

# Glossary

*A1 Medicare items:* Medicare item numbers 1, 2, 3, 4, 13, 19, 20, 23, 24, 25, 33, 35, 36, 37, 38, 40, 43, 44, 47, 48, 50, 51, 601, 602.

*Aboriginal:* The patient identifies himself or herself as an Aboriginal person.

*Activity level:* The number of general practice A1 Medicare items claimed during the previous 3 months by a participating GP.

*Allied and other health professionals:* Those who provide clinical and other specialised services in the management of patients, including physiotherapists, occupational therapists, dietitians, dentists and pharmacists.

*Chapters (ICPC-2):* The main divisions within ICPC-2. There are 17 chapters primarily representing the body systems.

*Chronic problem:* see *Diagnosis/problem*, *Chronic problem*.

*Commonwealth concession card:* An entitlement card provided by the Commonwealth Government that entitles the holder to reduced cost medicines under the Pharmaceutical Benefits Scheme and a limited number of other concessions from state and local government authorities.

*Complaint:* A symptom or disorder expressed by the patient when seeking care.

*Component (ICPC-2):* In ICPC-2 there are seven components which act as a second axis across all chapters.

*Consultation:* See *Encounter*.

*Diagnosis/problem:* A statement of the provider's understanding of a health problem presented by a patient, family or community. GPs are instructed to record at the most specific level possible from the information available at the time. It may be limited to the level of symptoms.

- *New problem:* The first presentation of a problem, including the first presentation of a recurrence of a previously resolved problem but excluding the presentation of a problem first assessed by another provider.
- *Old problem:* A previously assessed problem that requires ongoing care. Includes follow-up for a problem or an initial presentation of a problem previously assessed by another provider.
- *Chronic problem:* A medical condition characterised by a combination of the following characteristics: duration that has lasted or is expected to last 6 months or more, a pattern of recurrence or deterioration, a poor prognosis, and consequences or sequelae that impact on an individual's quality of life.<sup>58</sup>
- *Work-related problem:* Irrespective of the source of payment for the encounter, it is likely in the GP's view that the problem has resulted from work-related activity or workplace exposures or that a pre-existing condition has been significantly exacerbated by work activity or workplace exposure.

*Encounter (enc):* Any professional interchange between a patient and a GP.

- *Indirect:* Encounter where there is no face-to-face meeting between the patient and the GP but a service is provided (for example prescription, referral).
- *Direct:* Encounter where there is a face-to-face meeting of the patient and the GP.

Direct encounters can be further divided into:

- *Medicare-claimable*
  - *Surgery consultations*: Encounters identified by any one of MBS item numbers 3, 23, 36, 44, 52, 53, 54, 57, 5000, 5020, 5040, 5060, 5200, 5203, 5207, 5208.
  - *Home visits*: Encounters identified by any one of MBS item numbers 4, 24, 37, 47, 58, 59, 60, 65, 5003, 5023, 5043, 5063, 5220, 5223, 5227, 5228.
  - *Hospital encounters*: Encounters identified by any one of MBS item numbers 19, 33, 40, 50, 87, 89, 90, 91.
  - *Residential aged care facility*: Encounters identified by any one of MBS item numbers 20, 35, 43, 51, 92, 93, 95, 96, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267.
  - *Health assessments*: Encounters identified by any one of MBS item numbers 700, 702, 704, 706, 708, 710, 712.
  - *Chronic disease management items*: Encounters identified by any one of MBS item numbers 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731.
  - *Case conferences*: 734, 736, 738, 740, 742, 744, 746, 749, 757, 759, 762, 765, 768, 771, 773, 775, 778, 779.
  - *Incentive payments*: 2497, 2501, 2503, 2504, 2506, 2507, 2509, 2517, 2518, 2521, 2522, 2525, 2526, 2546, 2547, 2552, 2553, 2558, 2559, 2574, 2575, 2577, 2578, 2598, 2600, 2603, 2606, 2610, 2613, 2616, 2620, 2622, 2624, 2631, 2633, 2635, 2664, 2666, 2668, 2673, 2675, 2677, 2704, 2705, 2707, 2708.
  - *Other MBS encounters*: Encounters identified by an MBS item number that does not identify place of encounter (see *A1 Medicare items*).
- *Workers compensation*: Encounters paid by workers compensation insurance.
- *Other paid*: Encounters paid from another source (for example state).

*General practitioner (GP)*: A medical practitioner who provides primary comprehensive and continuing care to patients and their families within the community (Royal Australian College of General Practitioners).

*Medication*: Medication that is prescribed, provided by the GP at the encounter or advised for over-the-counter purchase.

*Medication rates*: The rate of use of all medications including medications that were prescribed, supplied by the GP and advised for over-the-counter purchase.

*Medication status*:

- *New*: The medication prescribed/provided at the encounter/advised is being used for the management of the problem for the first time.
- *Continuation*: The medication prescribed/provided at the encounter/advised is a continuation or repeat of previous therapy for this problem.
- *Old*: See *Continuation*.

*Morbidity*: Any departure, subjective or objective, from a state of physiological wellbeing. In this sense, sickness, illness and morbid conditions are synonymous.

*Patient status*: The status of the patient to the practice.

- *New patient*: The patient has not been seen before in the practice.
- *Old patient*: The patient has attended the practice before.

*Prescribed rates:* The rate of use of prescribed medications (that is, does not include medications that were GP-supplied or advised for over-the-counter purchase).

*Problem managed:* See *Diagnosis/problem*.

*Provider:* A person to whom a patient has access when contacting the health care system.

*Reasons for encounter (RFEs):* The subjective reasons given by the patient for seeing or contacting the general practitioner. These can be expressed in terms of symptoms, diagnoses or the need for a service.

*Recognised GP:* A medical practitioner who is:

- vocationally recognised under Section 3F of the *Health Insurance Act*, *or*
- a holder of the Fellowship of the Royal Australian College of General Practitioners who participates in, and meets the requirements for, quality assurance and continuing medical education as defined in the RACGP Quality Assurance and Continuing Medical Education Program, *or*
- undertaking an approved placement in general practice as part of a training program for general practice leading to the award of the Fellowship of the Royal Australian College of General Practitioners or undertaking an approved placement in general practice as part of some other training program recognised by the RACGP as being of equivalent standard.<sup>73</sup>

*Referral:* The process by which the responsibility for part or all of the care of a patient is temporarily transferred to another health care provider. Only new referrals to specialists and allied health professionals and for hospital and residential aged care facility admissions arising at a recorded encounter are included. Continuation referrals are not included. Multiple referrals can be recorded at any one encounter.

*Repatriation health card:* An entitlement card provided by the Department of Veterans' Affairs that entitles the holder to access a range of Repatriation health care benefits, including access to prescription and other medications under the Pharmaceutical Benefits Scheme.

*Rubric:* The title of an individual code in ICPC-2.

*Torres Strait Islander:* The patient identifies himself or herself as a Torres Strait Islander person.

*Work-related problem:* See *Diagnosis/problem*.