

Pre-Budget Submission 2024-25

Royal Australian College of General
Practitioners

29 January 2024

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About the RACGP

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. We are Australia's largest professional general practice organisation representing more than 40,000 members working in or toward a specialty career in general practice, including four out of five GPs in rural Australia. For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

Introduction

The Royal Australian College of General Practitioners (RACGP) appreciates the opportunity to make a submission to the 2024-2025 Federal Budget and acknowledges the Albanese Government's focus on addressing the many challenges facing the primary care sector.

In 2023, the RACGP heralded the Government's \$5.7 billion dollar investment in general practice as a game changer for general practitioners and the patients they support. The 2023-2024 Budget was a critical first step in rebuilding general practice and the primary care sector after a decade long rebate freeze.

However, one Budget can't fix everything. The RACGP's *Pre-budget Submission 2024-25* prioritises further funding requests, in line with Strengthening Medicare Taskforce recommendations and building the GP workforce.

Amongst growing pressure on public hospitals and emergency departments, general practice remains the most efficient and cost-effective part of the healthcare system but needs more support. **For every \$1 spent within the primary care system, \$1.60 worth of healthcare system benefits was observed.**¹

Australia's aging population, coupled with an epidemic of chronic disease, is placing increasing pressure on Australia's health system. The Albanese Government is currently undertaking significant and much-needed reforms. General practice remains highly utilised and accessible, with almost nine in 10 Australians visiting their GP each year. Its long-term viability is critical.

Australia is facing a looming shortage of GPs, with the shortfall expected to approach 11,000 by 2031. This is a result of fewer junior doctors choosing general practice as a speciality (13.1% down from 13.8% in 2021) and the fact that almost three in 10 GPs plan to retire within the next five years. It is essential Australia takes comprehensive steps to boost the prestige and viability of general practice to attract and retain the next generation of GPs. Without this workforce, the entire primary healthcare system is in jeopardy.

The Federal Government's *Strengthening Medicare* reforms will help ensure Australia has the primary healthcare system it needs to provide cost-effective, sustainable healthcare for Australians now and into the future. However, it is essential that any reform program is evidence-based and best practice. Without appropriate research and data, there is no way to track the success of reforms or guide policy modifications.

Developed in line with government priorities, including the [Strengthening Medicare Taskforce Report](#), the RACGP 2024-2025 recommends three key priorities for the 2024-25 Federal budget:

- Ensuring Australia has enough GPs for the future
- Increasing access to primary care for all Australians
- Producing equitable health outcomes through research-informed preventive health and health care

Part A of this submission provides high-level summaries of the RACGP's recommended initiatives aligned to these priorities

Part B of the submission provides further detail on each initiative, the issue it seeks to address and the solutions RACGP's recommended initiatives provide.

We look forward to your positive consideration of the initiatives we have presented.

Should you wish to discuss further detail on any initiative, please contact RACGP Chief Advocacy Officer, Shayne Sutton on 0410 508 541 or Shayne.sutton@racgp.org.au.

Priority area 2 – Strengthening Medicare: Increasing access to primary care for all Australians			
Budget initiative	Rationale	Annual investment (\$)	Alignment with Federal Government priorities
<p>Build General Practice Based Multidisciplinary Care Teams:</p> <p>Double the planned investment in the Workforce Incentive Program – Practice Stream to \$890.2 million over five years</p>	<p>Increase support for collaborative, multidisciplinary care teams to deliver coordinated and continuous care to improve patient outcomes.</p>	<p>\$178 million</p>	<p>Measuring What Matters</p> <p><i>Healthy focus area: Equitable access to quality health and care services</i></p> <ul style="list-style-type: none"> Proportion of people who at least once delayed or did not see a GP when needed due to cost Proportion of people waiting longer than they felt acceptable for an appointment with a GP <p>Strengthening Medicare</p> <p>Taskforce Report recommendation: <i>Increase investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, improving responsiveness to local need, increasing accountability and empowering each team member to work to their full of scope of practice.</i></p>
<p>New bundled payment to support coordination of care for non-indigenous patients aged 75 years and over with multiple comorbidities and all Aboriginal and Torres Strait Islander patients aged 55 years and over via MyMedicare</p>	<p>Optimal coordinated care for older Australians with complex care needs will improve health outcomes and reduce health system expenditure by eliminating fragmentation and duplication.</p>	<p>Year 1 – \$1.3 billion</p> <p>Year 2 – \$1.9 billion</p> <p>Year 3 – \$2.1 billion</p>	<p>Measuring What Matters</p> <p><i>Healthy focus area: Access to care and support services</i></p> <ul style="list-style-type: none"> Proportion of people (aged 65 years or over) living in households, who were satisfied with the quality of assistance in the last six months <p>Strengthening Medicare</p> <p>Taskforce Report recommendation: <i>Support better continuity of care, a strengthened relationship between the patient and their care team, and more integrated, person-centred care through introduction of voluntary patient registration.</i></p> <p>National Health Reform Agreement</p> <p>The Commonwealth will continue to invest in programs designed to minimise the impact of potentially preventable hospital admissions arising from shortcomings in areas within its own direct policy control including investments in national implementation of co-ordination of care models for persons with complex, chronic conditions.</p>

<p>Expand eligibility for Medicare Health Assessment Items</p>	<p>Reduce readmissions to hospital through the provision of continuous care post-hospital discharge.</p>	<p>\$63.4 million</p>	<p>Measuring What Matters</p> <p><i>Healthy focus area: Healthy throughout life</i></p> <ul style="list-style-type: none"> • Proportion of people with one or more selected chronic health conditions <p><i>Healthy focus area: Equitable access to quality health and care services</i></p> <ul style="list-style-type: none"> • Proportion of people who at least once delayed or did not see a medical specialist when needed due to cost • Proportion of people waiting longer than they felt acceptable for an appointment with a medical specialist <p>Strengthening Medicare</p> <p>Taskforce Report recommendation: <i>Support better continuity of care, a strengthened relationship between the patient and their care team, and more integrated, person-centred care through introduction of voluntary patient registration.</i></p> <p>National Health Reform Agreement</p> <p>The Commonwealth will continue to invest in programs designed to minimise the impact of potentially preventable hospital admissions arising from shortcomings in areas within its own direct policy control including investments in national implementation of co-ordination of care models for persons with complex, chronic conditions.</p>
<p>20% increase to all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations with an additional increase applied to MMM 3-7</p>	<p>Longer consultations are essential to addressing, and reducing, Australia’s burden of chronic disease.</p>	<p>\$373.8 million</p>	<p>Measuring What Matters</p> <p><i>Healthy focus area: Healthy throughout life</i></p> <ul style="list-style-type: none"> • Proportion of people with one or more selected chronic health conditions <p><i>Healthy focus area: Equitable access to quality health and care services</i></p> <ul style="list-style-type: none"> • Proportion of people who at least once delayed or did not see a GP when needed due to cost • Proportion of people waiting longer than they felt acceptable for an appointment with a GP <p>Strengthening Medicare</p>

			<p>Taskforce Report recommendation: <i>Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service, with funding for longer consultations and incentives that better promote quality bundles of care for people who need it most.</i></p> <p>Taskforce Report recommendation: <i>Strengthen funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost.</i></p>
20% increase to Medicare rebates for GP mental health items	The 2023 General Practice: Health of the Nation report found psychological issues to be the most common reason for patient presentations for the last seven years. Boosting funding for these consultations will improve health outcomes and substantially contribute to sustainability.	\$59.2 million	<p>Measuring What Matters</p> <p><i>Healthy focus area: Healthy throughout life</i></p> <ul style="list-style-type: none"> Proportion of people who experienced high or very high levels of psychological distress <p>Key Government initiative identified as ‘Strengthening the mental health and suicide prevention system, growing the workforce and laying the groundwork for future reform’.</p>
Decoupling GP Focussed Psychological Strategy items from the Better Access Initiative	Increasing support for mental health care in general practice will improve health outcomes without impacting access to other mental health professionals.	\$2.4 million	<p>Measuring What Matters</p> <p><i>Healthy focus area: Healthy throughout life</i></p> <ul style="list-style-type: none"> Proportion of people who experienced high or very high levels of psychological distress <p>Key Government initiative identified as ‘Strengthening the mental health and suicide prevention system, growing the workforce and laying the groundwork for future reform’.</p>
<p>Universal Annual Child Health Checks – First 2000 days.</p> <p>Introduce funding to support universal annual child health checks during the first 2,000 days</p>	Early detection, screening and surveillance can improve children’s health and development during the formative years leading to improved lifelong outcomes.	\$838 million	<p>Measuring What Matters</p> <p><i>Healthy focus area: Access to education, skills development and learning throughout life</i></p> <ul style="list-style-type: none"> Proportion of children who are developmentally on track in all five domains of the Australian Early Development Census

			Child wellbeing highlighted in a one-off spotlight including a focus on child health and development, alongside development of the Early Years Strategy 2024-2034.
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Part B: Budget initiatives in detail

Priority area 2 – Strengthening Medicare: Increasing access to primary care for all Australians

The [Strengthening Medicare Taskforce Report](#) highlights the importance of preserving Australia's world class health system, underpinned by primary care.⁵ The Federal Budget 2023-24 prioritised the recommendations of the Taskforce and laid the groundwork for future investment in universal healthcare. Good progress has been made but there is more work to be done.

To meet current and future challenges the RACGP is calling for five budget initiatives to strengthen Medicare and support reforms in primary healthcare.

- Implement a top up increase to the Workforce Incentive Payment – Practice Stream of the Practice Incentives Program with a proportion of funds dedicated to the employment of a general practice based pharmacist.
- Introduce funding to support coordination of care by a patient's regular GP.
- Introduce funding to support GPs to see their patient within seven days of an unplanned hospital admission or Emergency Department presentation.
- Implement a 20% increase to Medicare rebates for all Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations with an additional increase applied to MMM 3-7 (as per the distribution of the bulk billing incentive).
- Implement a 20% increase to Medicare rebates for GP mental health items.
- Implement universal annual child health checks via MyMedicare registration during the first 2,000 days to support optimal development.

2.1. Multidisciplinary care teams

Issue:

Evidence shows fragmentation of care increases health system costs and results in poorer health outcomes.

Australia's health system is fragmented, with patient care becoming more complex as the population ages and the prevalence of chronic disease increases.⁶ Implementing best practice multidisciplinary care teams (MDCTs), which enable coordinated, continuous whole of person care, are essential to meeting these challenges. Different types of health professionals work in the primary care setting, all attending to the needs of their patients. Because of the way Medicare is funded these professionals often work independently of each other. The full benefits of multidisciplinary care can only be achieved within a primary care team - ensuring interventions are done by the most appropriate person, and the scope of care for the patient is enhanced, not fragmented.

MDCTs should include a GP working collaboratively with other health professionals such as nurses, nurse practitioners, pharmacists, Aboriginal and Torres Strait Islander Health Practitioners and other allied health practitioners to improve patient outcomes. These teams must be appropriately resourced to coordinate care for patients with complex needs and adaptable to local community needs.⁷ As highlighted in [Measuring What Matters: Australia's First Wellbeing Framework](#), this is a key government initiative designed to better support multidisciplinary care and expand equitable access to coordinated and comprehensive healthcare for all Australians.⁸

The quadruple aim of healthcare encompasses improved patient experience, improved population health, reduced healthcare costs and improved provider experience, which can be enhanced by team-delivered care allowing all providers to work to their full scope of practice.⁷ The support of suitably qualified team members enables GPs to delegate more within the coordinated practice team, freeing up more time for complex or urgent care, resulting in improved access to general practice.

Solution:

Team-based care is widely recognised as best practice in the delivery of primary healthcare services. The [Strengthening Medicare Taskforce Report](#) encourages multidisciplinary team-based care, emphasising the importance of these practitioners working in a collaborative and coordinated manner with the patient at the centre.⁵

To achieve this model of care, significantly increased funding is required for general practices to employ, coordinate and provide oversight to a team of qualified health professionals, including nurses, nurse practitioners and pharmacists. Evidence shows that team-based care contributes to reduced hospital readmission rates and emergency department presentations.⁹ More specifically, recent research showed teams which were predominantly made up of GPs and nurses were associated with a reduction in ED attendances.¹⁰ This study also highlighted the role of general practice based pharmacists, observing a higher prescribing quality and lowered prescribing costs in practices when more pharmacists were employed.¹⁰

The Workforce Incentive Program – Practice Stream (WIP-PS) facilitates patient-centred, multidisciplinary care within general practice. As part of the Federal Budget 2023-24, the Australian Government announced an investment of \$445.1 million over five years to increase the WIP-PS. This commitment is valued and will enable more practices to invest in their care teams, however, further strengthening of this commitment is needed.

The RACGP recommends:

- Implement a top up increase to the Workforce Incentive Program – Practice Stream of the Practice Incentives Program with a proportion of funds dedicated to the employment of a general practice based pharmacist

Measure	Estimated investment required, annually (\$)
Double the planned investment in the Workforce Incentive Program – Practice Stream to \$890.2 million over five years	\$178 million

2.2. Coordination of care

Issue:

Patients with complex health needs and/or chronic disease can face a significant burden when managing their care and interactions across various health and social services. GPs are uniquely placed to provide comprehensive, continuous and coordinated care to patients, bridging the gaps between primary, secondary and tertiary care and other health and social services, such as access to housing and financial support for patients in need of assistance. This coordination role relies on effective two-way communication and engagement across health and social services, including hospitals and other medical specialists.¹¹

General practice can be a central point of coordination for patients with complex needs who are accessing care from multiple sources, reducing duplication across the health system and associated inefficiencies.⁷ Prioritising coordinated care ensures valuable health resources are targeted to patients who would benefit most from services, such as patients with chronic conditions.⁷ It also enables information sharing across providers, which ultimately improves communication and clinical decision making.⁷

GPs practice comprehensive and coordinated care every day, prioritising effective communication and shared clinical information to improve health outcomes for their patients and minimise fragmentation of care and wasted resources. This important role must be supported to ensure patients continue to receive care and advice as they navigate the complexities of the healthcare system. As patient presentations continue to become more complex greater support for coordinated care facilitated by GPs is essential.⁶

Solution:

Coordinated care must be better supported through Medicare. Innovative funding paid directly to assist GPs to coordinate the care of their patients, particularly those with complex needs, reduces fragmentation and duplication. The Lumos research study investigated the benefit to cost ratio of high connectivity general practices, defined as those where greater than 30% of patients visited at least 12 times in two years.¹ It found the benefits of coordinated care outweighed the additional costs associated with higher visitation. **More specifically, for every \$1 spent within the primary care system, \$1.60 worth of healthcare system benefits was observed.**¹

Multidisciplinary care prioritises reliable and timely communication between the relevant health and social services. This benefits patients and funders alike through reduced unplanned hospitalisations and increased quality of life for the

patient, their families and carers. A planned strategy would be needed to manage cases of chronic disease, emphasising the importance of the patient learning to assist in the management of their own care through a person-centred approach.

International research compared the delivery of coordinated care with usual care among patients who were frequent users of emergency departments, demonstrating a 19% lower risk of hospitalisation for those who received coordinated care, alongside cost savings for the health system.¹² Similarly, Australian research calculated an incremental cost effectiveness ratio of \$548 per Quality Adjusted Life Year (QALY) among children with a chronic condition who received care coordination, noting the average of \$17 in additional costs to the health system resulted in an additional 0.031 QALYs over 12 months.¹³

The independent review of the Coordinated Veterans' Care (CVC) Program identified the benefits of an increased focus on coordination including improved quality of life and social connectedness, as well as avoided hospitalisations.¹⁴ Additionally, participants reported improvements in their ability to navigate the healthcare system and self-manage, alongside related increases in health literacy.¹⁴ The investment in general practice also built capability in the system through enhanced collaboration between GPs and their teams, and other providers.¹⁴

However, to avoid straining general practice, funding must not be accompanied by increased red tape and administrative burden for practices.

The RACGP recommends:

- Introduction of funding to support coordination of care by a patient's regular GP.

Measure	Estimated investment required (\$)
New bundled payment to support coordination of care for non-indigenous patients aged 75 years and over with multiple comorbidities and all Aboriginal and Torres Strait Islander patients aged 55 years and over via MyMedicare	Year 1 – \$1.3 billion (this is an estimated annual investment of \$2,300 per eligible patient) Year 2 – \$1.9 billion Year 3 – \$2.1 billion

2.3. Reducing hospitalisations through general practice

Issue:

Public hospitals are experiencing high demand across Australia, resulting in significant delays for ambulance and Emergency Department (ED) services. The RACGP sees a significant opportunity to reduce the pressure on these services by addressing potentially preventable hospitalisations (PPHs). Annually, there are more than 748,000 PPHs in Australia, accounting for 6.6% of all hospital admissions and 9.8% of hospital bed days.¹⁵ In remote and very remote areas, PPH rates were 2-3 times higher than in major cities as of 2021-22.¹⁶

Preventable hospital readmissions make up a significant proportion of these potentially preventable hospitalisations. Approximately 718,000 readmissions to hospital occur each year.¹⁷ Unplanned or unexpected hospital readmissions may be required because of the need for hospital or as the result of a lack of appropriate post discharge care in the community, including appropriate and timely clinical handover.

Better support for, and use of, general practice is associated with reduced ED visits and hospital use, and decreased hospital readmission rates.^{2, 18, 19} Patients who see their GP soon after discharge from hospital experience significantly fewer hospital readmissions. Dedicated time for seeing a GP following an unplanned hospital admission reduces a person's chance of readmission by up to 24%.²⁰ New South Wales data shows:

- a visit to the GP in the first week is followed by 7% fewer readmissions within 28 days
- a visit to the GP in the first 4 weeks is followed by 22% fewer readmissions over 1 to 3 months.²¹

Conservative estimates suggest a 12% reduction in hospital readmissions could save the health system a minimum of \$69 million per year.¹⁷ In addition to the savings, patients experience better health outcomes and pressure on the hospital system is reduced.

Solution:

Funding to support continuous and coordinated GP-led care post-hospital discharge will help address unsustainable hospital demand, reduce PPH's and improve outcomes for patients. Introducing targeted funding for GPs to see patients within seven days of an unplanned hospital admission or ED presentation will reduce readmissions and ensure people

with complex needs do not get lost in the system, particularly those in rural and remote Australia. This must be supported by appropriate timely communication to the GP from the hospitals.

Additional funding for GP visits post hospitalisation will also allow practices to dedicate time for staff, including GP, nursing, employed pharmacists and allied health staff, to create short notice availability for assessment and review of relevant patients in a timely manner.

The RACGP recommends:

- Introduction of funding to support GPs to see their patient within seven days of an unplanned hospital admission or Emergency Department (ED) presentation.

Measure	Estimated investment required, annually (\$)
Expand eligibility for Medicare Health Assessment Items to include 'Discharge within 7 days of hospital'	\$63.4 million

2.4. Longer GP consultations (Level C and D)

Issue:

Rising rates of chronic disease and mental ill-health, as well as the ageing population, means more patients are presenting to general practice with increasingly complex needs.⁶ In 2020-21, almost half (46.6%) of all Australians had at least one chronic medical condition.⁸ These conditions are long term, and require early identification and care that can be provided in the community by GPs and their multidisciplinary teams.

Although short general practice consultations support straightforward issues, longer consultations are needed for chronic illnesses and complex health concerns.^{22, 23} Longer consultations have significant advantages for patients, including increased patient education, identification and management of complex issues, preventive health, early intervention, immunisation adherence, counselling, patient satisfaction and participation, and better use of medications.

However, patient rebates are lower per minute for longer consultations, disadvantaging people who require more time with their GP. This can mean the sicker a person gets, the more they pay out of pocket to see their GP and the harder it is to get the extra time they need with a GP. Concerningly, there is a growing trend that patients seeking bulk billed care can only access shorter consultations, exacerbating access issues for those most in need.

More broadly, patients need an increase in their rebates to ensure they can still access the care they require. Without additional investment, inflation and other factors mean rebates are not keeping up with growing healthcare costs.

Solution:

Care for complex health issues must be better supported through Medicare to arrest the deterioration in the prevalence of chronic medical conditions.⁸ Longer consultations provide an opportunity to address major risk factors by allowing more time for preventive care and early intervention for chronic conditions.

Increasing funding for all standard general practice consultations longer than 20 minutes is a simple and effective way to build additional support for people with complex health needs, including for the elderly and the most vulnerable.

Better supporting longer consultations is also important for rural and remote communities, which are significantly more likely to report barriers to accessing GPs compared with other Australians.^{16, 24} For this reason, increased investment is required to support GPs working in these communities (MMM3-7).

The RACGP recommends:

- A 20% increase to all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations with an additional increase applied to MMM 3-7 (as per the distribution of the bulk billing incentive)

Measure	Estimated investment required, annually (\$)
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20% increase to all Medicare rebates for Level C (20–40 minutes) and Level D (40-minutes plus) GP consultations with an additional increase applied to MMM3-7	\$373.8 million
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2.5. Mental health consultations

Issue:

GPs play a crucial role in Australia’s mental health system as an entry point and deliverer of care. GPs receive education in treating mental health conditions throughout their 10+ years of training, and 90% of GPs have undertaken Mental Health Skills Training to be eligible to provide GP Mental Health Plans under the MBS.²⁵

Over half of all Australians require support with their mental health and 37% of them are most likely to access support through their GP.²⁶ GPs have reported psychological issues to be the most common reason for patient presentations for the last seven years.³ GPs are the most accessible part of Australia’s mental health system.²⁷⁻³¹ For patients who face financial disadvantages or live in rural or remote areas, their GP may be the only mental health professional they can access.

The current structure of the MBS incentivises short consultations, rewarding GPs for seeing as many patients as possible. Short consultations do not suit the provision of mental healthcare. This funding structure makes it financially difficult for GPs to provide their patients with adequate care without charging gap payments that can then be a barrier to care.*

The structure of the Better Access Initiative currently discourages GPs from providing Focused Psychological Strategies (FPS) services to their patients, leaving GPs as an underutilised mental health resource. Currently under the Better Access Initiative an FPS session with a GP counts towards the 10 sessions per year a patient can utilise and which could be used to subsidise an appointment with a dedicated mental health professional. For this reason some GPs do not provide FPS services so they can ensure patients don’t lose out on access to other mental health professionals.⁹ This means GPs with FPS training are underutilised. It also discourages other GPs from pursuing FPS training.

Solution:

The application of a 20% increase to GP mental health MBS items would significantly increase the viability for GPs to provide these services to patients, ensuring they receive the clinical time they require. This increase would have a significant positive impact for the thousands of Australians struggling with mental health challenges. It would have its biggest impact on patients who have difficulty accessing care anywhere other than their GP.

Australia’s mental health system is being pushed to breaking point. We need to ensure every element of our mental health workforce is utilised for the benefit of patients. FPS services provided by GPs must be uncoupled from the Better Access initiative so GPs can provide FPS services without compromising access to other mental health professionals. This measure will create a vital opportunity for care to continue once a patient’s 10 sessions under the Better Access Initiative have been exhausted. It will allow an FPS trained GP to provide higher quality care for these patients until additional sessions become available in the following calendar year.

The RACGP recommends:

- A 20% increase to Medicare rebates for GP mental health MBS items.
- GP FPS items to be decoupled from the Better Access Initiative.

Measure	Estimated investment required, annually (\$)
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* This issue is worsened by MBS item 2713 (attendance related to a mental disorder >20 minutes) having a lower rebate than MBS item 36 (standard attendance 20-40 minutes). This distinction also makes MBS billing data unreliable. Many GPs will opt to bill an MBS item 36 rather than the 2713 to access the higher rebate but making the prevalence of mental health attendances in general practice appear lower than they are.

20% increase to Medicare rebates for GP mental health items [†]	\$59.2 million
Decoupling GP FPS items from the Better Access Initiative	\$2.4 million

2.6. Universal annual child health checks

Issue:

Evidence indicates the first 2,000 days of life are a critical period. Interventions during this time can result in significant improvements to children's early life experiences, health and development.³² Good health in childhood also has a long term impact, as problems that become more apparent in adulthood often have their origins in childhood.³³ Early detection, screening and surveillance facilitated by a family's GP during these years leads to better outcomes and early intervention to give children a better chance at achieving normal ranges of development.³⁴

General practice plays a significant role in providing ongoing care to women, children and their families during pregnancy and the early childhood years, along with providing the support, information and referrals to services needed to thrive.³⁴ GPs provide holistic family centred care pivotal to the child's long-term health and wellbeing. While all states and territories include wellbeing milestones in their early childhood health checks, there is no nationally consistent approach.³²

The final [Working together to deliver the NDIS](#) report from the National Disability Insurance Scheme (NDIS) review states that all Australian governments should agree as a matter of priority to expand universally available child development checks, to ensure the early identification of children with developmental concerns and disability and enable early intervention. The report also recommends this approach should be implemented by mainstream services working with children including maternal child health, early childhood education and care and general practice.³⁵

[Measuring What Matters: Australia's First Wellbeing Framework](#) highlights the importance of child development as a key determinant of future health, wellbeing and prosperity.⁸ There is an opportunity for GPs to positively influence a child's life during this critical period, if adequately supported, to improve health and development in the formative years when intervention is most consequential.

Solution:

A universal, annual children's health check accessible via MyMedicare registration could support consistency, enable early identification of any emerging challenges children are experiencing, and support GPs to provide timely support and advice to families. The [First 2,000 Days Implementation Strategy 2020-2025](#) provides recommendations that could form the foundation for universal children's health checks to ensure a seamless transition from maternity to child and family health services as facilitated by their GP and to encourage every family to have a consistent relationship with a general practice that works closely with maternity and child and family health services.³⁴

Prevention and health promotion in the early years, from conception to 5 years of age, is critical for an individual's lifelong health and wellbeing.³⁶ It may also be an opportunity to redress health inequalities.³⁷ Support for universal, annual health checks could incentivise GPs to screen the child's functional development, capacity, independence, and participation in daily activities, along with developing early intervention goals, if needed, in collaboration with the child's family.³⁸ Incentivising the early childhood approach will enable best practice care to support children and their families.

The RACGP recommends:

- Implement universal annual child health checks via MyMedicare registration during the first 2,000 days to support optimal development.

Measure	Estimated investment required, annually (\$)
Introduce funding to support universal annual child health checks [‡]	\$838 million

[†] Based on a 20% increase to 2022-23 billing rates of MBS items 2700, 2701, 2715, 2717, 2712, 2713, 92112, 92113, 92116, 92117, 92114, 92115, 92126, 92127, 2721, 2723, 2725, 2727, 2739, 2741, 2743, 2745, 91818, 91819, 91859, 91861, 91842, 91843, 91864, 91865, 90250, 90251, 90252, 90253, 90264, 92146, 92147, 92148, 92149, 92170, 92176, 90271, 90272, 90273, 90274, 92182, 92184, 92194 and 92196.

[‡] Based on the [MBS 705](#) – Long health assessment at 80% of rebate (\$167.56), for the (approx.) [5 million children](#) under the age of 5 years in Australia at the time of submission.

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