

# 15. Conclusion

This report has served to provide an overview of general practice activity in Australia in 1998-99, the first for almost a decade. Gray suggests that if it is to improve, any profession 'must be able to analyse itself, so it may develop its strengths and diminish its weaknesses.' (Gray 1984). BEACH provides the profession of general practice with such an opportunity. Further, this report describes the normative behaviour of almost one thousand general practitioners who together have more than 10,000 years of clinical experience in this role. Such normative data may well be the best place to start in the development of guidelines of care.

Some significant changes in rates of management of specific morbidities and in some management practices since 1990-91 have been demonstrated. This first years BEACH data can now act as a new baseline against which future changes can be measured – changes occurring in response to public education campaigns, educational interventions or changes in the health care system. The continuing nature of the program will facilitate tracking of these changes over time.

The revised encounter form and newly applied methods of coding, classification and data entry have proved effective. However, the BEACH process is not static. It will evolve with the changing data needs of those organisations supporting the program and with the increased adoption of computer technology in general practice. It will be some time before the standards required for reliable collection of data via computer will be in place. There is still a need for longitudinal de-identified data which would allow assessment of medium and long-term outcomes of care. The General Practice Statistics and Classification Unit continues to work on the development of the analytical techniques to be applied to such data in readiness for its availability.

A number of other publications in the General Practice series are planned for the future. These will include a report of the sixteen topics investigated in the SAND section of the forms during the 1998-99 data year and detailed reports of GP activity related to the National Health Priority Areas.

The potential of this rich database is also immense for others interested in health services research, population health, health economics or quality of health care. The number of research questions that can be applied to the database are innumerable. The examples of analyses of the relational database pertaining to specific areas of interest may help others better understand the manner in which they could utilise the data. The ongoing nature of BEACH will ensure an ever-increasing sample size so that the reliability of the data in describing even relatively rare events will constantly improve.

## **15.1 Access to the BEACH data**

### **15.1.1 Public domain**

In line with standard Australian Institute of Health and Welfare practice, an annual publication will provide a comprehensive view of general practice activity in Australia.

### **15.1.2 Participating organisations**

Organisations providing funding for the BEACH program receive quarterly summary reports of the encounter data and standard reports about their subjects of interest. Analysis of the data is a complex task. The General Practice Statistics and Classification Unit has therefore designed standard report formats that cover most aspects of the subject under investigation.

Standard reports have multiple possible entry points. For example:

- Population-based (e.g. the elderly; non-English speaking background patients),
- encounter type (e.g. long consultations),
- GP type (e.g. rural practitioners),
- test ordering (e.g. pathology of any sort; a specific pathology test),
- referral (e.g. those patients and problems for which a referral to a specialist was made),
- drug-based analyses for individual drugs (brand or generic), drug sub-groups or drug groups,
- diagnostically based analyses for individual ICPC-2 PLUS codes (e.g. hypertension), ICPC individual code (e.g. hypertension; nephropathy), ICPC grouper (e.g. all hypertension), ICPC chapter-component level (e.g. digestive symptoms), or ICPC chapters (e.g. all cardiovascular problems).

Individual data analyses are conducted where the specific research question is not adequately answered through standard reports.

### **15.1.3 External purchasers of standard reports**

Non-contributing organisations may purchase standard reports or other ad hoc analyses. Charges are available on request. The General Practice Statistics and Classification Unit should be contacted for further information. Contact details are provided at the front of this publication.