



The Royal Australian  
College of General  
Practitioners

# Media release

For immediate release

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## Proposed diabetes funding needs more than fine-tuning

The Royal Australian College of General Practitioners (RACGP) is urging the government to meaningfully consult with the College and other stakeholders, including the Australian Medical Association (AMA) and Diabetes Australia, in relation to its program for people with diabetes. As currently proposed, the government's diabetes program does not have the College's support.

Over the last three months, the College has been critical of the government's proposed plan for 'block' or 'capitated' funding for people with diabetes. The College has argued that the current proposal does not take into account the complex nature of multiple co-existing health risks and conditions and therefore is not workable for patients or for general practice.

Dr Chris Mitchell, RACGP President and GP in northern New South Wales, reiterated that the College fully supports the aims of the government to improve care for people with diabetes and welcomes the additional investments. The College is looking forward to working with the government, Diabetes Australia and a range of other stakeholders to help create a program that will support people with diabetes.

"International evidence has shown that adequate resourcing of general practice care can keep patients healthier and reduce hospital admissions. There is also clear evidence that well designed voluntary enrolment systems have the potential to significantly enhance care for 'at risk' groups in our community; from vulnerable children to the frail elderly. However, this program will need significant changes to meet the needs of people with diabetes," Dr Mitchell said.

The College supports the concept of voluntary patient enrolment with their GP but does not support the capitated funding model as currently outlined in the government's general practice diabetes program.

"Voluntary enrolment with a trusted GP may lead to better management of complex clinical cases and better support comprehensive care for our patients. As a fundamental principle, any voluntary enrolment program should support and provide incentives for continuity of care and support the trusted relationship between a patient and their GP. The government's program in its current state enrolls patients with a practice and does not promote continuity of care with a GP – we can't support this approach," he said.

"The government's program in its current state offers 'capitated' or 'block funding' to practices cashing-out access to general practice Medicare rebates for people with diabetes. This approach does not recognise the range of needs for people with diabetes and provides perverse incentives for general practices to unnecessarily refer patients to other specialists and to 'cherry-pick' patients with low care needs.

"The RACGP supports additional blended payment for the important work of coordinating care for people with chronic and complex care needs but believes continued access to Medicare rebates for patients is essential.

"With relatively minor adjustment, fee-for-service could be made to work effectively within a team-based practice. Our fee-for-service model is supported by most GPs who believe that it is the model that best protects our responsibilities to patients.

"As GPs we need a health system that gives us the resources we need to keep our patients healthy and out of hospital. The RACGP is looking forward to immediate and meaningful engagement with the government around the diabetes program to help create a program that will support people with diabetes," Dr Mitchell concluded.

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**About the RACGP**

The Royal Australian College of General Practitioners (RACGP) sets and maintains the standards for quality clinical practice, education and training, and research in Australian general practice and represents Australia's urban and rural general practitioners. Visit [www.racgp.org.au](http://www.racgp.org.au).