Irish General Practice Workload

Irish Medical Times
Sustainability and Standards
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Irish General Practice Workload

- GP - what kind of animal?
- Consultation – what involved
- GP treatment by State
- National Statistics Reliable?
- Universal Health Insurance
- Under 6 yo work
- Medical Workforce
- Best paid doctors in Europe
The evidence shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations, a finding that holds in cross-national and in-national studies.
Irish GP Facts

- 2,430 GMS (2750 Contract holders)
- IMC 3,720 GPs --- 3,264 wte.
- 1,800 Practice nurses, 2,500 Secs,
- Sick today seen today, 365 days
- Computerised Health Service
Medical Workforce Intelligence Report

- A report on the Annual Registration Retention Survey 2012

- 4720 Retained registrations GP.

- Removed those working abroad (full or part time) left 3720 GPs full and part-time.

- Assume part-time is 50% of WTE

- Fulltime: 79.8% Part Time: 15.9% = 3,264 WTE
Whats the problem?

- 1,600 practices –SME, Efficient
- Supply infrastructure, IT, equip, insurance, rates,
- Services @ 20-30% cost of same in hospital care
- Satisfaction rates >93% with GPs in Health Survey
- Irish Times/MRBI Poll 04/14—89%trust Drs-highest
- Deloitte & Touche Report 2000 “value for money”
Qualities of Irish GPs

- Deal with Uncertainty—categorise
- 90% ALL health completed in GP
- Refer 5-10%---basic investigations
- GPs investigate less than hosp doctors
- GPs deal with people –hosp with specific ill
- GPs manage 27,100 nursing home community beds
- GPs outcome driven—rest process driven
GP Work

- GPs decision and responsibility takers
- Chronic Diseases, 18 make up 80% work
- Heartwatch – very successful, only 20% GPs
- Diabetes - most advanced-can deliver now
  - Midlands only supported-saves lives
  - DiGP Cork, Dublin programmes
- CDM in PC → Huge savings hosp – USA 20-40% all
- Vaccination programmes-Target if incentivised
- Nurses additional not substitution
The Consultation
(Reasons for Encounter)

- People present with main reason
- Often have multiple other concerns
  - Require extra documentation
  - Require extra prescriptions
  - Require to discuss family dynamics
  - Secondary health problems
- Want value for effort and deal with all issues
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<tr>
<th>Date</th>
<th>GP</th>
<th>Entries</th>
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<tr>
<td>02-11-2012</td>
<td>FrSm</td>
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<td>DaSm</td>
<td>General/unspecified - Blood test</td>
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<td>FORM: Private Sick Cert, Date: 22/10/2012, Suffering From: INVESTIGATIONS, Resume Date: ONE MONTH</td>
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<td>Consultant's Report,</td>
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<td>08-10-2012</td>
<td>DaSm</td>
<td>Referred for -- to Breast Check as Referral</td>
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<td>08-10-2012</td>
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<td>Breast lump/mass female</td>
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<td>08-10-2012</td>
<td>DaSm</td>
<td>Requests change to BSH for surgery</td>
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<td>08-10-2012</td>
<td>DaSm</td>
<td>General/unspecified - Preventive immunization/medication</td>
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<td>08-10-2012</td>
<td>DaSm</td>
<td>Influenza, Reinfacor, Sanofi Pasteur MSD</td>
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<td>Immunisation (03-09-2013) &quot;Influenza, Reinfacor&quot;</td>
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<td>01-10-2012</td>
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<td>Consultant's Report,</td>
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<td>01-10-2012</td>
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<td>Leg/thigh symptom/complaint</td>
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<tr>
<td>08-08-2012</td>
<td>DaSm</td>
<td>Getting pain in right thigh lateral aspect ----- ???? Paraesthesia Myalgia.</td>
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REASONS FOR ENCOUNTER

DATA
- 2 years
- 26,482 Reasons for Encounter (RFE)
- 19,766 Patient GP Consultations
- 3,771 Patients
- 456 Different ICPC-2 Codes
- 1 Senior Male GP
- 1 Senior Female GP
- GP Training Registrar (Male and Female)

METHODOLOGY:
A conscious decision was made by several GP's in the MPH to record Reasons for Encounter for every Patient they would see as a matter of good practice. Also examinations, prescriptions, notes, and diagnosis were grouped under specific reasons if there were more than one reason per encounter, thus enabling a clearer view of the patient record, numbers did not participate. Diagnosis are not included.

ANALYSIS:
The age of the patient at each encounter was grouped into the GMS categories of 0-4, 5-15, 16-44, 45-64, 65-69, and 70+. Each reason was also grouped by its ICPC-2 body system. The distribution of Systems within each age group were plotted.

FINDINGS:
1) Number of reason per consultation is equal for Public and Private Patients.
2) Largest presentation is for Respiratory which is greatest in the 0-15 age group.
3) The distribution of RFE is consistent for 0-15 (Respiratory, Skin, Digestive) and also consistent from 45+ (Musculoskeletal, Respiratory, Skin, Circulatory, Digestive) while 16-44 is a transition.

PREVALENCE RATIO:
By assuming that the age distribution of patients where RFEs are recorded is the same as the age distribution of patients visiting their GP in the area and by using 2011 Cork County Census age distribution we have estimated the prevalence ratio between age groups of each system. This is the likelihood that a person in one age group will attend for the same type of problem as a person from another age group. This is displayed as a percentage. If for example in the RFE "Respiratory", age group 0-4 has 22.3% and age group 45-64 has 10.2% then there is a slightly more than a 2 to 1 ratio. The Prevalence ratios have been plotted for each body system.

REFERENCES:
ICPC-2 Coding system. 2011 Census Cork. WORLD ORGANIZATION OF FAMILY DOCTORS AN INTRODUCTION TO THE INTERNATIONAL CLASSIFICATION OF PRIMARY CARE Version 2 (Multiple Report)
RFE FINDINGS

Main findings

1. The number of RFE per consultation was equal for both private and public patients—an important finding.

2. Largest presentations, as would be expected, is for Respiratory symptoms which is greatest in the 0-15 age groups but also later in life, mainly a start and end of life problem.

3. The distribution of RFE is consistent between 0-4 and 5-15 and is also consistent for the groups above 45+ while the 16-44 age group is a transition.

4. Generally the systems most likely to present across all age groups are: 1 Respiratory, 2 Musculoskeletal, 3 Skin, 4 Digestive.

5. Musculoskeletal presentations are rare in 0-14 age group but are consistent for all age groups above 15 yrs.

GP Treatment by State

Promises:
- Primary Care Strategy 2001
- Oireachtas Health Committee report Feb 2010
- “Cornerstone of Health Service-least complexity”

Actions:
- Vilification of GP—HSE Spin
- FEMPI X 4 =38-48% deduction
- €454m out of General Practice in 4 yrs, by 2014**
- Out of Hours Rationalisation
- Rural doctor deduction
- Dispensing Doctor rationalisation
- Unilateral withdrawal drug budgeting
- Lower practice supports

- What is the justification for these actions?
State Statistics Justify

- 1 CSO STATS show falling activity from 2001

- 2 Income figures show Irish Doctors “Best paid in Europe”
Central Statistics Office Surveys

- CSO 2001 Survey = 19.5 m consultations per annum (pa) GP
- CSO 2007 Survey = 12.2 m consultations per annum (pa) GP
- CSO 2010 Survey = 14.6 m consultations per annum (pa) GP

Could this be right in a situation of rising population, more elderly, rising doctor numbers, more demanding patient population.
Are Irish adult general practice consultation rates as low as official records suggest?
A cross sectional study of 6 general practices.

- Study period Oct 2012-13
- Reviewed 27,080 files, 20,706 >18
- Pop comparable to national
- Practices 4 corners of Ireland
- All using CompleteGP and appointments
- Direct contact pt/dr—surgery, hse, phone
- OOH & Phone – one practice
- Rural, Mixed, Town, City
**Work not included**

- Repeat prescriptions
- Forms filling
- Giving laboratory results
- Secretarial support work
- Organising appointments with ancillary
- Reports, PMAs, the “GOOD letter”

Could be as much work again for which the GP is responsible
Findings of Study

Table 2: Key study findings and how they compare with consultation rates estimated elsewhere

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<td>ALL UNDER 70</td>
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<td>2.6</td>
<td>2.9</td>
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<tr>
<td>ALL OVER 70</td>
<td>8.56</td>
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<td>5.2</td>
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<td>GMS Discretionary</td>
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<td>GMS OVER 70s</td>
<td>9.69</td>
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<td>5.3</td>
<td>5.6</td>
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Data Summary

- Our study is in keeping with Qresearch UK, PCRS “Fee per item” figures, 2001 CSO, 2010 NUI Galway Study
- CSO 2007, 2010 at variance with ALL above
- WTE GPs see 33/day
- 536,250 patients /week
- 24 m pa
- Our offices deal with as many situations again!
National Statistics Misleading

- Did changing the question change the results?
  2001 CSO Survey question:
  
  “Did you visit your GP in last TWO WEEKS ?”

  2007/10 CSO Survey question:
  
  “How often did you visit your GP in last 12 MONTHS ?”

Why?
The OECD HEALTH COMMITTEE: Health Accounts Experts 2009 and Health Working Papers 2010 directly quotes Charles F. Cannell’s work stating (health survey methodology):

“non-sampling biases can be large”

1. The number of events forgotten increases proportionately with the length of the recall period (upwards of 30-50%).

2. Events with less salience or impact on the individual are more likely to be forgotten.

3. Proxy respondents tend to report 20% fewer events.

Recommendations to countries submitting information
Patients < 65 yrs estimated attendance rates accurately

Patients 65-74 yrs under estimated their attendance rates by 20%

Patients 75+ yrs under estimated their attendance rates by 30%

This results in a total under estimation of consultation rates (Public & Private) by 18%

This study shows a clear degradation of recollection of consultations which predominantly affects those patients 70 years and older.

Younger patients come less often and remember more and older patients come more often and remember less!
Breaks rules of survey, introduces huge bias,

COULD THIS HAVE BEEN IN ERROR?

Can we now trust CSO statistics on General Practice?
Universal Health Insurance

- Welcome with efficiency,
- Outcome driven----incentivise
- Requires Universal Health Number
- Equitable Service- not all to lowest
- Robust General Practice/Primary Care
- All services are finite

- MUST HAVE ACCURATE FIGURES
UHI WORKLOAD—IMJ Study

- 23.5m pa-2013
- If PP -> cover, will require 1.7 visits extra (5.06-3.35)
- PP pop 2.7m x 1.7 = 4.6m extra visits
- Add to 23.5 = 28.1m (Avg 6.1 pa)

- North of Ireland—pop 1.8m = 10.5m consultations (Avg 5.8 pa)
Does eliminating fees at point of access affect Irish General Practice attendance rates in the under 6 years old population?

A cross sectional study at six general practices

Population-27,080 – 1931 <6, 5,814 consultations,

- All 3.01 GMS 4.91 DVC 5.07 PP 2.03
- OOH/TEL consults GMS 0.8 PP 0.69 DVC-too few
  COMBINED GMS 4.99 PP 2.72

Extra Visits ----Treatment Only ie extend GMS.
=(5.07 – 2.03) X 240,000 = 729,600 visits PA
or 224 consults/ WTE GP.

Study published in Irish Medical Journal 11/04/2014
Potential New Work of Under 6yo New Contract*

New Contract - 5-10 Extra pa

ALL < 6 = 420,000 X 5-10 NEW = 2.1-4.2m

New 2.1-4.2m + 0.73m = 2.83-4.93m Consults

(46 extra days work per GP)

*13.1 Services required to be provided shall include (without limitation) health surveillance and health promotion activities and the provision of information (reports), the prevention, diagnosis, treatment and management of all conditions; routine phlebotomy services; the administration of the flu and pneumococcal vaccines to high risk patients; palliative care and treatment of minor injuries.
“Best Paid Doctors in Europe”

- Health at a Glance 2011 OECD Indicators (2009 Multiple of the Average Industrial Wage)
  - “In Ireland, the data for self-employed GPs include practice expenses, resulting in an over-estimation” (3.5xAIW)

- Our estimation Ireland:
  - 2011 is 2.8 x AIW
  - 2013 is 2.27 x AIW

- This puts the Irish GP well below the Germans (3.7), Mexico (3.5), United Kingdom (3.4), Netherlands (3.0), Canada (3.0), Iceland (3.0), Denmark (2.7), Austria (2.7), Slovenia (2.3), France (2.1 but Net instead of Gross Income) [2011 or 2009 data]
“Best Paid Doctors in Europe”

- Payments 2,400 GMS GPs 2011 (including subsidies) was €447,750,479 or €186,563 per GP (best paid doctors in Europe)

- Excluding Nurse and Secretary subsidies to 2400 full Time GMS GPs

  - in 2011 – 361,682,940 (not all nurse and secretary hours are subsidised)
  - Approx 800 GPs employed by the GMS GPs --average cost of €100,000 per year per GP. – €80,000,000
  - Leaves €281,682,940 for 2,400 GMS GPs or €117,367.89 per GP in 2011
  - FEMPI 2012 – Minus 10% or €105,631.10 per GMS GP
  - FEMPI 2013 – Minus 7.5% or €97,708.77 per GMS GP

  - This 2.27 times the Average Industrial Wage (The average industrial wage is €43,101.76 Feb 2013).

  - While this does not include private income it is before costs of Rent, Rates, IT, Phone, Heating, Electricity, Broadband, Insurance, stationary, required training, cost of Coops, none-subsidised staff.
Irish General Practice Workload

- GP - what kind of animal? – hard working and delivering daily
- Consultation – what involved—many items
- GP treatment by State--hostile
- National Statistics Reliable--hardly
- Universal Health Insurance—desirable but needs planning and reliable statistics
- Under 6 yo work--unlimited
- Medical Workforce-limited
- Best paid doctors in Europe—we wish!