

# 1 Introduction

This publication is the 23rd book in the series from the BEACH (Bettering the Evaluation And Care of Health) program. This report includes summary results from 10 years of the program, from 1998–99 to 2007–08 inclusive.

BEACH is a continuous national study of general practice activity conducted by the Australian General Practice Statistics and Classification Centre (AGPSCC). The AGPSCC is a collaborating unit of the Family Medicine Research Centre at the University of Sydney and the Australian Institute of Health and Welfare (AIHW). BEACH is currently supported financially by government instrumentalities and private industry (see Acknowledgments).

BEACH began in April 1998, and at the end of its 10th year (March 2008) the BEACH database included records for almost 1 million encounters from 9,874 participants representing more than 7,400 individual general practitioners (almost half of the practising recognised GP population in Australia).

Annual results from the BEACH study are published each year. The most recent of these, released in parallel with this book, is *General practice activity in Australia 2007–08*, available from <[www.aihw.gov.au/publications/index.cfm/subject/19](http://www.aihw.gov.au/publications/index.cfm/subject/19)> (AIHW catalogue number GEP 22).

This book brings the 10 years of data together to provide a reference document for those interested in changes that have occurred over the past decade in the GP workforce, the patients consulting them, the problems managed and the treatments provided by GPs.

For convenience, the methods for the BEACH study, drawn from the most recent BEACH report 2007–08 are attached as Appendix 1. A brief summary of these methods together with additional information about methods used specifically in this report, or essential to understanding the report are provided in Chapter 2.

The structure of this report follows the usual approach of the annual BEACH reports. Ten years of results are provided for the GPs, the patients and the problems managed, together with an overview of management, specific chapters for each management action and a chapter on practice nurse activity. Changes in the prevalence of some risk factors among patients at GP encounters are also presented.

Each chapter contains an overview of the section (including definitions where relevant), the results tables and a brief description of each table. In the tables, statistically significant changes in results between 1998–99 (or 2000–01 if relevant) and 2007–08 are marked. The national effect of significant change can be estimated by extrapolating the BEACH result to all GP Medicare claimed encounters. An example of an extrapolation of a measured change is provided for each table. The method adopted for extrapolation of the effect of a change is described in Section 2.4. The reader can apply this method to any significant change in the data presented, to gain an estimate of the size of the national change in frequency of an event, occurring as a result of changes in general practice.

In this report we do not investigate changes in (for example) the GP use of medications, referrals and investigations in the management of a specific problem, or changes in the problems presented by selected groups of patients. Such work is underway and will be published in mid-2009 for selected topics, including many of Australia's National Health Priority Areas.<sup>1</sup>

## 1.1 Background—general practice in Australia

- In December 2007 the estimated population of Australia was 21.2 million people.<sup>2</sup>
- GPs are the first port of call in the Australian health care system.
- There were 98 full-time equivalent practising primary care practitioners per 100,000 people in Australia in 2005.<sup>3</sup>
- About 88% of the Australian population visited a GP at least once in 2005–06.<sup>4</sup>
- Payment is on a fee-for-service system, there being no patient lists or registration.
- People are free to visit multiple practitioners and multiple practices of their choice.
- There is a universal medical insurance scheme (managed by Medicare Australia), which covers all or most of an individual's costs for a GP visit.
- In 2007–08, 107 million general practitioner items of services were paid by Medicare Australia at an average rate of more than five visits per person per year.<sup>5</sup> GPs provided an estimated additional 6.6 million services paid for by other funders (such as workers compensation, state government) or not charged for at all.<sup>6</sup> In 2007, the primary cost to Medicare for GP items was over \$4 billion.<sup>5</sup>

BEACH gives us some understanding of the content of these encounters and of the services and treatments that GPs provide. The BEACH program aims to:

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

Users of the BEACH data might wish to consolidate information from multiple national data sources. Integration of data from multiple sources can provide a more comprehensive picture of the health and health care of the Australian community. It is therefore important that readers are aware of how the BEACH data differ from those drawn from others. A summary of differences between those data collected in BEACH compared with those in the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme and the National Health survey is available in *General practice activity in Australia 2007–08* (Section 1.3).<sup>7</sup>

The BEACH program has generated many papers on a wide range of topics in journals and professional magazines. Appendix 7 lists all published material from BEACH. A complete list of publications is also available from the Family Medicine Research Centre's (FMRC) website <[www.fmrc.org.au/publications/](http://www.fmrc.org.au/publications/)>.