

4 The encounters

4.1 Representativeness of the subsample

Between April 2000 and March 2002, the HIC processed claims for a total of 179,799,465 general practice A1 items of service. Of these, 41,521,576 encounters were with patients aged 65 years and over (23.1%).⁹⁷ Of the 198,200 encounters recorded by the 1,982 GPs who participated in BEACH over this period, 49,647 (25.0%) were with patients aged 65 years and over.

For encounters with patients aged 65 years and over, HIC processed 21,421,736 claims for A1 items of service for patients aged 65–74 (51.6%), and 20,099,840 claims for encounters with patients aged 75 years or more (48.4%).⁹⁷ These proportions are almost identical to those recorded in BEACH, where 48.3% of encounters with older patients were with those aged 65–74, and the remainder with patients aged 75 years or more (Table 5.1).

Considering that BEACH includes encounters that are not covered by Medicare, and includes some items not classified as A1 items of service, the BEACH sample of encounters with patients aged 65 years or more, proportional to the whole sample, is representative of all general practice encounters with older patients.

4.2 Health Insurance Commission data

The proportion of Australians aged 65 years and over who attended a GP at least once in the period 2000–01, where at least one Medicare A1 item of service was processed through the HIC, can be found in Figure 4.1, divided by age and sex (Medicare data supplied by the GP Branch of the Department of Health and Ageing). The Australian population is based on 1999 estimates.⁹⁸ Over 90% of both males and females aged between 65 and 74 years claimed at least one Medicare A1 item of service in 2000–01. There was a considerable decline in the proportion of males claiming GP A1 items of service when aged 75 years or more, to 74.6%. This may be explained by the exclusion of encounters paid by the DVA in the HIC data (discussed in Chapter 2). In contrast, 93.8% of females in this group claimed at least one A1 Medicare item of service.

Figure 4.2 shows the age–sex specific rates of general practice A1 Medicare attendance for patients aged 65 years and over during 2000–01. In both age groups, females had higher rates of general practice claims, at an average of 8.1 for females aged 65 to 74, and 10.0 for those of 75+. The average rate of male claims decreased from 7.5 for males aged 65–74 years to 7.0 claims in those of 75 years or more, probably reflecting the lower proportion of males in this age group who claimed on at least one occasion.

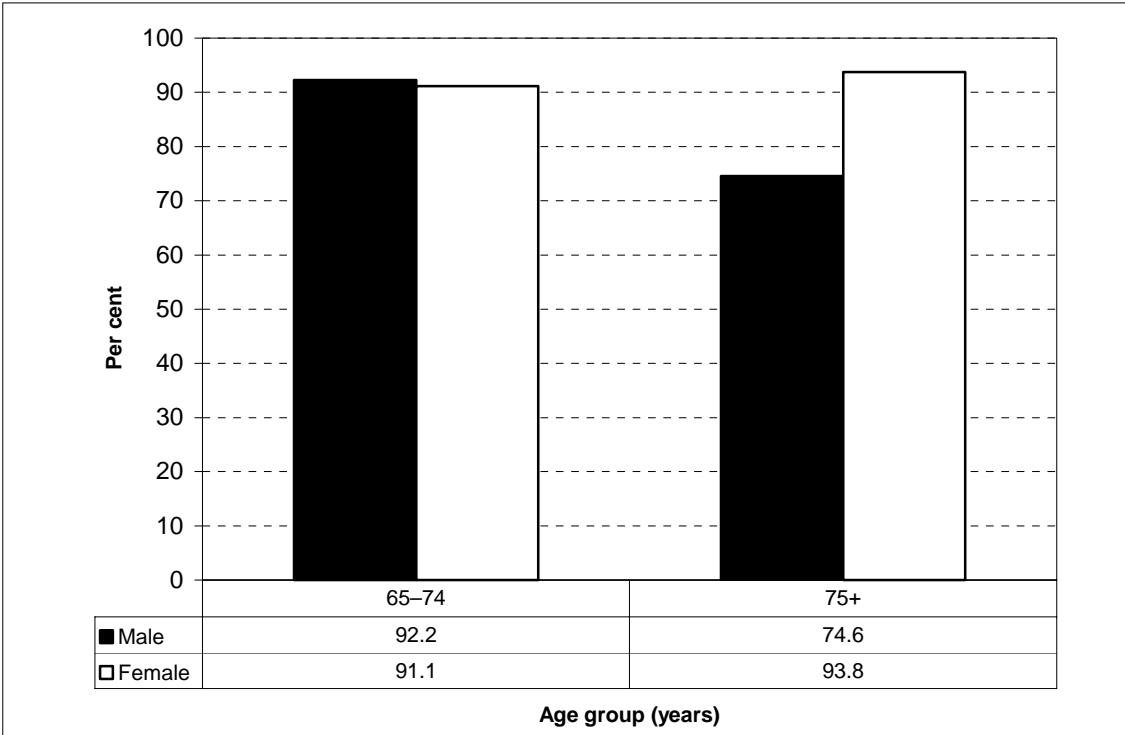


Figure 4.1: Proportion of older Australians (1999) who claimed at least one Medicare GP A1 item of service in 2000-01 by age and sex

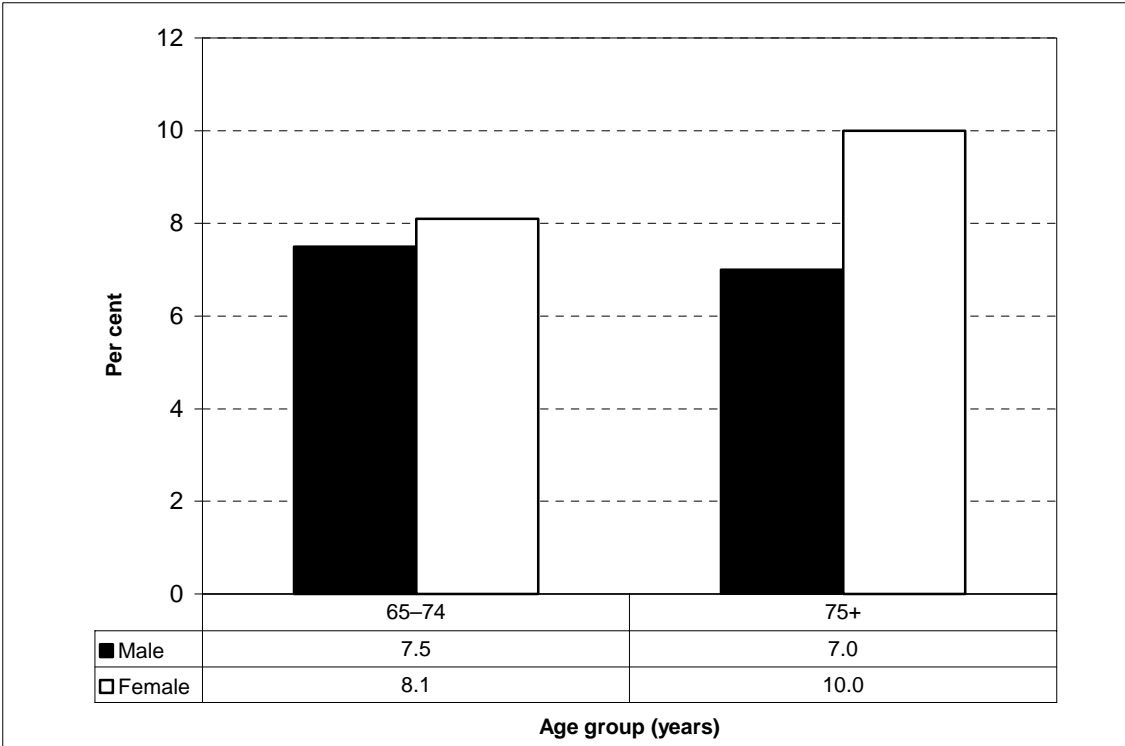


Figure 4.2: Age-sex specific mean number of claims for Medicare GP A1 items of service in 2000-01 for patients aged 65 years or more (1999)

4.3 BEACH—distribution of services

Patients aged 65 years and over had direct consultations with their GP (i.e. they were seen by the GP) at 96.3% of encounters, and 94.7% of all encounters were claimable through Medicare or the DVA (Table 4.1). While standard surgery consultations were the most frequently recorded (70.2 per 100 encounters), long and prolonged surgery consultations made up over 11% of total contacts. Home visits and visits to residential aged care facilities were also relatively frequent, accounting for 4.6% and 3.3% of encounters respectively.

When compared with patients aged 75 years and over, encounters with patients aged between 65 and 74 years were significantly more likely to be:

- direct consultations (97.1 per 100 encounters compared with 95.6 per 100 encounters)
- claimable through Medicare or the DVA (95.4 per 100 encounters compared with 94.0 per 100 encounters)
- claimable as standard surgery consultations (76.6 per 100 encounters compared with 64.3 per 100 encounters).

In contrast, patients aged 75 years and over were significantly more likely to have their GP consultation in their home (7.1 per 100 encounters compared with 1.9 per 100 encounters).

While not statistically significant, probably due to small sample size, some other trends emerged from the data that were worthy of note. Patients aged 75 years and over:

- were twice as likely as patients of 65–74 to be visited in hospital by their GP (0.9 per 100 encounters compared with 0.4 per 100 encounters)
- were over five times as likely to be seen in a residential aged care facility by their GP (5.7 per 100 encounters compared with 0.8 per 100 encounters for those aged 65 to 74).

4.4 Summary of morbidity and management

At encounters with patients aged 65 years and over, 161.7 RFEs were recorded for every 100 encounters. Problems were managed at a rate of 171.2 per 100 encounters. Of these, 38.9 problems were being managed for the first time (Table 4.2).

Medications were prescribed, recommended or supplied at a rate of 131.6 per 100 encounters. This corresponds to a rate of 76.9 medications per 100 problems managed. Most of these medications were prescribed (119.2 per 100 encounters), while 8.5 medications per 100 encounters were supplied to the patient by the GP.

Non-pharmacological treatments were given at a rate of 46.7 per 100 encounters. Two-thirds of these treatments were clinical (30.8 per 100 encounters), while the remainder were procedural (15.9 per 100 encounters).

On average, 12.1 referrals per 100 encounters were made for older patients. Most of these referrals were to specialists (8.1 per 100 encounters), followed by referrals to allied health practitioners (2.7 per 100 encounters). Referrals to hospital and hospital emergency departments were very low, both made at rates of less than 1 per 100 encounters.

Pathology tests were ordered at a rate of 33.5 per 100 encounters and orders for imaging were given at a rate of 8.1 per 100 encounters.

When compared with encounters for the older age group, those with patients aged between 65 and 74 years were:

- significantly more likely to involve management of a 'new' problem, that is, one that had not previously been managed (40.5 per 100 encounters compared with 37.3 per 100 encounters with patients of 75+ years)
- included significantly more non-pharmacological treatments (49.0 per 100 encounters compared with 44.7 per 100 encounters)
- included significantly more clinical treatments (33.4 per 100 encounters compared with 28.5 per 100 encounters for patients aged 75 years and over)
- generated significantly more referrals to specialists (8.6 per 100 encounters compared with 7.6 per 100 encounters)
- resulted in significantly more pathology tests ordered (37.0 per 100 encounters compared with 30.3 per 100 encounters for patients aged 75 years and over) and
- significantly more orders for imaging (9.2 per 100 encounters compared with 7.0 per 100 encounters) (Table 4.2).

4.5 Length of consultation

Background

In recent years, very few studies have examined the length of consultations with older patients, and these few have shown remarkable differences. In the United States, Radecki et al. (1988) demonstrated that, in general practice, consultation length is shorter for older patients, in particular for those aged 75 years and over. When the greater number of encounters in this age group was taken into consideration, older patients still received less time, on average, with the GP.³⁶ In contrast, another study also based in the United States found that consultations were longer with increasing patient age.³⁷ A European study found that, while there was a linear trend for longer consultations with increasing age, consultations with older patients were not significantly longer than those with younger patients.³⁸ In Australia, Martin et al. (1997) found that, based on billing date, consultations were longest for patients regarded as 'middle-aged'.⁹⁹

The differences in results of these studies may be due to differences in the structure and payment forms of health care systems in different countries. In a study based in six European countries, it was found that consultation length varied significantly between the different countries examined.³⁸

Method

Length of consultation in the BEACH survey was recorded as part of a SAND substudy and included with the ongoing substudy involving BMI, alcohol intake and smoking status (see Chapter 2 Methods) in which GPs were asked to record the start and finish times of the consultation. These data were provided for 19,341 encounters with patients aged 65 years and over.

Table 4.1: Distribution of services for patients aged 65 years and over

Variable	65–74 (n = 24,003)			75+ (n = 25,644)			All 65+ (n = 49,647)		
	Rate per 100 encounters ^(a)	95% LCL	95% UCL	Rate per 100 encounters ^(a)	95% LCL	95% UCL	Rate per 100 encounters ^(a)	95% LCL	95% UCL
Direct consultations	97.1	96.8	97.5	95.6	95.1	96.1	96.3	96.0	96.7
No charge	0.8	0.0	4.5	0.7	0.0	2.7	0.8	0.0	2.3
Medicare or DVA claimable	95.4	94.9	95.8	94.0	93.4	94.7	94.7	94.2	95.1
Short surgery consultations	1.2	0.0	3.0	0.9	0.0	2.5	1.1	0.1	2.0
Standard surgery consultations	76.6	75.6	77.6	64.3	62.8	65.8	70.2	69.1	71.4
Long surgery consultations	11.4	10.3	12.5	10.2	9.2	11.1	10.7	9.9	11.5
Prolonged surgery consultations	0.8	0.0	3.6	0.7	0.0	2.6	0.7	0.0	2.1
Home visits	1.9	0.3	3.5	7.1	5.6	8.6	4.6	3.5	5.6
Hospital	0.4	0.0	8.6	0.9	0.0	5.7	0.7	0.0	4.2
Residential aged care facilities	0.8	0.0	5.3	5.7	1.9	9.6	3.3	0.5	6.2
Other items	2.3	0.0	4.8	4.3	2.1	6.5	3.3	1.9	4.8
Workers compensation	0.2	0.0	2.6	0.1	0.0	3.7	0.2	0.0	1.4
Other paid (hospital, State, etc.)	0.8	0.0	4.9	0.7	0.0	6.9	0.8	0.0	3.9
Indirect consultations	2.9	1.6	4.1	4.4	3.1	5.7	3.7	2.8	4.5
Missing	2,563	—	—	2,630	—	—	5,193	—	—

(a) Missing data removed.

Note: Shading indicates statistically significant differences between age groups. LCL—lower confidence limit; UCL—upper confidence limit; DVA—Department of Veterans' Affairs.

Table 4.2: Summary of morbidity and management

Variable	65–74 (n = 24,003)				75+ (n = 25,644)				Total 65+ (n = 49,647)			
	Number	Rate per 100 encounters	95% LCL	95% UCL	Number	Rate per 100 encounters	95% LCL	95% UCL	Number	Rate per 100 encounters	95% LCL	95% UCL
General practitioners	1,949	—	—	—	1,902	—	—	—	1,963	—	—	—
Encounters (N)	24,003	—	—	—	25,644	—	—	—	49,647	—	—	—
Reasons for encounter	39,244	163.5	161.8	165.2	41,052	160.1	158.2	162.0	80,296	161.7	160.1	163.4
Problems managed	41,179	171.6	169.5	173.6	43,829	170.9	168.6	173.2	85,008	171.2	169.3	173.2
New problems	9,715	40.5	39.3	41.7	9,574	37.3	36.1	38.6	19,289	38.9	37.8	39.9
Medications	32,171	134.0	131.0	137.0	33,158	129.3	125.7	132.9	65,329	131.6	128.6	134.6
Prescribed	28,987	120.8	117.7	123.8	30,188	117.7	114.1	121.3	59,175	119.2	116.2	122.2
Advised OTC	1,000	4.2	3.4	5.0	914	3.6	2.9	4.2	1,914	3.9	3.4	4.3
GP-supplied	2,184	9.1	6.3	11.9	2,056	8.0	4.4	11.7	4,240	8.5	6.3	10.8
Other treatments	11,753	49.0	47.0	51.0	11,453	44.7	42.8	46.5	23,206	46.7	45.1	48.4
Clinical	8,009	33.4	32.0	34.8	7,304	28.5	27.2	29.7	15,313	30.8	29.7	32.0
Procedural	3,744	15.6	14.9	16.3	4,149	16.2	15.4	16.9	7,893	15.9	15.3	16.5
Referrals	2,800	12.4	11.8	13.0	2,905	11.9	11.3	12.5	5,705	12.1	11.7	12.6
Specialist	2,068	8.6	8.1	9.2	1,935	7.6	7.0	8.1	4,003	8.1	7.7	8.4
Allied health services	600	2.5	1.8	3.2	726	2.8	2.2	3.4	1,326	2.7	2.3	3.0
Hospital	106	0.4	0.0	1.9	212	0.8	0.0	1.7	318	0.7	0.2	1.1
Emergency department	26	0.1	0.0	2.9	32	0.1	0.0	3.9	58	0.1	0.0	1.6
Pathology	8,868	37.0	35.1	38.8	7,766	30.3	28.5	32.1	16,634	33.5	32.1	35
Imaging	2,202	9.2	8.5	9.9	1,804	7.0	6.4	7.7	4,006	8.1	7.6	8.5

Note: Shading indicates statistically significant differences between age groups. LCL—lower confidence limit; UCL—upper confidence limit; OTC—over-the-counter medication.

To determine the length of consultation for older patients, and to ascertain the extent to which there were differences for patients in this group compared to younger patients, and within the group itself, mean and median consultation lengths were compared. In this analysis, only those encounters where the patient was physically seen by the GP are included (direct encounters). Indirect encounters, where the patient was not seen, do not follow the same course as direct consultations and their inclusion in this analysis may have skewed the results.

Results

Encounters with patients aged 65 years and over averaged 15.4 minutes, with a median of 14 minutes and a range of one to 90 minutes (Table 4.3). Consultations with patients aged less than 65 years were significantly shorter, averaging 14.9 minutes, with a median of 13 minutes and a range of one to 180 minutes.

No significant differences were found in mean consultation length for patients of 65–74 years, and 75 years and over. However, the significant difference in consultation length (noted above) between older (aged 65+) and younger patients (aged less than 65 years) was largely due to consultations with patients aged 75 years or more, averaging 15.6 minutes with a range of one to 90 minutes (Table 4.3).

Table 4.3: Consultation length of direct encounters

Age group	Number of encounters	Number of GPs	Mean consultation length (minutes)	95% LCL	95% UCL	Median consultation length (minutes)	Range (minutes)
65+	19,341	1,902	15.4	15.2	15.7	14	(1–90)
65–74	9,500	1,825	15.3	15.0	15.5	14	(1–89)
75+	9,841	1,727	15.6	15.3	15.9	14	(1–90)
0–64 years	58,340	1,968	14.9	14.7	15.1	13	(1–180)

Note: Shading indicates statistically significant differences between age groups. LCL—lower confidence limit; UCL—upper confidence limit.