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BEACH
Bettering the Evaluation And Care of Health

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

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Abbreviations

ABS	Australian Bureau of Statistics
ACE	angiotensin-converting enzymes
AIHW	Australian Institute of Health and Welfare
ASGC	Australian Standard Geographical Classification
ATC	Anatomical Therapeutic Chemical (classification)
AUDIT	Alcohol Use Disorders Identification Test
BEACH	Bettering the Evaluation And Care of Health
BMI	body mass index
CAPS	Coding Atlas for Pharmaceutical Substances
CI	confidence interval (in this report 95% CI is used)
CT	computerised tomography
DVA	Australian Government Department of Veterans' Affairs
encs	Encounters
FRACGP	Fellowship of the Royal Australian College of General Practitioners
GORD	gastro-oesophageal reflux disease
GP	general practitioner
HbA1c	haemoglobin, type A1c
ICPC	International Classification of Primary Care
ICPC-2	International Classification of Primary Care—Version 2
ICPC-2 PLUS	a terminology classified according to ICPC-2
INR	international normalised ratio
MBS	Medicare Benefits Schedule
NHS	National Health Survey
NSAID	non-steroidal anti-inflammatory drug
OTC	over-the-counter (i.e. medications advised for over-the-counter purchase)
PBS	Pharmaceutical Benefits Scheme
PN	practice nurse
RACGP	Royal Australian College of General Practitioners
RFE	reason for encounter
SAND	Supplementary Analysis of Nominated Data
SAS	Statistical Analysis System
URTI	upper respiratory tract infection
WHO	World Health Organization

N/A	not applicable
NAv	not available
NEC	not elsewhere classified
n	number
NOS	not otherwise specified

Symbols

🡅/🡇	indicates a statistically significant linear change
↑/↓	indicates a marginally significant linear change
§	indicates a non-linear significant or marginal change
–	indicates no change
<	less than
>	more than

Executive summary

This report compares results from each of the last 10 years of the BEACH (Bettering the Evaluation And Care of Health) program, and highlights changes in the characteristics of general practitioners (GPs) and their patients, and in GP clinical activities in Australia over the decade 1999–00 to 2008–09.

BEACH is a continuous national study of general practice in which data are collected from a new sample each year of about 1,000 GPs. Each GP provides details for 100 consecutive GP–patient encounters. BEACH began in April 1998 and this report uses data collected between April 1999 and March 2009 inclusive, from about 9,900 GP participants, covering about 990,000 GP–patient encounters.

Changes in the population influence GP clinical work. Since 1999 the estimated population of Australia increased by 13.7% to 21.64 million in December 2008. More than 85% of the population visit a GP at least once in any year. From March 2008 to April 2009, there were about 112 million general practice consultations paid for by Medicare, up from 101 million in 1999–00; an average of 5.1 per person, a similar visit rate to 1999–00 (5.4 visits per head).

The GPs

- The feminisation of the GP workforce is reflected in the growing proportion of GP BEACH participants who are female, increasing from 30% in 1999–00 to 33% in 2008–09.
- The GP workforce is ageing—those aged 55 years or more at the time they participated increased from 27% of the final sample in 1999–00 to 46% in 2008–09.
- Most GPs are in group practices and the average GP is working fewer hours.
- In 2008–09 about 40% of GPs h old specialist GP qualifications, an increase from 30% 10 years earlier.
- Almost 60% of GPs work in practices that do not provide their own or cooperative practice coverage of after-hours care compared with 40% in 2000.

Why do the patients see their GP?

- In 1999–00 about half the GP–patient encounters were with people aged <45 years but with the ageing population and increased prevalence of diagnosed chronic disease, in 2008–09 patients aged 45+ years accounted for 60% of all GP–patient encounters.
- Compared with 1999–00 fewer patients went to their GP for only one reason.
- There were increases in patient requests for prescriptions, immunisations, blood tests, tests results, and administrative actions such as medical certificates. In 2008–09 patients also presented more often about their diabetes, depression and hypertension.
- In contrast, patient presentations of symptoms and complaints such as ear pain, throat complaints and headaches decreased by about a 25% over the 10 years.

Have the problems that GPs manage changed?

- GPs managed increasing numbers of problems per encounter and this applied to both newly diagnosed problems and chronic conditions. We estimate 24.7 million more problems were managed at GP encounters in Australia in 2008–09 than in 1999–00.

- Respiratory problems were the most common type of problem managed throughout the decade but were managed less often in 2008–09 (21 per 100 encounters) than in 1999–00 (24 per 100). The decrease was mainly due to drops in upper respiratory tract infection, acute bronchitis, allergic rhinitis, tonsillitis and asthma. This suggests that nationally GPs managed 1.2 million fewer respiratory problems in 2008–09 than 10 years earlier.
- Hypertension was the most common individual problem managed throughout the decade but was managed with increasing frequency, resulting in 2.8 million more visits nationally in 2008–09 than in 1999–00. Other problems managed more often in 2008–09 than 10 years earlier included general check-ups, immunisations/vaccinations, depression, diabetes, cholesterol, osteoarthritis oesophageal disease, atrial fibrillation, pregnancy, and malignant skin neoplasms.

How has disease management changed?

- The major change in management was a decrease in the number of prescribed medications (down from 64 to 56 per 100 problems managed by the GP). There was an increase in the number of medications supplied directly by the GP (from 5 to 7 per 100 problems managed) and these were mostly vaccinations. However the increase in GP-supplied medications did not fully counteract the decrease in prescriptions. Consequently there was a decrease from 75 to 69 per 100 problems managed for all medications prescribed, supplied or advised for over-the-counter purchase.
- The decrease in prescribing did not apply to all types of medications. Increased prescribing rates were apparent for some, particularly cholesterol-lowering agents and drugs for acid-related digestive problems.
- In 2008–09 GPs provided clinical treatments (such as advice, education and psychological counselling) at a similar rate to 1999–00, after a sudden decrease in these activities at the time of the introduction of practice nurse item numbers in 2004.
- GPs undertook more procedures in 2008–09 than 10 years earlier.
- GPs referred their patients more often, particularly to specialists, with a smaller increase in referrals to allied health services.
- The number of orders for pathology tests increased by more than 50%, from 30 test orders per 100 encounters to 46 per 100.
- There was also a significant but smaller increase in orders for imaging.
- Since first measured in 2005–06, practice nurse involvement in GP–patient encounters increased—they were involved in 6.4% of encounters (compared with 4.2% in 2005–06), but in all years only about 40% of these activities were claimable from Medicare. The increase in nurse activity was particularly notable in the number of INR blood tests and check-ups they did. In all years, they were most often involved in immunisations/vaccinations.

Patient risk factors

- In adult patients aged 18 years and over, between 1999–00 and 2008–09 prevalence of overweight increased from 33% to 36%, obesity from 19% to 25%, daily smoking decreased from 19% to 15% and at-risk alcohol consumption remained static at 26%.
- In children aged 2–17 years prevalence of overweight and obesity remained static at about 11% obese and 17% overweight.