

Consider changes to bulk billing carefully, study suggests

February 5 2015, by Lesley Parker



Credit: Alex E. Proimos on Flickr

Research into billing by GPs has found no association between whether patients pay and the time they spend with a doctor.

Instead, the research published this week in the *Medical Journal of Australia*, finds that factors such as patient health and income and the location and size of GP practices are more likely to predict whether

patients are bulk billed – paying no fee above the Medicare benefit – or face an "out of pocket" expense.

As part of ongoing research into the patient experience of primary care which began in early 2013 – before the current government's proposals for a GP co-payment – an online survey asked 2477 Australians aged 16 years or older about their experience of bulk billing.

The survey, conducted by the Centre for Research Excellence in the Finance and Economics of Primary Health Care, found that patients were more likely to be bulk billed if they had a chronic disease, held a concession card or had [private health insurance](#).

Those less likely to be bulk billed, and so already making out-of-pocket payments, were those who visited larger practices, had an appointment for their visit, or had very high household incomes.

Despite bulk billing incentive payments for GPs in regional, rural and remote areas, patients were more likely to face an out of pocket expense if they were in inner and outer regional areas.

However, there was no association between bulk billing and the duration of GP visit, patient age or gender, the research found.

The researchers, led by UTS health economist Richard De Abreu Lourenco, suggest therefore that concession card holders, patients with chronic disease and people on low incomes "are the groups who would be the most disadvantaged by the introduction of additional copayments for GP visits".

"We can't comment on what shape policy should take," Mr De Abreu Lourenco says. "But what this research tells us is that there are multiple factors influencing bulk billing. Changing one, such as co-payments,

might not have the intended effects and needs to be considered carefully."

In the online survey, 83 per cent of respondents attended a general practice that bulk billed some or all of its patients and 71 per cent were bulk billed for their most recent GP visit.

The mean out-of-pocket cost for those who were not bulk billed was \$34.09.

Mr De Abreu Lourenco, who is a research fellow with the Centre for Health Economics Research and Evaluation (CHERE) at UTS, says smaller GP practices may be bulk billing as a way to compete with larger practices that offer other benefits such as on-site pathology services.

One surprise finding was that people who have private [health insurance](#) are more likely to be bulk billed, despite health insurance not applying to GP visits. "The association between bulk billing and private insurance might be explained by the fact that healthier individuals may be more willing and able to shop around for a bulk-billing GP," Mr De Abreu Lourenco says. "Other research has shown that people with health insurance also tend to be healthier," he says.

GPs who bulk bill accept the applicable Medicare benefit as full payment for a consultation; some GPs charge a consultation fee that is greater than the Medicare benefit, which results in a gap for the patient to meet.

Provided by University of Technology, Sydney

Citation: Consider changes to bulk billing carefully, study suggests (2015, February 5) retrieved 9 May 2024 from <https://medicalxpress.com/news/2015-02-bulk-billing-carefully.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.