NAMDS National Association for Medical Deputising

The National Association of Medical Deputising Services (Australia) suggested model for funding Australian GP managed after hours care.

Medicare Local Payment Model (MLPM) for after-hours care in Australia

(1) MLs get PIP money ($57 million PA) and General Practice after Hours Grant funds ($47 Million PA) from DoHA or around $4.50 per head of population.
(2) It is accepted that part of the GPAH grant money could be deployed as required to resolve gap issues while the AH PIP money is used to continue to support existing well-functioning after hours services through Medicare Local Payments (MLP).
(3) Under the MLP model, MLs will fund GP practices who provide accredited after hours care:

- $2.00 per SWPE for using **accredited MDS** that also meet the Commonwealth definition of an MDS and who provide to patients after hours coverage during the whole of the defined after hours period.
- $4.00 per SWPE for a minimum of 15 hours of **extended after hours practice** in addition to having an accredited MDS providing "out of hours" and "after hours" coverage described above.
- $6.00 per SWPE for providing **24/7 after hours care within the practice during the whole of the defined after hours period** (as occurs presently within sub-regional, remote and rural practice). For practices in RA Areas 1, this payment is subject to audit and can only be claimed in arrears after providing documented evidence to the ML of after-hours care services being provided directly to patients by each claimant GP within the practice.

The MLPM model maintains the key role of General Practice as the key coordinator of 24/7 care in Australia. In effect the ML becomes the fund-holder and fund distributor for AHPMC instead of it being funded via the PIP and DoHA.

The general practice (and any contracted support they choose) remains the service provider contracted to the GP practice but meeting standards set by the funder.

This is a minimalist model that preserves all the good aspects of the Australian GP managed primary health care system. The MLP model avoids all the risks associated with GP abandonment of 24/7 care responsibility. It establishes MLs as organisations that support and compliments General Practice, confirms GPs as the primary coordinator of 24/7 patient care and provides a platform for the provision of universally accessible after hours care.

MLs and AMLA would then carry out additional audit and standards work to ensure:

- universally accessible after hours care access for the community
- Service providers meeting RACGP/ACCRM standards
- High standards of AH providers (in accordance with AGPAL and AMLA stipulated definitions)
- Coordination with HealthDirect
- Linkages to Ambulance services
- PCEHR compliance
- Bolstered access for ACF/Frail-aged and house-bound patient care.
- Other matters as determined by the ML that relate to local requirements and identified gaps