

Paperwork and general practice: where to next?

John Aloizos

Paperwork has been identified by general practitioners as one of the key areas they most want changed, to allow them more time for direct interaction with patients in general practice.

In 2001–2002, GPs' administrative costs associated with government programs came to an estimated 5% of their total incomes.¹ The GP Red Tape Task Force reported its findings in December 2003,² and the government has responded with a number of measures to reduce red tape for GPs, which are currently being implemented (eg, clarifying and simplifying the Practice Incentives Program requirements for practice nurses and the reforms to the Enhanced Primary Care [EPC] Medicare items).

With the extensive daily demand on GPs to provide acute care and to implement programs for chronic disease management and illness prevention for better health, amid an ageing population with multiple comorbid conditions, will these measures be enough to solve the problem?

There is evidence that the shift towards a multidisciplinary team approach to patient care will assist in reducing the GP's workload.³ However, there is a risk that, with each new initiative to support the changing workplace environment, another layer of administrative complexity is added. The peak

body representing general practice to government, the General Practice Representative Group (GPRG), made up of the Royal Australian College of General Practitioners,

Australian Medical Association, Australian Divisions of General

Practice and Rural Doctors Association of Australia), needs to provide strategic solutions to the paperwork problem that also recognise the costs of implementation and change management for general practice.

As the banking industry has demonstrated, the revolution in information and communication technology (ICT) can bring many efficiency gains. Government-funded incentives have driven the rapid uptake of computers in general practice, but the large shortfalls in the capacity of current software programs to deliver the necessary efficiency and productivity gains must be addressed. The GPRG must advocate for better ICT solutions that integrate medical records, clinical audits, information management systems and electronic decision-support systems; we also need solutions that bring practice management efficiency and connectivity along with the rest of the health care system.

GPs have embraced software tools that improve the efficiency of their practices internally (appointment systems, billing systems, medical records) and externally (HIC online, Broadband for Health initiative, Australian Childhood Immunisation Register). However, the different components of the ICT solutions need to be brought together. We run the risk of losing the benefits of ICT in the paperwork battle if the GPRG does not address this as a priority. It is vital that the GPRG (i) supports the General Practice Computing Group,⁴ the peak body for GP informatics in Australia, which is working towards developing standards for integrated GP software, and (ii) negotiates with government and the ICT and medical software industry.

As GPs we should not expect that all the solutions will come from government. Certainly government has a legitimate interest and role in working with the profession to find solutions (as it has done with the Red Tape Taskforce). However, we should expect that our own representative organisations remain united in their conviction and not lose sight of the urgent need for solutions for a balance between productivity, efficiency, professional satisfaction for GPs and quality care for our patients and our communities.

Competing interests

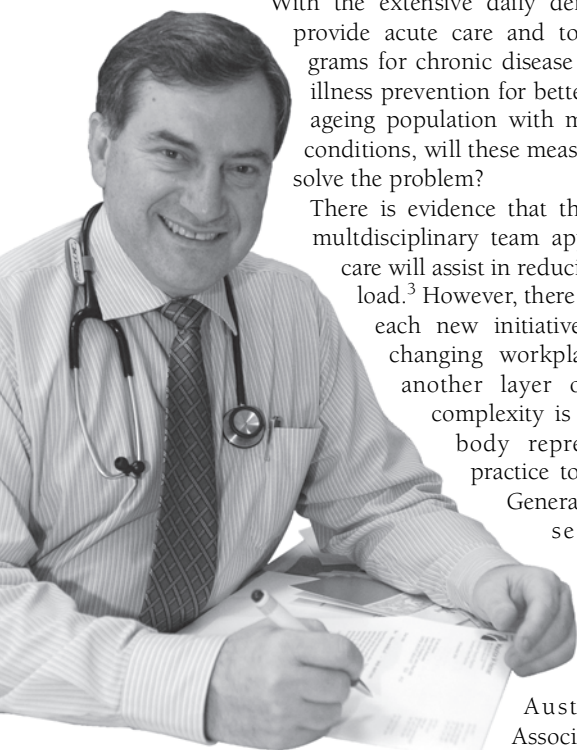
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- 3 The organisational capacity of Australian general practices for chronic disease care: results of research study. Centre for GP Integration Studies, University of NSW and Department of General Practice, University of Adelaide. Available at: http://www.generalpractice.adelaideuni.org/content/res_content/res_docs/results_abstracts.pdf (accessed Jun 2005).
- 4 The General Practice Computing Group (GPCG). Available at: <http://www.gpcg.org> (accessed Jun 2005).

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