

The Bettering the Evaluation and Care of Health (BEACH) program may be left high and dry

Lesley Russell and Stephen R Leeder

Withdrawal of government funding may force the closure of this invaluable resource

General practice remains the cornerstone of Australia's health services. About 85% of the population sees a general practitioner at least once in any year.¹ Last financial year, that amounted to 103 million general practice services, at a cost to Medicare of \$4 billion.²

Over the past decade, the Bettering the Evaluation and Care of Health (BEACH) program has provided a unique insight into these clinical encounters between GPs and their patients. BEACH tells us about the patients that GPs see, the problems that are encountered, and the treatment provided. The BEACH program is a continuous national study of general practice activity in Australia. Indeed, it is the only such study in the world. To date, it includes details of 900 000 encounters between GPs and patients. Every year another 100 000 encounters from a random, ever-changing sample of 1000 GPs are added. The strength of the BEACH data lies first in its sheer sample size, and second in that it provides a reliable, continuous measure of changes in general practice since 1998.

Since that time, there have been a number of important changes to Medicare and a raft of new programs and initiatives to help GPs better manage their patients. These include financial incentives to boost bulk-billing, reimbursement for services provided by practice nurses, practice and service incentive payments for the management of patients with asthma and diabetes and for the provision of immunisations and cervical cancer screening tests, and new Medicare items to encourage GPs to work with allied health professionals to provide coordinated care for patients with complex and chronic health problems.

Other factors have also intervened in the relationship between GPs and their patients. The GP workforce is increasingly older, has a higher proportion of women, and is looking to work fewer hours.³ At the same time there's a growing shortage of GPs, especially outside metropolitan areas.⁴

Their patients are also ageing and beset by chronic illnesses such as heart disease, diabetes, arthritis, depression, and chronic obstructive airway disease. Many struggle to afford the out-of-pocket costs associated with their care, which have grown by 50% over the past decade.⁵

The push is on to get GPs to encourage their patients to exercise more and smoke less, to prescribe fewer diagnostic tests and medications, to talk to their patients for longer, to enquire about their use of alternative and complementary therapies, and to inform them about the use of generic medicines. This pressure is coming from government,⁶ professional bodies,⁷ the National Prescribing Service,⁸ and patients themselves.⁹

The BEACH data can be mined for information about all these issues and many more. It provides the only independent source of data about doctors' prescribing practices, including how many prescriptions are for medicines not listed on the Pharmaceutical Benefits Scheme (PBS). The Pharmaceutical Benefits Pricing Authority uses calculations from the BEACH data to estimate the average monthly treatment cost of each PBS-listed medicine and then adjusts the price that the government pays the manufacturer.

All this work is done by a small group of workers at the Australian General Practice Statistics and Classification Centre, a collaborating unit of the University of Sydney and the Australian Institute of Health and Welfare. It is done on a miniscule budget, which in the current financial year amounts to just \$1.3 million.

Now the Centre is under threat of closure because the Australian Government will not commit to ongoing financial support. The government's contribution is just 23% of the BEACH budget (the remainder comes from a variety of public and private sources), but without the certainty of these funds for the 2008–09 financial year and beyond, the Centre must make the decision in November to close up shop.

The amount involved is insignificant in the grand scheme of health expenditure — \$300 000 a year — a sum so small that it is not itemised in the Australian Government Department of Health and Ageing budget, but is paid from the departmental expenses budget. Medical groups and academics have expressed concern that policy should be made and evaluated based on appropriate data, but the Department of Health and Ageing has signalled that it is no longer in the business of general practice research.¹⁰

Those who care about health policy and its impact understand the consequences if BEACH ceases to exist. Yet this rich and informative history of general practice activity is at risk because the Australian Government, in its short-sightedness, cannot make the 4-year commitment of \$1.5 million that will ensure its future. The loss of BEACH will be a national shame.

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