACH in 2006–07. Overall there were 79,913 encounters where at least one MBS/DVA item number

was recorded. Where at least one item number was recorded at BEACH encounters, only one item number was recorded at three-quarters of BEACH encounters.

**Table 5.1: Summary of morbidity and management, 2006–07**

Variable	Number	Rate per 100 encounters (n = 91,805)	95% LCL	95% UCL	Rate per 100 problems (n = 136,333)	95% LCL	95% UCL
General practitioners	930	—	—	—	—	—	—
Encounters	91,805	—	—	—	—	—	—
Reasons for encounter	138,434	150.8	148.9	152.7	—	—	—
Problems managed	136,333	148.5	146.4	150.6	—	—	—
New problems	51,895	56.5	55.1	57.9	38.1	37.1	39.0
Work-related	2,620	2.9	2.6	3.1	1.9	1.8	2.1
Chronic problems	47,810	52.1	50.4	53.7	35.1	34.2	35.9
Medications	93,193	101.5	99.2	103.9	68.4	67.0	69.7
Prescribed	76,430	83.3	81.0	85.5	56.1	54.7	57.4
GP-supplied	8,160	8.9	8.2	9.6	6.0	5.5	6.5
Advised OTC	8,604	9.4	8.7	10.1	6.3	5.8	6.8
Other treatments	41,011	44.7	42.3	47.0	30.1	28.6	31.5
Clinical*	27,084	29.5	27.6	31.4	19.9	18.7	21.1
Procedural*	13,927	15.2	14.4	16.0	10.2	9.7	10.7
Referrals	11,224	12.2	11.7	12.7	8.2	7.9	8.5
Specialist*	7,387	8.0	7.7	8.4	5.4	5.2	5.7
Allied health services*	2,819	3.1	2.9	3.3	2.1	1.9	2.2
Hospital*	366	0.4	0.3	0.5	0.3	0.2	0.3
Emergency department*	149	0.2	0.1	0.2	0.1	0.1	0.1
Other medical services*	89	0.1	0.1	0.1	0.1	0.0	0.1
Other referrals*	413	0.4	0.4	0.5	0.3	0.3	0.3
Pathology	38,963	42.4	40.7	44.2	28.6	27.5	29.6
Imaging	8,229	9.0	8.6	9.3	6.0	5.8	6.3
Other investigations	971	1.1	1.0	1.2	0.7	0.6	0.8

\* Includes multiple ICPC-2 or ICPC-2 PLUS codes (see Appendix 4, <[www.aihw.gov.au/publications/index.cfm](http://www.aihw.gov.au/publications/index.cfm)>).

Note: LCL—lower confidence limit; UCL—upper confidence limit; OTC—over-the-counter.

**Table 5.2: Overview of MBS items recorded, 2006–07**

Variable	Number	Per cent of encounters
Encounters at which one MBS item was recorded	62,236	77.9
Encounters at which two MBS items were recorded	16,510	20.7
Encounters at which three MBS items were recorded	1,167	1.5
<b>Total encounters at which at least one item was recorded</b>	<b>79,913</b>	<b>100.0</b>

Note: 11 encounters at which only a bulk-billing item number was recorded are not included in this table.

Table 5.3 reports the breakdown of encounter type (by payment source), counting a single Medicare item number per encounter (where applicable). The item numbers reported in this table were selected (from multiple items recorded at an encounter) according to priority, with A1 Medicare items of service taking priority over other items (see Chapter 2).

- Indirect encounters (where the patient was not seen by the GP) accounted for 1.8% of all encounters.
- Direct encounters (patient was seen by the GP) accounted for 98.2% of all encounters.
- Direct encounters where the GP indicated that no charge was made arose on average once per 200 encounters.
- About 96% of all direct encounters were claimable either through Medicare or the DVA.
- Encounters payable through workers compensation accounted for 2.3% of encounters.
- Encounters payable through other sources (including hospital paid encounters) accounted for 1.1% of encounters.
- There were 31 encounters where the only item recorded related to practice nurse activity, but the GP had indicated that she or he had seen the patient him/herself. There were 35 encounters at which a practice nurse item was recorded and the GP had indicated that they had not seen the patient. These were counted as indirect encounters.

**Table 5.3: Type of encounter, 2006–07**

Variable	Number	Per cent of all encounters <sup>(a)</sup> (n = 91,805)	95% LCL	95% UCL	Per cent of direct encounters (n = 83,106)
General practitioners	930	—	—	—	—
Indirect encounters <sup>(b)</sup>	1,531	1.8	1.6	2.1	—
Practice nurse only items (indirect encs)	35	0.0	0.0	0.1	—
Direct encounters	83,106	98.2	97.9	98.4	100.0
No charge	430	0.5	0.4	0.6	0.5
MBS/DVA items of service (all) <sup>(c)</sup>	79,913	94.4	94.0	94.9	96.2
MBS/DVA items of service (GPs only)	79,847	94.3	93.9	94.8	96.1
Practice nurse only items (direct encs)	31	0.0	0.0	0.1	0.0
Workers compensation	1,925	2.3	2.1	2.5	2.3
Other paid (hospital, state, etc.)	876	1.0	0.8	1.3	1.1
Practice nurse only items (unspecified)	0	0.0	0.0	0.0	—
<b>Subtotal</b>	<b>84,637</b>	<b>100.0</b>	—	—	—
Missing <sup>(d)</sup>	7,167	—	—	—	—
<b>Total encounters</b>	<b>91,805</b>	—	—	—	—

(a) Missing data removed from analysis.

(b) Three encounters involving chronic disease management or case conference items were recorded as indirect encounters.

(c) Includes 35 indirect encounters at which a practice nurse item only was recorded.

(d) If the 'Patient not seen' box was ticked, and MBS items other than chronic disease management items or case conference items were recorded, those items were included as missing data.

Note: LCL—lower confidence limit; UCL—upper confidence limit; MBS—Medicare Benefits Schedule; encs—encounters; DVA—Australian Government Department of Veterans' Affairs.

Table 5.4 provides a summary of the MBS items recorded in BEACH, counting one item number only, using the same method described for Table 5.3. This provides comparable data to those reported in previous years. This table is used as the comparison in 'Changes over time' (Section 5.2).

- Standard surgery consultations accounted for the majority (83.3%) of Medicare/DVA-claimable consultations, at a rate of 78.6 per 100 encounters.
- One in 10 Medicare/DVA encounters were long surgery consultations.
- Short and prolonged surgery consultations, home visits and residential aged care consultations were relatively rare, and encounters occurring in hospitals infrequent.
- Chronic disease management items, health assessments and GP mental health care items were all recorded rarely. There were no case conferences recorded during the 2006–07 BEACH year.

**Table 5.4: Summary of MBS/DVA items recorded (counting one item number per encounter only), 2006–07**

<b>MBS/DVA item</b>	<b>Number</b>	<b>Rate per 100 encounters<sup>(a)</sup> (n = 91,805)</b>	<b>95% LCL</b>	<b>95% UCL</b>	<b>Per cent of Medicare-paid GP items (n = 79,847)</b>
Short surgery consultations	903	1.1	0.9	1.3	1.1
Standard surgery consultations	66,552	78.6	77.6	79.7	83.3
Long surgery consultations	7,951	9.4	8.8	10.0	10.0
Prolonged surgery consultations	488	0.6	0.5	0.7	0.6
Home visits	735	0.9	0.7	1.1	0.9
Hospital	188	0.2	0.1	0.3	0.2
Residential aged care facility	1,054	1.2	1.0	1.5	1.3
Health assessments	215	0.3	0.2	0.3	0.3
Chronic disease management items	341	0.4	0.3	0.5	0.4
Case conferences	0	0.0	0.0	0.0	0.0
GP mental health care	179	0.2	0.2	0.3	0.2
Incentive payments	128	0.2	0.1	0.2	0.2
Other items	1,112	1.3	1.1	1.6	1.4
<b>MBS items of service (GPs only)</b>	<b>79,847</b>	<b>94.3</b>	<b>93.9</b>	<b>94.8</b>	<b>100.0</b>

(a) Missing data removed from analysis.

Note: LCL—lower confidence limit; UCL—upper confidence limit; MBS—Medicare Benefits Schedule; DVA—Australian Government Department of Veterans' Affairs.

Table 5.5 provides the distribution of all Medicare item numbers recorded across Medicare item number groups. Overall, there were 98,768 MBS item numbers recorded in BEACH in 2006–07. An average of 1.2 items was recorded at encounters where at least one MBS item was recorded.

Surgery consultations (including short, standard, long and prolonged) accounted for over three-quarters of all MBS items recorded in BEACH. They were the most commonly recorded type of item number, at 95% of the encounters where at least one item was recorded (Table 5.4).

The second most commonly recorded were items for bulk-billed services, which accounted for 15.0% of all items recorded. Items for hospital, residential aged care and home visits were recorded at one in every 50 encounters. Practice nurse items were recorded at 1.9% of all encounters (Table 5.5). For a more detailed breakdown of practice nurse item numbers, and related data on practice nurse activity, please refer to Chapter 13.

## Consultation length

In a subsample of 33,758 BEACH encounters containing start and finish times for A1 Medicare/DVA-claimable encounters, the mean length of consultation in 2006–07 was 14.9 minutes (95% CI: 14.7–15.2) and the median length was 13.0 minutes (Table 5.8). Methods describing the substudy from which consultation length data are collected are described in Section 2.5.

For all MBS/DVA-claimable encounters, the mean length of consultation in 2006–07 was 15.1 minutes (95% CI: 14.8–15.3), with a median length of 13.0 minutes.

**Table 5.5: Medicare item number distribution across item number groups, 2006–07**

Variable	All MBS items <sup>(a)</sup>		At least one item recorded <sup>(b)</sup>			
	Number	Per cent	Number	Per cent	95% LCL	95% UCL
Surgery consultations	75,894	76.8	75,894	95.0	94.4	95.5
Hospital, residential aged care and home visits	1,978	2.0	1,978	2.5	2.0	2.9
Health assessments	241	0.2	241	0.3	0.2	0.4
Chronic disease management items (including case conferences)	574	0.6	483	0.6	0.5	0.7
Incentive payments	139	0.1	139	0.2	0.1	0.2
Acupuncture	135	0.1	135	0.2	0.1	0.3
Bulk-billed services <sup>(c)</sup>	14,783	15.0	14,782	18.5	16.6	20.4
Practice nurse services	1,835	1.9	1,823	2.3	1.9	2.7
Diagnostic procedures and investigations	502	0.5	494	0.6	0.5	0.7
Therapeutic procedures	350	0.4	349	0.4	0.3	0.5
Surgical operations	1,244	1.3	1,176	1.5	1.3	1.7
Diagnostic imaging services	26	0.0	25	0.0	0.0	0.1
Pathology services	219	0.2	216	0.3	0.2	0.3
Other items	638	0.6	636	0.8	0.6	1.0
<b>Total items/encounters</b>	<b>98,768</b>	<b>100.0</b>	<b>79,847</b>	<b>—</b>	<b>—</b>	<b>—</b>

(a) Up to 3 MBS items could be recorded at each encounter. Missing data removed from analysis.

(b) Identifies encounters where at least one item from a MBS group was recorded.

(c) Includes 10 encounters with only a bulk-billing service item recorded at the encounter.

Note: LCL—lower confidence limit; UCL—upper confidence limit; MBS—Medicare Benefits Schedule.

## 5.2 Changes over time, 1998–99 to 2006–07

### Content of the encounters

Table 5.6 provides an overview of the changes over time for data collected in BEACH between 1998–99 and 2006–07. There were significantly more RFEs reported in 2006–07 than in 1998–99, equating to an additional 3.6 million RFEs reported in 2006–07. There was no change in the average number of problems managed at encounters over this time. However, the rate of chronic problems managed increased significantly over time, from 46.5 per 100 encounters in 1998–99 to 52.1 per 100 encounters in 2006–07. This equates to an additional 5.4 million encounters with chronic problems nationally in 2006–07 than in 1998–99. The rate of work-related problems managed has decreased since 1998–99, with an estimated 1.2 million fewer work-related problems managed nationally in 2006–07 than in 1998–99.

There has been a significant decline in the overall rate of medications prescribed/advised/supplied by the GP between 1998–99 and 2006–07. Extrapolated to all GP encounters nationally, this suggests that in 2006–07, there were 9.2 million fewer medications prescribed/advised/supplied by GPs than in 1998–99. This was reflected in the declining rate of prescriptions, with about 11.2 million fewer prescriptions written by GPs in 2006–07 than in 1998–99. More detailed analysis of these results can be found in Chapter 9. In contrast, the rate at which medications were supplied by the GP over the same period increased significantly, from 7.3 per 100 encounters to 8.9 per 100. This equates to an additional 1.6 million medications supplied by the GP in 2006–07 compared with 1998–99.

The rate of procedures performed by GPs has increased over time, from 11.8 per 100 encounters in 1998–99 to 15.2 per 100 encounters in 2006–07. This equates to an estimated 3.4 million more procedures performed in general practice nationally in 2006–07 than in 1998–99. These changes are discussed in more detail in Chapter 10.

Referrals have increased since 1998–99. Extrapolated results suggest that in 2006–07 there were almost 1.1 million more referrals made by GPs than in 1998–99. This was reflected in marginal increases in the rates of referrals to specialists and emergency departments. However, there were fewer referrals/admissions to hospitals. More detailed analysis of these changes is provided in Chapter 11.

In the third year of BEACH (2000–01) the data collection and coding system for pathology test orders changed. Therefore, comparisons of changes over time for pathology are based on 2000–01 data to ensure comparability of the results. There were significantly more pathology tests ordered in 2006–07 than in 2000–01, the rate of orders increasing from 29.7 per 100 encounters to 42.4 per 100 encounters. This equates to an estimated 13.5 million more pathology tests/batteries of tests ordered by GPs in 2006–07 than in 2000–01.

There were significantly more imaging tests ordered in 2006–07 than in 1998–99. The rate of imaging orders increased from 7.7 per 100 encounters to 9.0 per 100 encounters, equating to an estimated 1.5 million more orders for imaging in 2006–07 than in 1998–99. The rate of other investigations ordered also increased over time, from 0.6 per 100 encounters in 2000–01 to 1.1 per 100 in 2006–07. Chapter 12 includes a more detailed description of the changes over time for both pathology and imaging orders.

As a proportion of all Medicare/DVA-claimable encounters recorded in BEACH, long surgery consultations have increased, accounting for 7.7% of MBS-claimable encounters in 1998–99, increasing to 10.0% in 2006–07. Home visits have decreased as a proportion of MBS

encounters, from 1.9% in 1998–99 to 0.9% in 2006–07. The proportion of other items (not belonging to any of the MBS consultation categories specified) has declined significantly over time, from 2.4% of all items in 1998–99 to 1.4% in 2006–07 (Table 5.7).

In the subsample study for length of consultation that included start and finish times for A1 Medicare/DVA-claimable encounters, there was no significant change in length of consultation between 2000–01 and 2006–07. In 2000–01 the mean length of such consultations was 14.8 minutes and the median length was 13.0 minutes. In 2006–07 the mean length was 14.9 minutes and the median length remained at 13.0 minutes. There was also no significant change in consultation length when all encounters with a GP Medicare item number were considered over time (Table 5.8).

**Table 5.6: Content of encounters, summary of annual results, BEACH, 1998–99 to 2006–07**

Variable	Rate per 100 encounters (95% CI)									Change <sup>(a)</sup>	
	1998–99 (n = 96,901)	1999–00 (n = 104,856)	2000–01 (n = 99,307)	2001–02 (n = 96,973)	2002–03 (n = 100,987)	2003–04 (n = 98,877)	2004–05 (n = 94,386)	2005–06 (n = 101,993)	2006–07 (n = 91,805)	↑ ↓	('000)
Reasons for encounter	146.3 (144.6–148.0)	148.5 (146.7–150.2)	151.0 (149.2–152.8)	149.2 (147.4–150.9)	150.9 (149.0–152.7)	150.2 (148.4–152.0)	149.6 (147.8–151.5)	150.3 (148.4–152.2)	150.8 (148.9–152.7)	↑	+3,600
Problems managed	145.3 (143.5–147.2)	146.7 (144.9–148.6)	144.5 (142.8–146.3)	143.4 (141.7–145.2)	144.9 (143.0–146.8)	146.3 (144.4–148.2)	145.5 (143.6–147.4)	146.2 (144.2–148.2)	148.5 (146.4–150.6)	—	—
New problems	54.5 (53.0–56.0)	45.3 (43.6–46.9)	47.4 (45.7–49.0)	55.1 (53.8–56.5)	57.0 (55.6–58.3)	55.9 (54.5–57.3)	55.2 (53.8–56.5)	56.9 (55.5–58.2)	56.5 (55.1–57.9)	—	—
Chronic problems	46.5 (44.9–48.0)	47.6 (45.9–49.3)	47.3 (45.8–48.9)	48.4 (46.9–49.9)	48.2 (46.5–49.8)	50.8 (49.0–52.5)	50.8 (49.1–52.5)	50.9 (49.1–52.8)	52.1 (50.4–53.7)	↑	+5,430
Work-related	4.0 (3.7–4.3)	3.2 (2.9–3.5)	3.3 (3.1–3.5)	3.0 (2.7–3.2)	NAv	NAv	3.1 (2.8–3.5)	2.8 (2.6–3.1)	2.9 (2.6–3.1)	↓	-1,160
Medications	109.7 (107.4–112.0)	110.1 (107.8–112.4)	108.2 (105.7–110.6)	104.5 (102.2–106.9)	103.8 (101.4–106.2)	104.4 (102.1–106.7)	101.5 (99.3–103.8)	104.4 (101.8–107.0)	101.5 (99.2–103.9)	↓	-9,200
Prescribed	93.6 (91.2–96.1)	93.8 (91.5–96.2)	92.3 (89.9–94.7)	88.0 (85.6–90.4)	84.3 (81.8–86.9)	86.0 (83.6–88.5)	83.4 (81.2–85.5)	85.8 (83.3–88.4)	83.3 (81.0–85.5)	↓	-11,240
GP-supplied	7.3 (6.5–8.1)	6.9 (6.0–7.7)	6.9 (5.9–7.9)	7.6 (6.6–8.7)	9.3 (8.0–10.6)	8.6 (7.6–9.6)	8.1 (7.3–8.8)	8.8 (8.2–9.5)	8.9 (8.2–9.6)	↑	+1,590
Advised OTC	8.8 (8.1–9.5)	9.4 (8.7–10.1)	9.0 (8.2–9.7)	8.9 (8.2–9.6)	10.2 (9.3–11.1)	9.8 (9.0–10.5)	10.1 (9.2–10.9)	9.8 (9.0–10.5)	9.4 (8.7–10.1)	—	—
Other treatments	43.2 (41.3–45.1)	46.0 (44.1–47.8)	49.4 (47.1–51.7)	51.9 (49.5–54.2)	51.8 (49.3–54.3)	51.4 (48.9–53.8)	54.7 (52.1–57.3)	43.6 (41.5–45.8)	44.7 (42.3–47.0)	§	—
Clinical	31.4 (29.7–33.0)	33.5 (31.8–35.2)	37.2 (35.1–39.3)	38.1 (36.1–40.1)	37.2 (35.0–39.4)	36.6 (34.5–38.8)	39.2 (37.1–41.4)	29.2 (27.3–31.1)	29.5 (27.6–31.4)	§	—
Procedural	11.8 (11.2–12.5)	12.5 (11.9–13.0)	12.2 (11.6–12.8)	13.8 (13.1–14.5)	14.6 (13.9–15.3)	14.7 (14.0–15.5)	15.5 (14.6–16.4)	14.4 (13.7–15.1)	15.2 (14.4–16.0)	↑	+3,410

(continued)



**Table 5.6 (continued): Summary of morbidity and management, summary of annual results, BEACH, 1998–99 to 2006–07**

Variable	Rate per 100 encounters (95% CI)									Change <sup>(a)</sup>	
	1998–99 (n = 96,901)	1999–00 (n = 104,856)	2000–01 (n = 99,307)	2001–02 (n = 96,973)	2002–03 (n = 100,987)	2003–04 (n = 98,877)	2004–05 (n = 94,386)	2005–06 (n = 101,993)	2006–07 (n = 91,805)	↑ ↓	('000)
Referrals	11.1 (10.7–11.6)	11.1 (10.7–11.6)	10.4 (10.0–10.8)	10.5 (10.1–10.9)	11.1 (10.7–11.6)	11.6 (11.1–12.1)	11.5 (11.1–12.0)	12.0 (11.5–12.5)	12.2 (11.7–12.7)	↑	+1,050
Specialist	7.4 (7.1–7.7)	7.3 (7.0–7.6)	7.4 (7.1–7.7)	7.3 (7.0–7.6)	7.7 (7.3–8.0)	7.9 (7.5–8.2)	7.7 (7.4–8.0)	8.2 (7.8–8.5)	8.0 (7.7–8.4)	↑	+570
Allied health services <sup>(b)</sup>	3.0 (2.8–3.2)	3.1 (2.9–3.3)	2.3 (2.2–2.5)	2.3 (2.1–2.4)	2.5 (2.3–2.7)	2.6 (2.4–2.8)	2.7 (2.5–2.9)	2.9 (2.7–3.1)	3.1 (2.9–3.3)	§	
Hospital	0.7 (0.6–0.8)	0.7 (0.6–0.8)	0.5 (0.4–0.6)	0.4 (0.4–0.5)	0.6 (0.5–0.6)	0.6 (0.5–0.6)	0.5 (0.4–0.5)	0.4 (0.3–0.4)	0.4 (0.3–0.5)	↓	–310
Emergency department	0.1 (0.0–0.1)	0.1 (0.1–0.1)	0.1 (0.1–0.1)	0.1 (0.1–0.2)	0.1 (0.1–0.2)	0.2 (0.1–0.2)	0.2 (0.1–0.2)	0.2 (0.2–0.2)	0.2 (0.1–0.2)	↑	+100
Other referrals/other medical services <sup>(b)</sup>	0.0 <sup>†</sup> (0.0–0.0)	0.0 <sup>†</sup> (0.0–0.0)	0.2 (0.1–0.2)	0.4 (0.3–0.4)	0.3 (0.2–0.3)	0.4 (0.4–0.5)	0.4 (0.4–0.5)	0.4 (0.3–0.4)	0.5 (0.5–0.6)	↑	+510
Pathology <sup>(c)</sup>	NAv	NAv	29.7 (28.4–30.9)	31.0 (29.7–32.4)	32.9 (31.5–34.4)	35.2 (33.7–36.7)	36.7 (35.2–38.2)	38.6 (36.9–40.3)	42.4 (40.7–44.2)	↑	+13,530
Imaging <sup>(d)</sup>	NAv	NAv	7.7 (7.3–8.0)	7.9 (7.6–8.2)	8.6 (8.2–9.0)	8.2 (7.8–8.6)	8.3 (8.0–8.6)	8.8 (8.4–9.2)	9.0 (8.6–9.3)	↑	+1,460
Other investigations <sup>(d)</sup>	NAv	NAv	0.6 (0.5–0.7)	0.9 (0.8–1.0)	1.0 (0.9–1.1)	1.0 (1.0–1.1)	1.1 (1.0–1.2)	1.0 (0.9–1.1)	1.1 (1.0–1.2)	↑	+520

(a) The direction and type of change is indicated for each variable: ↑/↓ indicates a statistically significant change, ↗/↘ indicates a marginal change, § indicates a non-linear significant or marginal change, and — indicates there was no change. Statistically significant linear changes have been extrapolated to estimate the national average annual change and are reported in thousands in the far right column.

(b) In the first 2 years 'allied health services' and 'other referrals' were grouped together and reported together.

(c) In the third year of BEACH the data collection and data coding system for pathology changed. Changes over time are calculated using the 2000–01 data to ensure comparability.

(d) In the first 2 years 'imaging' and 'other investigations' were grouped and reported together.

† Rates are reported to one decimal place. This indicates that the rate is < 0.05 per 100 encounters.

Note: CI—confidence interval; NAv—not available; OTC—over-the-counter.

**Table 5.7: Type of encounter, summary of annual results (most frequent events), BEACH, 1998–99 to 2006–07**

MBS/DVA consultation category	Percentage distribution of Medicare/DVA-claimable encounters <sup>(a)</sup> (95% CI)									Change ↑ ↓
	1998–99 (n = 96,901)	1999–00 (n = 104,856)	2000–01 (n = 99,307)	2001–02 (n = 96,973)	2002–03 (n = 100,987)	2003–04 (n = 98,877)	2004–05 (n = 94,386)	2005–06 (n = 101,993)	2006–07 (n = 91,805)	
Short surgery consultations	1.5 (1.3–1.7)	1.4 (1.1–1.8)	1.6 (0.3–2.0)	1.1 (0.9–1.3)	1.2 (1.0–1.4)	1.2 (0.9–1.4)	1.0 (0.8–1.3)	1.0 (0.8–1.1)	1.1 (0.9–1.4)	—
Standard surgery consultations	84.6 (83.7–85.4)	84.1 (83.2–84.9)	83.9 (82.9–84.9)	84.1 (83.1–85.0)	82.8 (81.8–83.9)	82.4 (81.2–83.6)	82.3 (81.0–83.5)	83.7 (82.7–84.7)	83.4 (82.4–84.3)	—
Long surgery consultations	7.7 (7.1–8.3)	8.7 (8.0–9.3)	8.8 (8.2–9.5)	8.7 (8.0–9.3)	9.6 (8.9–10.2)	9.7 (9.0–10.4)	10.5 (9.7–11.2)	9.8 (9.1–10.5)	10.0 (9.3–10.6)	↑
Prolonged surgery consultations	0.6 (0.4–0.8)	0.6 (0.5–0.7)	0.7 (0.5–0.8)	0.7 (0.5–0.8)	0.8 (0.6–0.9)	0.7 (0.6–0.9)	0.8 (0.6–0.9)	0.7 (0.5–0.8)	0.6 (0.5–0.7)	—
Home visits	1.9 (1.7–2.2)	1.5 (1.3–1.7)	1.5 (1.2–1.9)	1.6 (1.3–1.9)	1.3 (1.1–1.6)	1.4 (1.0–1.8)	1.0 (0.8–1.2)	1.2 (0.9–1.5)	0.9 (0.7–1.1)	↓
Hospital	0.4 (0.3–0.6)	0.5 (0.3–0.7)	0.2 (0.1–0.3)	0.2 (0.1–0.3)	0.4 (0.2–0.6)	0.4 (0.3–0.5)	0.2 (0.1–0.3)	0.2 (0.1–0.3)	0.2 (0.1–0.3)	↓
Residential aged care facility	0.9 (0.7–1.1)	1.0 (0.8–1.2)	0.7 (0.5–1.0)	1.0 (0.7–1.3)	1.2 (0.9–1.6)	1.2 (0.9–1.4)	1.2 (0.8–1.6)	1.3 (0.9–1.6)	1.3 (1.0–1.6)	—
Chronic disease management	N/A	N/A	0.0 <sup>‡</sup> (0.0–0.0)	0.1 (0.1–0.3)	0.1 (0.1–0.1)	0.1 (0.1–0.2)	0.2 (0.1–0.2)	0.3 (0.2–0.4)	0.4 (0.3–0.5)	↑
Case conference	N/A	N/A	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	0.0 <sup>‡</sup> (0.0–0.0)	—
Health assessment	N/A	0.0 <sup>‡</sup> (0.0–0.0)	0.1 (0.1–0.1)	0.1 (0.1–0.2)	0.1 (0.1–0.2)	0.2 (0.1–0.2)	0.2 (0.1–0.2)	0.2 (0.1–0.2)	0.3 (0.2–0.3)	↑
Incentive payments	N/A	N/A	N/A	N/A	0.1 (0.1–0.1)	0.1 (0.1–0.1)	0.1 (0.1–0.2)	0.2 (0.1–0.2)	0.2 (0.1–0.2)	—
Other items	2.4 (2.1–2.7)	2.3 (2.0–2.6)	2.5 (2.0–3.0)	2.5 (1.9–3.0)	2.4 (1.8–3.0)	2.7 (2.0–3.5)	2.6 (1.7–3.4)	1.6 (1.3–0.8)	1.4 (1.1–1.7)	↓

(a) Missing data removed.

(b) The direction and type of change is indicated for each variable: ↑/↓ indicates a statistically significant change, ↗/↘ indicates a marginal change, § indicates a non-linear significant or marginal change, and—indicates there was no change.

‡ Rates are reported to one decimal place. This indicates that the rate is < 0.05 per 100 encounters.

Note: Includes encounters that were recorded as claimable through the Australian Government Department of Veterans' Affairs (DVA). CI—confidence interval; MBS—Medicare Benefits Schedule; N/A—not applicable.

**Table 5.8: Consultation length (minutes), summary of annual results, BEACH, 2000-01 to 2006-07**

	Consultation length (minutes)						
	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
	(n = 30,961)	(n = 35,104)	(n = 34,886)	(n = 31,844)	(n = 30,683)	(n = 32,830)	(n = 33,756)
<b>A1 Medicare/DVA items (A,B,C,D)</b>							
Mean	14.8 (14.5-15.1)	14.9 (14.7-15.2)	14.8 (14.5-15.1)	15.0 (14.7-15.3)	15.1 (14.8-15.4)	14.9 (14.6-15.1)	14.9 (14.7-15.2)
Median	13.0	13.0	13.0	13.0	13.0	13.0	13.0
Mode	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Range	1-106	1-155	1-165	1-120	1-120	1-110	1-155
<b>All Medicare/DVA-claimable encounters (GP items)</b>							
	(n = 31,734)	(n = 36,142)	(n = 35,861)	(n = 32,839)	(n = 31,510)	(n = 34,111)	(n = 35,201)
Mean	14.9 (14.6-15.2)	15.0 (14.8-15.3)	14.9 (14.6-15.2)	15.1 (14.9-15.4)	15.2 (14.9-15.5)	15.0 (14.7-15.2)	15.1 (14.8-15.3)
Median	13.0	13.0	13.0	14.0	13.0	13.0	13.0
Mode	10.0	10.0	10.0	10.0	10.0	10.0	10.0
Range	1-150	1-180	1-165	1-175	1-180	1-110	1-155

*Note:* A1 Medicare items—Group A includes: 3, 4, 13, 19, 20; Group B includes: 23, 24, 25, 33, 35; Group C includes: 36, 37, 38, 40, 43; Group D includes: 44, 47, 48, 50, 51. DVA—Australian Government Department of Veterans' Affairs. Results for 1998-99 and 1999-00 are not presented as data are not comparable for these years.