

5 The encounters

An 'encounter' is any professional interchange between a patient and a general practitioner (GP). It can be described as indirect or direct. An indirect encounter is where there is no face-to-face meeting between the patient and the GP but a service is provided (e.g. prescription, referral). A direct encounter is where there is a face-to-face meeting of the patient and the GP. Direct encounters can be further divided into Medicare-claimable, workers compensation or other paid encounters.

This chapter describes differences that arose across RRMA and ASGC Remoteness categories. For a summary of findings in each individual RRMA category or trends with ASGC Remoteness, please refer to Chapter 11 – Summary of results.

5.1 Types of encounter

The distribution of encounter types demonstrates the varied nature of general practice. The funding of Australian general practice reflects this variety, with a mixture of patient contribution, government rebate scheme through the Medicare Benefits Schedule (MBS), payment by other government programs (e.g. Australian Department of Veterans' Affairs) and insurance schemes (e.g. workers compensation). Indirect encounters are not eligible for payment through the MBS.

RRMA

Table 5.1(a) compares the types of encounters across RRMA categories. Reported differences were statistically significant ($p < 0.05$) unless otherwise stated. Compared with the national average:

- there was a smaller proportion of encounters that involved direct consultations between the GP and patient in Large Rural Centres and Other Rural Areas
- the percentage of direct consultations that resulted in no charge was almost twice the national average in Other Remote Areas
- there was a larger proportion of encounters where a MBS item of service was claimable in Capital Cities
- in Large Rural Centres, Small Rural Centres and Other Rural Areas, the proportion of MBS-claimable encounters was smaller
- there was a larger proportion of indirect encounters in Large Rural Centres and Other Rural Areas.

ASGC Remoteness

Table 5.1(b) compares the types of encounters across ASGC Remoteness categories. Reported differences are significant ($p < 0.05$) unless otherwise stated. Compared with the national average:

- Major Cities had a smaller proportion of indirect encounters and Inner Regional Australia had a larger proportion of indirect encounters

- no charge consultations were more common in Outer Regional Australia and Remote Australia
- Major Cities had a larger proportion of encounters where a MBS item of service was claimed and Inner Regional Australia, Outer Regional Australia and Remote Australia all had a smaller proportion of encounters where a MBS item of service was claimed
- there was a larger proportion of encounters paid through sources other than MBS in Inner Regional Australia and Remote Australia, with the latter almost four times the national average.

Table 5.1(a): Type of encounter by RRMA

Variable	Per cent of encounters, 95% confidence interval, column specific							
	Capital City (n=399,000)	Other Metropolitan (n=45,000)	Large Rural Centre (n=37,500)	Small Rural Centre (n=37,700)	Other Rural Area (n=72,400)	Remote Centre (n=3,900)	Other Remote Area (n=6,400)	Australia (n=601,900)
Direct consultations	97.3 (97.1–97.4)	97.3 (96.9–97.8)	95.4 (94.7–96.1)	96.2 (95.6–96.8)	96.2 (95.8–96.7)	97.9 (96.9–98.8)	96.7 (95.5–97.9)	97.0 (96.8–97.1)
No charge	0.6 (0.5–0.7)	0.6 (0.5–0.8)	0.9 (0.7–1.0)	0.8 (0.6–0.9)	1.0 (0.7–1.3)	1.0 (0.2–1.7)	1.2 (0.8–1.6)	0.7 (0.6–0.7)
MBS items of service ^(a)	93.5 (93.2–93.8)	92.9 (92.0–93.8)	90.5 (89.2–91.8)	90.6 (89.3–91.8)	91.3 (90.5–92.0)	85.8 (77.9–93.7)	90.0 (87.0–93.0)	92.7 (92.5–93.0)
Workers compensation	1.9 (1.8–2.0)	2.1 (1.8–2.3)	2.0 (1.7–2.2)	2.1 (1.9–2.4)	1.7 (1.6–1.9)	2.3 (1.6–3.1)	2.0 (1.2–2.8)	1.9 (1.8–2.0)
Other paid (hospital, state, etc.)	1.3 (1.1–1.5)	1.8 (1.0–2.5)	2.1 (1.1–3.1)	2.7 (1.8–3.7)	2.2 (1.7–2.6)	8.7 (1.3–16.1)	3.5 (0.9–6.0)	1.7 (1.5–1.8)
Indirect consultations	2.7 (2.6–2.9)	2.7 (2.2–3.1)	4.6 (3.9–5.3)	3.8 (3.2–4.4)	3.8 (3.3–4.2)	2.2 (1.2–3.1)	3.3 (2.1–4.5)	3.0 (2.9–3.2)
Missing (n)	25,641	2,970	2,444	3,918	7,619	234	893	43,719

(a) Includes encounters that were recorded as claimable from the Australian Department of Veterans' Affairs.

Note: Shading indicates a significant difference between a RRMA and Australia (total sample). Darker shading indicates a higher than average result and lighter shading indicates a lower than average result.
MBS—Medicare Benefits Schedule.

Table 5.1(b): Type of encounter by ASGC Remoteness

Variable	Per cent of encounters, 95% confidence interval, column specific					
	Major Cities (n=418,000)	Inner Regional Australia (n=115,700)	Outer Regional Australia (n=57,500)	Remote Australia (n=8,000)	Very Remote Australia (n=2,700)	Australia (n=601,900)
Direct consultations	97.4 (97.2–97.5)	95.8 (95.4–96.1)	96.5 (96.0–97.0)	97.4 (96.6–98.2)	97.1 (95.5–98.7)	97.0 (96.8–97.1)
No charge	0.6 (0.5–0.6)	0.8 (0.7–0.9)	1.1 (0.8–1.5)	1.3 (0.8–1.8)	1.0 (0.4–1.5)	0.7 (0.6–0.7)
MBS items of service ^(a)	93.6 (93.3–93.9)	90.6 (89.9–91.3)	91.2 (90.2–92.1)	87.8 (83.5–92.0)	90.0 (83.8–96.2)	92.7 (92.5–93.0)
Workers compensation	1.9 (1.8–2.0)	1.9 (1.8–2.1)	2.0 (1.7–2.2)	2.1 (1.5–2.6)	1.3 (0.4–2.2)	1.9 (1.8–2.0)
Other paid (hospital, state, etc.)	1.3 (1.1–1.5)	2.4 (1.9–2.9)	2.3 (1.6–3.0)	6.3 (2.4–10.1)	4.8 (0.0–10.7)	1.7 (1.5–1.8)
Indirect consultations	2.6 (2.5–2.8)	4.3 (3.9–4.6)	3.5 (3.0–4.0)	2.6 (1.8–3.4)	2.9 (1.3–4.5)	3.0 (2.9–3.2)
Missing (n)	26,931	9,932	5,594	885	377	43,719

(a) Includes encounters that were recorded as claimable from the Australian Department of Veterans' Affairs.

Note: Shading indicates a significant difference between an ASGC and Australia (total sample). Darker shading indicates a higher than average result and lighter shading indicates a lower than average result.
MBS—Medicare Benefits Schedule.

5.2 Distribution of Medicare-claimable encounters

RRMA

Table 5.2(a) compares the types of Medicare-claimable encounters across RRMA categories. Reported differences were statistically significant ($p < 0.05$) unless otherwise stated.

Compared with the national average:

- Other Rural Areas had a larger proportion of encounters that were claimable as short surgery consultations
- a greater percentage of encounters were claimable as standard surgery consultations in Large Rural Centres
- long surgery consultations were more common in Capital Cities, but were less common in the rural zone
- home visits were recorded less often in the rural zone and Remote Centres, but more often in Capital Cities
- there was a smaller proportion of hospital visits in Capital Cities and a larger proportion in Other Rural Areas
- the proportion of encounters that occurred in residential aged care facilities was almost half the national average in both Small Rural Centres and Other Rural Areas and was also less frequent in Other Remote Areas
- encounters that were claimable as other Medicare items were less common in Capital Cities, but more than double the national average in the rural and remote zones.

ASGC Remoteness

Table 5.2(b) compares the types of Medicare-claimable encounters across ASGC categories.

- There were no hospital visits recorded in Very Remote Australia, while residential aged care facility (RACF) encounters were recorded very rarely in Very Remote Australia.
- The rate of encounters taking place in a RACF in Remote Australia was less than half the national average.

Reported differences were statistically significant ($p < 0.05$) unless otherwise stated.

Compared with the national average:

- Inner Regional Australia and Outer Regional Australia had a larger proportion of encounters that were recorded as short surgery consultations, while Very Remote Australia had a smaller proportion of short surgery consultations
- there was a smaller proportion of long surgery consultations in both Inner Regional Australia and Outer Regional Australia
- the proportion of encounters that were claimable as prolonged surgery consultations was smaller in Outer Regional Australia.
- home visits were less common in Inner Regional Australia and Outer Regional Australia
- there was a larger proportion of encounters that were claimable as other Medicare items in Inner Regional Australia, Outer Regional Australia and Remote Australia, and a smaller proportion in Major Cities.

Table 5.2(a): Distribution of Medicare-claimable encounters by RRMA

Medicare claim type	Per cent of total Medicare-claimable encounters, ^(a) 95% confidence interval, column specific							
	Capital City (n=348,994)	Other Metropolitan (n=39,039)	Large Rural Centre (n=31,725)	Small Rural Centre (n=30,595)	Other Rural Area (n=59,132)	Remote Centre (n=3,147)	Other Remote Area (n=4,957)	Australia (n=517,589)
Short surgery consultations	1.1 (1.0–1.2)	1.2 (1.0–1.5)	1.6 (1.3–1.9)	1.6 (1.3–2.0)	1.8 (1.5–2.1)	1.1 (0.2–2.1)	1.2 (0.4–2.0)	1.3 (1.2–1.3)
Standard surgery consultations	80.5 (80.0–81.1)	81.7 (80.2–83.2)	82.7 (81.4–84.0)	81.8 (80.1–83.6)	81.2 (80.1–82.4)	79.1 (73.6–84.6)	79.6 (75.2–84.1)	80.9 (80.5–81.3)
Long surgery consultations	11.3 (11.0–11.7)	9.9 (8.9–10.9)	9.4 (8.5–10.3)	8.3 (7.3–9.3)	9.0 (8.2–9.8)	9.6 (5.7–13.5)	10.6 (7.4–13.8)	10.7 (10.4–10.9)
Prolonged surgery consultations	1.1 (1.0–1.3)	1.1 (0.6–1.6)	0.8 (0.5–1.1)	0.5 (0.2–0.9)	0.7 (0.5–0.9)	1.4 (0.0–3.0)	1.2 (0.6–1.8)	1.0 (0.9–1.1)
Home visits	2.1 (2.0–2.3)	1.5 (1.2–1.9)	1.1 (0.8–1.3)	0.8 (0.6–1.0)	0.9 (0.6–1.2)	0.6 (0.2–1.1)	2.1 (0.2–4.1)	1.8 (1.7–1.9)
Hospital	0.2 (0.1–0.3)	0.9 (0.4–1.4)	0.7 (0.4–0.9)	0.7 (0.4–1.0)	1.1 (0.8–1.3)	1.0 (0.0–2.4)	0.4 (0.0–0.9)	0.4 (0.4–0.5)
Residential aged care facilities	1.2 (1.1–1.4)	1.0 (0.7–1.4)	1.1 (0.8–1.4)	0.6 (0.4–0.8)	0.7 (0.6–0.9)	1.2 (0.1–2.4)	0.1 (0.0–0.3)	1.1 (1.0–1.2)
Other items	2.3 (2.1–2.5)	2.6 (1.8–3.3)	2.7 (2.2–3.1)	5.5 (4.2–6.9)	4.6 (3.9–5.3)	5.8 (3.8–7.9)	4.7 (3.1–6.3)	2.8 (2.6–3.0)

(a) Includes encounters that were recorded as claimable from the Australian Department of Veterans' Affairs.

Table 5.2(b): Distribution of Medicare-claimable encounters by ASGC Remoteness

Variable	Per cent of total Medicare-claimable encounters, ^(a) 95% confidence interval, column specific					
	Major Cities (n=366,112)	Inner Regional Australia (n=95,830)	Outer Regional Australia (n=47,313)	Remote Australia (n=6,244)	Very Remote Australia (n=2,090)	Australia (n=517,589)
Short surgery consultations	1.1 (1.0–1.2)	1.6 (1.4–1.8)	1.7 (1.4–2.0)	1.9 (1.1–2.8)	0.2 (0.0–0.5)	1.3 (1.2–1.3)
Standard surgery consultations	80.6 (80.0–81.1)	81.4 (80.6–82.3)	82.6 (81.3–83.9)	80.0 (76.7–83.3)	76.2 (68.1–84.3)	80.9 (80.5–81.3)
Long surgery consultations	11.3 (10.9–11.6)	9.5 (8.9–10.0)	8.1 (7.3–8.9)	9.0 (6.6–11.4)	15.3 (8.9–21.6)	10.7 (10.4–10.9)
Prolonged surgery consultations	1.1 (1.0–1.3)	0.9 (0.6–1.1)	0.6 (0.4–0.8)	0.8 (0.2–1.5)	1.7 (0.7–2.8)	1.0 (0.9–1.1)
Home visits	2.1 (1.9–2.3)	1.1 (0.9–1.2)	0.9 (0.5–1.2)	1.3 (0–2.6)	1.7 (0.0–4.3)	1.8 (1.7–1.9)
Hospital	0.3 (0.2–0.4)	0.7 (0.5–0.8)	0.9 (0.5–1.2)	1.6 (0.5–2.7)	0	0.4 (0.4–0.5)
Residential aged care facilities	1.2 (1.1–1.4)	0.9 (0.7–1.1)	0.8 (0.6–1.0)	0.4 (0.1–0.8)	0.0 [‡]	1.1 (1.0–1.2)
Other items	2.3 (2.1–2.5)	4.0 (3.4–4.5)	4.4 (3.6–5.2)	4.9 (3.7–6.2)	4.9 (2.2–7.5)	2.8 (2.6–3.0)

(a) Includes encounters that were recorded as claimable from the Australian Department of Veterans' Affairs.

‡ Rates are reported to one decimal place (n=1).

5.3 Summary of morbidity and management

RRMA

Table 5.3(a) provides an overview of the content of encounters across RRMA categories. All reported differences are significant ($p < 0.05$) unless otherwise stated. Compared with the national average:

- there were fewer reasons for encounter in Small Rural Centres, Other Rural Areas and the remote zone
- there were more problems managed at the encounter in Large Rural Centres
- there was a higher rate of total medications (prescribed, advised for over-the-counter purchase and supplied by the GP) in Other Metropolitan Centres
- the rate of other treatments provided was slightly lower in Small Rural Centres and Other Rural Areas
- Other Metropolitan Centres, Small Rural Centres and Remote Centres all had higher rates of imaging test orders
- there was a lower rate of pathology test orders in Capital Cities and higher rates of pathology test orders across the rural and remote zones.

ASGC Remoteness

Table 5.3(b) provides an overview of the content of encounters across ASGC categories. All reported differences are significant ($p < 0.05$) unless otherwise stated. Compared with the national average:

- patients presented with fewer RFEs in Outer Regional Australia
- Inner Regional Australia had a larger number of problems managed at the encounter
- the rate of medications prescribed, advised over-the-counter or GP-supplied in Inner Regional Australia was significantly lower
- there was a higher rate of referrals given in Very Remote Australia
- there was a higher rate of pathology test orders in Outer Regional Australia and Remote Australia. Major Cities had a lower rate of pathology test orders.

Table 5.3(a): Summary of morbidity and management by RRMA

Variable	Rate per 100 encounters, ^(a) 95% confidence interval, column specific							
	Capital City (n=399,000)	Other Metropolitan (n=45,000)	Large Rural Centre (n=37,500)	Small Rural Centre (n=37,700)	Other Rural Area (n=72,400)	Remote Centre (n=3,900)	Other Remote Area (n=6,400)	Australia (n=601,900)
Reasons for encounter	151.5 (150.7–152.2)	149.7 (147.4–152.0)	149.0 (146.6–151.4)	146.7 (144.3–149.0)	147.9 (146.2–149.6)	144.6 (138.6–150.6)	142.8 (137.2–148.3)	150.3 (149.7–150.9)
Problems managed	147.7 (146.8–148.6)	147.9 (145.3–150.4)	152.6 (149.8–155.4)	149.0 (146.2–151.7)	151.1 (149.1–153.1)	143.1 (136.6–149.5)	142.6 (136.5–148.6)	148.4 (147.7–149.1)
Variable	Rate per 100 problems, ^(a) 95% confidence interval, column specific							
	(n=589,295)	(n=66,543)	(n=57,219)	(n=56,159)	(n=109,404)	(n=5,579)	(n=9,124)	(n=893,323)
Medications	71.6 (70.9–72.2)	74.0 (72.1–76.0)	69.4 (67.4–71.3)	69.2 (67.2–71.3)	71.1 (69.5–72.6)	71.4 (63.9–78.8)	74.3 (69.1–79.6)	71.4 (70.9–72.0)
Other treatments	35.5 (34.8–36.1)	34.6 (32.5–36.6)	35.2 (33.3–37.1)	32.2 (30.5–33.8)	31.9 (30.6–33.2)	33.2 (26.6–39.8)	37.9 (31.8–43.9)	34.8 (34.2–35.3)
Referrals	8.0 (7.8–8.1)	8.4 (7.9–9.0)	7.5 (7.1–7.9)	8.2 (7.8–8.6)	8.1 (7.7–8.4)	9.8 (8.1–11.5)	9.3 (8.1–10.5)	8.0 (7.9–8.2)
Number of problems 1999–2004⁺	(n=490,244)	(n=55,517)	(n=48,071)	(n=47,525)	(n=93,497)	(n=4,850)	(n=8,436)	(n=748,140)
Imaging ⁺	5.3 (5.2–5.5)	6.3 (5.8–6.9)	5.6 (4.9–6.4)	6.1 (5.8–6.5)	6.0 (5.7–6.3)	7.2 (5.8–8.7)	5.8 (4.9–6.6)	5.6 (5.5–5.7)
Number of problems 2000–2004⁺⁺	(n=389,383)	(n=44,073)	(n=35,724)	(n=37,622)	(n=73,513)	(n=4,302)	(n=6,947)	(n=591,564)
Pathology ⁺⁺	22.2 (21.6–22.7)	24.6 (22.8–26.3)	25.6 (24.0–27.3)	25.6 (24.1–27.1)	26.2 (25.0–27.4)	32.8 (27.6–37.9)	29.0 (24.0–34.0)	23.4 (23.0–23.9)

(a) Figures will not total 100 as multiple events may occur at each encounter or for the management of each problem at encounter.

+ Limited to April 1999 to March 2004 inclusive due to older imaging codes in Year 1.

++ Limited to April 2000 to March 2004 inclusive due to older pathology codes in Years 1 and 2.

Note: Shading indicates a significant difference between a RRMA and Australia (total sample). Darker shading indicates a higher than average result and lighter shading indicates a lower than average result.

Table 5.3(b): Summary of morbidity and management by ASGC Remoteness

Rate per 100 encounters, ^(a) 95% confidence interval, column specific						
Variable	Major Cities (n=418,000)	Inner Regional Australia (n=115,700)	Outer Regional Australia (n=57,500)	Remote Australia (n=8,000)	Very Remote Australia (n=2,700)	Australia (n=601,900)
Reasons for encounter	151.5 (150.7–152.3)	148.4 (147.0–149.8)	146.2 (144.4–147.9)	148.2 (142.4–153.9)	141.9 (132.1–151.7)	150.3 (149.7–150.9)
Problems managed	147.6 (146.7–148.4)	152.1 (150.5–153.7)	147.4 (145.4–149.5)	149.1 (142.9–155.2)	142.3 (131.7–153.0)	148.4 (147.7–149.1)
Rate per 100 problems, ^(a) 95% confidence interval, column specific						
Variable	(n=616,852)	(n=175,944)	(n=84,760)	(n=11,924)	(n=3,843)	(n=893,323)
Medications	72.0 (71.4–72.6)	68.8 (67.6–69.9)	72.8 (71.1–74.5)	70.0 (64.3–75.7)	79.2 (70.1–88.2)	71.4 (70.9–72.0)
Other treatments	35.4 (34.8–36.0)	33.4 (32.4–34.4)	32.7 (31.1–34.2)	33.4 (28.8–38.1)	45.6 (34.6–56.5)	34.8 (34.2–35.3)
Referrals	8.0 (7.9–8.2)	8.0 (7.7–8.2)	8.1 (7.7–8.4)	9.1 (8.0–10.2)	10.3 (8.3–12.3)	8.0 (7.9–8.2)
Number of problems 1999–2004⁺	(n=513,614)	(n=149,745)	(n=71,073)	(n=10,122)	(n=3,586)	(n=748,140)
Imaging ⁺	5.4 (5.3–5.6)	5.9 (5.6–6.2)	6.0 (5.7–6.3)	6.0 (5.1–6.9)	5.2 (3.8–6.5)	5.6 (5.5–5.7)
Number of problems 2000–2004⁺⁺	(n=407,482)	(n=116,378)	(n=56,160)	(n=8,248)	(n=3,296)	(n=591,564)
Pathology ⁺⁺	22.3 (21.8–22.9)	24.7 (23.9–25.5)	27.4 (25.9–28.8)	28.8 (24.8–32.9)	31.8 (23.7–39.9)	23.4 (23.0–23.9)

(a) Figures will not total 100 as multiple events may occur at each encounter or for the management of each problem at encounter.

+ Limited to April 1999 to March 2004 inclusive due to older imaging codes in Year 1.

++ Limited to April 2000 to March 2004 inclusive due to older pathology codes in Years 1 and 2.

Note: Shading indicates a significant difference between an ASGC and Australia (total sample). Darker shading indicates a higher than average result and lighter shading indicates a lower than average result.