

Characteristics of patients receiving health assessments, care plans or case conferences by general practitioners, as part of the Enhanced Primary Care program between November 1999 and October 2001

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Abstract

We aimed to describe the characteristics of patients receiving health assessments (HA), care plans (CP) or case conferences (CC) through the Enhanced Primary Care (EPC) program between November 1999 and October 2001. The Commonwealth Department of Health and Ageing provided data. In all, 43% of non-Indigenous people who had a HA were aged 75-79 years and 32% were aged 80-84 years. Those having a HA at home were older (30.3% aged 85 years and above) than those having a HA in GP's rooms (20.2% 85 years and above). For Indigenous people, between 12 and 17% of all HAs were done among each five-year age group between 55 and 84 years. As a group, CPs were mostly done among older people, with a higher proportion done among older women (74.2% among those 55 years and above) than older men (66.4%). Most CCs were also done among older people (60.4% 55 years and above). Of the 286,250 people that had at least one EPC service, most (219,210; 76.6%) had only one. Of these, 153,624 (70.1%) had a HA. Of those having at least one EPC service, 95.7% had two services (most often a HA plus a CP). To date EPC activity has been concentrated among the elderly, gender patterns are similar, and few patients have received more than a single EPC service, which is usually a HA.

The Enhanced Primary Care package

The Enhanced Primary Care (EPC) package was launched by the Federal Government in the 1999 budget. The aim of the EPC package is to improve the health and the quality of life of older Australians, of people with chronic conditions, and of those with multidisciplinary care needs (Commonwealth Department of Health and Aged Care, 1999). The EPC package comprises a range of initiatives including additional coordinated care trials, chronic disease self-management demonstration projects, establishment of Carelink, and the introduction of new EPC items on the Medicare Benefits Schedule (MBS).

The EPC MBS items allow general practitioners (GPs) to undertake or participate in activities that support the broad aims of the EPC package. Specifically these activities comprise health assessments for older people, care planning for patients with chronic, complex and on-going care needs, and also multi-disciplinary case conferencing (Commonwealth Department of Health and Aged Care, 1999).

We have previously reported, in the first and second papers in this series, on trends in uptake of items for health assessment (HA), care plans (CP) and case conferences (CC), and on variation in uptake between Divisions of General Practice. Here we report on characteristics of patients who have had EPC services.

Methods

Methods are as reported in detail in the first paper in this series. In brief we sourced data from the Department of Health and Ageing (DoHA) relating to each EPC service rendered between 1 November 1999 and 31 October 2001.

EPC services included item numbers in the November 2000 Medicare Benefit Schedule (MBS) groups A14 Health Assessments (items 700 to 706), and A15 Multidisciplinary Care Plans and Case Conferences (items 720 to 815). We excluded items relating to services by consultant physicians (items 800 to 815).

Each patient, doctor and practice (for those GPs registered with the Practice Incentives Program [PIP] during the period of study) associated with an EPC service was given a scrambled identifier by DoHA. Each record contained information on the age and gender of the patient. Provider information for each record included age, gender, the year of basic qualification, postcode of practice location, Division of General Practice, and number of non-referred attendances (NRAs) in 12 months to 30 June 2001.

Results

Patients having health assessments

Overall, 43% of non-Indigenous people who had a HA were aged 75-79 years and 32% were aged 80-84 years (Table 1). Those having a HA at home tended to be older (30% aged 85 years and above) than those having a HA in the consulting room (20% 85 years and above).

For Indigenous people (Table 2), between 12 and 17% of all HAs were done among each five-year age group between 55 and 84 years. These patterns were similar for each gender.

Patients having care plans

As a group, CPs were also mostly done among older people, but with a higher proportion done among older women (74% among those 55 years and above) than older men (66%). Few CPs were done for children and young adults (Figure 1).

Most residential (83%) and discharge CP (55%) were done among those aged 75 years and above, while community and community/discharge plans (43-46%) were most often done among those aged 55-74 years (Table 3 & Figure 2). The gender patterns for CPs were similar (Table 3).

Patients having case conferences

Most CCs were also done among older people (60% 55 years and above). The trend towards older people was greatest for residential CCs (75% 75 years and above), discharge CCs (46% 75 years and above) and then community CCs (26% 75 years and above). The gender patterns for CCs were very similar (Table 4).

The proportion of CCs done among children and young adults was greater than for CPs (20 vs 9%; Tables 3 & 4).

All services

Of the 286,250 people that had at least one EPC service, most (219,210; 77%) had only a single service (Table 5). Of those having a single service most (53,624; 70%) had a HA and most of the rest (90,748) had a CP.

Of the 67,040 having more than one EPC service, 96% had only two services (most often two HA). The most frequent combination of different services was a HA plus a CP (Table 6).

Discussion

These data show that the large majority of EPC services provided in the first two years of their availability were rendered to older people. There was little difference in patterns of uptake by gender.

As HAs are directed at people aged over 75 years (non-Indigenous) and 55 years (Indigenous), and as most EPC services done were HAs, it is inevitable (to some extent) that most EPC services were done in older people.

However, for CPs, with no age restrictions, there is also a strong age-bias. This trend is less marked for CCs (which also have no age restrictions), with 20% of CCs done among children and young adults.

Our data show that most people that had an EPC service in the first two years of the program, had only one service (usually a HA), and that most of those that had two EPC services had two HAs. It is interesting that most HAs were not followed up by either a CC or a CP.

It may be reasonable to suggest that if HAs are worthwhile (in terms of identifying unmet social or medical needs), then a CC or a CP should often follow, as a multidisciplinary response to unmet need. It is possible that this was not observed in the first two years of the program as levels of uptake were often fairly low; because in some patients having HAs unmet needs were not present, not identified or not responded to; or because unmet needs were managed without need for a CP or a CC. It will be important for further evaluation and research to be done to explore these issues in greater depth.

CPs and CCs are available to help general practitioners respond to multidisciplinary care needs of patients with chronic and complex illness, and CPs have been encouraged through particular incentives recently (Commonwealth Department of Health and Aged Care, 2001). It is difficult to be sure what age distribution of CPs and CCs to expect, and the distribution will vary according to the distribution of chronic and complex illness. It is encouraging that 20% of CCs were done among children and young adults, as this suggests that many general practitioners are considering the use of EPC services broadly within the patient population.

As uptake increases and usage patterns stabilise across patient groups, it will be important to study these patterns and trends further. It is likely as general practitioners develop experience and expertise (Blakeman 2002, Blakeman 2001), that models of care will emerge that optimise the use, and hence the impact, of MBS EPC items. We hope to identify successful models that have begun to emerge in the first two years of the EPC program and will report on them as data becomes available. It will also be important to seek to determine whether health outcomes or quality of care have been improved as a result of these additional services.

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References

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Table 1. Age and sex distribution of non-Indigenous patients having health assessments

Patient Gender & Age	Consulting rooms		Elsewhere		Total	
	N	%	N	%	N	%
Female						
75-79	37,733	45	24,158	36	61,891	41
80-84	27,533	33	21,397	32	48,930	33
85-89	13,712	17	14,263	22	27,975	19
90-94	3,578	4	5,311	8	8,889	6
95-99	417	1	989	1	1,406	1
100+	39	0	103	0	142	0
Age unknown	27	0	13	0	40	0
All Ages	83,039	100	66,234	100	149,273	100
Male						
75-79	22,848	50	11,645	41	34,493	47
80-84	13,717	30	9,010	31	22,727	31
85-89	6,898	15	5,727	20	12,625	17
90-94	1,789	4	1,960	7	3,749	5
95-99	189	0	306	1	495	1
100+	10	0	20	0	30	0
Age unknown	24	0	4	0	28	0
All Ages	45,475	100	28,672	100	74,147	100
All						
75-79	60,581	47	35,803	38	96,384	43
80-84	41,250	32	30,407	32	71,657	32
85-89	20,610	16	19,990	21	40,600	18
90-94	5,367	4	7,271	8	12,638	6
95-99	606	0	1,295	1	1,901	1
100+	49	0	123	0	172	0
Age unknown	51	0	17	0	68	0
All Ages	128,514	100	94,906	100	223,420	100

Table 2. Age and sex distribution of Indigenous patients having health assessments

Patient Gender & Age	Consulting rooms		Elsewhere		Total	
	N	%	N	%	N	%
Female						
55-59	125	16.96	40	9.01	165	13.97
60-64	148	20.08	48	10.81	196	16.6
65-69	133	18.05	54	12.16	187	15.83
70-74	90	12.21	41	9.23	131	11.09
75-79	112	15.2	91	20.5	203	17.19
80-84	86	11.67	74	16.67	160	13.55
85-89	34	4.61	65	14.64	99	8.38
90-94	9	1.22	27	6.08	36	3.05
95-99	0	0	3	0.68	3	0.25
100+	0	0	1	0.23	1	0.08
All Ages	737	100	444	100	1,181	100
Male						
55-59	105	21.08	26	10.24	131	17.42
60-64	102	20.48	37	14.57	139	18.48
65-69	89	17.87	35	13.78	124	16.49
70-74	70	14.06	37	14.57	107	14.23
75-79	69	13.86	55	21.65	124	16.49
80-84	41	8.23	37	14.57	78	10.37
85-89	14	2.81	22	8.66	36	4.79
90-94	7	1.41	3	1.18	10	1.33
95-99	1	0.2	2	0.79	3	0.4
All Ages	498	100	254	100	752	100
All						
55-59	230	18.62	66	9.46	296	15.31
60-64	250	20.24	85	12.18	335	17.33
65-69	222	17.98	89	12.75	311	16.09
70-74	160	12.96	78	11.17	238	12.31
75-79	181	14.66	146	20.92	327	16.92
80-84	127	10.28	111	15.9	238	12.31
85-89	48	3.89	87	12.46	135	6.98
90-94	16	1.3	30	4.3	46	2.38
95-99	1	0.08	5	0.72	6	0.31
100+	0	0	1	0.14	1	0.05
All Ages	1,235	100	698	100	1,933	100

Table 3. Age and gender distribution of patients having care plans, by location and activity.

Attend/participate										Prepare/organise										Review																													
Community					Discharge					Residential					Total					Community					Discharge					Total					Community & Discharge					Total					Grand total				
Patient Gender & Age					N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%															
Female																																																	
0-14					7	1.04	13	3.63	0	0	20	0.49	707	1.22	1	0.13	708	1.2	73	0.67	73	0.67	73	0.67	801	1.09																							
15-34					67	9.99	34	9.5	2	0.07	103	2.54	4,387	7.57	23	2.96	4,410	7.5	640	5.87	640	5.87	5,153	6.99																									
35-54					113	16.84	70	19.55	35	1.15	218	5.37	10,934	18.9	65	8.38	10,999	18.7	1,882	17.25	1,882	17.3	13,099	17.8																									
55-74					162	24.14	84	23.46	318	10.49	564	13.9	23,289	40.2	157	20.23	23,446	39.9	4,870	44.65	4,870	44.7	28,880	39.2																									
75+					322	47.99	157	43.85	2,676	88.29	3,155	77.7	18,668	32.2	530	68.3	19,198	32.7	3,442	31.56	3,442	31.6	25,795	35																									
All Ages					671	100	358	100	3,031	100	4,060	100	57,985	100	776	100	58,761	100	10,907	100	10,907	100	73,728	100																									
Male																																																	
0-14					3	0.6	12	4.49	0	0	15	0.78	1,103	2.24	5	1.33	1,108	2.24	138	1.46	138	1.46	1,261	2.07																									
15-34					84	16.67	21	7.87	5	0.43	110	5.71	4,653	9.46	19	5.07	4,672	9.42	761	8.04	761	8.04	5,543	9.09																									
35-54					107	21.23	50	18.73	37	3.21	194	10.1	11,269	22.9	45	12	11,314	22.8	2,152	22.74	2,152	22.7	13,660	22.4																									
55-74					182	36.11	105	39.33	320	27.73	607	31.5	22,632	46	110	29.33	22,742	45.9	4,589	48.49	4,589	48.5	27,938	45.8																									
75+					128	25.4	79	29.59	792	68.63	999	51.9	9,539	19.4	196	52.27	9,735	19.6	1,824	19.27	1,824	19.3	12,558	20.6																									
All Ages					504	100	267	100	1,154	100	1,925	100	49,196	100	375	100	49,571	100	9,464	100	9,464	100	60,960	100																									
All																																																	
0-14					10	0.85	25	4	0	0	35	0.58	1,810	1.69	6	0.52	1,816	1.68	211	1.04	211	1.04	2,062	1.53																									
15-34					151	12.85	55	8.8	7	0.17	213	3.56	9,040	8.43	42	3.65	9,082	8.38	1,401	6.88	1,401	6.88	10,696	7.94																									
35-54					220	18.72	120	19.2	72	1.72	412	6.88	22,203	20.7	110	9.56	22,313	20.6	4,034	19.8	4,034	19.8	26,759	19.9																									
55-74					344	29.28	189	30.24	638	15.24	1,171	19.6	45,921	42.8	267	23.2	46,188	42.6	9,459	46.43	9,459	46.4	56,818	42.2																									
75+					450	38.3	236	37.76	3,468	82.87	4,154	69.4	28,207	26.3	726	63.08	28,933	26.7	5,266	25.85	5,266	25.9	38,353	28.5																									
All Ages					1,175	100	625	100	4,185	100	5,985	100	107,181	100	1,151	100	108,332	100	20,371	100	20,371	100	134,688	100																									

Figure 1. Age and sex distribution of patients having care plans

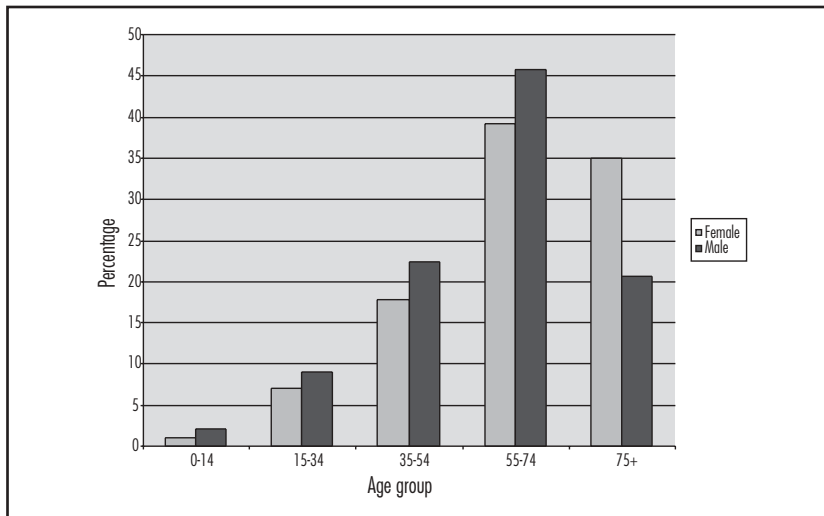


Figure 2. Age distribution of patients having different types of care plans

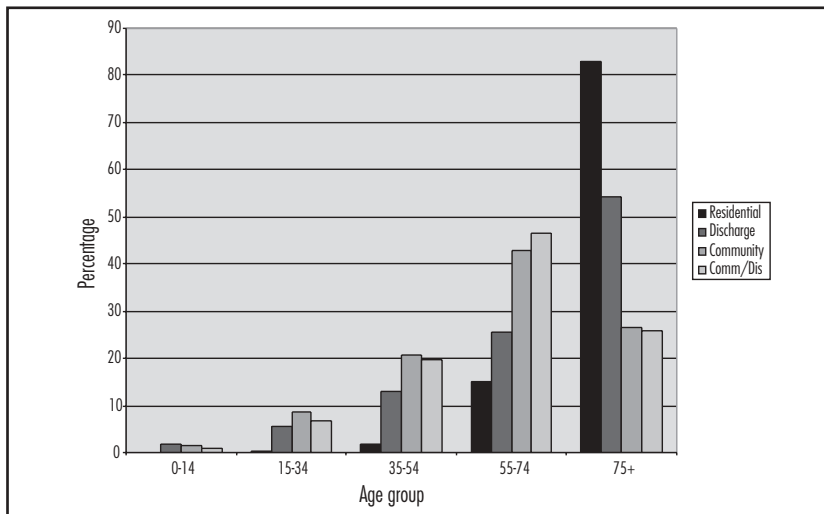


Table 4. Age and sex distribution of patients having case conferences by location and activity

		Attend/participate								Prepare/organise									
		Community		Discharge		Residential		Total		Community		Discharge		Residential		Total		Total	
Patient Gender & Age		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Female																			
0-14		76	4.29	4	2.52	0	0	80	3.37	169	6	0	0	1	0.08	170	3.95	250	3.74
15-34		340	19.21	21	13.21	6	1.36	367	15.5	528	18.74	11	4.91	5	0.4	544	12.6	911	13.6
35-54		367	20.73	31	19.5	21	4.75	419	17.7	637	22.61	30	13.39	44	3.48	711	16.5	1,130	16.9
55-74		356	20.11	28	17.61	51	11.54	435	18.4	649	23.04	66	29.46	162	12.8	877	20.4	1,312	19.7
75+		631	35.65	75	47.17	364	82.35	1,070	45.1	834	29.61	117	52.23	1,053	83.2	2,004	46.5	3,074	46
All Ages		1,770	100	159	100	442	100	2,371	100	2,817	100	224	100	1,265	100	4,306	100	6,677	100
Male																			
0-14		146	12.37	6	5.88	0	0	152	10.4	346	14.42	2	1.11	1	0.16	349	10.8	501	10.7
15-34		211	17.88	10	9.8	3	1.62	224	15.3	482	20.09	2	1.11	13	2.02	497	15.4	721	15.4
35-54		270	22.88	18	17.65	16	8.65	304	20.7	603	25.14	26	14.44	61	9.46	690	21.4	994	21.2
55-74		304	25.76	29	28.43	52	28.11	385	26.2	586	24.43	78	43.33	192	29.8	856	26.6	1,241	26.5
75+		249	21.1	39	38.24	114	61.62	402	27.4	382	15.92	72	40	378	58.6	832	25.8	1,234	26.3
All Ages		1,180	100	102	100	185	100	1,467	100	2,399	100	180	100	645	100	3,224	100	4,691	100
All																			
0-14		222	7.53	10	3.83	0	0	232	6.04	515	9.87	2	0.5	2	0.1	519	6.89	751	6.61
15-34		551	18.68	31	11.88	9	1.44	591	15.4	1,010	19.36	13	3.22	18	0.94	1,041	13.8	1,632	14.4
35-54		637	21.59	49	18.77	37	5.9	723	18.8	1,240	23.77	56	13.86	105	5.5	1,401	18.6	2,124	18.7
55-74		660	22.37	57	21.84	103	16.43	820	21.4	1,235	23.68	144	35.64	354	18.5	1,733	23	2,553	22.5
75+		880	29.83	114	43.68	478	76.24	1,472	38.4	1,216	23.31	189	46.78	1,431	74.9	2,836	37.7	4,308	37.9
All Ages		2,950	100	261	100	627	100	3,838	100	5,216	100	404	100	1,910	100	7,530	100	11,368	100

Table 5. Number of people receiving different numbers and types of Enhanced Primary Care services

Number of services	EPC service			
	HA	CP	CC	All
1	153,624	90,748	8,287	219,210
2	35,628	15,111	904	54,795
3	21	2,672	221	8,669
4	0	835	74	2,449
5	0	260	33	714
6	0	119	12	272
7	0	30	1	101
8	0	2	2	18
9	0	0	0	9
10	0	1	3	9
12	0	0	1	4
Total	189,273	109,778	9,538	286,250
More than 1	35,649	19,030	1,251	67,040

HA - health assessment, CP - care plan, CC - case conference

Table 6. Number and proportion of people receiving different combinations of health assessments, care plans and case conferences

Combinations			N (people)	%	Services
No HA	No CP	CC	6,948	2.4	8,079
	CP	No CC	88,361	30.9	107,042
		CC	1,668	0.6	4,470
HA	No CP	No CC	168,985	59.0	198,774
		CC	539	0.2	1,231
	CP	No CC	19,366	6.8	49,742
		CC	383	0.1	1,537
Total			286,250	100.0	370,875

HA - health assessment, CP - care plan, CC - case conference