

# 1 Introduction

General practice is recognised as the first port of call for most patients in the Australian health care system, with general practitioners (GPs) performing a gatekeeper role for entry into the secondary and tertiary sectors. Most of the 19 million Australians (82%) attended a GP at least once during the year 2000 (personal communication, GP Branch DoHA). By far the majority of visits to GPs are funded through the Commonwealth Medicare Benefits Schedule (MBS) scheme on a fee for service basis, Medicare paying for 85% of the government recommended consultation fee.<sup>1</sup> Some patients are not charged the additional 15% of the fee, the GPs accepting the Medicare payment as the total payment. Others are charged the difference between the Medicare payment and the government recommended fee, while still others may be asked to pay more for the service.

There are more than 17,000 recognised general practitioners in Australia and about 1,500 registrars enrolled in general practice training programs,<sup>2</sup> or one GP per 90 persons. GPs provide by far the majority of the 100 million non-specialist services to the population that were paid by Medicare<sup>2</sup>, at an average rate of 5.4 per person.<sup>3</sup> Knowledge of the content of these encounters and of the services and treatments provided by the GPs gives an important insight into the health of a large proportion of the community.

The BEACH (Bettering the Evaluation and Care of Health) program is a continuous national study of general practice activity in Australia. This publication is the fourth annual report of the program and provides a summary of results for the period April 2001 to March 2002 inclusive. It uses details of almost 100,000 encounters between general practitioners (GPs) and patients, from a random sample of 983 recognised practising GPs from across the country.

During the 4 years of the program to date there have been many government initiatives in specific areas of care. For example the Commonwealth Department of Health and Ageing has introduced the 'Enhanced Primary Care' package which aims to address the growing burden of chronic problems requiring complex care in an ageing population.<sup>4</sup> This provides specific new Medicare Benefits item numbers for GPs to participate in or to organise case conferences, to undertake annual health checks of elderly patients, and to develop care plans for patients with chronic or complex diseases. Other new Medicare item numbers have been introduced for general practice care of specific areas of morbidity. These include asthma and diabetes.<sup>1</sup>

Further, many of the local Divisions of General Practice, of which there are over 100 across the country, have introduced programs aiming to improve the quality of care of morbidity identified as important in their area. There is also an increasing range of quality assurance options that GPs can undertake to satisfy the requirements of the Royal Australian College of General Practitioners for their quality assurance activities, including self-audits and continuing medical education. Through the Practice Incentive Program the Commonwealth is also providing incentives to general practices for practice-based activities (such as the Childhood Immunisation Program).

With so many initiatives aimed to improve the care provided to the community through general practice, it is important to ask what impact they have on practice behaviour at a national level. It is therefore essential to measure changes that occur in the clinical care of the population, even if we are unable to demonstrate a direct causal effect from any single intervention being undertaken.

This year of the program provides the fourth measured data point, allowing further measurement of changes over time. Changes that were identified in 2000–01 in the patterns of morbidity managed and the medications prescribed are followed up in this fourth year and additional changes are reported in this publication.

A second part of the BEACH program collects information about patient health and risk factors. This section is called SAND (Supplementary Analysis of Nominated Data) and it relies on GPs asking patients questions about specific aspects of their health. Between ten and twenty topics are covered in SAND each year (depending on the subsample size for each topic). However, there are three that are consistent across the whole year and in which all participating GPs are involved. Due to their standard nature, summary results for patient-derived body mass index, smoking status and alcohol consumption are included in this annual report.

## **1.1 Aims**

The BEACH program has three main aims:

- to provide a reliable and valid data collection process for general practice which is responsive to the ever-changing needs of information users
- to establish an ongoing database of GP–patient encounter information
- to assess patient risk factors and health states and the relationship these factors have with health service activity.

This report aims to provide an updated reference point for the activities of general practice and to measure changes over the last 4 years in such activities.