



## Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18

Web report | Last updated: 26 Sep 2019 | Topic: [Primary health care](#) |

### Citation

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## About

Across Australia, use of non-hospital Medicare-subsidised services, such as GP, allied health, specialist and diagnostic imaging, varies considerably depending on where a patient lives. This variation may reflect differences in patients' health and health care preferences, population growth and accessibility of services (availability, costs and service options).

Cat. no: PHE 254

- [Key findings](#)
- [Data](#)

### Findings from this report:

- Use of after-hours GP visits was higher in city PHN areas (28% of people) than regional PHN areas (16%) in 2017-18
  - The number of specialist visits per person has risen by 6% over 5 years
  - In 2017-18, 38% of people in Northern Sydney PHN area saw a specialist compared with 14% in the Northern Territory
  - 4 in 10 women had a diagnostic imaging service in 2017-18 compared with 3 in 10 men
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## Introduction

In 2017-18, 21.6 million Australians visited a general practitioner (GP); 9.4 million had some type of diagnostic imaging, such as an X-ray; 9.0 million had a Medicare-subsidised allied health service, such as physiotherapy; and 7.6 million visited a specialist.

Overall, Australians used over 377 million non-hospital health services funded under Medicare—more than 1 in 3 (154 million) of which were GP services.

This report provides detailed time series data about use of non-hospital Medicare-subsidised services (Box 1) between 2013-14 and 2017-18. Services examined include those provided by GPs, allied health practitioners, medical specialists, nurses and Aboriginal health workers as well as diagnostic imaging services. Data are provided for more than 50 groups of services detailing:

- the number and percentage of people who used the service
- the number of services and rate of use per 100 people
- the amount charged by health care providers
- the benefits paid by Medicare.

The five years of data enable trends to be assessed for all the measures in this report.

The report presents national results and also explores how service use varies across different parts of the country and how it has changed over time. This geographic variation is examined by Primary Health Network (PHN) area and Statistical Areas Level 3 (SA3s, or 'local areas'). Results are also reported by age and sex to give insight into who uses these services.

Australia has 31 PHNs, which were established by the Australian Government in 2015 as independent organisations to commission health services for their areas. PHN areas have been categorised into regional and metropolitan areas to aid comparisons as models of care may differ markedly between these areas.

The local area data in this report will help PHNs and other decision makers to identify areas that may need support. Results are presented by categories of remoteness and in *Major cities*, by socioeconomic status to support comparisons across areas (see [Technical Note](#)).

Note, all information is based on the patient's Medicare enrolment postcode, not where they received the health care service. Patients may receive health care services outside of their enrolment postcode.

### Box 1: What are non-hospital Medicare services?

This report focuses on the care that Australians received outside of hospital through the national health insurance scheme, Medicare. Most non-hospital medical services are subsidised by Medicare, including GP, specialist, diagnostic imaging and some allied health services.

### How can information in this report be used?

Understanding how people use Medicare services helps to:

- inform health policy
- support evidence based decisions about service delivery
- improve understanding of how well programs are working
- identify gaps in service provision.

With local knowledge and experience, community-level health service providers may be able to identify the factors relevant to their region and better understand patient populations. The information in this report can help PHNs to coordinate care, understand trends, plan and deliver services to suit the needs and demands of their particular area. It also adds to the evidence base about health care use in Australia, strengthening knowledge about the needs of local populations and their use of health care.

### Interpreting the data

There is no ideal rate of health care use and this report draws no conclusions about whether a higher or lower rate of service use is desirable for a particular area, nor does it try to assess the degree to which patient needs are being met.

Variation in the use of Medicare-subsidised services could be because of a range of factors, including differences in the:

- prevalence of health conditions—areas with higher rates of health service use may have more people with complex health conditions
- availability and quality of other community-based programs, services and support to help keep people healthy
- access to health care providers.



## Key findings

### GP services

GPs are often considered the frontline of Australia’s health care system, and deliver a wide range of services to prevent, diagnose, treat, and monitor both acute and chronic health conditions (AIHW 2018). Access to effective GP care may prevent conditions worsening and requiring use of emergency departments (ED) or hospitalisation.

Medicare subsidises the majority of GP visits Australians receive (Britt, Miller & Henderson et al. 2016). Medicare subsidises various GP services, including:

- Enhanced Primary Care services to support people who have chronic, mental or complex care needs
- After-hours services (non-urgent and urgent)
- Residential aged care visits.

### 9 in 10 Australians saw a GP

Around 21.6 million Australians visited a GP in 2017-18—or 88% of the population. However, use varied depending on where people lived. Across PHN areas, 94% of people living in South Western Sydney PHN visited a GP, compared with 77% of people living in the Northern Territory PHN (Figure 1).

Figure 1: Percentage of people who had a GP attendance, by Primary Health Network (PHN) area, 2017-18

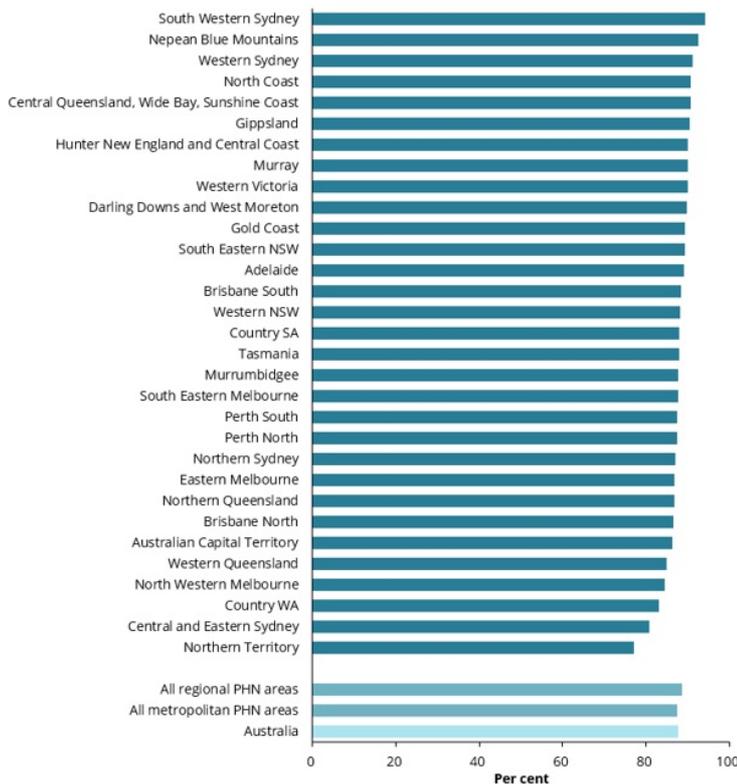


Chart: AIHW.

Sources: AIHW analysis of Department of Health, Medicare Benefits claims data; ABS ERP.

Between 2013-14 and 2017-18, there was a 1.6% relative increase in the percentage of the population using GP services, an 8% relative increase in the number of services per 100 people and a 16% relative increase in the Medicare benefits paid for GP services (Table 1).

Table 1: Change in use of GP services, 2013-14 to 2017-18

| Measure                                   | 2013-14            | 2017-18            | Relative change in rate since 2013-14 |
|---|--------------------|--------------------|---------------------------------------|
| Proportion of people seeing a GP          | 86%                | 88%                | 1.6% ↑                                |
| Number of GP services used per 100 people | 578 per 100 people | 627 per 100 people | 8.4% ↑                                |

|   |                         |                         |            |
|---|-------------------------|-------------------------|------------|
| <b>Total Medicare benefits paid for GP services per 100 people<sup>(a)(b)</sup></b> | \$27,300 per 100 people | \$31,686 per 100 people | 16.1%<br>↑ |
|---|-------------------------|-------------------------|------------|

Does not include government expenditure on bulk-billing incentives for non-referred attendances. In 2017-18, this amounted to \$640 million, or \$2,601 per 100 people. See the Technical Note for further details.

b. Expenditure results are not adjusted for inflation.

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; ABS ERP.

In some of the more remote PHN areas, there was a marked increase in the proportion of people using GP services during the 5 years. For example, in Western Queensland PHN area, 75% of the population saw a GP in 2013-14 compared with 85% in 2017-18.

The number of GP services per 100 people rose in some PHN areas. The largest increases were in Western Queensland (30%, from 399 to 519 per 100 people) followed by the Northern Territory (27%, from 362 to 459 per 100 people).

## 1 in 4 people had an Enhanced Primary Care GP visit

GPs play an important role in the diagnosis, treatment, planning, review and coordination of care for people with complex conditions, including chronic or terminal medical conditions. Medicare supports this type of care by subsidising Enhanced Primary Care services.

These services include health assessments for at-risk people, medication management reviews, the creation and review of treatment plans, and coordination of care for patients who require multidisciplinary, team-based care from a GP and at least two other providers.

In 2017-18, almost 1 in 4 Australians (23%, 5.6 million people) had a GP Enhanced Primary Care service, including:

- 15% (3.6 million people) had a chronic disease management plan prepared, coordinated or reviewed
- 8% (2.1 million people) had a GP Mental Health service involving the preparation or review of a GP mental health treatment plan or an extended consultation related to a mental health issue
- 4% (1.0 million people) had a Health Assessment for higher need groups.

These data relate to health services that are provided by a GP and claimed under specific Medicare Enhanced Primary Care item numbers. In particular, the reported number of patients who receive mental health and chronic condition related services from their GP is likely to be an underestimate of total mental health and chronic condition related activity undertaken by GPs, because these services can also be claimed against other general GP items.

Overall, a higher percentage of people living in regional PHN areas received Enhanced Primary Care services (25%) than people living in metropolitan PHN areas (21%). The percentage of people who received an Enhanced Primary Care service ranged from 16% in Australian Capital Territory PHN area to 34% of people in North Coast PHN area.

The proportion of the population receiving Enhanced Primary Care services has risen steadily in every PHN area since 2013-14. The largest rise was in Western Queensland from 14% of people in 2013-14 to 24% in 2017-18.

Residential and Home Medication Management Reviews are designed to enhance the quality use of medicines by helping patients and their carers to better manage their medicines. People aged 80 and over were the most common recipients of these services, accounting for more than half (53%) of the services claimed in 2017-18. The proportion of people aged 80 and over receiving these reviews dropped over the 5 years, with Residential Medication Management Reviews decreasing from 5.9% to 5.2% and Home Medication Management Reviews decreasing from 3.3% to 2.5% between 2013-14 and 2017-18.

For more information about inclusions in GP Enhanced Primary Care see [Technical Note](#).

For more information on Medicare-subsidised Indigenous services, see AIHW's [Indigenous health checks and follow-ups](#) report. Medicare data are presented for Aboriginal and Torres Strait Islander people by local area.

## After-hours GP visits increasing

Access to GP after-hours services is important and may help to reduce visits to hospitals. Medicare subsidises urgent and non-urgent GP after-hours services, including those that take place in consultation rooms, in patients' homes and in residential aged care facilities.

In 2017-18, about 1 in 4 Australians (24%) had an after-hours GP visit. Between 2013-14 and 2017-18, the number of people using after-hours GP services increased by 1.3 million, from 4.6 million (20% of people) in 2013-14 to 5.9 million (24%) in 2017-18.

People in metropolitan PHN areas were more likely to visit a GP after-hours (28%) than people from regional PHN areas (16%). Across PHN areas, after-hours GP visits ranged from 10% of people living in Western NSW to 37% of people in Western Sydney in 2017-18.

## In Major cities, after-hours GP visits were highest in lower socioeconomic areas

In *Major cities*, the proportion of people who had an after-hours GP visit was higher in lower socioeconomic SA3 areas (34%), than in medium (27%) and higher (21%) socioeconomic areas. However, there was marked variation within similar socioeconomic areas within *Major cities*. Across lower socioeconomic local areas, the percentage of people who visited a GP after-hours ranged from 14% in Tweed Valley SA3 (NSW) to 51% in Tullamarine-Broadmeadows SA3 (Vic).

In 2017-18, 13% of GP after-hours visits were billed as urgent, with the remaining 87% billed as non-urgent. In particular, use of urgent after-hours GP services varied across the country, ranging from 1 urgent after-hours visit per 100 people in Western NSW PHN area to 17 visits per 100 people in Gold Coast PHN area.

For local area data on after-hours ED presentations for lower urgency care, see AIHW's [Use of emergency departments for lower urgency care: 2015-16 to 2017-18](#).

## Allied health services

Allied health professionals provide a broad range of diagnostic, technical, therapeutic and direct health services to improve health and wellbeing, some of which are subsidised through Medicare (Box 2) (AHPA 2017). More than 1 in 3 Australians (37%, or 9.0 million) had at least one Medicare-subsidised allied health service in 2017-18, including:

|   |  |
|---|--|
|  | Optometry services (claimed by 29% of people, 7.2 million)   |
|  | Psychology and other allied mental health care (5.1%, 1.2 million)   |
|  | Physical Health Care, including physiotherapy, exercise physiology, chiropractic services and osteopathy (4.3%, 1.1 million) |
|  | Podiatry (4.2%, 1.0 million).  |

Between 2013-14 and 2017-18, the proportion of people using Medicare-subsidised allied health services increased from 32% to 37%. In the same period, the number of services per 100 people rose from 73 to 92 per 100 people.

### Who is using allied health services?

Older Australians were more likely to use a Medicare-subsidised allied health service than younger age groups. In 2017-18, 64% of people aged 65 to 79 years and 70% of people aged 80 and over had used an allied health service, compared with 31% of people aged less than 65 years.

However, younger Australians were more likely to see a Medicare-subsidised psychologist or allied mental health care worker than older age groups. Around 1 in 14 people (6.9%) aged 15-24 years had a Medicare-subsidised allied mental health service, compared with 1 in 20 people aged 25 or older (5.1%).

### Box 2: What are Medicare-subsidised allied health services?

Allied health includes a broad range of services delivered by health practitioners who are not doctors, nurses or dentists. This includes audiologists, chiropractors, occupational therapists, optometrists, osteopaths, physiotherapists, podiatrists, psychologists and speech pathologists (AHPA 2017). Australians can use allied health services through many channels, including Medicare, general private health insurance ('ancillary' or 'extras' cover), or by paying for the service entirely out-of-pocket. At present, there is no national data on allied health service use outside of Medicare or private health insurance (AIHW 2018).

In 2017-18, private health insurers subsidised 52 million allied health-related services (APRA 2019). This compares with 23 million allied health services subsidised by Medicare in the same year. To assist with interpretation of Medicare-subsidised allied health services, general private health insurance data by state and territory are included in the accompanying data tables (APRA 2019).

Medicare-subsidised allied health services account for only a portion of all allied health service use in Australia, and, with the exception of optometry services, are generally only available to patients who are referred from a GP, or in some cases a specialist medical practitioner. Common referral pathways include GP Mental Health Treatment Plans for people with a mental health condition and GP Management Plans for people with a chronic health condition (these are Enhanced Primary Care GP services).

## Allied health service use varies substantially

Use of allied health services varies considerably across the country. Across all 5 years, people living in North Coast PHN area were most likely to use a Medicare-subsidised allied health service (42% in 2017-18); in contrast, people living in Northern Territory PHN area were least likely (24% in 2017-18).

There was variation within age groups across areas. For instance, in 2017-18:

- 16% of people aged 65 and over in Gold Coast PHN area had a Medicare-subsidised Physical Health Care service (such as physiotherapy), compared with 5% in Western Queensland PHN area
- 10% of people aged 15-24 in North Coast PHN area visited a Medicare-subsidised psychologist or allied mental health worker, compared with 2% in Northern Territory PHN area.

## Nursing and Aboriginal health worker services

### Growing use of services provided by nursing and Aboriginal health workers in regional PHN areas

In 2017-18, 1.6 million Australians (6.3% of the population) received a Medicare-subsidised service provided by a nurse practitioner, practice nurse, midwife or Aboriginal health worker.

In the last 5 years, this has steadily increased (up from 725,000 people in 2013-14—3.1% of Australians). This growth has been largely driven by increases in regional PHN areas, with Northern Territory PHN area experiencing the highest increase in service use, up from 16 services per 100 people in 2013-14, to 47 per 100 people in 2017-18.

## Specialist services

### 1 in 3 people visited a specialist

Around 1 in 3 Australians (31%, or 7.6 million people) visited a specialist outside of hospital in 2017-18. Overall, the proportion of people using specialist services was similar in metropolitan and regional PHN areas (Figure 2).

**Figure 2: Percentage of people who had a specialist attendance, by Primary Health Network (PHN) area, 2017-18**

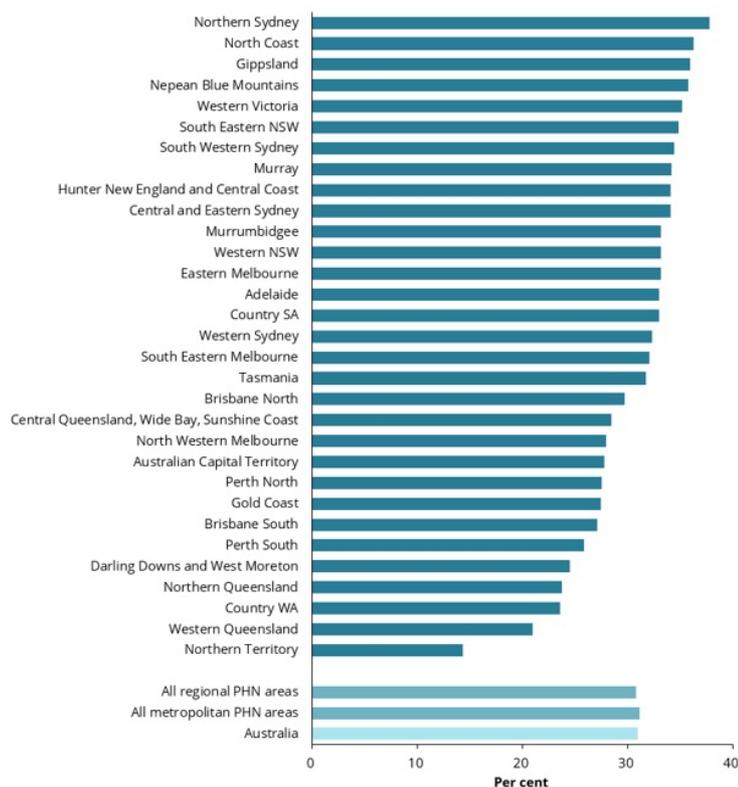


Chart: AIHW.

Sources: AIHW analysis of Department of Health, Medicare Benefits claims data; ABS ERP.

Use of specialist care is increasing. Between 2013-14 and 2017-18, there was a 4.8% relative increase in the percentage of the population using specialist services, a 6.3% relative increase in the number of services per 100 people and a 9.8% relative increase in the Medicare benefits paid for specialist services (Table 2).

**Table 2: Change in use of specialist services, 2013-14 to 2017-18**

| Measure  | 2013-14                | 2017-18                | Relative change in rate since 2013-14 |
|--|------------------------|------------------------|---------------------------------------|
| Proportion of people seeing a specialist                               | 29.6%                  | 31.0%                  | 4.8%<br>↑                             |
| Number of specialist services used per 100 people                      | 90 per 100 people      | 96 per 100 people      | 6.3%<br>↑                             |
| Total Medicare benefits paid for specialist services per 100 people(a) | \$7,382 per 100 people | \$8,105 per 100 people | 9.8%<br>↑                             |

Expenditure results are not adjusted for inflation.

a.

Source: AIHW analysis of Department of Health, Medicare Benefits claims data; ABS ERP.

There was considerable variation across the country in each year — between 2013-14 and 2017-18, Northern Sydney PHN area consistently had the highest rate of specialist visits while Northern Territory PHN area had the lowest rate. In 2017-18, 38% of people in Northern Sydney PHN area visited a specialist compared with 14% of people in Northern Territory PHN area.

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## Technical information

Technical note: [Medicare-subsidised GP, allied health and specialist health care across local areas, 2013-14 to 2017-18](#)

Download Technical note: [Medicare-subsidised GP, allied health and specialist health care across local areas, 2013-14 to 2017-18. Format: PDF 474Kb](#) PDF 474Kb

### Description of Medicare-subsidised GP, allied health, specialist and diagnostic imaging services

For detailed information on the Medicare Benefits Schedule (MBS) services and item types, see the Australian Government Department of Health: [MBS Online website](#)

#### GP attendances

| Reported services             | Description   | BTOS/Group/subgroup/item included <sup>(a)</sup>  |
|-------------------------------|---|---|
| <b>GP attendances (total)</b> | GP attendances include Enhanced Primary Care, After-hours GP attendances, Practice Incentive Program (PIP) services, and 'Other' GP services. These services are Medicare-subsidised patient/doctor encounters, such as visits and consultations, for which the patient has not been referred by another doctor. These services can be provided by a GP or other medical practitioner. Excludes services provided by practice nurses and Aboriginal and Torres Strait Islander health practitioners on a GP's behalf. | BTOS 101, 102, 103 <sup>(b)</sup><br>(GP subtotals:<br>Enhanced Primary Care,<br>After-hours GP<br>attendances, PIP<br>services, and Other) |

#### GP - Enhanced Primary Care

| Reported services                          | Description  | BTOS/Group/subgroup/item included <sup>(a)</sup> |
|--|--|--|
| <b>GP subtotal - Enhanced Primary Care</b> | GP subtotal - Enhanced Primary Care includes Health Assessments, Chronic Disease Management Plans, Multidisciplinary Case Conferences, Domiciliary and Residential Medication Management Reviews, and Mental Health services (including preparation or review of mental health treatment plans, extended consultations related to a mental health issue but excluding focussed psychological strategies and family group therapy).<br><br>These services are designed to provide a structured approach for GPs to care for people with chronic conditions and complex care needs, and to improve coordination of care for people who require multidisciplinary, team-based care. | BTOS 102 <sup>(b)</sup>                          |
| <b>GP Health Assessment</b>                | Health assessment of a patient's physical and psychological health and function and recommendation of preventive health care or education to improve that patient's health and physical, psychological and social function. Eligible patients include: people of Aboriginal and Torres Strait Islander descent, people who have an intellectual disability, refugees and humanitarian entrants, residents of residential aged care facilities, people aged 75 years or older, and people aged 40-49 years with a high risk of developing type 2 diabetes or at risk of developing another chronic disease.   | Group A14  |
| <b>GP Chronic Disease Management Plan</b>  | Services relating to the preparation, coordination and review of a GP Management Plan for patients with a chronic or terminal medical condition. A chronic medical condition is one that has been, or is likely to be, present for six months or longer. Services also include the coordination and review of Team Care Arrangements and contribution to Multidisciplinary Care Plans.   | Subgroup A15.1                                   |

|   |  |  |
|---|--|--|
| <b>GP Multidisciplinary Case Conference</b>       | Service where a medical practitioner (not including a specialist or consultant physician) organises and coordinates, or participates in, multidisciplinary case conferences for patients who have a chronic condition that has been (or is likely to be) present for 6 months or longer, or is terminal, and who has complex multidisciplinary care needs. Case conferences generally involve the patient's usual GP and at least two other providers, such as allied health professionals, other medical practitioners, home and community service providers, and care organisers (e.g. "meals on wheels" providers).   | Part of subgroup A15.2 (only items: 735-758) |
| <b>Medication Management Review (domiciliary)</b> | Also known as Home Medicines Review. Available for people living in the community who are at risk of medication misadventure. Intended to maximise an individual patient's benefit from their medication regimen, and prevent medication-related problems through a team approach, involving the patient's GP and preferred community pharmacy or accredited pharmacist.   | Item 900                                     |
| <b>Medication Management Review (residential)</b> | A collaborative medication management service available to permanent residents of a Residential Aged Care Facility for whom quality use of medicines may be an issue or who are at risk of medication misadventure.  | Item 903                                     |
| <b>GP Mental Health</b>                           | <p>Early intervention, assessment and management of patients with mental disorders by GPs or other medical practitioners (who are not specialists or consultant physicians). These services include assessments, planning patient care and treatments, referring to other mental health professionals, ongoing management and review of the patient's progress.</p> <p>This group comprises MBS items for the preparation and review of GP Mental Health Treatment Plans as well as extended consultations related to mental health issues, excluding GP Focussed Psychological Strategies and Family Group Therapy.</p> | Subgroup A20.1                               |

GP - After-hours GP attendances

| Reported services                               | Description   | BTOS/Group/subgroup/item included <sup>(a)</sup> |
|---|---|--|
| <b>GP subtotal - After-hours GP attendances</b> | <p>GP subtotal - After-hours GP attendances include urgent and non-urgent after-hours GP care.</p> <p>GP attendances provided on a public holiday, a Sunday, before 8am or after 1pm on a Saturday (after 12pm for urgent care or at a place other than a consulting room), or before 8am or after 8pm on a weekday (after 7pm for urgent care or at a place other than a consulting room).</p>   | Group A11, A22, A23 (all items/groups below)     |
| <b>After-hours GP (urgent)</b>                  | After-hours GP attendance where the patient's medical condition requires urgent assessment to prevent deterioration or potential deterioration in health and the assessment cannot be delayed until the next in-hours period. Eligibility requirements changed on 1 March 2018, which may affect comparability over time. Prior to this date, patients required urgent medical treatment (rather than assessment) to be eligible, and could book an urgent after-hours service two hours in advance (booking option no longer available). | Group A11  |
| <b>After-hours GP (non-urgent)</b>              | After-hours GP attendance for non-urgent assessment and treatment. These vary in time and complexity. Includes home visits and visits to Residential Aged Care Facilities.  | Groups A22, A23                                  |

GP - Practice Incentive Program (PIP) services

| Reported services | Description | BTOS/Group/subgroup/item included <sup>(a)</sup> |
|-------------------|-------------|--|
|                   |             |  |

|   |  |  |
|---|--|--|
| <p><b>GP subtotal - Practice Incentive Program (PIP) services</b></p> | <p>GP subtotal PIP includes services provided as part of the Practice Incentive Program.</p> <p>This program aims to support general practice activities including continuous improvements, quality care, enhance capacity and improve access and health outcomes for patients. A practice must be accredited, or registered for accreditation to participate in PIP services. Includes cervical smear, diabetes mellitus annual cycle of care and asthma cycle of care PIP services.</p>  | <p>Group A18, A19 (all items/groups below)</p> |
| <p><b>Cervical smear PIP</b></p>                                      | <p>A service where a cervical smear is taken from a person between the age of 24 years and 9 months and 74 years inclusive who has not had a cervical smear in the last four years. Eligibility requirements changed on 1 December 2017, which may affect comparability over time. Prior to this date, people aged between 20 and 69 years inclusive who have not had a cervical smear in the last four years could receive the service.</p>   | <p>Subgroups A18.1, A19.1</p>                  |
| <p><b>Diabetes Mellitus Annual Cycle of Care PIP</b></p>              | <p>This service aims to encourage GPs to provide earlier diagnosis and effective management of people with established diabetes mellitus. The Annual Diabetes Cycle of Care must be completed over a period of 11 to 13 months, and includes (but is not limited to) measuring patients' blood pressure, cholesterol and HbA1c, examining eyes and feet and reviewing diet, physical activity and medications. Completion of a Diabetes Cycle of Care through the use of these items will initiate a Diabetes Service Incentive Payment (SIP) through the PIP.</p> | <p>Subgroups A18.2, A19.2</p>                  |
| <p><b>Asthma Cycle of Care PIP</b></p>                                | <p>At a minimum the Asthma Cycle of Care includes at least 2 asthma related consultations within 12 months for a patient with moderate to severe asthma. This includes diagnosis and assessment of level of asthma control and severity of asthma, review of the patient's use of and access to asthma related medication and devices, provision of an asthma action plan and asthma self-management education.</p>  | <p>Subgroups A18.3, A19.3</p>                  |

## GP - Other

Reported services

Description

BTOS/Group/subgroup/  
item included<sup>(a)</sup>

GP subtotal - Other

GP subtotal - Other includes: GP Short (Level A), GP Standard (Level B), GP Long (Level C), GP Prolonged (Level D), Non-referred Medical Practitioner attendances, GP Focussed Psychological Strategies and Family Group Therapy, GP Prolonged - Imminent danger of death, GP Acupuncture, GP Pregnancy support counselling and GP Telehealth (patient-end support) services. These are non-referred attendances by a GP or other medical practitioner. Does not include after-hours GP enhanced primary care and PIP services.

Groups A1, A2, A5, A6, A7, A16, A27, A30 and subgroup A20.2 (all items/groups below)

GP Short (Level A)

Professional attendance by a GP for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.

Items 3, 4, 20

GP Standard (Level B)

Professional attendance by a GP lasting less than 20 minutes, involving (where clinically relevant) taking patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, and/or providing appropriate preventive health care.

Items 23, 24, 35

GP Long (Level C)

Professional attendance by a GP lasting at least 20 minutes, involving (where clinically relevant) taking detailed patient history, performing a clinical examination, arranging any necessary investigation, implementing a management plan, and/or providing appropriate preventive health care.

Items 36, 37, 43

GP Prolonged  
(Level D)

Professional attendance by a GP lasting at least 40 minutes, involving (where clinically relevant) taking extensive patient history, performing a clinical examination, arranging any necessary investigations, implementing a management plan, and/or providing appropriate preventive health care.

Items 44, 47, 51

Other Non-referred Medical Practitioner attendances

Non-referred Medical Practitioner attendances by a medical practitioner who is not a vocationally registered GP. These services are broadly similar to the other GP services included in this report. Includes services provided to patients in the community and residential aged care facilities.

Groups A2, A16

GP Focussed Psychological Strategies and Family Group Therapy

Includes Focussed Psychological Strategies for patients with assessed mental disorders by an eligible GP, and family group therapy. The provision of Focussed Psychological Strategies to a patient must be made either in the context of a GP Mental Health Treatment Plan, shared care plan or a psychiatrist assessment and management plan.

Subgroup A20.2, Group A6

GP Prolonged - Imminent danger of death

Prolonged attendance for a patient in imminent danger of death. Services range from at least 1 hour to 5 hours or more.

Group A5

GP Acupuncture

Professional attendance at which acupuncture is performed by a medical practitioner who is a qualified medical acupuncturist by application of stimuli on or through the surface of the skin by any means. For the purpose of payment of Medicare benefits "acupuncture" is interpreted as including treatment by means other than the use of acupuncture needles where the same effect is achieved without puncture, e.g. by application of ultrasound, laser beams, pressure or moxibustion, etc.

Items 173, 193, 195, 197, 199

GP Pregnancy Support Counselling

Non-directive pregnancy support counselling services provided to a person who is pregnant or who has been pregnant in the 12 months preceding the first service, by a medical practitioner (including a GP, but not including a specialist or consultant physician).

Group A27

GP Telehealth (patient-end support)

Provision of clinical support by a medical practitioner to a patient (in a telehealth eligible area) who is participating in a video conferencing consultation with a specialist or consultant physician.

Group A30

#### Nursing and Aboriginal Health Workers

| Reported services                                    | Description  | BTOS/Group/subgroup/item included <sup>(a)</sup>   |
|--|--|--|
| <b>Nursing and Aboriginal Health Workers (total)</b> | Includes services provided by Practice Nurses, Aboriginal Health Workers, Midwives and Nurse Practitioners.  | Groups M2, M12, M13, M14 (Practice Nurse/Aboriginal Health Worker, Midwifery and Nurse Practitioner items) |
| <b>Practice Nurse/Aboriginal Health Worker</b>       | Service by a practice nurse, Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner provided on behalf of, and under the supervision of, a medical practitioner. This group includes telehealth patient-end support services. These services do not require a referral. | Groups M2, M12   |

|                            |  |           |
|----------------------------|--|-----------|
| <b>Midwifery</b>           | Antenatal, intrapartum and postnatal care provided by participating midwives who have a collaborative arrangement with an authorised medical practitioner in place that must provide for consultation, referral or transfer of care as clinical needs dictate, to ensure safe, high quality maternity care. This group includes telehealth patient-end support services. | Group M13 |
| <b>Nurse practitioners</b> | Services provided by nurse practitioners who have a collaborative arrangement with an authorised medical practitioner so they can assist if clinically relevant. Includes, but is not limited to, clinical examinations, implementing management plans, and telehealth patient-end support services.   | Group M14 |

#### Allied Health attendances

| Reported services                        | Description   | BTOS/Group/subgroup/item included <sup>(a)</sup>   |
|--|---|--|
| <b>Allied Health attendances (total)</b> | Allied Health attendances total includes Medicare-subsidised primary health services provided by a broad range of health professionals who are not doctors, nurses or dentists, comprising all services provided in the Optometry, Mental Health Care, Physical Health Care, and 'Other' allied health subtotals. These services are generally only available to patients with chronic, mental, developmental, and/or complex health conditions with a referral from a GP or specialist medical practitioner. | BTOS 150 <sup>(c)</sup> , 900 (Allied health subtotals: Optometry, Mental Health Care, Physical Health Care and Other) |

#### Allied Health - Optometry

| Reported services                         | Description   | BTOS/Group/subgroup/item included <sup>(a)</sup> |
|---|---|--|
| <b>Allied Health subtotal - Optometry</b> | Optometry services provided by eligible optometrists for the assessment of vision and diagnosis and treatment of other eye conditions. In general, asymptomatic patients aged less than 65 years are eligible for a Medicare-subsidised optometry service every 3 years, while asymptomatic patients aged 65 or over are eligible every year. Some patients may be eligible for more frequent Medicare-subsidised services (e.g. patients with progressive disorders or significant changes in visual function). Prior to 1 January 2015 asymptomatic patients aged less than 65 years were eligible every 2 years. From 1 September 2015, includes patient-end telehealth support services, where optometrists can provide clinical support to their patient during video consultations with ophthalmologists. Does not include the purchase of glasses or contact lenses; cosmetic surgery; tests for fitness to undertake sporting, leisure or vocational activities; or attendances on behalf of teaching institutions on patients of supervised students of optometry. | BTOS 900   |

#### Allied Health - Mental Health Care

| Reported services                                  | Description  | BTOS/Group/subgroup/item included <sup>(a)</sup>              |
|--|--|---|
| <b>Allied Health subtotal - Mental Health Care</b> | Allied Health subtotal - Mental Health Care includes assessment, treatment and management of patients with mental disorders by clinical psychologists, other psychologists and other allied mental health workers. Does not include psychiatry services. Note: From 1 November 2017, patients living in telehealth eligible areas (regional, rural and remote Australia) were able to claim telehealth psychological services. | Groups M6, M7, items 10956, 10968, 81325, 81355, 82000, 82015 |
| <b>Clinical Psychologist<sup>(d)</sup></b>         | Psychological therapy services provided by eligible clinical psychologists. Includes individual attendances, group therapy, and telehealth video consultations. Note: Clinical psychologists may also claim services included in the 'Other Psychologists' and 'Other Allied Mental Health' categories.  | Group M6  |

|   |   |  |
|---|---|--|
| <b>Other Psychologist<sup>(d)</sup></b>         | Focused Psychological Strategies and enhanced primary care services provided by any eligible psychologist, including clinical and other psychologists (i.e. fully registered psychologists in the relevant jurisdiction regardless of any specialist clinical training). Includes individual attendances, group therapy, and telehealth video consultations.  | Group M7 (first half: 80100 - 80121); items 10968, 82000, 82015, 81355 |
| <b>Other Allied Mental Health<sup>(d)</sup></b> | Mental health services provided by other allied health professionals such as occupational therapists, mental health nurses, Aboriginal health workers and some social workers. Psychologists (clinical or other) may also provide some of these services, however they cannot be readily separated from the other mental health workers included in the group. These services cover Focused Psychological Strategies—allied mental health (occupational therapist and social worker items) and enhanced primary care—allied health (mental health worker item). Includes individual attendances, group therapy, and telehealth video consultations. | Group M7 (second half: 80125 - 80171); items 10956, 81325              |

#### Allied Health - Physical Health Care

| <b>Reported services</b>                             | <b>Description</b>  | <b>BTOS/Group/subgroup/item included<sup>(a)</sup></b>                     |
|--|---|--|
| <b>Allied Health subtotal - Physical Health Care</b> | Allied Health subtotal - Physical Health Care includes physiotherapy, exercise physiology, chiropractic and osteopathy services provided to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent.   | Items 10960, 81335, 10953, 81315, 81110, 81115, 10964, 81345, 10966, 81350 |
| <b>Physiotherapy<sup>(e)</sup></b>                   | Physiotherapy service involving the non-surgical treatment of musculoskeletal and related pain and movement issues. Provided by an eligible physiotherapist to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent.                                      | Items 10960, 81335   |
| <b>Exercise Physiology</b>                           | Exercise physiology service involving exercise-based interventions for a broad range of health conditions. Provided by an eligible exercise physiologist to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent. Includes individual and group services. | Items 10953, 81315, 81110, 81115   |
| <b>Chiropractic Services</b>                         | Chiropractic service involving the non-surgical treatment of musculoskeletal and related pain and movement issues. Provided by an eligible chiropractor to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent.  | Items 10964, 81345   |
| <b>Osteopathy</b>                                    | Osteopathy service involving the non-surgical treatment of musculoskeletal and related pain and movement issues. Provided by an eligible osteopath to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent.   | Items 10966, 81350   |

#### Allied Health - Other

| <b>Reported services</b> | <b>Description</b> | <b>BTOS/Group/subgroup/item included</b> |
|--------------------------|--------------------|--|
|--------------------------|--------------------|--|

|   |   |  |
|---|---|--|
| <b>Allied Health subtotal - Other</b>     | Allied Health subtotal - Other includes podiatry, dietetics, occupational therapy, speech pathology, diabetes education, audiology and other allied health services provided to a person who has a chronic, developmental, and/or complex health condition and/or is of Aboriginal or Torres Strait Islander descent.   | Items 10962, 81340, 10954, 81320, 81120, 81125, 10958, 81330, 82010, 82025, 10970, 81360, 82005, 82020, 10951, 81305, 81100, 81105, 10952, 81310, 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327, 82332, 81000, 81005, 81010, 82030, 82035, 10950, 81300 |
| <b>Podiatry</b>                           | Podiatry service involving diagnosis and treatment of disorders of the foot, ankle and lower extremity. Provided by an eligible podiatrist to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent.   | Items 10962, 81340   |
| <b>Dietetics</b>                          | Dietetics service provided by an eligible dietitian to help patients appropriately manage their diet and nutrition. Eligible patients include people who have a chronic condition and complex care needs, and/or are of Aboriginal or Torres Strait Islander descent. Includes individual and group services.   | Items 10954, 81320, 81120, 81125   |
| <b>Occupational Therapy<sup>(f)</sup></b> | Occupational therapy service involving the assessment and intervention to develop, recover, or maintain meaningful activities, or occupations. Provided by an eligible occupational therapist to a person who has a chronic condition and complex care needs; and/or is of Aboriginal or Torres Strait Islander descent; or is a child aged under 15 years for the diagnosis or treatment of a pervasive developmental disorder (PDD) or an eligible disability.  | Items 10958, 81330, 82010, 82025   |
| <b>Speech Pathology</b>                   | Speech pathology service involving the diagnosis and treatment of communication disorders of eligible patients with a referral, including people with chronic and complex conditions, children aged under 13 years, or for the treatment of a PDD for children aged under 15 years.   | Items 10970, 81360, 82005, 82020   |
| <b>Diabetes Education</b>                 | Diabetes education service to assist in managing diabetes by enhancing patient's knowledge about diabetes and self-management. Provided by an eligible diabetes educator to a person who has a chronic condition and complex care needs, and/or is of Aboriginal or Torres Strait Islander descent. Includes individual and group services.   | Items 10951, 81305, 81100, 81105   |
| <b>Audiology<sup>(e)</sup></b>            | Audiology service involving the diagnosis, treatment, and monitoring of disorders of the auditory and vestibular systems. Provided by an eligible audiologist to a person who has a chronic condition and complex care needs; and/or is of Aboriginal or Torres Strait Islander descent; or for the diagnosis and/or treatment and/or management of ear disease or a related disorder; or for the detection of permanent congenital hearing impairment of an infant or child.   | Items 10952, 81310, 82300, 82306, 82309, 82312, 82315, 82318, 82324, 82327, 82332  |
| <b>Other Allied Health</b>                | Medicare-subsidised allied health services not included in the above six sub-groups. Includes Aboriginal or Torres Strait Islander health services by an eligible Aboriginal health worker or eligible Aboriginal and Torres Strait Islander health practitioner; non-directive pregnancy support counselling services provided by an eligible psychologist, social worker or mental health nurse; and audiology, optometry, orthoptic or physiotherapy health services provided to a child aged under 13 years with a PDD or eligible disability. To protect confidentiality, these items were combined. | Items 81000, 81005, 81010, 82030, 82035, 10950, 81300  |

Diagnostic Imaging

| Reported services | Description | BTOS/Group/subgroup/item included <sup>(a)</sup> |
|-------------------|-------------|--|
|-------------------|-------------|--|

|  |   |          |
|--|---|----------|
| <b>Diagnostic Imaging services (total)</b> | Medicare-subsidised diagnostic imaging procedures such as X-rays, computerised tomography scans, ultrasound scans, magnetic resonance imaging scans and nuclear medicine scans. | BTOS 600 |
|--|---|----------|

#### Specialist attendances

| Reported services                               | Description  | BTOS/Group/subgroup/item included <sup>(a)</sup>                                       |
|---|--|--|
| <b>Specialist attendances (total)</b>           | Specialist attendances include psychiatry services and early intervention services for children, as well as other specialist attendances not reported separately in this report. Specialist attendances are Medicare-subsidised referred patient/doctor encounters, such as visits, consultations, and attendances by video conference, involving medical practitioners who have been recognised as specialists or consultant physicians for Medicare benefits purposes.   | BTOS 200 (Psychiatry, Early Intervention and other services – not reported separately) |
| <b>Psychiatry</b>                               | Medicare-subsidised services provided by a psychiatrist, including patient attendances (or consultations), group psychotherapy, tele-psychiatry, case conferences and electroconvulsive therapy. Electroconvulsive therapy may be provided by either a psychiatrist or another medical practitioner together with an anaesthetist.   | Group A8, A15 (855, 857, 858, 861, 864, 866), T1.13 (14224)                            |
| <b>Early Intervention Services for Children</b> | Professional attendance of at least 45 minutes, by a consultant paediatrician, consultant physician or specialist of another discipline, or GP, for assessment, diagnosis and preparation of a treatment and management plan for a child aged under 13 years with autism, another PDD or another eligible disability. This may include referral to Medicare-subsidised allied health treatment services available through the <i>Helping Children with Autism</i> program. | Group A29  |

Sources: AHPA 2017; Department of Health 2018.

#### Notes

- Medicare codes are based on the 1 May 2018 [Medical Benefits Schedule book](#) (Department of Health 2018c). Broad Type of Service (BTOS) groups similar Medicare services. See Appendix B of the Technical note for services contained in each BTOS. MBS items can also be grouped into a hierarchy of 'Group' - 'Subgroup' - 'Item'. MBS Groups start with a letter followed by a two numbers, e.g. Group A15. All items within a nominated group are included, unless stated. An MBS Subgroup is represented by a Group code followed by a full stop and a number, e.g. Subgroup A15.1. This indicates all items within the subgroup have been included, unless stated. Where a Group or Subgroup is followed by numbers in brackets (e.g. A15.2 (735-779)), only the MBS items in the brackets are included.
- Excludes item 6087 (Health Care Home MBS item) to protect confidentiality.
- Excludes items in groups N1, N2, N3 (Medicare Chronic Disease Dental Scheme), which ceased 1 December 2012.
- 'Clinical psychologist' refers to 'Clinical psychologist psychological therapy services'. 'Other psychologist' includes other psychology services that can be provided by clinical psychologists or other psychologists. Psychologists (clinical or other) also provide some 'Other Allied Mental Health' services.
- Does not include 'Other Allied Health' MBS items 82030 and 82035.
- Does not include the 'Other Allied Mental Health' MBS items 80145 and 80146 (*Mental health services provided by occupational therapists*).

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## Notes

### Amendments

**11 Oct 2019** - since publication in September 2019:

- Descriptive text changes to MBS service type GP Mental Health Treatment Plan, GP Mental Health Treatment and GP Chronic Disease Management Plan have been applied to improve the clarification of the services included in these groups
- All relevant content, including the Key findings, Technical Note (PDF), Technical Information, Excel download and .CSV files, have been updated.

**2 Sep 2020** - since publication in October 2019:

- A number of minor terminology and formatting changes were made to improve consistency and clarify the methodology.
  - The service group label 'Other Non-referred Medical Practitioner' has been revised to 'Other Non-referred Medical Practitioner attendances'. This change is reflected across all relevant content, including Excel download, .CSV file and Technical Information.
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## Data

Data from this report is included in and expanded upon in the [latest edition](#).

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[Data tables: Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18](#)

[Download Data tables: Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18. Format: XLSX 21.4Mb](#) XLSX 21.4Mb

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[Data tables: CSV file Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18](#)

ZIP folder containing 5 years of Medicare data (2013-14 to 2017-18) in comma-separated values (CSV) format and accompanying metadata. The files are intended for loading into analytical software for further analysis. See the readme document within the zip for further details.

[Download Data tables: CSV file Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18.](#)

Format: ZIP 13.9Mb ZIP 13.9Mb

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## Report editions

### Newer releases

- Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2018-19 | 01 Oct 2020

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### This release

Medicare-subsidised GP, allied health and specialist health care across local areas: 2013-14 to 2017-18 | 26 Sep 2019

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## Related material

### Related topics

- [Health & welfare expenditure](#)
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