The mosaic of general practice bulk billing in regional Victoria

Prevalence of chronic disease is typically higher in rural Australia than in major cities, and health outcomes are often poorer. A recent report found that patients with at least one chronic disease account for 51–66% of rural and regional general practice consultations, and consultations for chronic disease may be longer and more complex than standard appointments. This report suggested that bulk-billing clinics are turning away patients who were requiring longer consultations, as these consultations are becoming financially unviable. In rural areas, increased rates of complex cases without a concomitant increased rebate places further strain on the bulk-billing clinics, and consequently affects access to care for patients with complex needs, including patients with chronic disease and patients with poor mental health.

Publically available data suggest that although bulk-billing rates have consistently increased throughout Australia over the past 12 years, the rates in inner regional areas remain lower (81.6%), compared with major cities (85.8%), outer regional areas (84.5%) and remote areas (remote 84.6%, very remote 92.7%; Figure 1). Rates of bulk billing also vary within individual regional Primary Health Networks. For example, the Murray Primary Health Network (MPHN) in regional Victoria, which encompasses the authors’ university Department of Rural Health sites, spans almost 100,000 square kilometres from Mildura to Albury and is primarily inner and outer regional. Within the MPHN there are 12 districts of general practice workforce shortage, including Wangaratta. Numbers of bulk-billed general practice services across the MPHN are lower than the national average. In some inner regional areas of the MPHN, rates of general practice bulk billing are below 70% (eg 69.2% in Wangaratta and Benalla). Access to bulk-billing clinics may be even more constrained for new patients in rural areas.

Although vulnerable communities exist in metropolitan areas, vulnerable patients residing in rural areas with low rates of bulk-billing general practice services may need to travel substantial distances to access bulk-billing services, or may forego or delay necessary general practice appointments. Vulnerable people may turn to emergency departments or other services that do not require co-payment. Bulk-billing regional clinics providing low-cost access to some specific services – for example, women’s health services – provide an avenue for patients who would otherwise be compelled to travel to metropolitan areas, incurring substantial costs. However, these services may diminish without support for general practice providers. Performance indicator data track patients who report not being able to see a general practitioner when they needed to because of cost.

Within the MPHN region, 4.9% of people reported having delayed or foregone a general practice appointment because of cost in the previous 12 months in 2015–16, though this had improved from 8.8% in 2013–14 and 9.0% in 2014–15. In summary, bulk-billed general practice services may be geographically variable. The financial viability of bulk-billed general practice services appear to be

© The Royal Australian College of General Practitioners 2019
under increasing strain, and this is likely to affect patients with complex needs and the delivery of specific services. These issues may be exacerbated in rural areas. Further research is required to examine the key drivers of regional bulk-billing variability and the associated consequences for vulnerable patients. It is our contention that inequity of access to bulk-billed general practice services needs to be addressed to improve access for vulnerable patients in rural and regional Australia. This may be achieved by increasing incentives for regional general practice bulk billing and rebates for consultations for patients with complex needs.

Authors
Kristen Glenister BSc (Hons), PhD, Research Fellow, Department of Rural Health, University of Melbourne, Vic. Kristen.glenister@unimelb.edu.au
Rebecca Disler PhD, MSc, PDAN, BSc, BN, RB, Senior Research Fellow, Department of Rural Health, University of Melbourne, Vic.
Alana Hulme BAppSc (Hons), MEval, PhD, Research Fellow, Centre for Excellence in Rural Sexual Health, Department of Rural Health, University of Melbourne, Vic.
David Macharia BSc (Hons), MSc, PhD, Research Fellow, Department of Rural Health, University of Melbourne, Vic.

References

Figure 1. Rates of bulk-billed general practice services by Australian geographical area. Data sourced from annual Medicare Benefits Schedule statistics. 2

Australian geographical area
- Major city
- Inner regional
- Outer regional
- Remote
- Very remote