Rural Health West

Red Tape in General Practice – a Review

September 2014

Supporting Western Australia's rural and remote health workforce

Introduction

The following is a desktop review of perceived bureaucratic red tape in Australian general practice, conducted in September 2014.

The aim of this review was to identify:

- reoccurring instances of government red tape;
- time-consuming paperwork and reports required from general practitioners in addition to patient consultations; and
- whether identified red tape issues have been further examined or rectified by the government.

Issue

Paperwork and red tape is acknowledged as a considerable burden for Australian general practitioners, which impacts on their clinical time and capacity to see patients. Research has shown that, on average, general practitioners spend 4.62 hours per week[1] or the equivalent of approximately 16 standard patient consultations negotiating red tape, making phone calls to the Pharmaceutical Benefits Scheme (PBS), completing government forms and writing reports.

Red tape reform

The Regulation Taskforce

On 12 October 2005, the Australian Prime Minister announced the appointment of a taskforce to identify practical options for alleviating the compliance burden on business from government regulation. The taskforce examined and reported on areas where regulatory reform can provide significant immediate gains to business.

The taskforce report *Rethinking Regulation*[2] was released by the Prime Minister on 7 April 2006.

The Productivity Commission

The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed most simply, is to help governments make better policies, in the long-term interest of the Australian community.

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1 Australian Medical Association. *Red Tape Survey 2011*. [viewed online 10 Oct 2014.] ama.com.au/media/halving-gp-red-tape-would-free-more-7-million-new-gp-consultations-year

2 Regulation Taskforce. *Rethinking Regulation: Report of the Taskforce on Reducing Regulatory Burdens on Business*, Report to the Prime Minister and the Treasurer, Canberra, January 2006. [Viewed online 19 Sept 2014.] archive.treasury.gov.au/documents/1141/PDF/Reducing_Regulatory_Burdens_on_Business_Final_Government_Response.pdf

Recommendations from the Productivity Commission's *Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services, September 2009*[3] included addressing the remaining recommendations from the Commission's 2003 *Review of General Practice Administrative and Compliance Costs*[4] and from the Regulation Taskforce's 2006 review, *Rethinking Regulation* relating to general practice. These include:

- introduction of a single Medicare provider number for each general practitioner, reducing the amount of paperwork required in accessing a new provider number;
- removal of the PBS authority approval requirement or allowing general practitioners to re-use an authority number for a repeat prescription where a patient's condition is unlikely to change;
- rationalisation of the incentive programs for non-vocationally registered general practitioners working in rural and remote locations and after hours, removing a complex and administratively costly application process;
- support of cross-government initiatives to make government forms available electronically, adopting information collection principles to help standardise information collection and form design; and
- remuneration of general practitioners for providing medical information to government agencies such as Centrelink and the Department of Veterans' Affairs (DVA).

The National Commission of Audit

The establishment of the National Commission of Audit (the Commission) was announced by the Australian Government in October 2013. The Commission has been asked to report on efficiencies and savings to improve the effectiveness of, and value for money from, all Australian Government expenditure such as:

- adoption of new technologies in service delivery and within government;
- consolidation of agencies and boards;
- rationalising the service delivery footprint to ensure better, more productive and efficient services for stakeholders; and
- flattening organisational structures and streamlining lines of responsibility and accountability.

On 4 November 2013, the Commission called for public submissions regarding the performance, functions and roles of the Australian Government, to which the Australian Medical Association (AMA) responded on behalf of Australian medical practitioners.

The Australian Medical Association

The AMA is the peak membership organisation representing registered medical practitioners and medical students of Australia.

The AMA promotes and protects the professional interests of doctors and the health care needs of patients and communities.

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3 Productivity Commission. *Annual Review of Regulatory Burdens on Business: Social and Economic Infrastructure Services*, Research Report 2009. Canberra. Page 319-323. [Viewed online 19 Sept 2014.] pc-temp.clients.squiz.net/__data/assets/pdf_file/0003/91344/social-economic-infrastructure.pdf

4 Productivity Commission. *General Practice Administrative and Compliance Costs*. Research Report 2003. Canberra. [Viewed online 19 Sept 2014.] pc-temp.clients.squiz.net/__data/assets/pdf_file/0005/179132/gpcompliance1.pdf

In 2011, the AMA carried out a *Red Tape Survey*[5] of its members. During July and August 2011, 482 general practitioners completed the survey, which found that:

- almost 10 per cent of general practitioners are spending more than nine hours of their working week dealing with government red tape, and more than 20 per cent are spending up to nine hours;
- more than one third of general practitioners (37.1 per cent) were tied up with red tape for between three to six hours a week and 31.1 per cent spent up to three hours a week on red tape;
- the average red tape burden was 4.62 hours a week; and
- ninety-eight per cent of respondents agreed that red tape was a major problem in their practice.

The key areas where general practitioners stated there was too much red tape were:

- completion of Centrelink and DVA forms;
- PBS phone authorisations;
- completion of third party/Work Cover requirements;
- compliance with the requirements of the Medicare Benefit Schedule (MBS) chronic disease management items;
- completion of paperwork for Schedule 8 drugs; and
- completion of (duplicate) scripts for residents in residential aged care facilities.

In their submission to the National Commission of Audit[6] (dated 21 November 2013), Federal AMA President Dr Steve Hambleton called for a focus on simplifying the excessive regulatory and administrative burden placed on medical practitioners and made a number of proposals for cutting red tape in medical practice.

The AMA submission recommendations include:

- the abolition of the PBS authority system;
- medical practitioners to retain a single national Medicare provider number and each practice location in Australia receives a location specific identification number;
- Medicare payments streamlined by enabling patients to assign their Medicare benefit direct to their service provider;
- registration arrangements for the Personally Controlled Electronic Health Records (PCEHR) streamlined to reduce the administrative burden on medical practices and encourage a greater take up of the facility;
- paper-based and electronic government forms simplified and integrated into practice software to reduce the time and resources spent by medical practitioners on unnecessary paperwork and ensure that the information required is clinically relevant and utilised appropriately by the requesting government agency;
- chronic disease items in the MBS restructured to enable the elimination of red tape and better align the items with clinically-relevant practice; and
- Medicare Locals reformed to ensure they are supportive of general practice; identify local health needs and fill service gaps; drive improvements in primary health care; and ensure that services are best tailored to meet local community needs.

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5 Australian Medical Association. *Summary of the outcomes of the AMA 2011 Red Tape Survey*. [viewed online 19 Sept 2014] www.ama.com.au/ausmed/node/2843

6 Australian Medical Association submission to the National Commission of Audit. [viewed online 19 September 2014] ama.com.au/submission-ama-submission-national-commission-audit

Outcomes and current actions from AMA recommendations to the National Commission of Audit

AMA recommendations	Outcomes and current actions
The abolition of the PBS authority system.	The Australian Government Minister for Health released a new streamlined authority process from 1 July 2007 for almost half of the medicines then listed as authority required. The new process was developed in conjunction with the AMA with the aim of reducing the administrative burden for prescribers, without compromising the integrity of the PBS authority system. The streamlined authority process allows prescribers to use a 'streamlined authority code' on the authority prescription corresponding to specific restrictions for each eligible authority item published in the Schedule without the need to obtain prior approval from Medicare Australia or DVA. At the 12 month review of the streamlined authority process[7], the AMA reported that feedback from prescribers was highly positive and indicated that the initiative has been a welcome and effective red tape cutting measure for prescribers. The AMA proposed that future discussions include extending the streamlined authority system to other medicines that currently require a phone authority to further reduce red tape for doctors.
Medical practitioners retain a single national Medicare provider number and each practice location in Australia receives a location specific identification number.	No known action on this item
Medicare payments are streamlined by enabling patients to assign their Medicare benefit direct to their service provider.	The introduction of Medicare Easyclaim offers patients the ability to have the assigned Medicare benefit paid directly to their nominated bank account once their medical practitioner account is paid[8], however, the AMA states in its submission to the National Commission of Audit, "*It is needlessly complicated by the legal requirement for Medicare rebates for patient-billed services to be paid into the patient's bank account*"[9], rather than paid directly to the general practitioner.

[7] Australian Government Department of Health, Pharmaceutical Benefits Scheme. *Streamlined Authority Initiative Review 2009.* [Viewed online 19 Sept 2014.] www.pbs.gov.au/reviews/streamlined-authorities/streamlined-authorities-12-month-review-2009.pdf;jsessionid=jsdcm8w02kwg69zg019sn9lq

[8] Australian Government Department of Human Services, Medicare. Medicare Easyclaim. [viewed online 19 Sept 2014.] www.medicareaustralia.gov.au/provider/medicare/claiming/easyclaim/index.jsp

[9] Australian Medical Association submission to the National Commission of Audit. Page 5. [Viewed online 19 September 2014] www.ama.com.au/submission-ama-submission-national-commission-audit

AMA recommendations	Outcomes and current actions
Registration arrangements for the PCEHR are streamlined to reduce the administrative burden on medical practices and encourage a greater take-up of the facility.	A review of the PCEHR examined issues with the existing system including: • complexity; • expectations and governance; • recommendations of changes to increase use; and • bringing forward the delivery of benefits and savings. The review also looked into concerns about progress in implementing the PCEHR system. Overall, the review supported the ongoing operation of the PCEHR but made several recommendations aimed at making it more usable and able to deliver the expected benefits in a shorter period.[10]
Paper-based and electronic government forms are simplified and integrated into practice software to reduce the time and resources spent by medical practitioners on unnecessary paperwork, and ensure that the information required is clinically relevant and utilised appropriately by the requesting government agency.	This area targets State and Federal health departments and other relevant authorities. **WorkCover WA** has implemented *gp**support***, a central location for general practitioner support when completing workers' compensation certificates of capacity. Certificates of capacity now also integrate into some existing practice software systems. **Western Australian Department of Health** has implemented an online credentialing and scope of practice system. The cloud-based medical practitioner portal (CredWA provided by Mercury) maintains doctors' credentialing so they can: • submit their profile to be credentialed against a new position; • view the status of credentialing requests; • check and verify the scope of practice of current positions; and • apply for credentialing at any interstate or intrastate hospital using the same system. **Health Professional Online Services (HPOS)** allows health professionals and administrators to streamline interactions with Medicare such as accessing: • Australian Childhood Immunisation Register; • Easyclaim: ▪ Processing and payment reports ▪ Provider personal details ▪ Provider number details ▪ Add a new or reopen a closed Medicare practice location • National Bowel Cancer Screening Program; • patient verification; • provider and organisation health identifier (HI) details; • Prescription Shopping Information Program; • track and scale details on scaling and locations19AB exemption; • General Practice Immunisation Incentive; • Practice Incentives Programs; • General Practice Rural Incentives Program; • a patient's care plan history; and • practice banking details.

[10] Australian Government Department of Health. *Review of the Personally Controlled Electronic Health Record*. 19 May 2014. [viewed online 19 Sept 2014] www.health.gov.au/internet/main/publishing.nsf/Content/PCEHR-Review

AMA recommendations	Outcomes and current actions
Chronic disease items in the MBS are restructured to enable the elimination of red tape and better align the items with clinically-relevant practice.	No known new action on this item.
Medicare Locals are reformed to ensure that they are supportive of general practice; identify local health needs and fill service gaps; drive improvements in primary health care; and ensure that services are best tailored to meet local community needs.	Medicare Locals will cease at 30 June 2015. They will be replaced by Primary Health Networks (PHNs) from 1 July 2015. It is the intent that there will be fewer but larger PHNs than the current Medicare Locals. The tender to establish PHNs will be open to public and private organisations.

Articles

McGilvray, A. MJA Careers. *Red tape emergency*. {Viewed online 19 September 2014.] www.mja.com.au/careers/200/2/red-tape-emergency

Smith, P. Australian Doctor. *General practitioner red-tape hit list drawn up*. 27 November 2013. [Viewed online 19 September 2014.] www.australiandoctor.com.au/news/latest-news/gp-red-tape-hit-list-drawn-up

Further reading

Senate Community Affairs Legislation Committee. *Examination of Budget Estimates 2009-2010.* Answers to estimates questions on notice. Health and Ageing Portfolio.Question:E09-187. Page 144. 21 October 2009. www.aph.gov.au/~/media/Estimates/Live/clac_ctte/estimates/bud_0910/vol4_doha.ashx