

Background

General practice is the usual point of entry into the Australian medical care system. Lack of patient registration with a practitioner or a practice means that patients may visit multiple general practitioners in multiple practices at any time. The costs of general practice consultations are largely borne by government with a rebate equal to 85% of the scheduled fee for service (Department of Human Services and Health 1995). Between 1990–91 and 1996–97 the number of claims for general practice consultations rose by approximately 21%, from 85 million to 103 million (AIHW 1998). Population growth over the same period was only 6.4% (ABS 1990, HIC 1999). In 1995–96 Medicare payments for general practice services totalled more than \$2.3 billion and general practice generated secondary costs of a further \$3 billion (AIHW 1998). However, there has been no ongoing system of monitoring the clinical activities of general practice.

Recently some monitoring of general practice has been undertaken using data from the Pharmaceutical Benefits Scheme and/or the Medicare Benefits Schedule. For example, the Health Insurance Commission (HIC) can provide data estimates based on service item number; patient age and gender; the number of different GPs seen by groups of the population; and, more recently, the prescribing and test-ordering patterns of individual GPs. However, the Commission has no data relating such variables to the morbidity under management or other patient socio-demographics. With very few exceptions (which rely on the assumption of diagnosis on the basis of drug prescribed), the HIC data cannot describe the problems dealt with by GPs or how these problems are being managed.

Australian general practice data

Over the last two decades only three major studies of general practice service provision in Australia have been undertaken (National Morbidity Survey Sub-committee 1966, 1969; Royal Australian College of General Practitioners 1976; Bridges-Webb et al. 1992). The most recent was the survey of morbidity and treatment in general practice in Australia in 1990–91 (the Australian Morbidity and Treatment Survey 1990–91), funded by the National Health and Medical Research Council and the General Practice Evaluation Program and conducted by the Family Medicine Research Unit at the University of Sydney. The study involved a national random sample of 495 GPs (stratified by State) who each recorded details of all surgery and home consultations for two periods of one week, six months apart. Encounter details were recorded on structured paper forms and GP recording weeks were evenly spread throughout the year. The resulting database incorporated records of over 110,000 doctor–patient encounters and included more than 160,000 problem contacts (Bridges-Webb et al. 1992).

While the Australian Morbidity and Treatment Survey data have been extensively analysed in past years, the data are now well out of date, particularly those pertaining to pharmaceutical prescribing. Federal and State government departments, university and other researchers, postgraduate research students, government instrumentalities and industry need up-to-date information.

Recognising the need for timely, quality data that can describe the activities of general practice, the Australian Institute of Health and Welfare and the University of Sydney created a new collaborating unit called the General Practice Statistics and Classification Unit (GPSCU). which is situated within the University's Family Medicine Research Unit, Department of General Practice, at Westmead Hospital. The GPSCU has three responsibilities:

- to fill the void in information about the activities of general practice, the patients seen, the problems managed and the management techniques utilised;
- to further develop classification systems for primary care;
- to further develop data collection and analytical techniques required for future collection of longitudinal patient-based data through direct download of de-identified general practice electronic health records.

The first of these objectives is being satisfied by the introduction of the *BEACH* (Bettering the Evaluation And Care of Health) program, continuous data collection in general practice.

BEACH: Bettering the Evaluation And Care of Health

BEACH is a collaborative study between the Australian Institute of Health and Welfare and the University of Sydney and is being conducted under the Australian Institute of Health and Welfare Act 1987. It is being supported by a consortium of government instrumentalities and the pharmaceutical industry and is part of the National Health Information Management Work Program.

Organisations contributing financially to the conduct of this study are

- ◆ the Commonwealth Department of Health and Aged Care
- ◆ Astra Pharmaceuticals
- ◆ the Commonwealth Department of Veterans Affairs
- ◆ Roche Products Pty Ltd
- ◆ the National Occupational Health and Safety Commission
- ◆ Rhône-Poulenc Rorer Australia Pty Ltd

The program is overseen by the *BEACH* Advisory Board, consisting of representatives of the General Practice Statistics and Classification Unit and the Australian Institute of Health and Welfare, each of the contributing organisations, the Royal Australian College of General Practitioners, the Australian Medical Association, the Consumers Health Forum and the Australian Divisions of General Practice.

BEACH combines health services research with traditional epidemiological research, as patient risk factors or health states are assessed in parallel with health care delivery. This information will provide general practice population estimates of the incidence and prevalence of conditions and risk factors. It will also serve to investigate the relationships between risk factors and health states and other aspects of the consultation (for example, problems managed).

Aims

The *BEACH* program has three primary aims:

- to provide a reliable and valid data-collection process for general practice which is responsive to the ever-changing needs of information users,
- to establish an ongoing database of GP-patient encounter information,
- to assess patient risk factors and health states and the relationship these factors have with health service activity.