5 The encounters

5.1 Overview of the data set

Using weighted data there were 96,973 encounters from 983 GPs. An average of 149 patient reasons for encounter were described per 100 encounters. Of the 139,092 problems managed (at an average rate of 143 per 100 encounters), 55.1 per 100 encounters were designated as new problems to the patient. Problems regarded by the GP as likely to be work related (irrespective of whether the encounter was covered by workers' compensation) occurred at a rate of 3.0 per 100 encounters.

Table 5.1: Summary of morbidity and management

Variable	Number	Rate per 100 encounters (n=96,973)	95% LCL	95% UCL	Rate per 100 problems (n=139,092)	95% LCL	95% UCL
General practitioners	983	(55,5.5)			(100,002)		
Encounters	96,973	0.0			0.0		
Reasons for encounter	144,654	149.2	147.4	150.9			
Problems managed	139,092	143.4	141.7	145.2			
New problems	53,468	55.1	53.8	56.5	38.4	37.5	39.4
Work-related	2,879	3.0	2.7	3.2	2.1	1.9	2.2
Medications	101,350	104.5	102.2	106.9	72.9	71.4	74.3
Prescribed	85,332	88.0	85.6	90.4	61.4	59.8	62.9
Advised OTC	8,606	8.9	8.1	9.6	6.2	5.7	6.7
GP supplied	7,412	7.6	6.3	9.0	5.3	4.4	6.3
Other treatments	50,308	51.9	49.6	54.2	36.2	34.7	37.7
Clinical	36,909	38.1	36.1	40.1	26.5	25.2	27.9
Procedural	13,399	13.8	13.1	14.5	9.6	9.1	10.1
Referrals	10,167	10.5	10.1	10.9	7.3	7.0	7.6
Specialist	7,096	7.3	7.0	7.6	5.1	4.9	5.3
Allied health services	2,206	2.3	2.1	2.5	1.6	1.5	1.7
Hospital	423	0.4	0.3	0.6	0.3	0.2	0.4
Emergency department	123	0.1	0.0	0.4	0.1	0.0	0.3
Other referral*	320	0.3	0.0	0.6	0.2	0.0	0.4
Pathology	30,086	31.0	29.7	32.4	21.6	20.8	22.5
Imaging	7,642	7.9	7.6	8.2	5.5	5.3	5.7
Other investigation	880	0.9	0.8	1.0	0.6	0.5	0.7

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

Medications were prescribed, advised or supplied at a rate of 104.5 per 100 encounters. The prescription rate (88.0 per 100 encounters) does not take into account the number of repeats provided as part of a prescription. GPs advised patients to use over-the-counter (OTC) medications at a slightly higher rate (8.9 per 100 encounters) than they gave medications

directly to the patient (7.6 per 100 encounters), although these rates were not significantly different. Non-pharmacological treatments were recorded less often than medications, with clinical treatments (e.g. counselling, advice or psychotherapy) being recorded at a higher rate (38.1 per 100 encounters) than procedural treatments (13.8 per 100 encounters) such as excisions and physical therapies.

Approximately 10 referrals per 100 encounters were made to a specialist, allied health service, hospital or emergency departments. Specialist referrals were the most common (7.3 per 100 encounters), followed by those to allied health professionals (2.3 per 100 encounters). Referrals to hospitals and emergency departments were relatively rare.

Orders for a pathology test (or batch of tests, e.g. FBC, HIV) were recorded more frequently (31.0 per 100 encounters) than were referrals, while orders for imaging (e.g. x-rays, scans) occurred less often (7.9 per 100 encounters) (Table 5.1).

5.2 Encounter type

The distribution of encounter types shows the varied nature of general practice (Table 5.2). The funding of Australian general practice reflects this variety, with a mixture of patient contribution, government rebate scheme (MBS) through Medicare, payment by other government programs (e.g. Department of Veterans' Affairs, Correctional Services) and insurance schemes (e.g. workers' compensation).

Encounters can be direct consultations (the patient was seen by the GP) or indirect consultations (the patient was not seen but a clinical service was provided). Direct consultations represented 97.7% of all encounters for which direct/indirect status was recorded, and these direct encounters could result in no charge, a claim to Medicare, a workers' compensation claim, or a charge to another government funding program. By far the majority (93.9%) of consultations and 96.2% of direct consultations were claimable through Medicare. This is not to say that in all cases the Medicare claim was 'bulk billed', nor does it mean no additional amount (above the Medicare rebate) was paid by the patient.

At least 94.5% of Medicare-paid consultations (88.7% of consultations) took place in the GP's consultation rooms. Note that some items grouped under 'other items' could also have taken place in the GP's rooms and that case conferences can occur in places other than the GP's rooms (e.g. nursing homes or offices of other health care professionals). Standard surgery consultations were the most frequent Medicare item recorded (79.0% of total encounters and 84.1% of Medicare-claimable encounters). Hospital, nursing home and home visits were relatively rare and accounted for only 2.6% of all encounters and 2.8% of Medicare-paid encounters. Workers' compensation claims represented 2.0% of all recorded encounters. This appears lower than would be expected if all work-related problems (3.0 per 100 encounters and 2.1 per 100 problems) were being managed at encounters paid by workers' compensation (Table 5.1).

Indirect consultations (2.3 per 100 encounters) are those at which the patient is not seen by the GP but which generate a prescription, a referral, a certificate or other service (Table 5.2). They are often the result of a phone call by a patient. Most indirect consultations are a free service provided by the GP (as they do not qualify for payment by Medicare), although they clearly generate costs to the health sector (prescriptions, referrals, etc.) and contribute to patient care and problem management. These results suggest that GP services provided free to patients (no charge and indirect consultations) made up approximately 2.9% of total clinical services provided by GPs.

Table 5.2: Type of encounter

Variable	Number	Rate per 100 encounters (<i>n</i> = 96,973) ^(a)	95% LCL	95% UCL	Per cent of direct encounters	Per cent of Medicare- paid
General practitioners	983				4.4	
Direct consultations	87,564	97.7	97.4	98.0	100.0	
No charge	552	0.6	0.2	1.1	0.6	
MBS items of service ^(b)	84,196	93.9	93.5	94.4	96.2	100.0
Short surgery consultations	937	1.0	0.5	1.6	4.0	1.1
Standard surgery consultations	70,772	79.0	78.0	79.9	4.0	84.1
Long surgery consultations	7,285	8.1	7.5	8.7	4.0	8.7
Prolonged surgery consultations	554	0.6	0.0	1.2		0.7
Home visits	1,358	1.5	0.8	2.2	4.0	1.6
Hospital	160	0.2	0.0	1.4		0.2
Nursing home	832	0.9	0.0	2.4	4.0	1.0
Case conference ^(c)	2	0.0	0.0	2.3	4.0	0.0
Care plan ^(d)	117	0.1	0.0	1.7	4.4	0.1
Health assessments ^(e)	118	0.1	0.0	0.7	4 4	0.1
Other items	2,060	2.1	1.0	3.2	4.0	2.4
Workers' compensation	1,799	2.0	1.8	2.3	2.1	
Other paid (hospital, State, etc.)	1,019	1.1	0.2	2.0	1.2	v v
Indirect consultations	2,072	2.3	1.8	2.8		
Missing	7,336					4.4

⁽a) Missing data removed. Per cent base (n=89,636)

5.3 Significant changes from 1998-99 to 2001-02

Over the 4 years of BEACH to date, the proportion of encounters where the patient was seen ('direct encounters') increased significantly from 96.7% (95% CI: 96.4–97.0 to 97.7%, 95% CI: 97.4–98.0). Therefore the number of GP services provided free to patients ('no charge' plus 'indirect' non-chargeable consultations) decreased significantly from 4.1% in 1998–99 to 2.9% in 2001–02). The 2000–01 report suggested that the decrease may be a reflection of the large amount of missing data for that year (12.6%), or the addition of new item numbers for indirect consultations now claimable through Medicare (e.g. case conferences, care plans, health assessments). However, these new items were recorded at a rate of only 0.2 per 100 encounters, and the number of services provided free to patients continued to fall. This may be a reflection of the current economic state of general practice.

There was a significant increase in the proportion of encounters designated as standard surgery consultations, from 76.3 per 100 encounters (95% CI: 75.2–77.5) in 1998–99 to 79.0 per 100 (95% CI: 78.0–79.9) in 2001–02 (Appendix 4, Table A4.3).

⁽b) Includes 1,799 encounters that were recorded as claimable for the Commonwealth Department of Veterans' Affairs.

⁽c) Medicare EPC item numbers 734–779.

⁽d) Medicare EPC item numbers 720–730.
(e) Medicare EPC item numbers 700–706.

Note: Both case conferences were indirect consultations. LCL—lower confidence limit, UCL—upper confidence limit.