

# **Older patients attending general practice in Australia 2000–02**

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# **BEACH**

## ***Bettering the Evaluation and Care of Health***

# **Older patients attending general practice in Australia 2000–02**

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# Foreword

The ageing of Australia's population is the major challenge facing Australia's health system in the 21st Century. In 1901 fewer than 4% of Australians were aged 65 and over. In 2001 it was 12% and, by 2051, one in four Australians will be aged 65 or more. This BEACH (Bettering the Evaluation and Care of Health) report contains the sort of high quality data needed to plan for this massive demographic change.

While most older Australians enjoy a full life and continue to make important contributions to the community, old age clearly brings with it an increasing number of health problems. The incidence of many cancers and cardiovascular, musculoskeletal and neurodegenerative diseases all increase dramatically with age. *Older Patients Attending General Practice in Australia 2000-02* provides the most comprehensive picture yet of the role of Australian general practitioners (GPs) in managing the health problems of old age.

The report found that cardiovascular disease (38 problems per 100 GP-patient encounters) and musculoskeletal problems (22 problems per 100 encounters) were the most common health problems managed by GPs. The high ranking of musculoskeletal disease, particularly osteoarthritis and osteoporosis, supports the recent addition of these conditions to the list of National Health Priority Areas. However, the low ranking of dementia among the chronic health problems managed by GPs is of concern, given that dementia is the leading cause of disability in older Australians.

It is good to see that GPs are making home visits to provide health care to their older patients. The home visit rate was over seven per 100 encounters for those aged 75 years and over, compared to less than two per 100 for those aged 65 to 74 years. However, the very high burden of disease in nursing homes and hostels suggests that the frequency of GP visits to patients living in residential aged care (three per 100 encounters) is probably less than optimal.

The management of many of the health problems for older people requires a multidisciplinary approach. It is disappointing, then, to see the very low uptake by GPs of the case conference Enhanced Primary Care item, recorded: only seven case conferences in nearly 50,000 GP-patient encounters. Another area of concern is the low level of new referrals to geriatricians, not listed among the top 10. The failure of GPs to refer to geriatricians, and other relevant health professionals, might simply reflect the gross under-supply of aged care specialists in Australia.

Researchers into ageing continue to debate whether older people in the future will be any healthier than older people today. There is no doubt, however, that mortality rates are falling even amongst the oldest old. This means that the number of very old people in Australia will continue to rise, with GPs at the forefront of any health system response to the 'greying' of Australia.

This report makes essential reading now for clinicians, policy makers and researchers. It will also make fascinating reading in the future, as an accurate record of interactions between Australian GPs and their patients in the first years of a new, but demographically older, millennium.

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# Contents

<b>List of tables</b> .....	<b>x</b>
<b>List of figures</b> .....	<b>xii</b>
<b>Summary</b> .....	<b>xiii</b>
<b>Acknowledgments</b> .....	<b>xvii</b>
<b>1 Introduction</b> .....	<b>1</b>
1.1 Background .....	1
1.2 Objectives .....	7
<b>2 Methods</b> .....	<b>8</b>
2.1 The BEACH study .....	8
2.2 Statistical method .....	11
<b>3 The GPs</b> .....	<b>13</b>
3.1 Recruitment and participation .....	13
3.2 The participating GPs .....	13
<b>4 The encounters</b> .....	<b>15</b>
4.1 Representativeness of the subsample .....	15
4.2 Health Insurance Commission data .....	15
4.3 BEACH—distribution of services .....	17
4.4 Summary of morbidity and management .....	17
4.5 Length of consultation .....	18
<b>5 The patients</b> .....	<b>22</b>
5.1 Characteristics of the patients at encounter .....	22
5.2 Patient reasons for encounter .....	22
5.3 Most frequent individual reasons for encounter .....	25
<b>6 Problems managed</b> .....	<b>26</b>
6.1 Problems managed by ICPC-2 chapter .....	26
6.2 Most frequent individual problems managed .....	27
6.3 Injuries .....	29
<b>7 Medications</b> .....	<b>31</b>
<b>8 Non-pharmacological treatments</b> .....	<b>34</b>

8.1 Clinical treatments by age group .....	34
8.2 Procedural treatments.....	34
<b>9 Referrals, tests and investigations .....</b>	<b>36</b>
9.1 Referrals .....	36
9.2 Pathology test orders .....	37
9.3 Imaging orders.....	37
<b>10 Risk factors .....</b>	<b>39</b>
10.1 Alcohol.....	39
10.2 Smoking .....	42
10.3 Body mass index.....	45
<b>11 Changes in morbidity and management over time .....</b>	<b>48</b>
11.1 Changes over time in the morbidity and management of patients aged 65 years and over .....	49
11.2 Problems managed in patients aged 65+ .....	51
11.3 Comparison of problems managed in the 65–74 year age group—AMTS and BEACH .....	53
11.4 Comparison of problems managed in the 75+ age group—AMTS and BEACH.....	53
<b>12 Chronic conditions.....</b>	<b>55</b>
12.1 Chronic conditions managed at encounter.....	57
12.2 Prevalence and co-morbidities of the most common chronic conditions.....	59
12.3 Comparison between the prevalence and management rates of chronic conditions.....	60
<b>13 Enhanced Primary Care.....</b>	<b>64</b>
13.1 Comparison of BEACH dataset with national data.....	66
13.2 Distribution of EPC items in BEACH across GPs.....	68
13.3 75+ health assessments .....	69
13.4 Care plans .....	72
13.5 Case conferences.....	74
<b>14 Discussion .....</b>	<b>76</b>
<b>15 Conclusion.....</b>	<b>89</b>
<b>References.....</b>	<b>91</b>
<b>Glossary .....</b>	<b>100</b>
<b>Abbreviations .....</b>	<b>103</b>

<b>Appendix 1: Example of a recording form from BEACH 2000–01 recording year .....</b>	<b>105</b>
<b>Appendix 2: Example of a recording form from BEACH 2001–02 recording year .....</b>	<b>107</b>
<b>Appendix 3: GP characteristics questionnaire from BEACH 2000–01 recording year .....</b>	<b>109</b>
<b>Appendix 4: GP characteristics questionnaire from BEACH 2001–02 recording year .....</b>	<b>111</b>
<b>Appendix 5: Recording form used in the Australian Morbidity and Treatment Survey (AMTS) (1990–91) .....</b>	<b>113</b>
<b>Appendix 6: Code groups from ICPC–2 and ICPC–2 PLUS.....</b>	<b>115</b>
<b>Appendix 7: Chronic code groups from ICPC–2 and ICPC–2 PLUS .....</b>	<b>140</b>

# List of tables

Table 3.1: Characteristics of participating GPs who recorded encounters with patients aged 65 years and over .....	14
Table 4.1: Distribution of services for patients aged 65 years and over .....	19
Table 4.2: Summary of morbidity and management .....	20
Table 4.3: Consultation length of direct encounters.....	21
Table 5.1: Characteristics of the patients at encounters.....	23
Table 5.2: Patient reasons for encounter by ICPC–2 chapter .....	24
Table 5.3: Most frequent individual reasons for encounter .....	25
Table 6.1: Problems managed by ICPC–2 chapter.....	27
Table 6.2: Most frequent individual problems managed at encounter .....	28
Table 6.3: Management rates of injuries at encounters with patients aged 65 years and over.....	30
Table 7.1: Relative prescribing rates of common medication groups and subgroups .....	32
Table 8.1: Most frequent clinical treatments.....	35
Table 8.2: Most common procedural treatments .....	35
Table 9.1: Most common referrals.....	36
Table 9.2: Most common pathology test orders.....	37
Table 9.3: Most common imaging orders .....	38
Table 11.1: Summary of morbidity and management in patients aged 65 years and over (AMTS compared with BEACH) .....	50
Table 11.2: Most frequent individual problems managed at encounters with the 65+ patient age group—AMTS (1990–91) compared with BEACH (2000–02).....	52
Table 11.3: Significant differences in problems managed between the AMTS and BEACH in the 65–74 year patient group.....	53
Table 11.4: Most frequent individual problems managed at encounters with the 75+ patient age group—AMTS (1990–91) compared with BEACH (2000–02).....	54
Table 12.1: Proportion of encounters where chronic conditions were managed.....	57
Table 12.2: Likelihood of chronic problems managed by number of problems managed at encounter .....	58
Table 12.3: Most frequent chronic problems managed at encounters with patients aged 65 years and over .....	59
Table 12.4: Most prevalent chronic conditions and their co-morbidities ( $n = 2,976$ ).....	61
Table 12.5: Comparison of the prevalence and management of chronic conditions in general practice .....	62

Table 13.1: EPC items processed through HIC—April 2000 to March 2002 .....	67
Table 13.2: Frequencies of EPC items recorded in BEACH.....	68
Table 13.3: Age and sex distribution of patients for whom health assessments were performed.....	69
Table 13.4: Diagnostic frequency of problems managed in health assessments for patients aged 75 years and over by ICPC-2 chapter .....	70
Table 13.5: Management techniques provided at encounters where health assessments were recorded.....	71
Table 13.6: Age and sex distribution of patients for whom care plans were prepared.....	72
Table 13.7: Diagnostic frequencies of problems managed in care plans for patients aged 65 years and over by ICPC-2 chapter .....	73
Table 13.8: Management techniques provided at encounters where care plans were recorded.....	74
Table 13.9: Diagnostic frequency of problems managed in case conferences for patients aged 65 years and over by ICPC-2 chapter .....	75

# List of figures

Figure 2.1:	The BEACH relational database.....	9
Figure 2.2:	The structure of the International Classification of Primary Care—Version 2 (ICPC-2) .....	10
Figure 4.1:	Proportion of older Australians (1999) who claimed at least one Medicare GP A1 item of service in 2000–01 by age and sex.....	16
Figure 4.2:	Age–sex specific mean number of claims for Medicare GP A1 items of service in 2000–01 for patients aged 65 years or more .....	16
Figure 10.1:	Age–specific rates of alcohol consumption in patients aged 65–74 years and 75 years and over .....	41
Figure 10.2:	Age-and sex-specific rates of alcohol consumption .....	42
Figure 10.3:	Age-specific rates of smoking in patients aged 65–74 years and 75 years and over .....	44
Figure 10.4:	Age-and sex-specific rates of smoking status.....	44
Figure 10.5:	Age–specific rates of BMI in patients aged 65–74 years and 75 years and over .....	46
Figure 10.6:	Age-and sex-specific rates of body mass index (BMI) .....	47
Figure 13.1:	Frequency distribution of EPC items recorded in BEACH per GP .....	68

# Summary

## Introduction

Despite the increasing proportion of the population accounted for by persons aged 65 years or more, and the high rates of general practice service use among older people, little is known about the content of general practice encounters with the older population.

## Objectives

This study aims to:

- describe the characteristics of older patients attending general practice
- provide an overview of the reasons for encounter and conditions managed at encounters with older patients
- describe the management of those conditions at encounters
- examine some risk factors for ill health in older patients
- investigate the extent to which changes have occurred over the past decade in conditions managed at encounters with older patients, and in the management of such conditions
- describe chronic conditions managed in older patients, and evaluate the impact of recent government initiatives in general practice for the management of older patients.

## Methods

This study is a secondary analysis of the Bettering the Evaluation and Care of Health (BEACH) program, a continuous national study of general practice activity in Australia. A national random sample of approximately 1,000 general practitioners (GPs) per year each records information regarding 100 consecutive patient-based encounters. This provides information on 100,000 general practice consultations per year. The focus of this report is on all encounters with patients aged 65 years or more that were recorded between April 2000 and March 2002. Data elements include GP information, encounter information, and information relating to aspects of patient care not directly related to the encounter, including selected patient health risk behaviours and prevalence of disease (for subsamples of the patients encountered). Data from the Australian Morbidity and Treatment Survey (AMTS) 1990–91 provided a comparative measure of morbidity and treatment at general practice encounters with older people in general practice a decade earlier.

## Results

### The dataset

A total of 49,647 encounters with patients aged 65 years or more were available for analysis. Of these, 24,003 were with patients aged between 65 and 74 years (48.3%), while 25,644 were with patients aged 75 years or more (51.7%).

## **The GPs**

Almost all GPs who participated in BEACH over the two-year period saw patients aged 65 years or more (99.0%). Half the GPs had been practising for 20 years or more, and three-quarters had graduated in Australia.

## **The encounters**

The vast majority of encounters with patients aged 65 years and over were direct consultations (96.3%), where the patient was physically seen by the doctor. The proportion of visits held in locations other than the doctor's surgery increased with age, with home visits occurring significantly more often in the 75 years and over age group.

Consultations with patients aged 65 years and over were significantly longer than those with patients aged less than 65 years (15.4 minutes compared with 14.9 minutes). The longest consultations were with patients aged 75 years or more (15.6 minutes).

## **The patients**

Females accounted for a greater proportion of encounters in both the older age groups. Males accounted for a greater proportion of encounters when aged between 65 and 74 (43.8%) than when aged 75+ (38.5%). Almost five times as many people aged 75+ held Commonwealth Veterans' Affairs cards than those aged 65–74 years.

At encounters with older patients, 161.7 patient reasons for encounter were recorded per 100 encounters. Requests for prescription(s) were the most frequent individual patient reason for encounter (RFE) in patients aged 65 years or more (16.8 per 100 encounters). Requests of general check-up were significantly more frequent at encounters with patients aged 75 years and over, while those aged 65–74 years were significantly more likely to present to the GP asking for their test results than patients aged 75 years or more.

## **Problems managed**

At encounters with those aged 65 years or more, there were 171.2 problems managed (as described by the GP) per 100 encounters. Problems relating to the circulatory system were the most frequently managed (38.4 problems per 100 encounters), hypertension being the most frequently managed individual problem, at one in five encounters.

Injuries were managed at a rate of 5.0 per 100 encounters. Injuries relating to the skin were managed significantly more often at encounters with patients aged 75+ than for those of 65–74 years.

## **Medications**

Medications were prescribed, supplied or advised for purchase over the counter at a rate of 131.6 per 100 encounters. Medications acting on the cardiovascular system were the most frequently prescribed, supplied or advised for purchase over the counter at encounters with older people (31.6 per 100 encounters). Medications acting on the central nervous system and antibiotics were also frequently prescribed at encounters with this age group.

## **Non-pharmacological treatments**

Clinical treatments were given at an average rate of 30.8 per 100 encounters, and were provided significantly more often to patients aged 65–74 years than to those of 75+. Counselling about nutrition or weight, the most common clinical treatment (5.1 per 100 encounters), was also more often given to patients in the younger age group.

Procedural treatments were less common (15.3 per 100 encounters), the most frequent being excisions/biopsies and debridements (3.6 per 100 encounters).

### **Referrals**

New referrals to specialists were provided at an average rate of 8.1 per 100 encounters. Referrals to allied health professionals were less common (2.7 per 100 encounters).

### **Test ordering**

Pathology tests were ordered at an average rate of 33.5 per 100 encounters, full blood counts being the most common (4.7 per 100 encounters) followed by lipid tests (2.4 per 100 encounters).

Imaging was not ordered frequently for patients aged 65 years or more (8.1 per 100 encounters), with the test most often ordered being chest x-ray (1.4 per 100).

### **Risk factors**

Of the 18,469 patients who responded to questions about alcohol consumption, 16.3% reported consuming alcohol at at-risk levels. The majority stated they were non-drinkers or responsible drinkers. At-risk drinking was more prevalent in respondents aged between 65 and 74 years (19.4%), and in this age group at-risk drinking was more prevalent in men than in women (23.8% compared with 15.8%).

Of the 18,709 patients aged 65 years or more who responded to questions about their smoking status, 7.5% reported smoking daily. Daily smoking was more prevalent in those aged 65–74 years (9.5%) than in those of 75+ (5.4%). There were no significant differences in daily smoking rates between males and females in either age group.

Patient-reported height and weight was recorded for 19,430 respondents aged 65 years or more. Almost one in five was obese (19.1%), with over half being either overweight or obese. Significantly more respondents aged 65–74 years were either overweight or obese (63.9%) than those aged 75 years or more (48.9%). Over 10% of respondents aged 75 years or more were underweight (10.4%). Women in this age group were significantly more likely to be underweight than their male counterparts (13.7% compared with 5.5%).

### **Changes over time**

Significantly more patient reasons for encounter were recorded in 2000–02 than in 1990–91; however, the rate of problems managed was identical for both studies (174.4 per 100 encounters). Non-pharmacological treatments (particularly clinical treatments), referrals and at least one pathology test order were given significantly more often in 2000–02 than in 1990–91.

Hypertension was the most frequently managed problem in both 1990–91 and 2000–02, and its management rate had not changed over this time. Osteoarthritis, diabetes, lipid disorders and oesophageal disease were managed significantly more often in 2000–02 than in 1990–91. In contrast, ischaemic heart disease, heart failure, chronic obstructive pulmonary disease and anxiety were managed significantly less often in 2000–02 than in 1990–91.

### **Chronic conditions**

Chronic conditions were prevalent in 93.2% of older patients. In the study of prevalence of disease in a subsample of patients aged 65 years or more ( $n = 2,976$ ), hypertension was the most prevalent problem (present in 45.6% of respondents), followed by osteoarthritis (20.9%) and lipid disorder (17.5%).

Chronic conditions were managed at an average rate of 140.0 per 100 encounters. Hypertension was the most commonly managed chronic problem, accounting for 23.4% of all chronic problems managed. This was followed by osteoarthritis (7.3%).

### **Enhanced Primary Care (EPC)**

BEACH provided a representative sample of encounters where an Enhanced Primary Care (EPC) item was claimed. Of the 310 encounters with an EPC item recorded, health assessments (57.1%) were the most common, followed by care plans (40.6%). The majority of GPs who recorded an EPC item recorded only one; however, one GP recorded 35 EPC items in 100 encounters.

The age-specific rate of health assessments was higher for encounters with patients aged between 85 and 89 years, closely followed by those of 75–79 years. They were undertaken at equal rates for both males and females.

Half the care plans recorded were with patients aged less than 65 years; however, those aged 65–74 years were the most likely to have a care plan made. As a relative rate, males had slightly more care plans made than females.

The most frequent problem labels recorded for health assessments related to the administration involved in performing health assessments, and the most frequent individual diagnosis was hypertension. In care plans, diabetes was the problem recorded most often.

Only seven case conferences were recorded in BEACH over the two-year period 2000–02.

### **Conclusion**

This is the first study of general practice encounters with older patients in Australia. It has provided an overview of the problems managed at these encounters and the care given to those patients by GPs. This study has demonstrated the importance of the GPs' role in the care of older people, particularly in the provision of primary and secondary prevention as well as for the ongoing management of their chronic conditions.

With many changes expected in the future in relation to population ageing and structures of health care funding, this study can be used as a baseline measure for the care of older patients in general practice against which future studies can be compared.

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