Palliative care in general practice

General practitioners (GPs) play a critically important role in palliative care as well as the health-care system more broadly. However, there is no nationally consistent, routinely collected primary healthcare data collection that enables reporting on the provision of palliative care by GPs.

Furthermore, the Medicare Benefits Schedule (MBS) includes specific items for palliative medicine specialist services (delivered by palliative medicine specialists) for which it will reimburse a proportion of the MBS fee (see Services provided by palliative medicine specialists section); however, there are no equivalent palliative care-specific items that can be used by GPs. GPs use other MBS items, for example, those for chronic disease management and home visit items, when providing patients with palliative care. Consequently, palliative care-related services delivered by GPs cannot be established from existing Medicare data.

This section presents information on palliative care-related encounters provided by GPs using data from the Bettering the Evaluation and Care of Health (BEACH) survey of general practice activity—currently the only available data source that can support this reporting.

Key points

- In 2014–15, about 1 in 1,000 GP encounters reported for the BEACH collection was palliative care-related.
- About 9 in 10 palliative care encounters were with people aged 65 and over, and 5.0% were with those aged under 55.
- Females accounted for a greater proportion of GP palliative care-related encounters (66.5%) than males (33.5%), but there was no difference between the sexes in palliative care encounter rates (about 1 per 1,000 of GP encounters with both males and females involved palliative care).
- In 2014–15, 3.1% of palliative care-related encounters were recorded as being with Indigenous Australians.

The information in this section was last updated in October 2016.

BEACH survey data

The BEACH survey is a paper-based survey of a sample of GPs and their encounters with patients. The BEACH survey provides information on the reasons patients visited the GP, the problems managed and the types of management provided for each problem.

The 2014–15 BEACH data presented in this section relate to 98,700 GP encounters from a sample of 995 GPs over the period from April 2014 to March 2015, inclusive. After weighting (to ensure that national general practitioner age, sex and activity patterns are reflected) the data include 98,728 (weighted) encounters (Britt et al. 2015). For further information about the 2014–15 BEACH survey methodology see the Family Medicine Research Centre General practice activity in Australia 2014–15 report.

Palliative care-related encounters in this section have been identified using four ICPC-2 PLUS palliative care-related codes that were recorded against three discrete BEACH survey data elements (that is, Reason for encounter, Problem/Diagnosis and Referral).
Palliative care-related encounters

According to the BEACH data, about 1 in 1,000 GP encounters in 2014–15 were palliative care-related. This corresponds to approximately 5 encounters per 1,000 population in 2014–15 (Table GP.1). It should be noted that palliative care-related GP encounters are difficult to define as palliative care is not a medical diagnosis in its own right; rather, it is a process related to a stage in managing an illness. As such, GPs may record the problem(s) they manage as part of the palliative care process (for example, lung cancer)—not the palliative care process itself. In cases where the patient’s health is gradually deteriorating and there is no specific problem being dealt with, palliative care may be recorded as the problem managed. As such, the number of encounters reported as palliative care is likely to be an underestimate of the actual number of palliative care-related encounters by GPs.

Patient demographics

In 2014–15, about 9 in 10 palliative care GP encounters were with people aged 65 and over, and 5.0% with those aged under 55 (Figure GP.1). Females accounted for a greater proportion of GP palliative care-related encounters (66.5%) than males (33.5%), but there was no difference between the sexes in palliative care encounter rates (about 1 per 1,000 of encounters with both males and females). In 2014-15, 3.1% of palliative care-related encounters were recorded as being with Indigenous Australians, in line with the proportion of the population which is Indigenous (Table GP.2).

Figure GP.1: Palliative care-related GP encounters by age group, 2014–15

Source: Family Medicine Research Centre (University of Sydney) 2015 analysis of BEACH Survey 2014—15. Source data Patient demographics for palliative care-related encounters, BEACH survey 2014–2015 (Table GP.2) (225KB XLS).
## Key Concepts

### Palliative care in general practice

<table>
<thead>
<tr>
<th>Key Concept</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Encounter</strong></td>
<td><strong>Encounter</strong> refers to any professional interchange between a patient and a GP; it includes both face to face encounters and indirect encounters where there is no face to face meeting but where a service is provided (for example, a prescription or referral).</td>
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| **General practitioner**  | A **general practitioner** is a medical practitioner who provides primary comprehensive and continuing care to patients and their families within the community.  
A GP is a medical practitioner who is vocationally registered under Section 3F of the Health Insurance Act 1973 (Cwlth), and/or a Fellow of the Royal Australian College of General Practitioners, or a general practice registrar. |
| **International Classification of Primary Care – Version 2 (ICPC-2) and ICPC-2 PLUS.** | **International Classification of Primary Care – Version 2 (ICPC-2)** is the declared national standard in Australia for reporting of health data from general practice and patient self-reported health information. The following BEACH data elements are classified according to the ICPC-2:  
- patient reasons for encounter (RFEs)  
- problems managed  
- clinical treatments (for example, counselling, advice)  
- procedural treatments  
- referrals  
- investigations ordered (including pathology, imaging and other investigations).  
Free text received from GPs is coded by trained secondary coders into a more detailed Australian interface terminology called **ICPC-2 PLUS**, each term of which is classified according to ICPC-2. |
| **Palliative care-related encounter** | A **palliative care-related encounter** is an encounter which includes GP-recorded terms relevant to one or more of the four ICPC-2 PLUS palliative care-related terms in one or more of the following three BEACH survey data elements:  
- Patient reasons for encounter  
- Problems managed  
- Referral.  
The four ICPC-2 PLUS palliative care terms are:  
A28011 Palliative care  
A46020 Palliative care consultation  
A67015 Referral; hospice |