

## **SAND abstract No. 41 from the BEACH program 2002–03**

### **Subject: Time of visit and billing status**

**Organisation:** Commonwealth Department of Health and Ageing (DoHA)

**Issues:** The relationship between after-hours status of a consultation and patient billing status.

**Sample:** 5,546 Medicare-claimable encounters, from 200 GPs; data collection period: 7/5/2002 – 10/6/2002 and 16/7/2002 – 19/8/2002.

**Method:** Detailed in the paper entitled 'SAND Method: 2002-03' on the FMRC website ([http://www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)).

### **Summary of results**

Of the 5,546 Medicare-claimable consultations recorded in these data collection periods in 2002, 69.8% (95% CI: 65.4-74.3) were bulk billed, and 30.2% were patient billed; comparable to previous GPSCU data (June-Oct 2000) with 74.4% (95% CI: 70.4-78.3) of general practice consultations bulk billed.

Consultations with patients aged 75+ were bulk-billed at a significantly higher rate than younger patients; those with patients aged 45-64 were bulk billed at 63.5% (95% CI 58.0-69.1) of Medicare-claimable encounters compared with 82.1% (95% CI: 76.4-87.9) of those aged 75 or more.

The DoHA definition of after hours was used, "standard office hours" includes weekdays 8am to 6pm and Saturday 8am to 1pm, while "after hours" is weekday nights 6pm to 8am and Saturday 1pm to Monday 8am. Of the Medicare-claimable encounters, 92.8% (95% CI: 90.9-94.8) occurred during "standard office hours", while the remaining 7.2% occurred "after hours". The comparable results from 2 years previously were that 7.4% of consultations occurred "after hours".

"After hours" consultations had a bulk billing rate of 77.1%, compared to 69.3% of consultations during "standard office hours", and these proportions are not significantly different. Therefore, without adjusting for any other variables, billing status of patient and whether a consultation occurred "after-hours" were not related.

Simple logistic regression modelling with billing status as the outcome found that whether the consultation occurred during "standard office" or "after hours" was not related to patient billing status. However, the multiple model, including all significant descriptor variables found that "after hours" consultations were significantly more likely to be bulk billed than those held during "standard office" hours (adjusted OR=1.92).

Other significant descriptors in the model were patient age, whether the patient was from a non-English speaking background, whether they lived in an urban or rural setting, whether they held a health care card and whether they were from a low SES background. A paper fully describing these results is in preparation.

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