

Embargoed 21 November 2016

Medicare-funded doctor home visits under threat; despite saving the health system \$724 million

A Deloitte Access Economics report out today finds that without access to after-hours visits by doctors to households and aged-care homes the cost to the health system would be \$724 million higher over the four years of the budget forward estimates – mainly due to avoided emergency department and ambulance presentations.

The report was commissioned in response to calls by vested interests for the home-visit Medicare rebate to be cut in the federal government's current Medicare Benefits Schedule Review.

The National Association of Medical Deputising Services, which represents home doctors, commissioned the report. President of the Association, Dr Spiro Doukakis, said home doctor visits provided an efficient alternative to emergency departments outside GP business hours.

"After-hours home visits are an essential Medicare service that more than one million Australian families rely on each year.

"Access to after-hours primary care has improved in recent years, particularly since John Howard's Round the Clock initiative over a decade ago, saving lives and taxpayers' money by relieving pressure on emergency departments and ambulance services.

"This report shows that without this service, emergency departments would be inundated with new patients at heavy extra cost. Of course, this is precisely why the Howard Government reinvested in doctor home visits in the first place.

"Since 2005, lower acuity category 4 and 5 GP type presentations to Emergency have reduced from 54 per cent to 47 per cent of all presentations."

"Around 80 per cent of Australians now have access to after-hours doctor home visits which is a national success story which should be celebrated.

"For parents of young children, carers of the elderly and people with disabilities, being able to call a doctor for a home visit when sickness strikes or accidents happen after-hours is crucial."

Deloitte Access Economics' Lynne Pezzullo said improving access to primary care after hours has been a policy objective for all governments.

"Access to after-hours primary care has improved following a series of government initiatives, particularly since 2005, reflecting the changing preferences of society and supply of primary care.

"Where access to primary care is not available, ambulance and emergency departments are often utilised which are not designed for primary care patients.

"After hours pathways have different roles and ensuring the most appropriate pathway is utilised has significant benefit to the health system.

"A study of 50,000 patients who utilised home and ACF visits showed 94 per cent would seek care using an alternative pathway if the service did not exist. Based on the preference information, the cost to the health system would be \$181 million higher compared with after-hours home and ACF visits. Over four years, this would be in the order of \$724 million assuming no change in policy or volumes.

“Ensuring access and choice should continue to be a government policy objective,” Ms Pezzullo said.

The report shows that the lowest cost options for patients seeking after hours care are extended and after hours only clinics at \$93 and home and Aged Care Facility visits at \$128 on average.

By comparison emergency departments are the most expensive option at \$1,351 if arriving by ambulance and \$368 if self-presenting.

Dr Doukakis said given 80 per cent of GPs do not provide after-hours services, most GPs appreciated the availability of an after-hours house call and did not want a return to the days when GPs needed to be rostered on. “We hope the Prime Minister is prepared to stand by his election promise of preserving Medicare.”

Clare Thompson, a New South Wales social worker who has a two-year-old son and has relied on after hours home visits in the past, said doctor home visits were essential.

“Kids fall sick at all hours of the day and night, not just in business hours, and it’s important that families can get medical help they need when they need it most.

“Home-doctor visits make sense because they give families an alternative to emergency departments and provide peace of mind.

“I would definitely consider cutting support for home doctor services a breach of the Prime Minister’s election promise,” Ms Thompson said.

Report key findings:

- **Access to after-hours primary care:** has improved following a series of government initiatives, particularly since 2005, but more can be done for families, residents of aged care facilities and people living with a disability.
- **Availability:** Today more than 80 per cent of Australians have access to home visits but community awareness is low and could be improved.
- **Emergency:** GP type (category four and five) presentations as a proportion of total emergency department presentations have declined since 2005-06 – from 54% to 47%.
- **Ambulance:** GP type presentations from ambulance have also declined but are the most expensive at \$1351; number 564 000 and 23.7 per cent of total ambulance arrivals.
- **Health system benefits:**
 - o Savings to State and Territory health budgets due to the doctor home visits are \$1.51 billion over four years based on a no change to policy and volumes.
 - o Net savings to the global health budget of all Australian governments due to the doctor home visits is \$181 million per year, or \$724 million over the four years of the forward estimates.
 - o After hours pathways have different roles and ensuring the most appropriate pathway is utilised has significant benefit to the health system.
 - o Ensuring access and choice should continue to be a government policy objective

After-hours primary care costs

Pathway	Weighted average patient pathway cost
Emergency department (self-referred)	\$368
Ambulance to emergency department	\$1,351
Extended and after hours only clinics	\$93
Healthdirect	\$256
Hunter GP Access Scheme	\$169
After hours home and ACF visits	\$128

Costs incurred by State health departments without doctor home visits

State / Territory	Commonwealth	State/Territory	Patient	Total
NSW	-\$58.5m	\$108.6m	\$17.2m	\$67.3m
Vic	-\$59.9m	\$102.3m	\$21.2m	\$63.6m
Qld	-\$73.1m	\$92.4m	\$5.6m	\$24.9m
WA	-\$36.2m	\$43.8m	\$7.4m	\$15.0m
SA	-\$21.2m	\$22.7m	\$4.7m	\$6.1m
Tas	-\$3.5m	\$4.6m	\$0.4m	\$1.4m
ACT	-\$2.9m	\$3.3m	\$0.5m	\$0.8m
NT	-\$0.9m	\$2.2m	\$0.4m	\$1.8m
Australia	-\$256.2m	\$379.8m	\$57.4m	\$181.0m

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