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introduction

CheckUP is a leading not-for-profit organisation focused on the needs of the primary health care and community services sectors. Our long standing philosophy that ‘together we can build a better health system’ underpins all of our organisation’s endeavours. CheckUP has a strong understanding of the primary health care sector and its role as the foundation of the broader health care system.

CheckUP acknowledges that, with primary health care as the cornerstone of the health sector, any attempts to increase the cohesiveness, efficiency and efficacy of the sector need to be built upon a foundation of solid evidence.

The annual CheckUP survey, health in focus (previously known as CheckUP Census), therefore aims to investigate the key issues faced by primary health care practitioners in Queensland, focusing on a range of key topics relevant to the sector, including:

- Workforce models
- Care coordination
- Preventative health
- Interface between different sectors
- eHealth adoption

The health in focus questions are reviewed each year and new questions are added based on current trends and issues. For example, questions about the National Disability Insurance Scheme (NDIS) were added in 2013 to assess sector knowledge and readiness and identify preferred modalities for increasing knowledge. These questions have been repeated in 2015.

Questions about the uptake of various eHealth initiatives such as secure electronic messaging and telehealth have also been asked for many years and the results have provided valuable longitudinal data about the eHealth readiness of Queensland primary health care providers.

CheckUP uses the results of the annual survey to:

- inform discussions with stakeholders
- make key recommendations based on the data
- inform internal planning
- identify areas of need
- identify and celebrate initiatives that have been successful
- increase the profile of primary health care in Queensland
background

From 2009 to 2011, CheckUP (then known as General Practice Queensland) conducted an annual survey in collaboration with the former Divisions of General Practice, called GP Census which focussed on issues relating solely to general practice.

In 2012, to reflect the expanding role of CheckUP in Queensland’s primary health care sector, the focus of the survey was broadened to incorporate views from the wider health care sector with Allied Health and Practice Nurses invited to participate. The following year, Medical Specialists were included in the survey for the first time.

In 2014, CheckUP’s annual survey was re-named health in focus and expanded further to include question sets for the General Public.

In 2015, the health in focus received 1316 responses across all health provider groups and the General Public.

The table below outlines the evolution of CheckUP’s annual survey over the past seven years.

<table>
<thead>
<tr>
<th>Year</th>
<th>GPs</th>
<th>Practice Managers</th>
<th>Allied Health</th>
<th>Practice Nurses</th>
<th>Medical Specialists</th>
<th>General Public</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>GP Census</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>1636</td>
</tr>
<tr>
<td>2010</td>
<td>GP Census</td>
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<td></td>
<td></td>
<td></td>
<td>1630</td>
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<tr>
<td>2011</td>
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<td></td>
<td></td>
<td>1177</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>CheckUP Census</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1171</td>
</tr>
<tr>
<td>2014</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1160</td>
</tr>
<tr>
<td>2015</td>
<td>health in focus</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>1316</td>
</tr>
</tbody>
</table>
respondents

In 2015, the total number of health professional and general public responses grew to 1316, which represents a 13.4% increase in responses compared to 2014, and a 38.3% increase since 2012.

The general public comprised 59% of the total respondents which represents an 10% increase (from 49% to 59%) compared to the 2014 health in focus survey.

The remaining 41% comprised health providers across six categories.
respondents

Health Providers: Geographic distribution (Queensland)

Total = 543 health providers
(of these 8 providers were from interstate)
respondents

Health Providers: Geographic distribution (Brisbane region including Caboolture, Ipswich and Gold Coast North)
respondents

General Public: Geographic distribution (Queensland)

Total = 776
(of these 8 were from interstate)
respondents

General Public: Geographic distribution (Brisbane region including Caboolture, Ipswich and Gold Coast North)
all respondents by location

Geographic distribution (Queensland)

- general public
- health provider
recommendations

General Practitioners

CheckUP recommends that:

- communication strategies are continued to improve GPs’ understanding and knowledge of the NDIS and its roll-out in Queensland.
- an increased focus is given to post-referral procedures.
- GPs continue to be educated about, and supported to adopt, eHealth initiatives such as My Health Record.
- GPs are continued to be supported to set-up and utilise telehealth in their practice.
- GPs are continued to be encouraged to produce specialist referrals that are comprehensive and appropriate.

Practice Nurses

CheckUP recommends that:

- communication strategies are continued to be implemented to improve Practice Nurses’ understanding and knowledge of the NDIS and its roll-out in Queensland.
- Practice Nurses’ are supported and encouraged undertake a role in the preventive health of patients.
- as Practice Nurses are active users of telehealth that they are educated and encouraged to play a pivotal role in supporting other practice staff to adopt the technology.

General Public

CheckUP recommends that:

- The benefits and advantages of telehealth are promoted, particularly in regional and remote communities in Queensland.
- the General Public continue to receive information about the NDIS before the June 2016 launch so their level of knowledge about the NDIS increases significantly.
- the focus of any NDIS information campaigns aimed at people with disability explains the specific types of support that could be provided by the NDIS.
- the General Public are encouraged to seek advice from health providers about preventative strategies they could adopt to improve their health.
- efforts to improve My Health Record uptake are increased and are informed by the results of the Review into My Health Record which was undertaken by the Commonwealth.
- public awareness campaigns are implemented that focus on building a greater understanding of primary care e.g. when and where to access it.
- public awareness campaigns are continued to be implemented so that the general public are aware of the role and function of a PHN, and have the opportunity to be involved.
recommendations

**Allied Health**

CheckUP recommends that:

- further communication strategies are implemented to improve Allied Health providers’ understanding and knowledge of the NDIS and its roll-out in Queensland.
- Allied Health providers are continued to be informed of the information available from National Disability Insurance Agency regarding requirements to becoming a provider under the NDIS.
- Allied Health providers are continued to be supported to set-up and utilise telehealth in their practice.
- Allied Health providers are continued to be supported to adapt and utilise secure electronic messaging.
- Allied Health providers are provided with eHealth education and support to increase their eHealth adoption.

**Practice Managers**

Practice Managers are often the first contact for information received by their workplace. It is important that their role in disseminating this information is recognised.

CheckUP therefore recommends that:

- communication strategies are continued to be implemented to improve Practice Managers’ understanding and knowledge of the NDIS and roll-out in Queensland.
- efforts are increased to convince the remaining general practices to use secure electronic messaging, particularly the 24% who have it but are not utilising it to send information.
- practices are continued to be educated about, and supported, to adopt eHealth initiatives such as HPI-O and My Health Record.
- practice staff and health providers continue to receive cultural awareness training, and are encouraged to record the status of Aboriginal and Torres Strait Islander patients.
- health providers continue to utilise MBS item numbers and other mechanisms that contribute to improvements in the health of Aboriginal and Torres Strait Islander patients.

**Medical Specialists**

CheckUP recommends that:

- communication strategies are continued to be implemented to improve Medical Specialists’ understanding and knowledge of the NDIS and roll-out in Queensland.
- Medical Specialists are continued to be supported to set-up and utilise telehealth in their practice.
- Medical Specialists are continued to be supported to set-up and utilise secure messaging in their practice.
section 1: general practitioners

Profession Overview

In Queensland there are approximately 4500 general practitioners who work in a range of settings from solo practices in rural localities to large corporate practices in urban areas with more than 20 GPs.

The Royal Australian College of General Practitioners (RACGP) describes general practice as the provider of “person centred, continuing, comprehensive and coordinated whole-person health care to individuals and families in their communities” and describes the GP role as:

- The most likely first point of contact in matters of personal health
- Coordinating the care of patients and referring patients to other specialists
- Caring for patients in a whole of person approach and in the context of their work, family and community
- Caring for patients of all ages, both sexes, children and adults across all disease categories
- Caring for patients over a period of their lifetime
- Providing advice and education on health care
- Performing legal processes such as certification of documents or provision of reports in relation to motor transport or work accidents
general practitioners

Demographics

Gender

- Male: 46%
- Female: 54%

Average years as a GP: 22 years

Most common age groups

- 45-54 years: 25%
- 55-64 years: 31%

Sessions worked

- 51% worked an average of 8, 9 or 10 sessions per week

Plan on changing sessions worked

- No change: 78%
- Increase sessions: 2%
- Decrease sessions: 15%
- Leaving: 5%

Qualification obtained

- Domestic: 66%
- International: 34%
What does the data tell us?
- 25% of GPs indicated they have a moderate level of knowledge of the NDIS.
- 75% of GPs indicated they have little or no knowledge of the NDIS.

What’s the trend?
The percentage of GPs reporting moderate to high levels of knowledge about the NDIS has increased since 2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>9%</td>
</tr>
<tr>
<td>2014</td>
<td>16%</td>
</tr>
<tr>
<td>2015</td>
<td>25%</td>
</tr>
</tbody>
</table>

What does this mean?
GPs are slowly becoming more informed about the NDIS, however require significantly more education before implementation begins in mid-2016.

What does CheckUP recommend?
CheckUP recommends that communication strategies are continued to improve GPs' understanding and knowledge of the NDIS and roll-out in Queensland.
general practitioners

National Disability Insurance Scheme (NDIS): Main issues

What do you think will be the main issue for you in relation to the roll-out of the NDIS?

- Extra administration/paperwork 32%
- Access to appropriate resources and services 13%
- Assessing patient eligibility 4%
- Cost factors 4%

National Disability Insurance Scheme (NDIS): GP Role

What do you expect your role will be in the implementation of the NDIS?

- Don’t know 49%
- Directing/referring patients 36%
- Identifying eligible patients 32%
- Coordinating care and support 34%
- Identifying eligible patients 32%
- Receiving referrals 4%

49% of GPs indicated that they don’t know what their role will be in relation to the NDIS.
general practitioners

National Disability Insurance Scheme (NDIS): What GPs want to know

What do GPs want to know about the NDIS?

- When will it start in Queensland? 79%
- What role can I play? 75%
- Who will be eligible? 73%
- What is the purpose? 58%

For more information…

www.ndis.gov.au
What does the data tell us?

- 95% of GPs routinely offer prevention or lifestyle advice to their patients.
- Areas most commonly targeted by GPs with a preventative approach include:

- **98%** smoking
- **89%** alcohol/drugs
- **86%** overweight/obesity
- **80%** physical inactivity
- **76%** immunisation
- **62%** diet/nutrition
- **64%** mental health
- **60%** maternal health
general practitioners

Prevention

What does the data tell us?

- The most commonly used guidelines/frameworks by GPs to assist with the implementation of preventative strategies are:

  - Australian Immunisation Handbook: 85%
  - Guidelines for preventative activities in general practice (Red Book): 83%
  - SNAP Guide: 39%
  - Putting prevention into practice (Green Book): 31%
  - National Aboriginal & Islander Health Plan: 24%
  - HACC Guidelines: 7%
general practitioners

Electronic referrals

What does the data tell us?

- 52% of GPs send their referrals to public hospitals electronically some of the time (31%) or all of the time (21%).

- In relation to perceived waiting times for patients to see a medical specialist at public hospital out-patient (SOPD) clinics compared to 12 months ago:
  - 31% indicated a shorter waiting time
  - 44% indicated no change
  - 10% indicated a longer waiting time. This has decreased from 20% in 2014.

- GPs reported knowledge about the stages of the referral process at out-patient clinics at public hospitals varied:
  - 81% had sufficient knowledge of pre-referral processes
  - 77% had sufficient knowledge of the referral process
  - 45% had sufficient knowledge of post-referral processes

What does CheckUP recommend?

CheckUP recommends that increased focus is given to post-referral procedures.
general practitioners

Electronic discharge summaries

What does the data tell us?

- 73% of GPs receive electronic discharge summaries from public hospitals. This has decreased from 93% in 2014 which may be attributed to a sampling issue.

- GPs were asked to rate their satisfaction with discharge summaries on a 5-point Likert scale. GPs are most satisfied with the clinical relevance of discharge summaries (mean = 3.44) and least satisfied with the format and ease of use of discharge summaries (mean = 3.05).

- Just over three-quarters of GPs (76%) are never involved (39%) or rarely involved (37%) in the discharge planning process of their patients seen in public hospitals.

Public health alerts

What does the data tell us?

- 35% of GPs recalled receiving Queensland Health’s Public Health Alerts from CheckUP.

- 90% of GPs are satisfied or very satisfied with the information contained in the Public Health Alerts. This has increased from 76% in 2014.

90% of GPs are satisfied or very satisfied with the information contained in the Public Health Alerts from CheckUP.
general practitioners

eHealth utilisation

What does the data tell us?

- 64% of GPs have obtained their Health Provider Identification – Individuals (HPI-I).
- 25% of GPs reported participation in the National eHealth Record System (My Health Record) with a further 25% indicating participation in the future.

What’s the trend?

HPI-I and My Health Record (MHR) adoption and anticipated adoption over the past 3 years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>HPI-I (now)</th>
<th>MHR (now)</th>
<th>MHR (yes, in future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>48%</td>
<td>---</td>
<td>37%</td>
</tr>
<tr>
<td>2013</td>
<td>68%</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>2014</td>
<td>81%</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>2015</td>
<td>64%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

What does this mean?

My Health Record adoption has remained at low levels over the past 4 years. CheckUP recommends that GPs continue to be educated about, and supported to, adopt eHealth initiatives such as My Health Record.

What does CheckUP recommend?

CheckUP recommends that GPs continue to be educated about, and supported to adopt, eHealth initiatives such as My Health Record.
general practitioners

Telehealth: GP readiness & utilisation

What does the data tell us?
- 60% of GPs indicated they have the necessary equipment for telehealth consulting. This is an increase from 50% in 2014.
- 40% of GPs indicated they don’t have the necessary equipment for telehealth consulting.
- 42% of GPs indicated that they had undertaken a telehealth consultation in the past 12 months. This is an increase from 34% in 2014.

What’s the trend (GP telehealth use)?

<table>
<thead>
<tr>
<th>Year</th>
<th>Telehealth Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>41%</td>
</tr>
<tr>
<td>2013</td>
<td>36%</td>
</tr>
<tr>
<td>2014</td>
<td>34%</td>
</tr>
<tr>
<td>2015</td>
<td>42%</td>
</tr>
</tbody>
</table>

What does this mean?
Just under two-thirds of all GP practices do have the necessary equipment to undertake a telehealth consultation. While telehealth use by GPs has slightly increased, it still remains underutilised and further support is required to encourage set-up and usage in practices.

What does CheckUP recommend?
CheckUP recommends that GPs are continued to be supported to set-up and utilise telehealth in their practice.
general practitioners

After hours care

What does the data tell us?

- 44% of GPs reported the provision of after-hours care to their patients.
- 29% of GPs reported using an external after-hours service provider.
- 27% of GPs did not provide any after-hours care.

Health service directories

What does the data tell us?

- 15% of GPs reported using Health Engine.
- 13% of GPs reported using the National Health Services Directory.
- 2% of GPs reported using QFinder.

73% of GPs provide direct or indirect access to after-hours care.
general practitioners

Primary Health Networks (PHNs)

Primary Health Networks (PHNs) were established to replace Medicare Locals from July 2015.

They are tasked with improving equity, efficiency and effectiveness of health service delivery in their region.

General Practitioners have an opportunity to be involved in PHNs through Clinical Councils.

Do you intend to be involved with your PHN?

What does the data tell us?

- Half of the GPs indicated an intention to be involved with their PHN.
- The remaining 50% were unsure whether they will get involved with PHNs (31%) or have already decided that they don’t intend to be involved with their PHN (19%).
general practitioners

The One Big Idea

GPs were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients.

A number of common themes were identified from the ideas provided:

- **Shared Electronic Health Records**
  - GPs referred to the desirability of shared electronic health records and a more efficient system for e-referrals and electronic discharge summaries.
  - “A shared electronic health record, including pathology and imaging”.

- **Better Allocation of Resources**
  - Many GPs suggested the need for better use of resources and a more coordinated approach to funding of services.
  - “If the funds are used fairly to improve the primary health system”.

- **Improved Patient Journey**
  - Many GPs also commented on improving the patient journey through shorter waiting times and a focus on preventative health.
  - “Shorter waiting times to see specialists”.

- **Better Integration and Communication**
  - Many GPs voiced a need for better integration and communication between services.
  - “Better communication and cooperation between Queensland Health and other agencies. We are not in competition and our clients are in need of comprehensive and high quality services that address their needs”.

- **Better Coordination of Care**
  - Improved care planning and coordination of care for patients with complex needs was identified as a need by a number of GPs.
  - “Make care planning more meaningful - ensure adequate time spent by GP”.

Icon made by Freepik from www.flaticon.com
section 2: allied health

Profession Overview

It is estimated that there are approximately 10,000 allied health providers in Queensland. The Allied Health Professionals Association of Australia (AHPA) defines an allied health profession as one which has:

- A direct patient care role and may have application to broader public health outcomes.
- A national professional organisation with a code of ethics/conduct and clearly defined membership requirements.
- University health sciences courses (not medical, dental or nursing) at AFQ Level 7 or higher, accredited by their relevant national accreditation body.
- Clearly articulated national entry level competency standards and assessment procedures.
- A defined core scope of practice.
- Robust and enforceable regulatory mechanisms.

The AHPA defines allied health professionals as health providers who:

- Are autonomous practitioners.
- Practice in an evidence-based paradigm using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function.
- May utilise or supervise assistants, technicians and support workers.
allied health

Demographics

- **Gender**
  - Male: 22%
  - Female: 78%

- **Most common age groups**
  - 0-34 years: 33%
  - 35-44 years: 22%

- **Average years experience**
  - 13 years

- **Sector Employed**
  - Private: 40%
  - Public: 33%
  - NGO: 13%
  - Federally funded program: 17%
  - Other: 2%

- **Plan on changing work capacity**
  - No change: 67%
  - Increase sessions: 18%
  - Decrease sessions: 12%
  - Leaving: 3%

- **Work status**
  - Part-time: 30%
  - Full-time: 70%
The following Allied Health providers completed the 2015 health in focus survey:

- Aboriginal Health Workers: 9
- Audiologists: 2
- Chiropractors: 3
- Dentists: 3
- Diabetes Educators: 3
- Dietitians: 15
- Exercise Physiologists: 5
- Eye Health Coordinators: 4
- Health Promotion Officers: 2
- Leisure Therapists: 3
- Massage Therapists: 2
- Mental Health Workers: 5
- Nutritionists: 2
- Occupational Therapists: 19
- Optometrists: 5
- Pharmacists: 3
- Physiotherapists: 16
- Podiatrists: 9
- Psychologists: 26
- Radiographers: 2
- Social Workers: 18
- Speech Pathologists: 14
- Other: 17

75% of Allied Health providers indicated they belong to a professional association.
What does the data tell us?

- 4% of Allied Health providers indicated they have a high level of knowledge of the NDIS.
- 37% of Allied Health providers indicated they have a moderate level of knowledge of the NDIS.
- 59% of Allied Health providers indicated they have little or no knowledge of the NDIS.

What’s the trend?

Percentage of Allied Health providers reporting a moderate to high level of knowledge about the NDIS has increased.

- 2013: 19%
- 2014: 32%
- 2015: 41%

What does this mean?

Allied Health providers are becoming better informed about the NDIS, however would benefit from more education before implementation of the NDIS begins in mid-2016.

What does CheckUP recommend?

CheckUP recommends that further communication strategies are implemented to improve Allied Health providers’ understanding and knowledge of the NDIS and its roll-out in Queensland.
allied health

National Disability Insurance Scheme (NDIS): Becoming a provider

What does the data tell us?

- Only 1% of Allied Health providers indicated they have a high level of knowledge about becoming an NDIS provider.
- 18% of Allied Health providers indicated they have a moderate level of knowledge about becoming an NDIS provider.
- 81% of Allied Health providers indicated they have little or no knowledge about becoming an NDIS provider.

What’s the trend?

The percentage reporting moderate/high knowledge of becoming a provider under the NDIS has increased:

- 2014: 14%
- 2015: 19%

What does this mean?

While Allied Health providers are generally well informed about the NDIS (41% moderate/high knowledge), they have a very low level of knowledge about what will be involved in becoming a provider under the NDIS (19% moderate/high).

Diagram 2.2 – Allied Health knowledge of becoming a provider under the NDIS (2015)

What does CheckUP recommend?

CheckUP recommends that Allied Health providers are informed of the information available from National Disability Insurance Agency regarding requirements to becoming a provider under the NDIS.
allied health

Telehealth: Allied Health readiness & utilisation

What does the data tell us?
- 48% of Allied Health providers indicated they have the necessary equipment for telehealth consulting.
- 36% of Allied Health providers indicated they don’t have the necessary equipment for telehealth consulting.
- 16% of Allied Health providers were not sure if they have the necessary equipment for telehealth consulting.
- 25% of Allied Health providers indicated that they had undertaken a telehealth consultation in the past 12 months.

What’s the trend (Allied Health telehealth use)?

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>12%</td>
</tr>
<tr>
<td>2013</td>
<td>17%</td>
</tr>
<tr>
<td>2014</td>
<td>20%</td>
</tr>
<tr>
<td>2015</td>
<td>25%</td>
</tr>
</tbody>
</table>

What does this mean?

Telehealth use by Allied Health providers is steadily increasing, although only 1 in 4 reported using telehealth in the past 12 months.

What does CheckUP recommend?

CheckUP recommends that Allied Health providers are continued to be supported to set-up and utilise telehealth in their practice.
Satisfaction with GP referrals

What does the data tell us?

Data was analysed by the mean score on a 5-point Likert scale, and by the percentage reporting satisfaction/dissatisfaction with the referrals. Results indicated that Allied Health providers are generally quite satisfied with the appropriateness however less than half are satisfied with the comprehensiveness of referrals received from GPs.

What’s the trend?

The satisfaction mean (5-point scale) for referrals received from GPs by Allied Health has remained relatively constant over the past three surveys.

<table>
<thead>
<tr>
<th>Year</th>
<th>Appropriateness</th>
<th>Comprehensiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3.6</td>
<td>3.1</td>
</tr>
<tr>
<td>2013</td>
<td>3.5</td>
<td>3.0</td>
</tr>
<tr>
<td>2014</td>
<td>3.8</td>
<td>3.4</td>
</tr>
<tr>
<td>2015</td>
<td>3.8</td>
<td>3.2</td>
</tr>
</tbody>
</table>

What does this mean?

While just under three-quarters (74%) of Allied Health providers reported satisfaction with the appropriateness of referrals they receive from GPs, more education is required to ensure GPs are aware if the level of patient information that is required by Allied Health providers.

69% of Allied Health providers indicated they have the capacity to receive more referrals from GPs.
**allied health**

**Sending medical reports to GPs**

What does the data tell us?

- 92% of Allied Health providers send medical reports back to referring GPs.
- Of these, two-thirds (66%) send their medical reports to GPs electronically.

What’s the trend?

There is a steady upward trend in the percentage of Allied Health providers sending their medical reports back to GPs electronically:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>32%</td>
</tr>
<tr>
<td>2013</td>
<td>49%</td>
</tr>
<tr>
<td>2014</td>
<td>57%</td>
</tr>
<tr>
<td>2015</td>
<td>66%</td>
</tr>
</tbody>
</table>

What does this mean?

Allied Health provider adoption and utilisation of secure electronic messaging is steadily increasing.

What does CheckUP recommend?

CheckUP recommends that Allied Health providers are continued to be supported to adopt and utilise secure electronic messaging.
allied health

eHealth utilisation

What does the data tell us?

- One in four Allied Health providers have obtained their Health Provider Identification – Individuals (HPI-I).
- 53% of Allied Health providers are not sure whether they will ever participate in the National eHealth Record System.

What’s the trend?

HPI-I and My Health Record (MHR) adoption and anticipated adoption over the past 3 years has been as follows:

<table>
<thead>
<tr>
<th></th>
<th>HPI-I (now)</th>
<th>MHR (now)</th>
<th>MHR (yes, in future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>19%</td>
<td>---</td>
<td>20%</td>
</tr>
<tr>
<td>2013</td>
<td>22%</td>
<td>5%</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>23%</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>2015</td>
<td>16%</td>
<td>9%</td>
<td>19%</td>
</tr>
</tbody>
</table>

What does this mean?

eHealth adoption by Allied Health providers remains at low levels with only a slight increase in Allied Health provider adoption of the My Health Record.

What does CheckUP recommend?

CheckUP recommends that Allied Health providers are provided with eHealth education and support so that their level of eHealth knowledge and adoption increases.
Allied Health providers were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients.

A number of common themes were identified from the ideas provided:

**Shared Electronic Health Records**

Many Allied Health providers identified the need for shared electronic health records.

"Electronic medical records so patient’s do not have to repeat their case history at successive stages of treatment!".

**Better Allocation of Resources**

Many Allied Health providers suggested the need for additional Medicare funded sessions to Allied Health providers.

"Increase the number of Medicare funded sessions to Allied Health providers. Five visits per year shared among Allied Health providers is insufficient".

**Better Integration and Communication**

Many Allied Health providers recognised a need for better integration and communication between services.

"Better collaboration between all the health service organisations. I notice services can overlap and there needs to be better communication and leadership".

**Increase Focus on Preventative Health**

A greater focus on prevention and health promotion was identified as a need by a number of Allied Health providers.

"More education on prevention of avoidable chronic diseases and obesity, and a healthy lifestyle (diet and exercise), beginning in primary school.".

**Improve Referral Processes**

Many Allied Health providers expressed a desire for more efficient and effective referral processes.

"Clear eligibility criteria and a central referral service".
section 3: practice nurses

Profession Overview

The Practice Nurse role has grown considerably in the past few years.

According to the Australian Practice Nurse Association (APNA), a general practice nurse is a registered nurse or an enrolled nurse who is employed by, or whose services are otherwise retained by a general practice. There are over 10,500 nurses working within general practice with more than 60 per cent of general practices employing at least one practice nurse.

General practice nursing is the fastest growing area within the healthcare sector and covers many areas of nursing practice including:

- lifestyle education, health promotion, and population health
- women’s and men’s health
- infection control
- chronic disease management including diabetes, cardiovascular, asthma and COPD care
- immunisation
- mental health
- maternal and child health
- wound management
- Aboriginal health

With the return of focus to the primary health care sector, general practice nurses are increasingly exerting a critical role in delivering continuous care to their patients resulting in improved health outcomes.
practice nurses

Demographics

- Gender:
  - Male: 5%
  - Female: 95%

- Most common age groups:
  - 45-54 years: 35%
  - 55-64 years: 34%

- Average years experience: 16 years

- Original Qualification:
  - 84%
  - 16%

- Plan on changing work capacity:
  - No change: 68%
  - Increase: 14%
  - Decrease: 14%
  - Leaving: 4%

- Nurse type:
  - Registered: 86%
  - Enrolled: 9%
  - Nurse Practitioner: 5%

- Work status:
  - Part-time: 39%
  - Full-time: 61%

53% of Practice Nurses belong to a professional nursing association.
practice nurses

National Disability Insurance Scheme (NDIS): Knowledge

What does the data tell us?

- 1% of Practice Nurses indicated they have a high level of knowledge of the NDIS.
- 22% of Practice Nurses indicated they have a moderate level of knowledge of the NDIS.
- 77% of Practice Nurses indicated they have little or no knowledge of the NDIS.

What's the trend?
The percentage of Practice Nurses reporting a moderate to high level of knowledge about the NDIS has increased slightly.

2013  17%
2014  13%
2015  23%

What does this mean?
Although a small increase is noted, Practice Nurses still have limited knowledge about the NDIS, and would benefit from significantly more education before implementation of the NDIS begins in mid-2016.

What does CheckUP recommend?
CheckUP recommends that communication strategies are implemented to improve Practice Nurses’ understanding and knowledge of the NDIS and its roll-out in Queensland.
practice nurses

National Disability Insurance Scheme (NDIS): Main issues

What do you think will be the main issue for you in relation to the roll-out of the NDIS?

- Don’t know 48%
- Access to appropriate resources and services 23%
- Extra administration/paperwork 12%
- Assessing patient eligibility 7%
- Cost factors 3%
- Other 7%

National Disability Insurance Scheme (NDIS): Information

What information would you like to know about the NDIS?

- The role I can play 77%
- Determining eligibility 71%
- When will it start in Queensland 70%
- What is the purpose of the NDIS 54%

78% of Practice Nurses have never provided information to patients about the NDIS.
practice nurses

National Disability Insurance Scheme (NDIS): Practice Nurse Role

What do you expect your role will be in the implementation of the NDIS (multiple responses could be selected)?

- Don’t know: 51%
- Identifying eligible patients: 30%
- Directing/referring patients: 25%
- Coordinating care and support: 22%
- Receiving referrals: 7%

51% of Practice Nurses don’t know what their role will be in relation to the NDIS.
practice nurses

Prevention

What does the data tell us?
- Areas most commonly targeted by Practice Nurses with a preventative approach include:

- Smoking: 63%
- Diet/nutrition: 57%
- Physical inactivity: 57%
- Alcohol/drugs: 56%
- Immunisation: 54%
- Overweight/obesity: 52%
- Mental health: 50%
- Falls: 38%
- Maternal health: 29%

Practice Nurses have the potential to play an increasingly important role in the preventative health of patients.
practice nurses

Prevention

What does the data tell us?

- The most common guidelines/frameworks used by Practice Nurses to assist with the implementation of preventative strategies are:

  - Australian Immunisation Handbook: 70%
  - National Aboriginal & Islander Health Plan: 30%
  - SNAP Guide: 23%
  - HACC Guidelines: 27%
  - Guidelines for preventative activities in general practice (Red Book): 17%
  - Putting prevention into practice (Green Book): 13%
practice nurses

Prevention

What does the data tell us?
The most common barriers identified by Practice Nurses to undertaking preventative practice are:

- Lack of funding or other incentives 45%
- Lack of capacity 33%
- Limited referral pathways 26%
- Insufficient expertise 18%
- Lack of evidence based resources 15%
- Not a priority 15%
- Lack of suitably identified patients 11%
- Lack of confidence 9%

45% of Practice Nurses indicated that lack of funding and incentives is a major barrier to undertaking preventative practices.

What does CheckUP recommend?
CheckUP recommends that Practice Nurses’ are supported and encouraged to undertake a role in the preventive health of patients.
practice nurses

eHealth: Health directories

What health directories have you accessed in the past 12 months?

- National Health Services Directory 24%
- Health Engine 12%
- QFinder 1%
- None 63%

61% of Practice Nurses responded negatively or with uncertainty when asked about My Health Record participation.

eHealth: My Health Record

Do you intend to participate in the National eHealth Record System (My Health Record)?

- Yes, participating now 13%
- Yes, in the future 26%
- Unsure 51%
- No 10%
practice nurses

Telehealth: Practice Nurse readiness & utilisation

What does the data tell us?
- 63% of Practice Nurses indicated they have the necessary equipment for telehealth consulting.
- 20% of Practice Nurses indicated they don’t have the necessary equipment for telehealth consulting.
- 17% of Practice Nurses were not sure if they have the necessary equipment for telehealth consulting.
- 47% of Practice Nurses indicated that they had undertaken a telehealth consultation in the past 12 months.

What’s the trend?
There has been an increase in Practice Nurses reporting participation in telehealth consultations since 2014.

2014  34%
2015  47%

What does this mean?
Practice Nurses are active users of telehealth in general practice with almost half of Practice Nurses reporting using telehealth in the past 12 months.
practice nurses

The One Big Idea

Practice Nurses were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients.

A number of common themes were identified from the ideas provided:

- **Improve Patient Access**
  
  Many Practice Nurses felt the need for improved patient transport and access to services in rural areas.
  
  “More focus on the provision of available, accessible, appropriate, affordable and culturally safe allied health services”.

- **Better Allocation Resources**
  
  Ongoing funding of services was identified as a need by many Practice Nurses.
  
  “Ongoing funding for regional outreach programs to continue their service to isolated regional communities”.

- **Increase Nursing Staff**
  
  Many Practice Nurses expressed a desire for more nurses, particularly in rural and remote areas.
  
  “More Qualified Nurses on the Ground providing appropriate care in remote communities”.

- **Shared Electronic Health Records**
  
  The need for shared electronic health records was identified by many Practice Nurses.
  
  “Electronic health records that can be shared by all health care providers”.

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section 4: practice managers

Profession Overview

The Australian Association of Practice Managers (AAPM) defines the role of a Practice Manager as someone who performs all or some of the practice management tasks in a healthcare setting.

A healthcare Practice Manager’s tasks may include strategic planning, review and implementation of processes in a practice that increase efficiency and contribute to the overall notion of excellence in healthcare.

This is achieved using the AAPM core principles of healthcare practice management, these being:

- financial management
- human resource management
- planning and marketing
- information management
- risk management
- governance and organisational dynamics
- business and clinical operations
- professional responsibility
practice managers

Demographics

Gender
- Male: 14%
- Female: 86%

Work status
- Part-time: 18%
- Full-time: 82%

Most common age groups
- 45-54 years: 44%
- 55-64 years: 24%

Highest Qualification
- Diploma: 43%
- Degree/Post Graduate: 38%
- High School: 13%
- Other: 6%
The multidisciplinary general practice

Practice Managers were asked which of the following health professions and services are co-located with their practice:

What’s the trend?

Three out of four Practice Managers report having a Practice Nurse on staff. This has been consistent over the past few years.

- 2012  72%
- 2013  70%
- 2014  81%
- 2015  71%
**National Disability Insurance Scheme (NDIS): Knowledge**

**What does the data tell us?**
- 2% of Practice Managers indicated they have a high level of knowledge of the NDIS.
- 28% of Practice Managers indicated they have a moderate level of knowledge of the NDIS.
- 70% of Practice Managers indicated they have little or no knowledge of the NDIS.

**What’s the trend?**
The percentage of Practice Managers reporting a moderate to high level of knowledge about the NDIS has increased slightly since this question was asked for the first time in 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>Knowledge Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>21%</td>
</tr>
<tr>
<td>2015</td>
<td>30%</td>
</tr>
</tbody>
</table>

**What does this mean?**
Although there has been a small increase in the level of knowledge about the NDIS, overall Practice Manager knowledge about the NDIS is quite low and would benefit from more education before implementation of the NDIS begins in mid-2016.

**What does CheckUP recommend?**
CheckUP recommends that communication strategies are continued to be implemented to improve Practice Managers’ understanding and knowledge of the NDIS and its roll-out in Queensland.
practice managers

National Disability Insurance Scheme (NDIS): What PMs want to know

What do Practice Managers want to know about the NDIS?

- Who will be eligible? 73%
- When will it start in Queensland? 73%
- What role can I play? 67%
- What is the purpose? 63%

National Disability Insurance Scheme (NDIS): Main issues

What do you think will be the main issue for you in relation to the roll-out of the NDIS?

- Don’t know 42%
- Access to appropriate resources and services 19%
- Assessing patient eligibility 16%
- Extra administration/paperwork 12%
- Cost factors 2%
- Other 9%

73% of PMs want to know more about patient eligibility for the NDIS and when it will start in Queensland.
practice managers

Clinical software use by general practice

What does the data tell us?

- 27% of practices reported using Medical Director 3.
- 40% of practices reported using Best Practice.
- 8% of practices reported not using any clinical software.
- The other 25% included Genie, Medical Director 2, Practix, Zedmed, MMex, Profile, PPMP, GPComplete, HealthTrack, Nookal, Stathealth, Heath Based Clinical Information System and TM2.

What's the trend?

Two software packages have dominated over the past 5 years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Best Practice</th>
<th>Medical Director 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>17%</td>
<td>53%</td>
</tr>
<tr>
<td>2011</td>
<td>23%</td>
<td>52%</td>
</tr>
<tr>
<td>2012</td>
<td>31%</td>
<td>46%</td>
</tr>
<tr>
<td>2013</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>35%</td>
<td>39%</td>
</tr>
<tr>
<td>2015</td>
<td>40%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Diagram 4.3 – General Practice clinical software use (2010 - 2015)
practice managers

eHealth: Secure messaging software

What does the data tell us?

- 78% of practices reported having a secure electronic software package installed.
- 64% of practices use Medical-Objects most commonly.

What’s the trend?

The adoption of secure electronic messaging has remained high over the past few years. This decrease to 78% in 2015 may be attributed to a sampling issue.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>90%</td>
</tr>
<tr>
<td>2013</td>
<td>87%</td>
</tr>
<tr>
<td>2014</td>
<td>91%</td>
</tr>
<tr>
<td>2015</td>
<td>78%</td>
</tr>
</tbody>
</table>

What does this mean?

Practices adopted secure electronic messaging in large numbers through a Commonwealth subsidised program implemented by CheckUP (then GPQ) from 2008 to 2010, which has been maintained in the years subsequent.
practice managers

**eHealth: Secure messaging use**

**What does the data tell us?**

Over half (53.9%) of practices report using electronic secure messaging to send patient information to external health care providers. This has decreased from 71.3% in 2014 which may be attributed to a sampling issue.

**What's the trend?**

The use of secure electronic messaging has increased since 2010 with over half of practices using secure messaging from 2012 to 2015.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>37.7%</td>
</tr>
<tr>
<td>2011</td>
<td>46.2%</td>
</tr>
<tr>
<td>2012</td>
<td>57.5%</td>
</tr>
<tr>
<td>2013</td>
<td>70.2%</td>
</tr>
<tr>
<td>2014</td>
<td>71.3%</td>
</tr>
<tr>
<td>2015</td>
<td>53.9%</td>
</tr>
</tbody>
</table>

**What does this mean?**

Practices have significantly increased their use of secure electronic messaging since 2010 and a critical mass of general practices are now using this method of communication to send and receive clinical patient information.

**What does CheckUP recommend?**

CheckUP recommends that efforts are increased to convince the remaining general practices to use secure electronic messaging, particularly the 24% who have it, but are not utilising it to send information.
eHealth: Secure messaging information sent

What does the data tell us?

- The types of health providers/health facilities most commonly sent information via secure electronic messaging by general practice are:

  - specialists: 84%
  - public hospitals: 74%
  - allied health: 56%
  - private hospitals: 42%
  - community/NGOs: 14%
practice managers

eHealth: Secure messaging information received

What does the data tell us?

- The types of information most commonly received via secure electronic messaging by general practice are:

  - Pathology: 76%
  - Radiology: 71%
  - Specialist reports: 60%
  - Discharge summaries: 60%
  - Allied health reports: 51%
practice managers

eHealth: HPI-O & My Health Record

What does the data tell us?

- 59% of practices have obtained their Health Provider Identifier – Organisations (HPI-O). 24% of practices are unsure.
- 43% of Practice Managers feel well informed about the National eHealth Record System (My Health Record).

What’s the trend?

Adoption of the practice health identifier (HPI-O), and feeling well informed about My Health Record, has decreased since 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>HPI-O (acquisition)</th>
<th>My Health Record (well informed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>53%</td>
<td>42%</td>
</tr>
<tr>
<td>2013</td>
<td>64%</td>
<td>53%</td>
</tr>
<tr>
<td>2014</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>2015</td>
<td>59%</td>
<td>43%</td>
</tr>
</tbody>
</table>

What does this mean?

The data shows a decrease in the adoption of the practice health identifier (HPI-O) and feeling well informed about My Health Record since 2014. CheckUP recommends that more effort is applied to educate practices to adopt eHealth initiatives such as HPI-O and My Health Record.

What does CheckUP recommend?

CheckUP recommends that Practice Managers are continued to be educated about, and supported, to adopt eHealth initiatives such as HPI-O and My Health Record for their practice.
practice managers

Health service directories

What does the data tell us (multiple responses could be selected)?

- 43% of Practice Managers reported using the National Health Services Directory.
- 32% of Practice Managers reported using Health Engine.
- 7% of Practice Managers reported using QFinder.
- 5% of Practice Managers nominated other health directories.
- 39% of Practice Managers did not use any health service directories.

The National Health Services Directory is the most commonly used health service directory by Practice Managers.
Recall and reminder systems

What does the data tell us?

- Recall and reminder systems are used by the vast majority of general practices for at least one category to assist with prevention or continuity of care.

The most common categories for recall and reminder systems are health assessments, chronic disease management, abnormal result follow-up, and pap smear reminders.
practice managers

Aboriginal & Torres Strait Islander health

What does the data tell us?

- 42% of general practices employ at least one staff member who identifies as Aboriginal and/or Torres Strait Islander.
- 95% of general practices record the Aboriginal and/or Torres Strait Islander status of patients.
- 87% of practice staff are comfortable (35%) or very comfortable (52%) asking patients if they identify as Aboriginal and/or Torres Strait Islander.
- 5% of practice staff are uncomfortable (4%) or very uncomfortable (1%) asking patients if they identify as Aboriginal and/or Torres Strait Islander.
- 67% of general practices undertake Aboriginal and/or Torres Strait Islander health checks (MBS item number 715).
- 44% of general practices refer eligible patients to follow-up Aboriginal and Torres Strait Islander allied health items (MBS item numbers 81300 to 81360).
- 62% of practice managers reported participation in Aboriginal and/or Torres Strait Islander cultural awareness training in the previous 12 months.
practice managers

Aboriginal & Torres Strait Islander health

What’s the trend?

<table>
<thead>
<tr>
<th></th>
<th>Record status</th>
<th>Employ staff</th>
<th>Health checks</th>
<th>Cultural training</th>
<th>Comfortable asking status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>84%</td>
<td>22%</td>
<td>58%</td>
<td>39%</td>
<td>82%</td>
</tr>
<tr>
<td>2014</td>
<td>93%</td>
<td>27%</td>
<td>70%</td>
<td>49%</td>
<td>79%</td>
</tr>
<tr>
<td>2015</td>
<td>95%</td>
<td>42%</td>
<td>67%</td>
<td>62%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Diagram 4.9 – Practice Managers’ collecting of Aboriginal & Torres Strait Islander data (2013-2015)
practice managers

Aboriginal & Torres Strait Islander health

What does this mean?

Since the 2013 survey, Practice Managers are reporting greater levels of activity in relation to:

- recording the Aboriginal and/or Torres Strait Islander status of patients (from 84% to 95%).
- the employment of Aboriginal & Torres Strait Islander staff (from 22% to 42%).
- the utilisation of Aboriginal and/or Torres Strait Islander health checks (item number 715) (from 58% to 67%).
- the undertaking of cultural awareness training by staff (from 39% to 62%).
- Comfort in asking patients if they identify as Aboriginal and/or Torres Strait Islander (from 82% to 87%)

What does CheckUP recommend?

CheckUP recommends that practice staff and health providers continue to receive cultural awareness training, and are encouraged to record the status of Aboriginal and Torres Strait Islander patients.

CheckUP recommends that health providers continue to utilise MBS item numbers and other mechanisms that contribute to improvements in the health of Aboriginal and Torres Strait Islander patients.
Practice Managers were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients. A number of common themes were identified from the ideas provided:

**The One Big Idea**

**Better Allocation of Resources**
Practice Managers identified a need for increased funding in relation to MBS incentives and rebates as well as a revision of the current funding model for services.

"Reboot the MBS. GPs to be better remunerated for seeing disadvantaged persons and allow practice nurses to charge item numbers for preventative activities. Patient incentives for making positive lifestyle changes and improving their health."

**Better Integration and Communication**
Many Practice Managers expressed a desire for better integration and communication between services.

"Get private practice and public system working synchronously in the provision of best practice allied health to the region."

**Improve Referrals Processes**
Practice Managers suggested a standard referral form and a consistent referral process across services.

"One referral for all!"

**Education, Training and Mentorship**
Practice Managers felt the need for ongoing education and training for existing and new health providers from their practice.

"Effective, trained, experienced mental health promotions workers. The positions should go to minimum 3 year trained staff (Bachelor) in Health, Education, Community Engagement - this enables them to understand the framework and hit the ground running."

**Shared Electronic Health Records**
The need for shared electronic health records were identified by many Practice Managers.

"The lack if sharing of patient notes electronically between service providers."

---

CheckUP health in focus 2015
The Australian Institute of Health and Welfare (AIHW) defines a medical specialist as a medical practitioner with a qualification awarded by, or which equates to that awarded by, the relevant specialist professional college in Australia to treat certain conditions. The complete list of medical specialties are listed below, with at least one specialist from each bolded specialty completing the health in focus survey in 2015.

- Anaesthesia
- Anatomical Pathology (including Cytopathology)
- Cardiology
- Cardio-thoracic Surgery
- Chemical Pathology
- Clinical Genetics
- Clinical Pharmacology
- Community Child Health
- Dermatology
- Diagnostic Radiology
- Diagnostic Ultrasound
- Emergency Medicine
- Endocrinology
- Forensic Pathology
- Gastroenterology and Hepatology
- General Medicine
- General Paediatrics
- General Pathology
- General Surgery
- Geriatric Medicine
- Gynaecological Oncology
- Haematology
- Immunology and Allergy
- Infectious Diseases
- Intensive Care Medicine
- Maternal-Fetal Medicine
- Medical Oncology
- Microbiology
- Neonatal/Perinatal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Nuclear Medicine
- Obstetrics and Gynaecology
- Occupational and Environmental
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Otolaryngology – Head and Neck surgery
- Paediatric Emergency Medicine
- Paediatric Surgery
- Pain Medicine
- Palliative Medicine
- Plastic and Reconstructive surgery
- Psychiatry
- Public Health Medicine
- Radiation Oncology
- Rehabilitation Medicine
- Reproductive Endocrinology and Infertility
- Respiratory and Sleep Medicine
- Rheumatology
- Sexual Health Medicine
- Sport and Exercise Medicine
- Urogynaecology
- Urology
- Vascular Surgery
medical specialists

Demographics

Most common age groups
- 55-64 years: 31%
- 65+ years: 26%

Gender
- Male: 74%
- Female: 26%

Average years in current speciality
- 26 years
medical specialists

National Disability Insurance Scheme (NDIS): Knowledge

What does the data tell us?
- 33% of Medical Specialists indicated they have a moderate level of knowledge of the NDIS.
- 67% of Medical Specialists indicated they have little or no knowledge of the NDIS.

What's the trend?
The percentage of Medical Specialists reporting a moderate to high level of knowledge about the NDIS has increased significantly since 2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>17%</td>
</tr>
<tr>
<td>2014</td>
<td>25%</td>
</tr>
<tr>
<td>2015</td>
<td>33%</td>
</tr>
</tbody>
</table>

What does this mean?
Medical Specialists are better informed about the NDIS compared to 2013, however would benefit from more education before implementation of the NDIS begins in mid-2016.

What does CheckUP recommend?
CheckUP recommends that communication strategies are continued to be implemented to improve Medical Specialists’ understanding and knowledge of the NDIS and roll-out in Queensland.
What does the data tell us?
- 68% of Medical Specialists indicated they have the necessary equipment for telehealth consulting.
- 18% of Medical Specialists indicated they don’t have the necessary equipment for telehealth consulting.
- 14% of Medical Specialists were not sure if they have the necessary equipment for telehealth consulting.
- 50% of Medical Specialists indicated that they had undertaken a telehealth consultation in the past 12 months.

What’s the trend?
There has been a slight increase in Medical Specialists reporting participation in telehealth consultations since 2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>48%</td>
</tr>
<tr>
<td>2015</td>
<td>50%</td>
</tr>
</tbody>
</table>

What does this mean?
Over two-thirds of Medical Specialists indicated that they have the necessary equipment to undertake telehealth and half have undertaken a telehealth consultation within the past 12 months.

What does CheckUP recommend?
CheckUP recommends that Medical Specialists are continued to be supported to set-up and utilise telehealth in their practice.
medical specialists

eHealth: Secure electronic messaging

What does the data tell us?

- 52% of Medical Specialists indicated they use a secure messaging service to receive electronic referrals from GPs.
- 54% of Medical Specialists reported using Medical-Objects as their main secure messaging provider.

What's the trend?

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>39%</td>
</tr>
<tr>
<td>2014</td>
<td>56%</td>
</tr>
<tr>
<td>2015</td>
<td>52%</td>
</tr>
</tbody>
</table>

What does this mean?
The number of Medical Specialists using secure electronic messaging has increased since 2013, with just over half indicating that they use a secure messaging service to receive electronic referrals from GPs.

Diagram 5.3 – Medical Specialists’ secure messaging use (2013 and 2015)

What does CheckUP recommend?
CheckUP recommends that Medical Specialists are continued to be supported to set-up and utilise secure messaging in their practice.
medical specialists

Satisfaction with GP referrals

What does the data tell us?

- 76% of Medical Specialists indicated they are satisfied to very satisfied with the appropriateness of referrals received from GPs.
- 45% of Medical Specialists indicated they are satisfied to very satisfied with the comprehensiveness of referrals received from GPs.

What's the trend?

Medical Specialists' satisfaction with the quality of GP referrals over the past two surveys was:

<table>
<thead>
<tr>
<th>Year</th>
<th>Appropriateness</th>
<th>Comprehensiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>55%</td>
<td>33%</td>
</tr>
<tr>
<td>2014</td>
<td>70%</td>
<td>56%</td>
</tr>
<tr>
<td>2015</td>
<td>76%</td>
<td>45%</td>
</tr>
</tbody>
</table>

What does this mean?

The number of Medical Specialists reporting satisfaction with the appropriateness of GP referrals has continued to increase since 2013. The slight decrease in satisfaction with the comprehensiveness of referrals may be attributed to a sampling issue.

What does CheckUP recommend?

CheckUP recommends that GPs are continued to be encouraged to produce specialist referrals that are comprehensive and appropriate.
medical specialists

The One Big Idea

Medical Specialists were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients. A number of common themes were identified from the ideas provided:

**Education, Training & Mentorship**

Medical Specialists felt effective mentorship programs and supervision of new workers was essential.

“Mentorship of health workers. Health workers in remote Indigenous communities need to work with allied health teams in mentorship roles to upskill”.

**Shared Electronic Health Records**

The need for shared electronic health records was identified by Medical Specialists.

“Easily accessible electronic health records including imaging and pathology”.

**Improve Referrals Processes**

Medical Specialists identified the need for electronic referrals and improved referral processes.

“Make all referrals electronic and patients to be properly assessed before referral to the public hospital and be referred to the appropriate specialist”.

**Better Integration & Communication**

Medical Specialist expressed a desire for better integration and communication between GPs, hospitals and allied health providers.

“Improved information and sharing between everyone involved in the person’s care”.

**Better Allocation of Resources**

Medical Specialists identified a need for better allocation of resources including how funds are spent and human resources are allocated.

“More money spent on patients and less on admin staff in public sector”.

Icon made by Freepik from www.flaticon.com
section 6: general public

Overview

- Queensland has a population of approximately 4.7 million people, over half of which live outside Brisbane (ABS, 2015).
- Queensland has the second largest Aboriginal and/or Torres Strait Islander population, relative to other states and territories, and has the greatest proportion living outside major cities (Queensland Health, 2014).
- More than one-fifth of Queenslanders were born overseas, and overseas migration accounts for almost half of total population growth.
- Chronic diseases are the leading cause of death in Queensland.
- Chronic diseases cause around 80% of deaths, hospitalisations and recurrent health expenditure.
- Anxiety and depression are the largest causes of disability in Queensland.
- Queenslanders are getting heavier – being overweight or obese is the leading cause of disease in Queensland.
- Coronary heart disease is the leading cause of premature death (before the age of 75).
- The burden of disease increases with remoteness (12% higher in regional areas and 50% higher in remote areas).
- 14% of adults smoke daily and 3% smoke occasionally.
- There were 21 million GP consultations in Queensland in 2013 (57% were female patients and 43% were males).
general public

Demographics

- Gender
  - Female: 75%
  - Male: 25%

- Age distribution of survey respondents
  - 0-34 years: 16%
  - 35-44 years: 15%
  - 45-54 years: 24%
  - 55-64 years: 24%
  - 65+ years: 21%

6% of the general public identified as Aboriginal and/or Torres Strait Islander.

10% of the general public indicated they have a disability.
Health status (self-reported)

What does the data tell us?

Respondents were asked to rate their health on a 5-point Likert scale from Very Poor to Very Good.

- Over three-quarters (77%) of the general public rated their health as Good or Very Good.
- 17% rated their health as Fair.
- 6% rated their health as Poor or Very Poor.

What does this mean?

The self-rated health status of respondents was overall slightly higher than in 2014.

<table>
<thead>
<tr>
<th></th>
<th>Poor (+)</th>
<th>Fair</th>
<th>Good (+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>health in focus 2014</td>
<td>7%</td>
<td>19%</td>
<td>74%</td>
</tr>
<tr>
<td>health in focus 2015</td>
<td>6%</td>
<td>17%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Access to primary health services

What does the data tell us?

- How long does it take you to get to your nearest primary health care service?

- 77% < 15 mins
- 19% 15 – 30 mins
- 3% 30 – 60 mins
- 1% 1 – 2 hours
- 0% > 2 hours
general public

**Telehealth consultations**

What does the data tell us?
- Only 7% indicated they had participated in a telehealth consultation
- 74% suggested they would be comfortable having a telehealth consultation in the future

What’s the trend?

<table>
<thead>
<tr>
<th>Year</th>
<th>Participated</th>
<th>Willingness to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4%</td>
<td>73%</td>
</tr>
<tr>
<td>2015</td>
<td>7%</td>
<td>74%</td>
</tr>
</tbody>
</table>

What does this mean?
A large disparity still exists between the willingness of people to participate in a telehealth consultation and the actual participation rates.

What does CheckUP recommend?
CheckUP recommends that the benefits and advantages of telehealth are promoted, particularly in regional and remote communities in Queensland. This will result in an overall reduction in costs over the longer term and numerous patient benefits such as greater access, reduced travelling time and reduced costs.
general public

**National Disability Insurance Scheme (NDIS): Knowledge**

**What does the data tell us?**

- 31% of the General Public indicated they have a moderate to high level of knowledge of the NDIS
- 69% of the General Public indicated they have little or no knowledge of the NDIS

**What’s the trend?**

<table>
<thead>
<tr>
<th></th>
<th>Little/no knowledge</th>
<th>Moderate/high knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>2015</td>
<td>69%</td>
<td>31%</td>
</tr>
</tbody>
</table>

**What does this mean?**

The General Public reported no change in the level of knowledge about the NDIS than in 2014.

Respondents reported being more informed about the NDIS compared to all health providers with the exception of Allied Health providers (41% reported moderate to high knowledge).

This suggests that health providers need to increase their knowledge about the NDIS rapidly so that they can answer questions and provide accurate information when patients ask about the NDIS.

**What does CheckUP recommend?**

CheckUP recommends that the General Public continue to receive information about the NDIS before the June 2016 launch so their level of knowledge about the NDIS increases significantly.
general public

People with disability and the NDIS

What does the data tell us?

- 10% of health in focus 2015 respondents indicated that they have a disability (n=76).

In relation to their knowledge about the NDIS:

- 67% indicated they know where to find information about the NDIS.
- 39% indicated they know how to find information about their eligibility for the NDIS.
- 41% indicated they knew when the NDIS will commence in Queensland.
- 24% indicated they knew what the NDIS will provide for them.
- 20% indicated they had attended information sessions about the NDIS.

Overall, the percentage of people with disability who reported a moderate or high level of knowledge about the NDIS was significantly higher than people without disability (43% vs 30%).

What does this mean?

While people with disability are comparatively better informed about the NDIS than people without a disability, their level of knowledge is still quite low, particularly in relation to exactly what the NDIS will provide for them.

What does CheckUP recommend?

CheckUP recommends that the focus of any NDIS information campaigns aimed at people with disability explains the specific types of support that could be provided by the NDIS.
general public

Prevention

What does the data tell us?

- 66% of the General Public indicated they visit a health service for preventative health checks.
- 34% of the General Public indicated they only visit a health service when they are unwell.

What does this mean?

One-third of the General Public do not routinely visit a health service for preventative health checks.

Reasons provided for not having preventative health checks included:

- Doctor has never offered a check (30%)
- It’s not a priority for me (26%)
- It costs too much (18%)
- I don’t have the time (18%)
- I don’t see the value (5%)
- No suitable doctor in my area (3%)

What does CheckUP recommend?

CheckUP recommends that the General Public are encouraged to seek advice from health providers about preventative strategies they could adopt to improve their health.
general public

Prevention by age group

What does the data tell us?

- As people age, they are more likely to seek the advice of a health provider about preventative measures they can take to stay well.
- People aged under 35 are more than 2.5 times less likely to seek advice about preventative health than people aged 65 and over.

Diagram 6.5 – Preventative health checks by general public by age group (2015)
general public

eHealth adoption

What does the data tell us?

- 69% of the General Public have heard of My Health Record.
- 22% reported that they already have a My Health Record and a further 41% said that they will obtain a My Health Record in the future.
- 27% indicated that they’re unsure whether they will obtain a My Health Record in the future.
- 10% indicated that they will not sign-up for a My Health Record in the future.

What does this mean?

Although uptake of the My Health Record in the community is currently low (22%) there is a significant proportion (41%) of respondents that indicated they would obtain a My Health Record in the future. This suggests that just under two-thirds (63%) support the adoption of a My Health Record.

What does CheckUP recommend?

CheckUP recommends that efforts to improve My Health Record uptake are increased and are informed by the results of the Review into the My Health Record undertaken by the Commonwealth.
The general public were asked to rate their level of agreement with a range of statements relating to engagement with the health system.

What does the data tell us?

- 92% of the General Public agreed or strongly agreed that they are involved in decision-making about their health care.
- 80% of the General Public agreed or strongly agreed that they can rely on at least one healthcare provider to understand and support them.
- 79% of the General Public agreed or strongly agreed that they can easily find and understand health information.
- 79% of the General Public agreed or strongly agreed that they know which type of healthcare provider they need to see.
- 47% of the General Public agreed or strongly agreed that they would allow their health data to be stored on a mobile phone app.
The General Public were asked to rate their level of confidence with the treatment or advice received from a variety of health providers.

What does the data tell us?
The percentage of General Public who rated their level of confidence in the treatment provided by various health providers as reasonably confident or very confident was:

- Specialists 88% (mean = 3.82)
- GPs (regular) 87% (mean = 3.75)
- Pharmacists 84% (mean = 3.79)
- Allied Health 83% (mean = 3.76)
- Nurses 76% (mean = 3.68)
- GPs (locum) 46% (mean = 3.20)

What does this mean?
Confidence levels for health providers is overall very high, particularly for individuals regular GP and Medical Specialists.
The general public were asked: It’s 11:00pm on a Tuesday night and you start vomiting and experience continuous, extreme pain in your abdomen. What would you do?

What does the data tell us?
- 62% of the General Public said they would attend their nearest hospital/emergency department.
- 19% said they would phone 13 HEALTH.
- 19% said they would phone Triple Zero.
- 17% said they would wait until the next day and schedule an appointment with their GP.
- 13% said they would attend a GP practice that is open after hours.
- 10% said they would contact their regular GP on their after-hours phone number.
- 7% said they would conduct an Internet search.
- 2% said they would attend a pharmacy that is open after hours.

What does this mean?
The majority of people (62%) would visit a tertiary health care facility upon experiencing these symptoms, rather than first exploring options within primary care.

One in five people (19%) indicated they would dial Triple Zero.

What does CheckUP recommend?
CheckUP recommends that public awareness campaigns are implemented that focus on building a greater understanding of primary care e.g. when and where to access it.
general public

Barriers to accessing health care

- Long Waiting Times
- Cost
- Distance
- Access to Specialist Services
- Lack of After Hours Services
- Trust or Confidence in Health Provider
- Difficulty Accessing Regular GP
- Transport
**general public**

**Primary Health Networks (PHNs)**

Primary Health Networks (PHNs) were established to replace Medicare Locals from July 2015.

They are tasked with improving equity, efficiency and effectiveness of health service delivery in their region.

Opportunities will exist for members of the community to be involved in PHNs through Community Advisory Committees.

**What does the data tell us?**

Most members of the community have either not heard about *Primary Health Networks* (38%) or are unsure whether they will get involved with PHNs (25%).

A further 22% have already decided that they don’t intend to be involved with their PHN.

**What does CheckUP recommend?**

CheckUP recommends that public awareness campaigns are continued to be implemented so that the general public are aware of the role and function of a PHN, and have the opportunity to be involved.
The general public were asked to identify, in free text format, their one big idea for a needed change that will improve health services to meet their health care needs. A number of common themes were identified from the ideas provided:

**The One Big Idea**

- **Improve Patient Access**
  - Greater access to a range of health services was identified as a need by the general public.
  - “more services available in rural and remote settings”.

- **Reduce Waiting Times**
  - The general public identified the need for reduced waiting times to improve health services.
  - “Shorter waiting periods to see specialists and getting surgery in hospitals”.

- **Access to Patient Health Records**
  - A large proportion of respondents wanted access to their personal health records.
  - “Digital records that ‘I’ have access to. I don’t have a regular GP, never have, I’m not a sick person. But would be great to have all of these records”.

- **More After Hour Services**
  - There was a general consensus that more after hours services were needed to meet healthcare needs.
  - “Extended opening times for people that are employed full time”.

- **A Greater Focus on Preventative Health**
  - There was a strong desire for more affordable and accessible preventative healthcare and alternative medicine.
  - “Availability of affordable holistic preventative health care that includes natural remedies and preventative health treatments”.

- **Reduce Cost of Health Care**
  - Making health care more affordable was identified as a priority.
  - “More bulk billing GPs and specialists not charging exorbitant above schedule costs. More realistic fees charged by private health insurance providers”.

"CheckUP health in focus 2015"
section 7: cross sector comparisons

Cross sector comparisons have been made for a small number of questions that were asked to more than one group of health providers, and showed differences in responses.

Questions that were compared across sectors include:

- Provider age
- Telehealth equipment
- Telehealth utilisation
- My Health Record participation
- National Disability Insurance Scheme (NDIS) knowledge
- The One Big Idea
cross sector comparisons

Age group distribution

What does the data tell us?

- Allied Health providers have the youngest workforce (55% aged 44 and under).
- Specialists have the oldest workforce (57% aged 55 and over).

Figure 7.1 – Health provider age by provider type (2015)
cross sector comparisons

Telehealth equipment

What does the data tell us?

- Practice Nurses and Medical Specialists report the highest levels of telehealth equipment acquisition.

Figure 7.2 – Telehealth equipment acquisition by provider type (2015)

Telehealth use

What does the data tell us?

- Medical Specialists utilise telehealth more than any other health provider group.

Figure 7.3 – Telehealth use by provider type (2015)
cross sector comparisons

National Disability Insurance Scheme

What does the data tell us?

- GPs (25%) and Practice Nurses (23%) have the lowest level of knowledge about the NDIS.
- Allied Health providers (41%) and Medical Specialists (33%) have the highest level of knowledge about the NDIS.
- Practice Nurses reported the highest increase in moderate to high knowledge about the NDIS between 2014 and 2015 (from 13% to 23%).
- GPs, Allied Health providers, Practice Managers and Medical Specialists all reported a 9% increase in the level of moderate to high knowledge about the NDIS over this same period.
- Medical Specialists also reported a small increase in moderate to high knowledge of the NDIS from 2014 to 2015 (from 25% to 33%)
- The public reported no change in moderate to high level of knowledge from 2014 to 2015.
cross sector comparisons

My Health Record participation

What does the data tell us?

- GPs reported the highest level of My Health Record participation now and also into the future. One-quarter of GPs have made up their mind that they don’t want to participate in the My Health Record (25%).

- Allied Health providers have the lowest level of My Health Record participation and the greatest level of uncertainty about My Health Record participation.

- A significant percentage of Allied Health providers and Practice Nurses require further information about the My Health Record to help them make a decision about future participation.

![Figure 7.5 – My Health Record participation by provider type (2015)](image)
cross sector comparisons

The One Big Idea

All health provider groups were asked to identify, in free text format, their one big idea for a needed change that will improve the health system for providers or patients. A number of common themes across all health providers were identified.

What does the data tell us?

- Shared electronic records, better allocation of resources and better integration and communication were the top three ideas identified to improve the health system for providers or patients.
- Improving referral processes and education, training and mentorship were also common ideas to improve the health system for providers and patients.

<table>
<thead>
<tr>
<th>Figure 7.6 – One big idea themes by provider type (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists</td>
</tr>
<tr>
<td>Shared Electronic Records</td>
</tr>
<tr>
<td>Better Allocation of Resources</td>
</tr>
<tr>
<td>Better Integration and Communication</td>
</tr>
<tr>
<td>Improve Referral Processes</td>
</tr>
<tr>
<td>Education, Training and Mentorship</td>
</tr>
</tbody>
</table>
CheckUP would like to thank all CheckUP members, numerous sporting clubs and particularly RACQ Living for supporting the 2015 *health in focus* survey.