

**Submission Id:** 5261

**Title**

*Insights into the financial viability of Australian general practices: implications for primary care reform*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

**Context:** General practice is considered the frontline of primary health care in Australia with nearly nine out of ten Australians seeing a general practitioner (GP) each year. As part of the Federal Government's initial COVID-19 response, Australia's national health insurer, Medicare, introduced funding for telephone and video services ('telehealth') and a requirement to provide these services with no out-of-pocket charges to patients.

**Objective:** To understand the impact of the COVID-19 pandemic and Government response on the financial viability of general practices in Australia.

**Study Design and Analysis:** Quantitative analysis of general practice activity and billings

**Setting or dataset.** General practices contributing data to the Population Level Analysis and Reporting (POLAR GP) database- a sample of more than 800 general practices who provide care to more than 30% of the Australian population.

**Population Studied** Community based general practices.

**Outcome measures:** Monthly income from Medicare services, proportion of consultations associated with bulk-billing incentive (as a proxy for consultations provided without out-of-pocket costs).

**Results.** Data between 2018 and July 2021 were analysed for 856 general practices. In the 2 years prior to the pandemic, practice income fluctuated seasonally with spikes in March and July. Since March 2020 and the introduction of publicly funded telehealth, monthly consultations and Medicare practice income have increased on average, compared with the two years prior to pandemic onset. Seasonal variation in activity and income were amplified during the first two years of the pandemic. Data indicated increases in the proportion of consultations associated with bulk-billing incentive in since the start of the pandemic, suggesting an increase in the proportion of fee-free consultations.

Conclusions. Medicare services and income for practices increased during the first 18 months of the pandemic. However, increased access to fee-free visits, and increased costs in delivering care safely during the pandemic have impacted the financial viability of many practices.