

16 Conclusion

This study has demonstrated real differences in the characteristics of GPs practising in rural areas, in the characteristics of their patients and their reasons for attending the GP, the problems managed at encounter and the management techniques adopted. However, by far the majority of these differences are in the small rural areas and not in the rural and remote centres of Australia.

The differences that were apparent were in general of less magnitude than those demonstrated in the 1990-91 study undertaken almost a decade ago. Some of the activities of general practice have changed over this period for all GPs irrespective of their geographic location. They have less involvement in hospital work, they undertake fewer home visits and are involved less often in anaesthetics and operations. The practice patterns of GPs in rural centres are very similar to those of metropolitan GPs and the major differences are in the small rural and remote areas.

This is the third Australian comparative study of rural and metropolitan general practice. Differences between the strata used in this study appear to have decreased over the past decade. However, a more concentrated study of remote general practice would provide an opportunity to better differentiate between the practice patterns occurring at different levels of rurality.

16.1 Current status of BEACH

The BEACH program is now nearing the end of its third year. The database for the first two years and nine months includes data pertaining to approximately 275,000 GP-patient encounters from more than 2,700 GPs. This report provides one example of the use of the database for secondary analyses of a selected topic or for a specific research question. Each year the GPSCU publishes an annual report of BEACH results through the Australian Institute of Health and Welfare in which the results of from the previous BEACH data year are reported on a National basis for the more common events.

However, the full database also allows investigation of less frequent events. For example, those interested in encounters at which the patient is referred to the emergency department of a hospital would find that while such referrals only occur at a rate of 1 per 1000 encounters, there would be approximately 250 cases in the current database. This would be sufficient to provide an overview of the types of patients and the pattern of problems referred to an emergency department. The same concept applies to those morbidities that are relatively rare and to medications prescribed on an infrequent basis.

16.2 Access to the BEACH data

16.2.1 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.

Abstracts of results for sub-studies conducted in the second year of the program and not reported in earlier documents are available through the website of the Family Medicine Research Centre (of which the GPSCU is a part) at <http://www.fmrc.org.au>. These include: patient employment status and occupation; asthma, prevalence severity; and management; influenza and absenteeism; chronicity; length of consultation; co-morbidity not managed; depression, point prevalence and management; cardiovascular disease, prevalence and management; passive smoking; prevalence of anxiety-stress; education and employment status.

16.2.3 Participating organisations

Organisations providing funding for the BEACH program receive summary reports of the encounter data quarterly 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. Individual data analyses are conducted where the specific research question is not adequately answered through standard reports.

16.2.3 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.

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Glossary

A1 Medicare items: Medicare item numbers 1 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 three months by a participating general practitioner.

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

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

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

Component (ICPC-2): In ICPC PLUS 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.

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 (eg: 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:

(a) *Medicare-claimable*

A1 items of service: MBS item numbers 1 51, 601, 602

surgery consultations: encounters identified by any one of MBS item numbers 3; 23; 36; 44

home visits: encounters identified by any one of MBS item numbers 4; 24; 37; 47

hospital encounters: encounters identified by any one of MBS item numbers 19; 33; 40; 50

nursing home visits: encounters identified by any one of MBS item numbers 20; 35; 43; 51

other institutional visits: encounters identified by any one of MBS item numbers 13; 25; 38; 40

other MBS encounters: encounters identified by an MBS item number that does not identify place of encounter

(b) *Workers compensation*: encounters paid by workers compensation insurance

(c) *Other paid*: encounters paid from another source (e.g. 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 which is prescribed, advised for over-the-counter purchase or provided by the GP at the encounter.

Metropolitan stratum: See Strata

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.

Problem managed: See Diagnosis

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. (Medicare Benefits Schedule book, 1 November 1998).

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 specialist, allied health professionals, and for hospital and nursing home admissions arising at a recorded encounter are included. Continuation referrals are not included. Multiple referrals can be recorded at any one encounter.

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

Rural strata: See Strata.

Strata: Categories created for this report by grouping RRMA categories

Metropolitan stratum: A grouping of RRMA categories 1 and 2.

Large rural stratum: A grouping of RRMA categories 3 and 6.

Small rural stratum: A grouping of RRMA categories 4, 5 and 7.

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

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AHP	Allied health professional
AMA	Australian Medical Association
AMTS	Australian Morbidity and Treatment Survey 1990-91
AUDIT	Alcohol Use Disorders Identification Test
BEACH	<u>B</u> ettering the <u>E</u> valuation <u>A</u> nd <u>C</u> are of <u>H</u> ealth
BMI	Body mass index
BMMS	Better Medication Management System
CAPS	Coding Atlas for Pharmaceutical Substances
CI	Confidence interval (in this report 95% CI: are used)
CNS	Central nervous system
COAD	Chronic obstructive airways disease
CT	Computed tomography
CVS	Cardiovascular system
DHAC	Commonwealth Department of Health and Aged Care
DHHCS	Commonwealth Department of Health, Housing and Community Services
DHSH	Department of Human Services and Health
DPIE	Department of Primary Industries and Energy
Enc	Encounter
ESR	Erythrocyte sedimentation rate
EUC	Electrolytes, urea, creatinine
FBC	Full blood count
FMRC	Family Medicine Research Centre, The University of Sydney
GISCA	National Centre for Social Applications of Geographic Information Systems
GP	General practitioner
GPSCU	General Practice Statistics and Classification Unit, University of Sydney, a collaborating unit of the Australian Institute of Health and Welfare
HIC	Health Insurance Commission
ICPC	International Classification of Primary Care
ICPC 2	International Classification of Primary Care (Version 2)
ICPC 2 PLUS	An extended vocabulary of terms classified according to ICPC 2
IHD	Ischaemic heart disease
LCI	Lower confidence interval

MBS	Medicare Benefits Schedule
MC&S	Microscopy culture and sensitivity
NEC	Not elsewhere classified
NESB	The patient reports coming from a non-English-speaking background, i.e. a language other than English is spoken at home.
NHMRC	National Health and Medical Research Council
NOS	Not otherwise specified
NSAID	Non-steroidal anti-inflammatory medications
OTCs	Medications advised for over-the-counter purchase
PBS	Pharmaceutical Benefits Scheme
PIP	Practice Incentive Program of the Commonwealth Department of Health and Aged Care
QA	Quality assurance (in this case the Quality Assurance Program of the Royal Australian College of General Practitioners)
RACGP	Royal Australian College of General Practitioners
RFE(s)	Reason for encounter(s) (see Glossary)
RRMA	Rural, remote and metropolitan area classification
RSE	Relative standard error
SAND	Supplementary analysis of nominated data
SAS	Statistical Analysis System
SLA	Statistical Local Area
UCI	Upper confidence interval
URTI	Upper respiratory tract infection
UTI	Urinary tract infection
VA	Veterans Affairs
WHO	World Health Organization
WONCA	World Organization of Family Doctors