

Defragmentation of care: Synchronous co-consulting

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A 2023 REVIEW of Medicare in Australia found seven major themes inhibiting the ability to deliver universal healthcare.¹ Of these seven, fragmentation of care was the first identified. These themes were echoed in the Strengthening Medicare report, which stated a vision of ‘equitable, affordable, person-centred primary care services’ through ‘coordinated multidisciplinary teams’ and ‘data and digital technology’.² The state of current Australian healthcare from an international viewpoint is captured by the Commonwealth Fund.^{3,4} Australia’s healthcare system was ranked third among high-income countries, but eighth in access to care in 2021.³ By 2024, Australia ranked first in overall healthcare system performance but ninth (out of 10) for access to care.⁴ We believe that the core to maintaining this performance and improving access to care sits with a primary care-centric model that coordinates referrals and management decisions. This article argues that virtual co-consulting is a key step to defragmenting care and improving access to care in an equitable, yet cost-effective way.

The importance of connecting patients, general practitioners and other medical specialists was recognised before the turn of the millennium in the ‘Telematics Policy’ released by the World Health Organization in 1997.⁵ Predicted benefits included reduced waiting times, geographic equity and immediate

sharing of knowledge. Current models of care in Australia are affected by complex financial models, expanding wait times in all sectors, declining bulk-billing rates and geographical distances.^{1,2,6} Previous and current integration innovations, such as Enhanced Primary Care programs and Primary Health Networks, have been implemented with good outcomes. However, the widespread adoption of telehealth because of the COVID-19 pandemic has provided an opportunity for accessible virtual collaborative co-consulting (Figure 1) to expand in Australia.^{7,8}

Access to new models of care are being discussed and proposed in Australia as the complexity of presentations to both general practices and hospitals rises. These proposals range from changes to billing models, pharmacy prescribing, allied health referrals to non-GP medical specialists and new International Medical Graduate pathways. However, it is important to reflect on the importance of the general practitioner (GP) as the core of the healthcare team.^{2,4,5} Current funding models in Australia subsidise the cost to patients for their GP to coordinate care with non-GP specialists and other specific care providers.⁹ However, to access funding, a minimum of three care providers, including the patient’s usual GP, must be present.⁹ Although some discussions are significantly augmented by a third participant,¹⁰ it can present a barrier to collaborative care. If a third care provider, irrespective of the value they bring, needs to be included to meet Medicare Benefits

Schedule (MBS) criteria, an unnecessary barrier to collaborative care is created. We believe this current model of care is driven by outdated funding models rather than value to the patient.

The current MBS is adapting to the virtual care revolution, but new MBS item numbers and virtual infrastructure are needed to support collaborative co-consults beyond the case conferences.¹⁰ We argue that a new MBS item number should be created to support two care providers, of which one is the usual GP collaborating synchronously on a patient’s care. However, the second care provider should be limited to other care providers, as detailed in the current case conference item numbers.⁹ We believe this would enable timely access to non-GP medical specialist advice, keep patients in their community, reduce public hospital wait times, decrease duplication of investigations and facilitate early interventions that are followed-up by the patient’s local healthcare team.

As Australia continues to grow in population and the population ages, pre-emptive steps to maintain general practice as the core of the healthcare system need to be taken. By funding and supporting the virtual care models, such as the one discussed in this article, Australia can maintain its position as providing an exceptional healthcare system.⁴ However, failure to act on this golden opportunity will see a steady decline in access to care, delays in diagnosis, fragmentation of care and worse outcomes for patients.

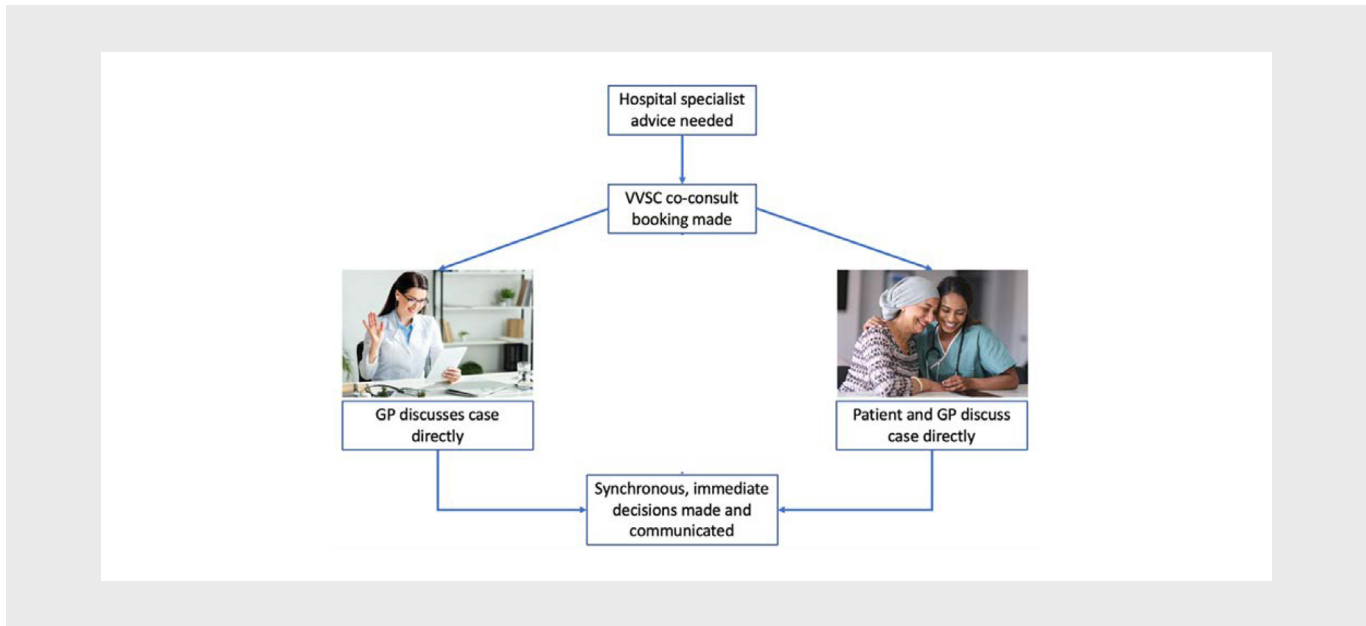


Figure 1. Model of care for synchronous virtual co-consulting at Victorian Virtual Specialist Consults.⁷

GP, general practitioner; VVSC, Victorian Virtual Specialist Consults.

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