



Health in Focus 2018

An annual snapshot of the main healthcare issues and trends in Queensland

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Introduction and Background

Health in Focus is an annual health survey conducted by CheckUP. It has sections for the general public and specific questions for primary healthcare practitioners. Survey responses are collated to provide a snapshot of healthcare issues in Queensland. The survey aims to investigate issues and trends within primary healthcare. Topics covered in the survey include workforce models, care coordination, preventative health, digital health, and the interface between different parts of sectors.

CheckUP uses the results of the survey to:

- inform discussions with stakeholders
- inform internal planning
- identify areas of need
- identify and celebrate initiatives that have been successful
- increase the profile of primary healthcare in Queensland

The survey began in 2009 as a census designed for General Practitioners (GPs) and Practice Managers. Since then the survey has broadened its scope to include other healthcare providers and now also incorporates the general public. By bringing the views of these groups together, CheckUP is able to get an overall picture of health and healthcare issues in Queensland informed by many different perspectives and compare it to data from previous years.

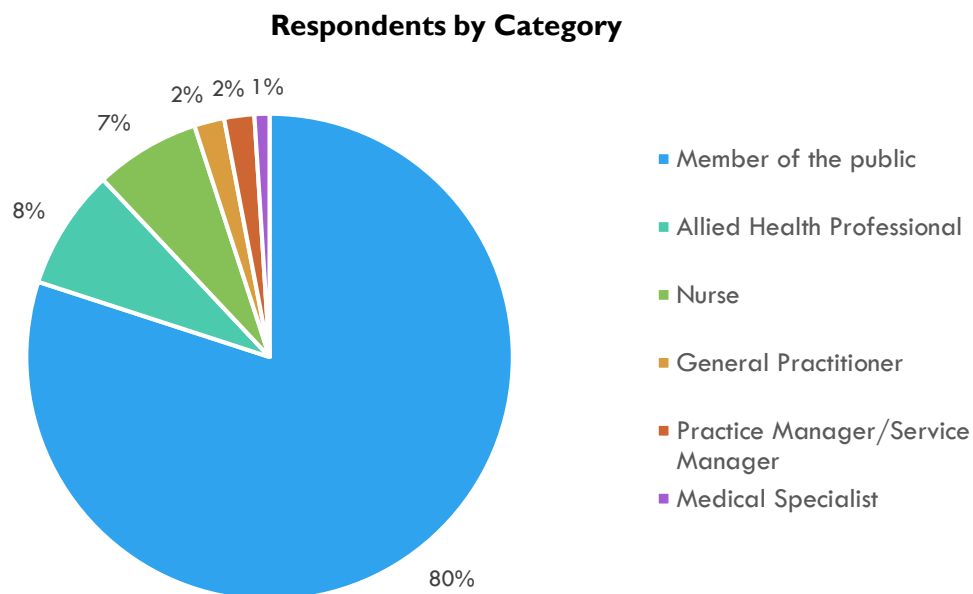
Table 1 -The survey's evolution over the last ten years

	GPs	Practice Managers	Allied Health	Nurses	Medical Specialists	General Public	Responses
2009 GP Census	✓	✓					1636
2010 GP Census	✓	✓					1630
2011 GP Census	✓	✓					1177
2012 CheckUP Census	✓	✓	✓	✓			949
2013 CheckUP Census	✓	✓	✓	✓			1171
2014 Health in Focus	✓	✓	✓	✓	✓	✓	1160
2015 Health in Focus	✓	✓	✓	✓	✓	✓	1316
2016 Health in Focus	✓	✓	✓	✓	✓	✓	1137
2017 Health in Focus	✓	✓	✓	✓	✓	✓	1328
2018 Health in Focus	✓	✓	✓	✓	✓	✓	1702

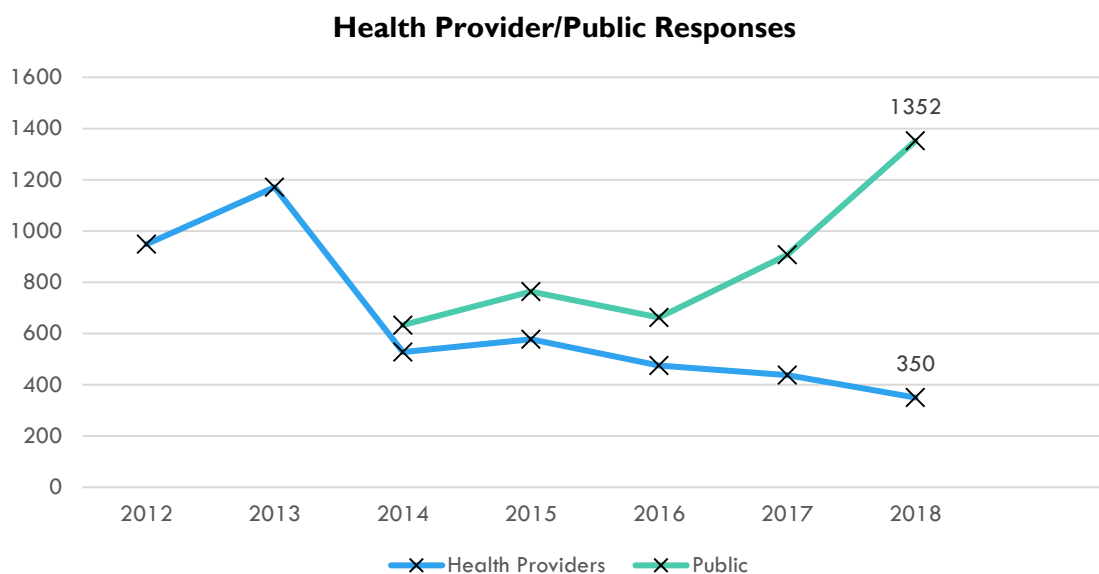
Demographics

Overall

In 2018, Health in Focus received 1702 responses comprised of 1352 responses from the general public (80%) and the remaining 350 responses from health professionals (20%) across five categories. The survey had an 88% completion rate.

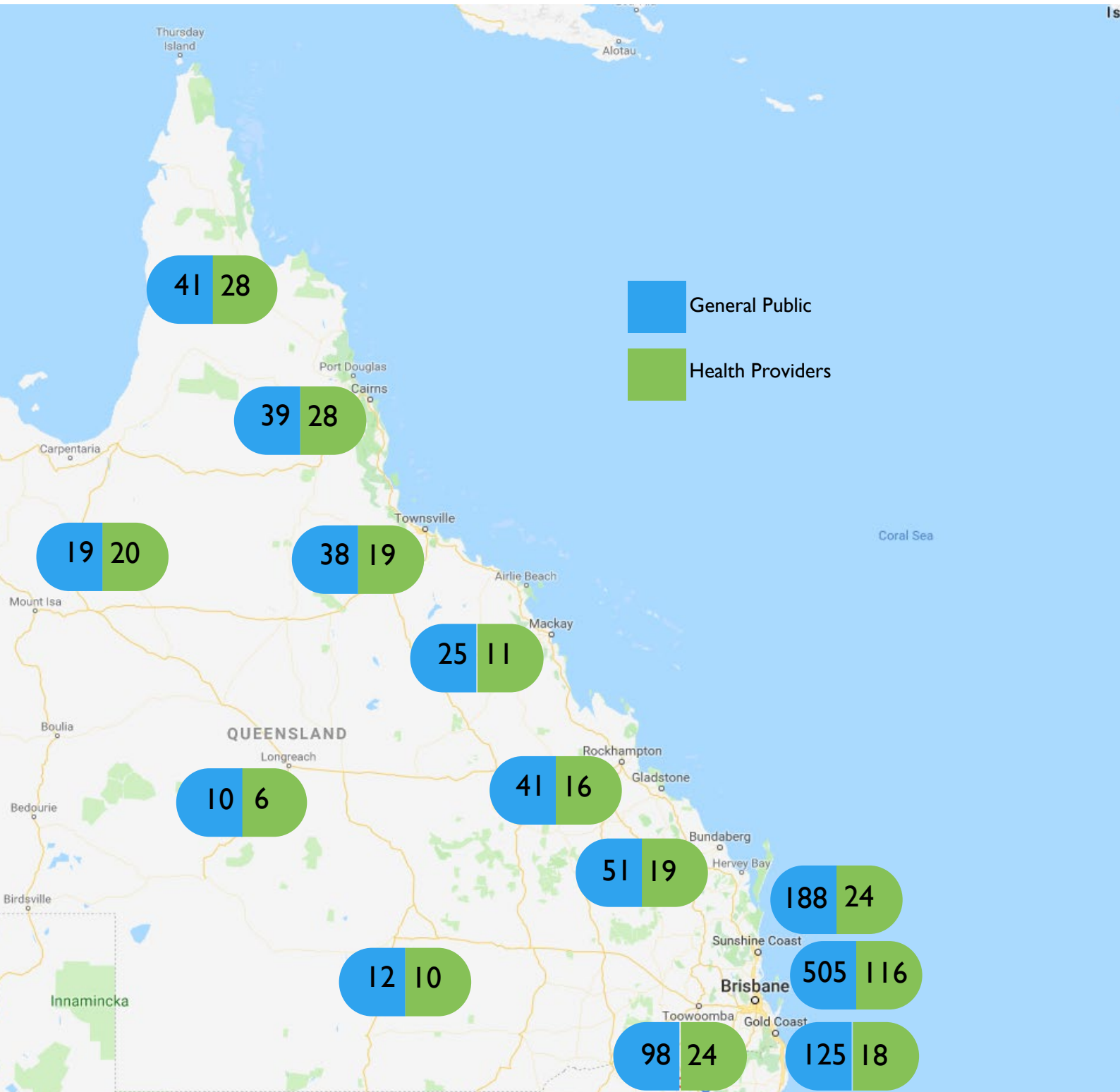


The Health in Focus survey has evolved considerably over the past ten years and is now largely a survey completed by the general public. Responses from the general public have doubled since 2016, while responses from health providers have been declining since 2015.



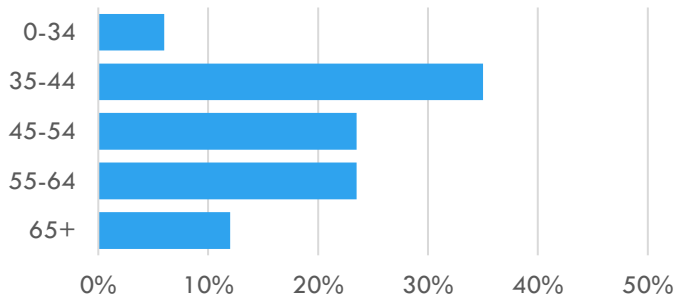
Geographical Distribution

Because *Health in Focus* intends to get an accurate representation of viewpoints from across Queensland, a diverse geographical distribution of responses is important. In 2018, responses were proportional to area populations as seen below. In addition, 125 responses were received from interstate and this data has been included in the analysis.

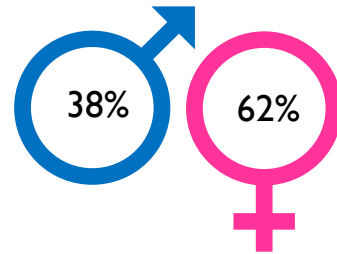


GPs

Age Groups (%)



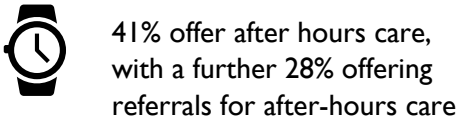
Gender



Average years as a GP



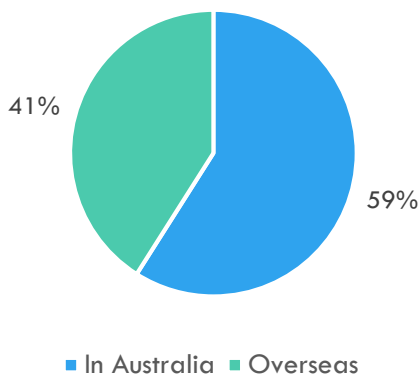
After hours care



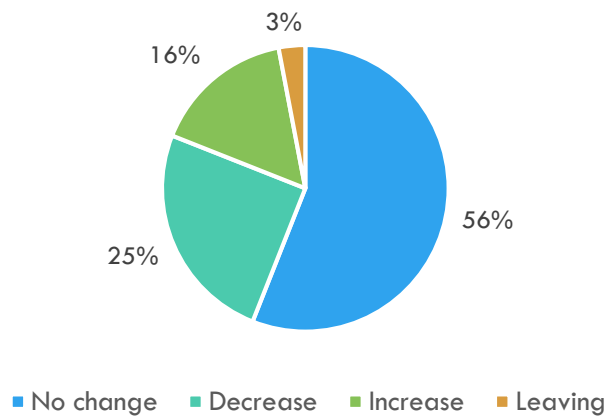
Sessions worked (one session is 3.5 hours)



Qualifications obtained

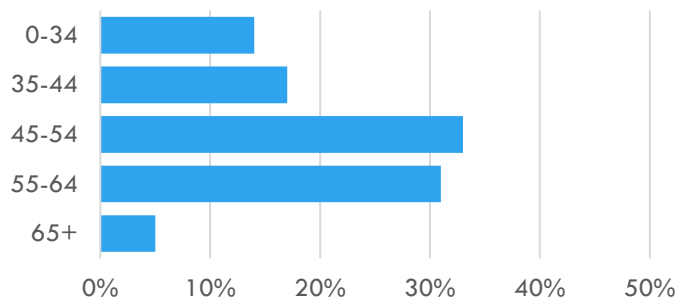


Plans to change amount of sessions

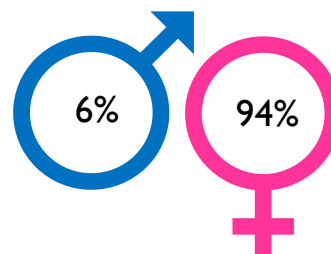


Nurses

Age Groups (%)



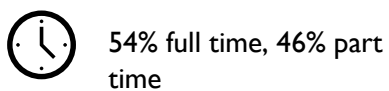
Gender



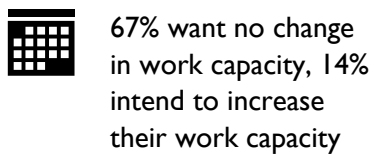
Average years as a nurse



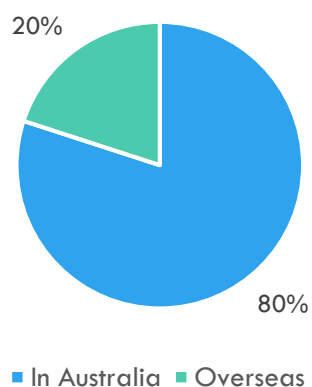
Work status



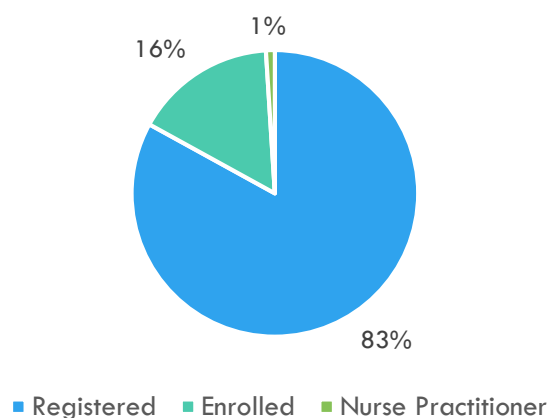
Plan on changing work capacity



Qualifications obtained

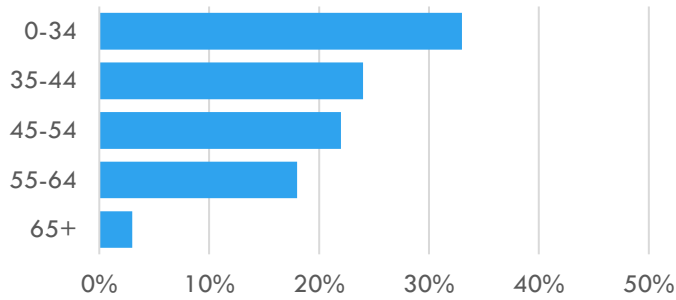


Nurse type

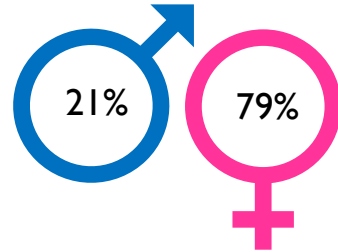


Allied Health

Age Groups (%)



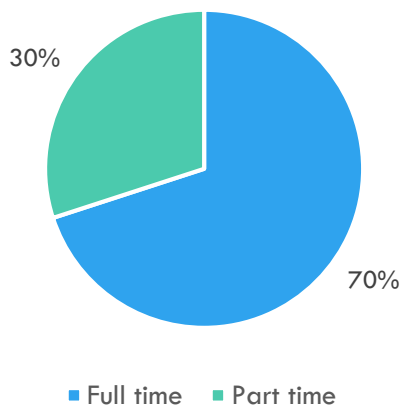
Gender



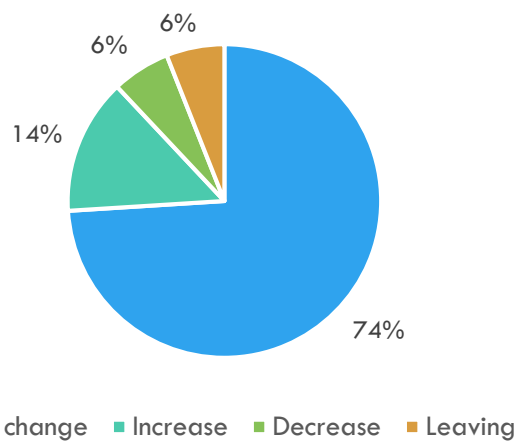
Average years in Allied Health



Work Status

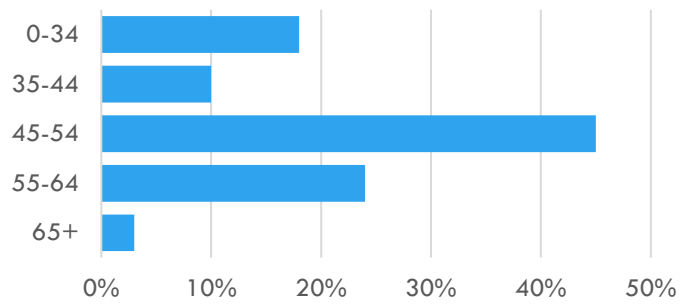


Plans to change work capacity

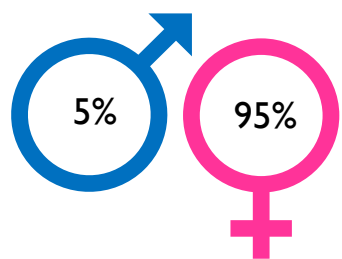


Practice Managers

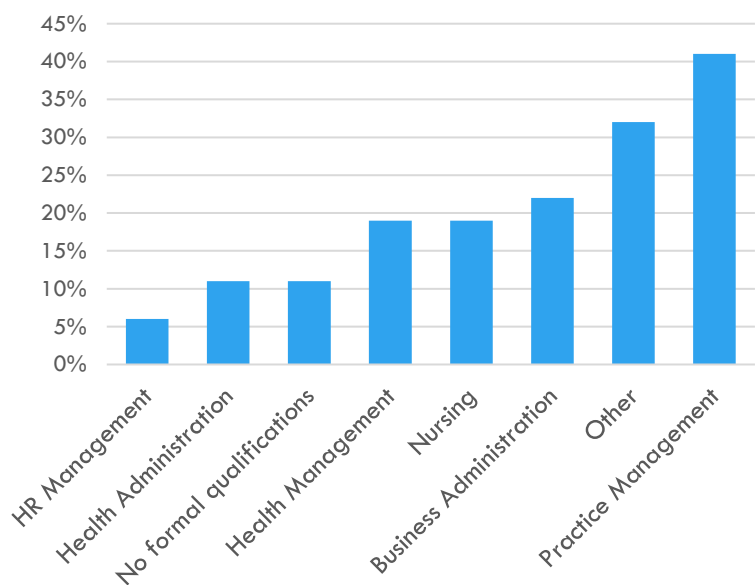
Age Groups (%)



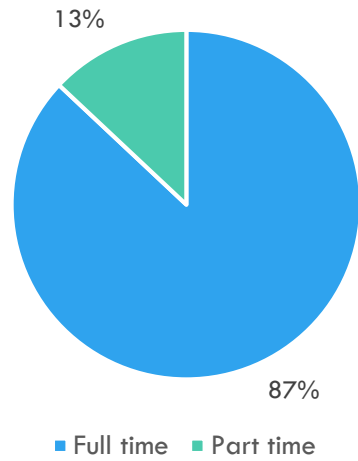
Gender



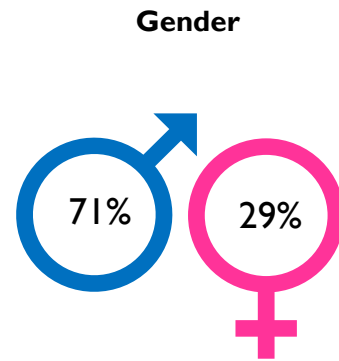
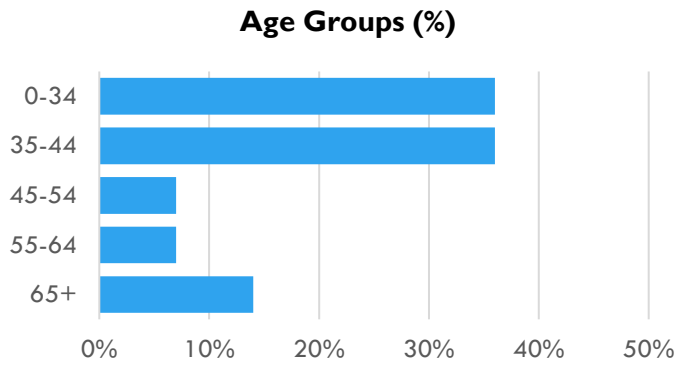
Qualifications (%)



Work Status



Specialists

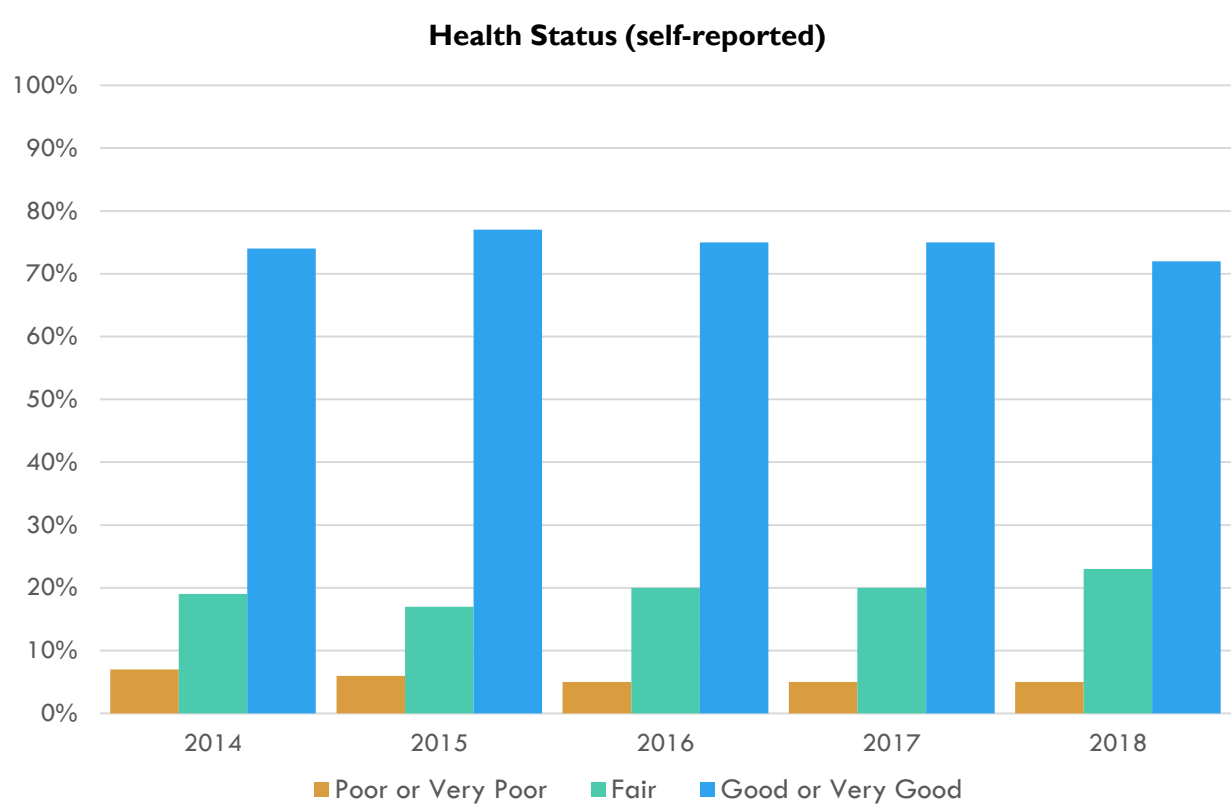
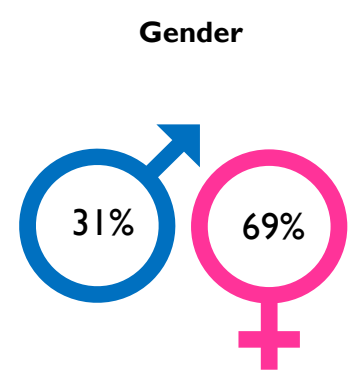
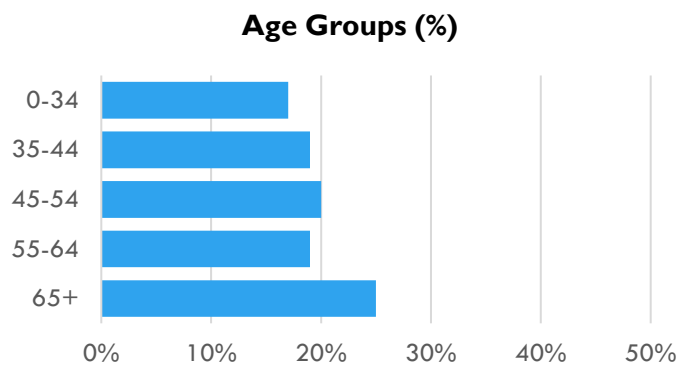


Average years in specialty

 16



General Public



4% of the general public identified as Aboriginal and/or Torres Strait Islander

15% of the general public indicated they have a disability

NDIS Knowledge



Overall

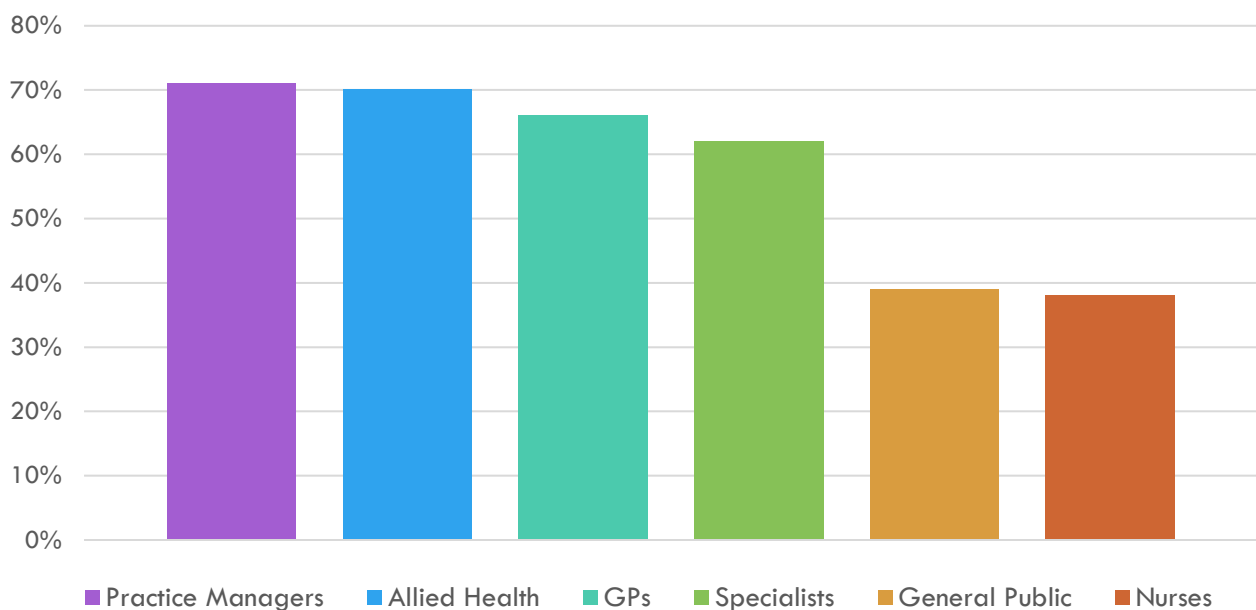
The National Disability Insurance Scheme (also called the NDIS) is the new way of providing support to Australians with disability, their families and carers. The NDIS will provide all Australians under the age of 65 with a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life.

The NDIS will help people with disability achieve their goals, including independence, community involvement, education, employment and health and wellbeing.

As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life. The NDIS also provides people with disability, their family and carers with information and referrals to existing support services in the community.

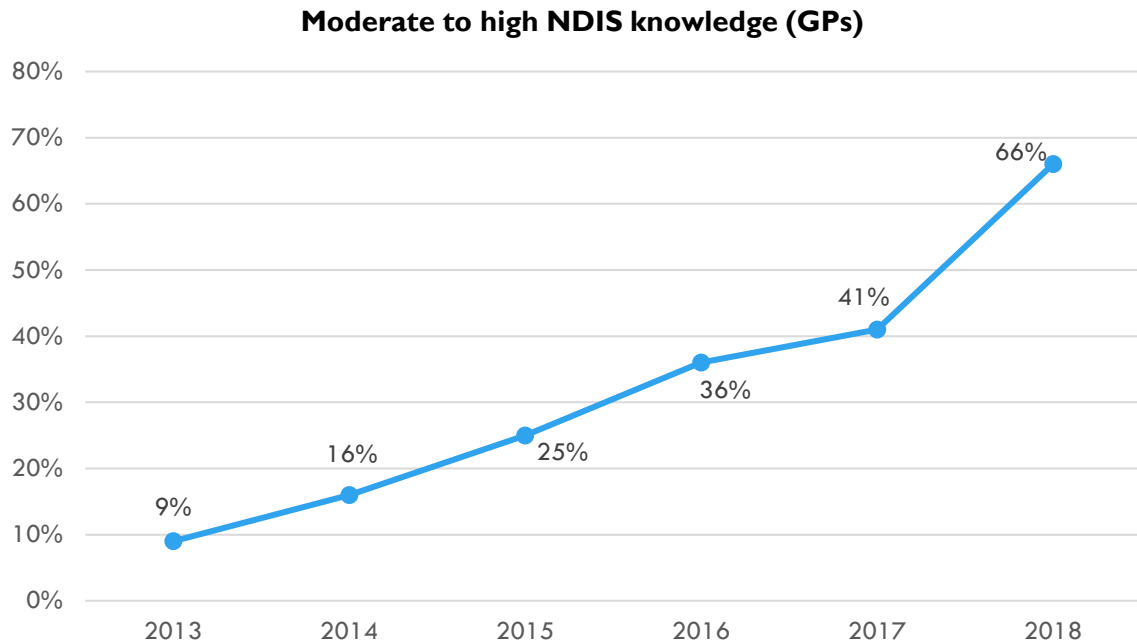
In general, most of the surveyed demographics have shown an increase in knowledge about the NDIS over the past five years. The data below is the percentage of respondents who have reported that they have a moderate or high level of knowledge about the NDIS.

Moderate to high NDIS knowledge in 2018



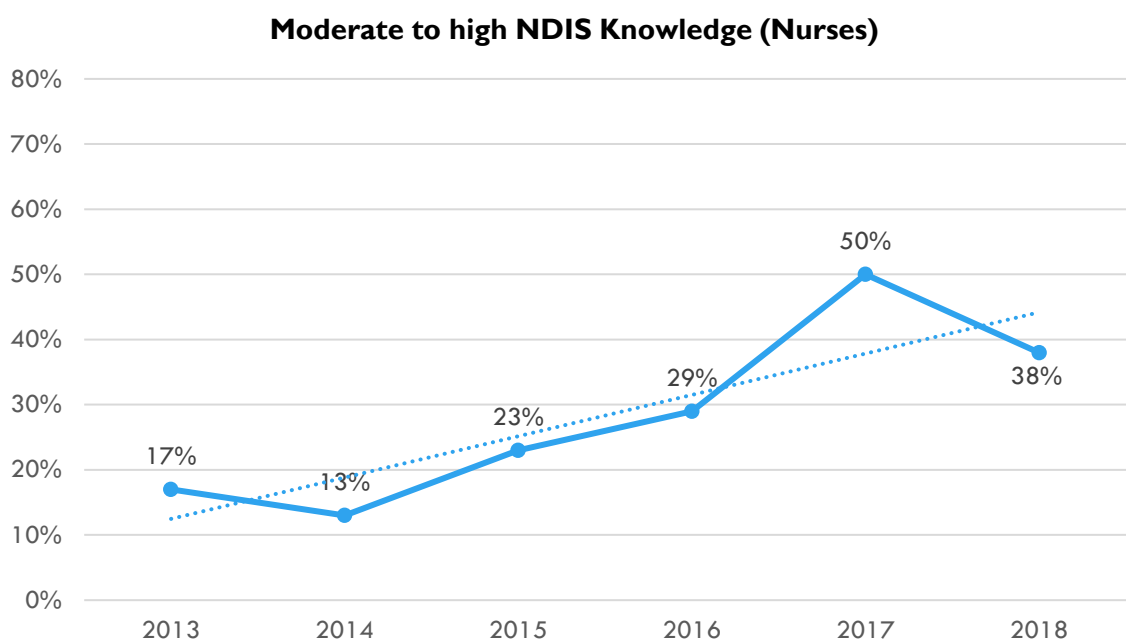
GPs

The percentage of GPs reporting moderate to high levels of knowledge about the NDIS has increased each year, from a baseline of 9% in 2013 to 66% in 2018.



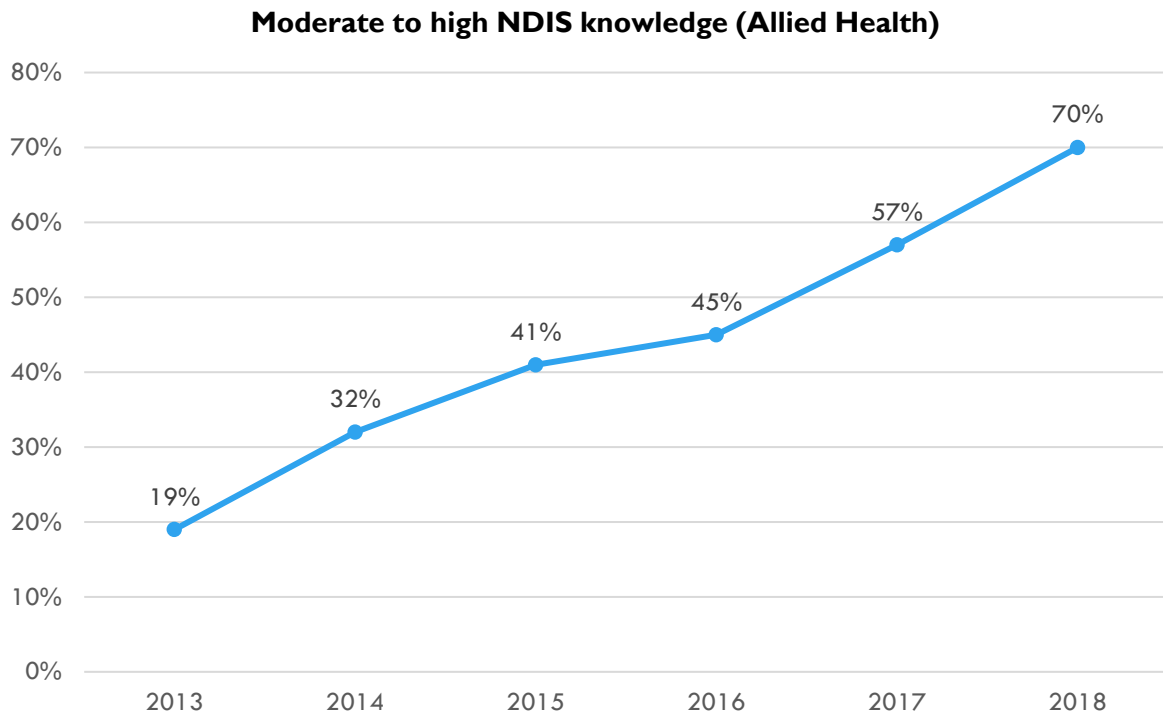
Nurses

The percentage of nurses reporting moderate to high levels of knowledge about the NDIS has gone down this year after rising for three consecutive years. This difference may be due to fewer nurse responses this year, leading to a possible misrepresentation of the broader workforce.

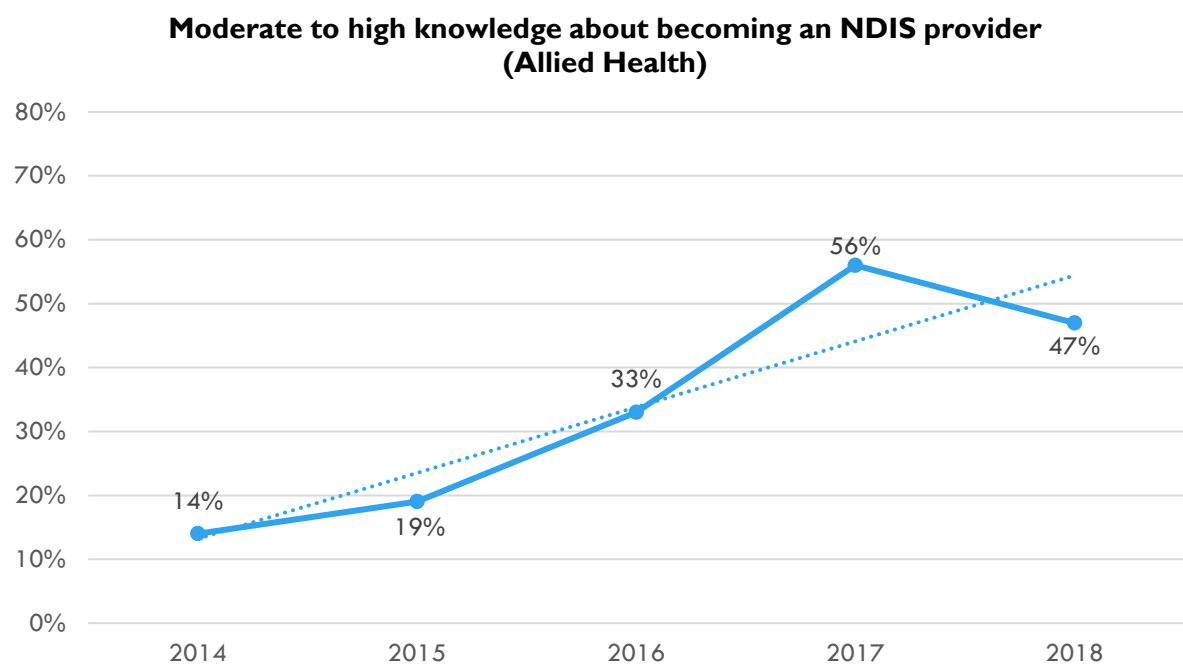


Allied Health

The percentage of allied health professionals reporting moderate to high levels of knowledge about the NDIS has increased each year from a baseline of 19% in 2013 to 70% in 2018.

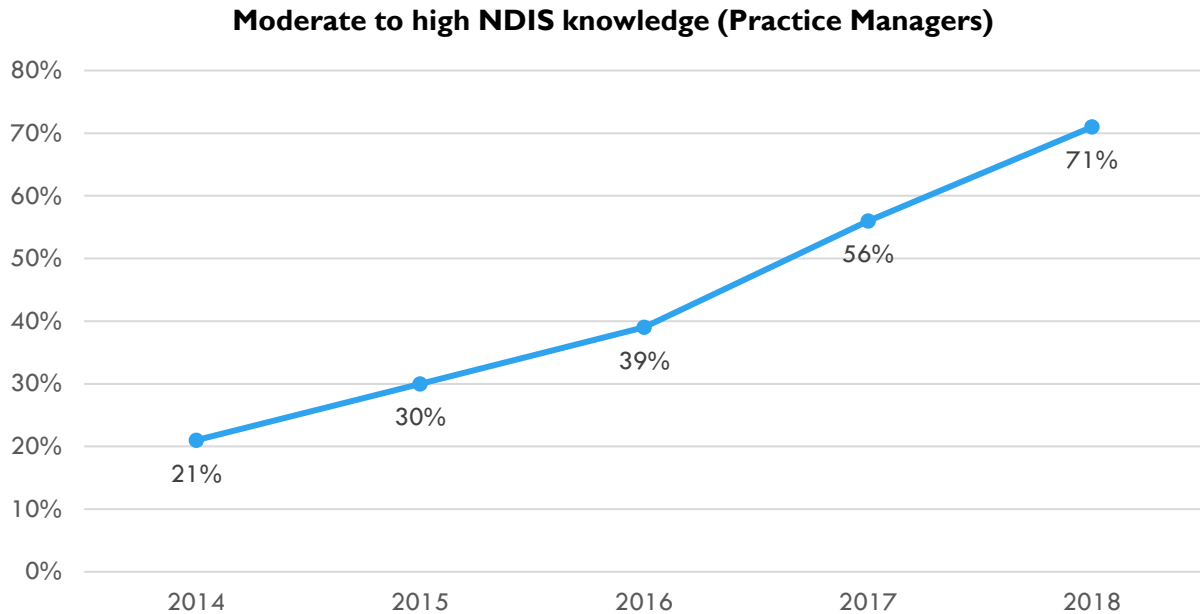


The percentage of allied health professionals reporting moderate to high levels of knowledge about becoming an NDIS provider has dropped slightly in 2018.



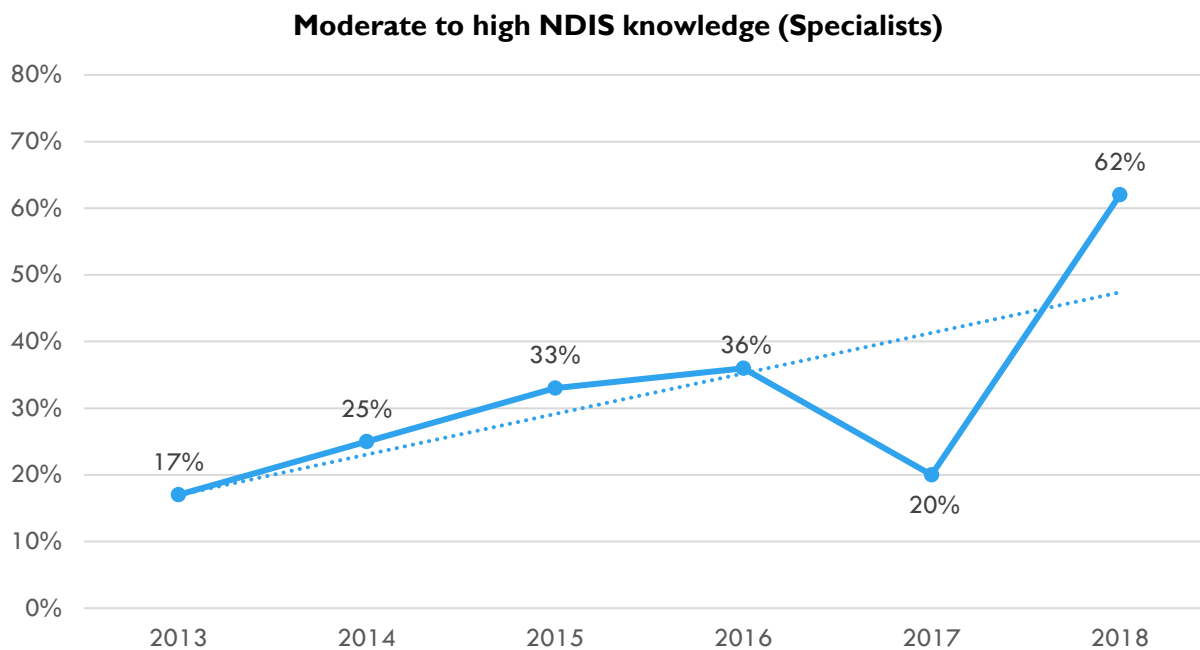
Practice Managers

The percentage of practice managers reporting moderate to high levels of knowledge about the NDIS has increased each year from a baseline of 21% in 2013 to 71% in 2018.



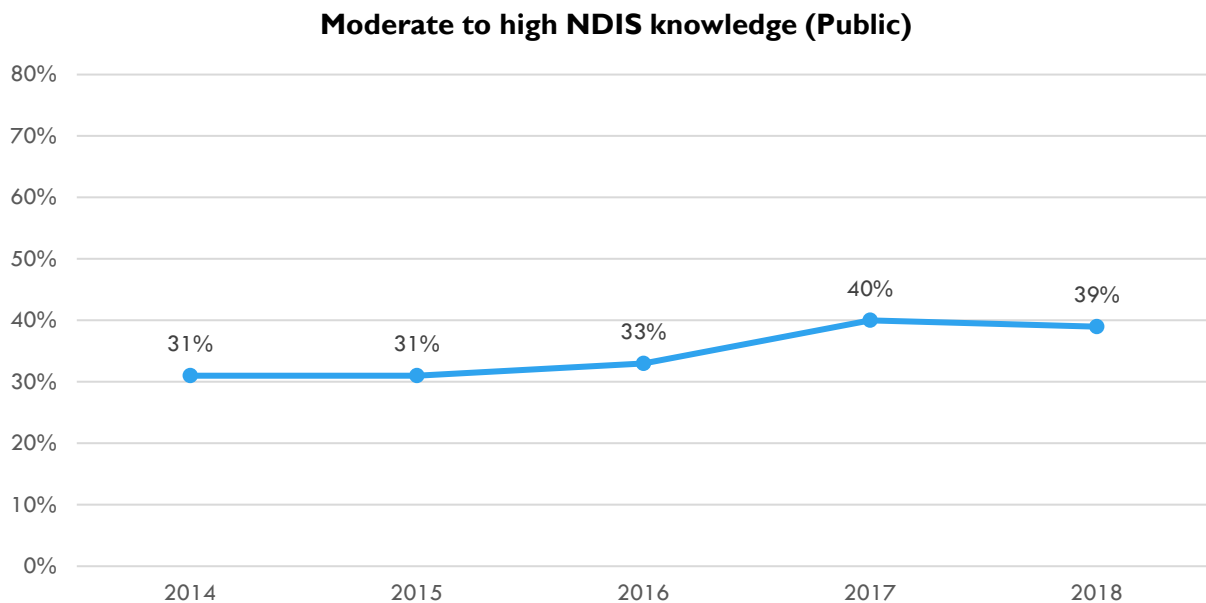
Specialists

The percentage of specialists reporting moderate to high levels of knowledge about the NDIS this year has sharply increased, after a decrease in 2017, which may have been due to a sampling issue.



General Public

The percentage of the general public reporting moderate to high levels of knowledge of the NDIS has not increased at the same rate as health providers and has fluctuated between 31% and 40% since 2014.



People with a disability and the NDIS

Of the 15% of the public who indicated they have a disability:

35% knew where to find information about the NDIS

26% knew how to find information about their eligibility

21% knew when the NDIS would commence in their region

18% knew what the NDIS would provide for them

13% had attended information sessions about the NDIS

These percentages indicate that people with a disability have low levels of knowledge about the NDIS and what it can provide for them and would benefit from an education campaign aimed at better informing them about the role and function of the NDIS.

Prevention

GPs

97% of GPs routinely offer prevention or lifestyle advice to patients.

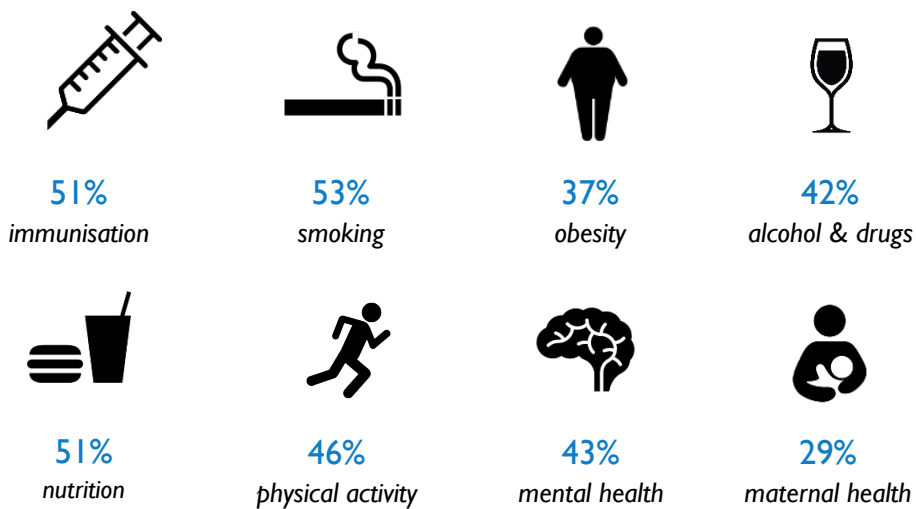
Preventative areas most commonly targeted by GPs include:



Nurses

93% of nurses routinely offer prevention or lifestyle advice to patients.

Preventative areas most commonly targeted by nurses include:

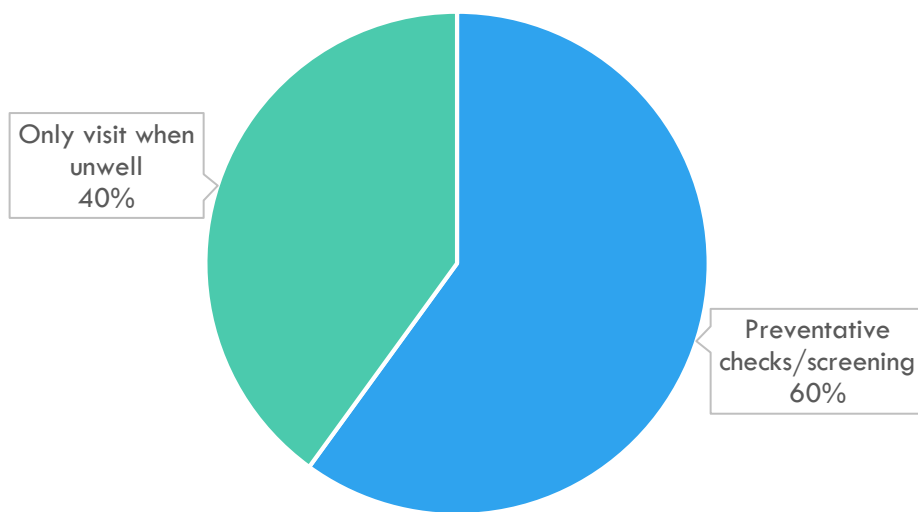


General Public

Preventative Checks

In 2018, 60% of public respondents said they visited health services for preventative health checks and screenings, with the remaining 40% only using these services when they were unwell. This has remained consistent since the first survey of the public with the percentage of respondents visiting health services for preventative reasons ranging from 58% (2016) to 66% (2014 & 2015).

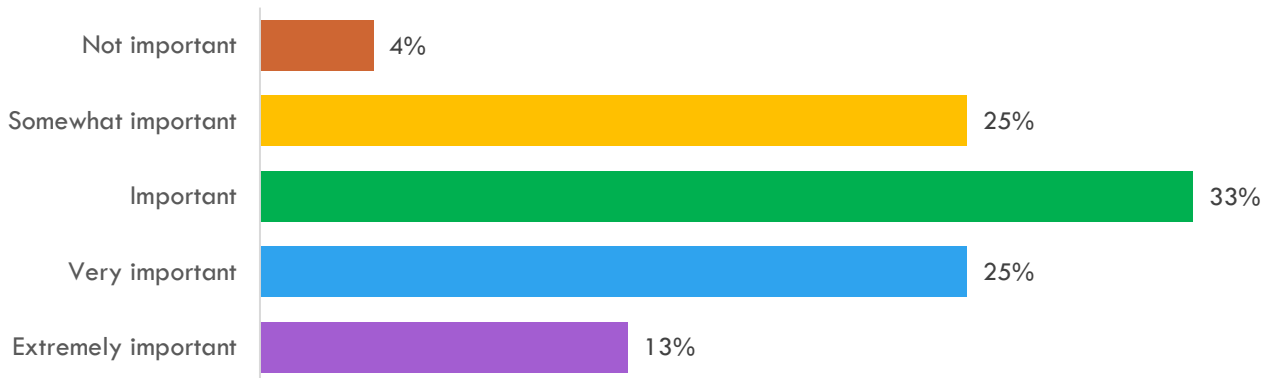
Participation in preventative health services



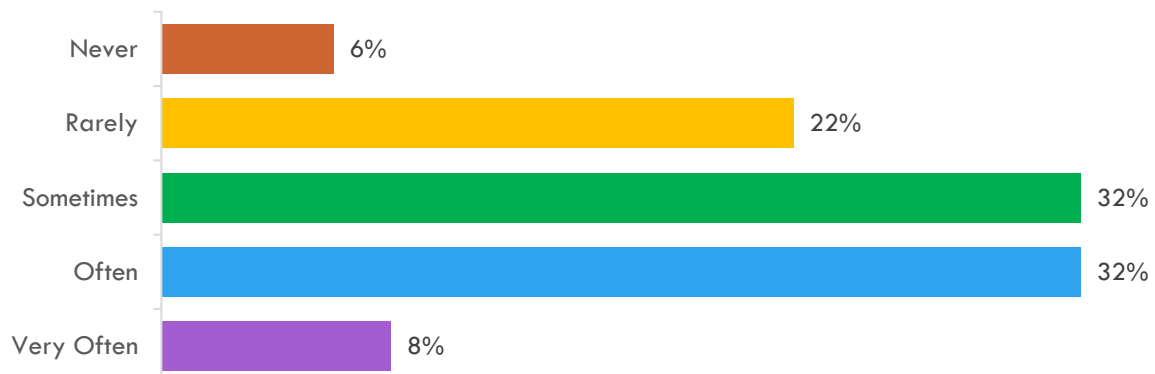
Physical Activity

The general public were asked for the first time in 2018 to indicate the importance of physical activity to them. 71% of respondents indicated that physical activity was important, very important or extremely important and 72% indicated that they undertake physical activity sometimes, often or very often.

Importance of physical activity to public



Regularity of moderate to high intensity activity/exercise



Improvements to physical health

The public were asked what would help them to participate in more physical activity:

51% said free or subsidised community exercise groups

34% said support from family/friends

23% said support from their workplace

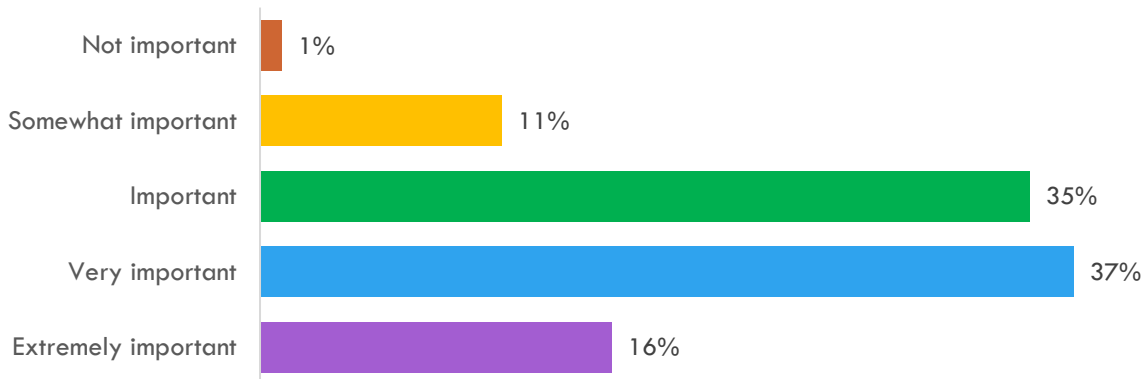
23% said outdoor exercise equipment



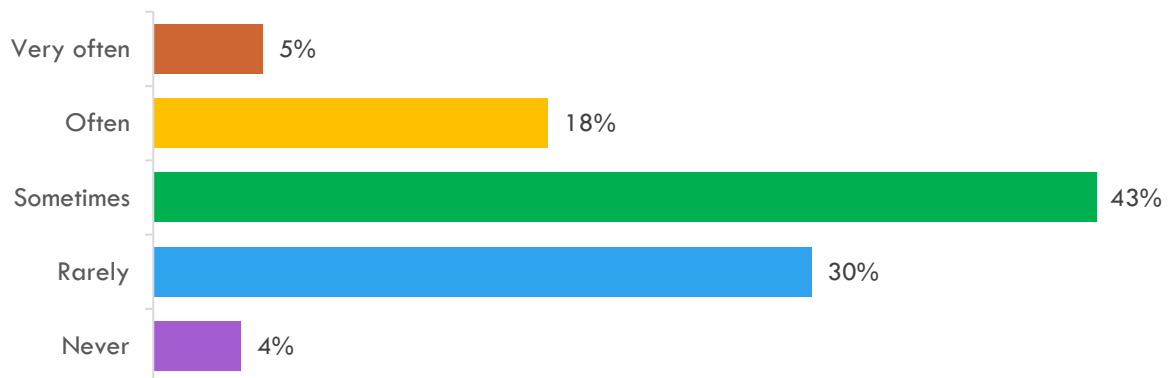
Nutrition

The general public were also asked for the first time in 2018 to indicate their view of the importance of good nutrition. 88% of respondents indicated that good nutrition was important, very important or extremely important, while only 23% reported eating junk food often or very often.

Importance of good nutrition to public



Regularity of discretionary ("junk") food consumption



Improvements to physical health

The public were asked what would help them to eat less discretionary ("junk") foods:

- 43%** said increased knowledge of simple, healthy recipes
- 38%** said healthy options at local restaurants
- 25%** said better cooking skills
- 17%** said a workplace fruit basket
- 16%** said a sugar tax

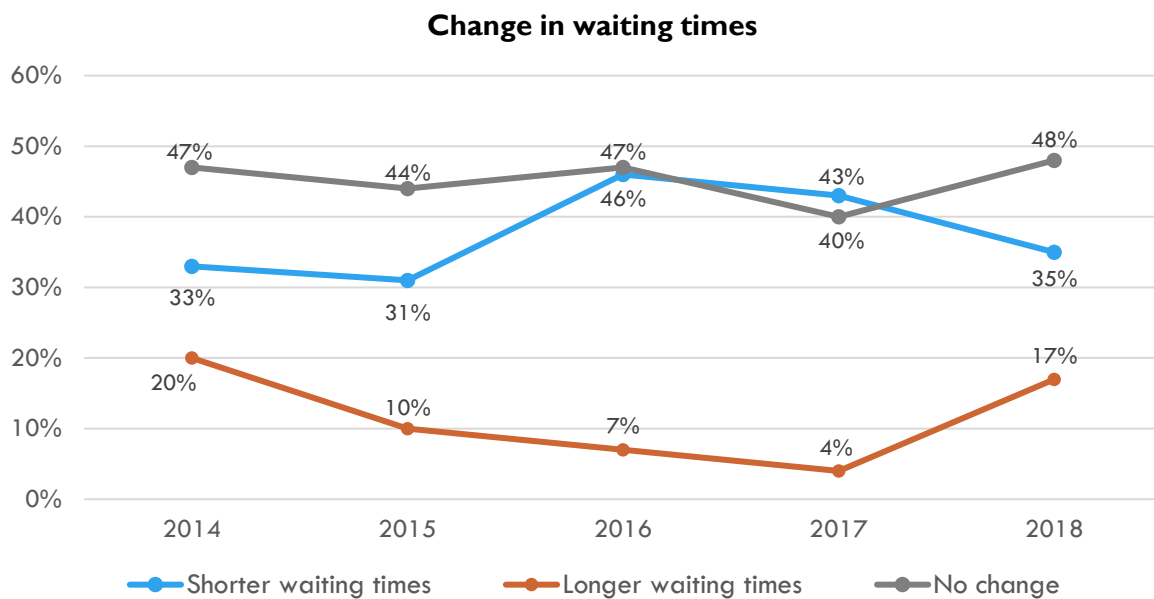


Referrals

GPs

Waiting times

The percentage of GPs indicating longer waiting times for patients to see a medical specialist at public hospital clinics has increased this year, although almost half of GPs report no change in waiting times.



GP electronic hospital referrals

88% of GPs send referrals to public hospitals electronically some or all the time

GP referral knowledge

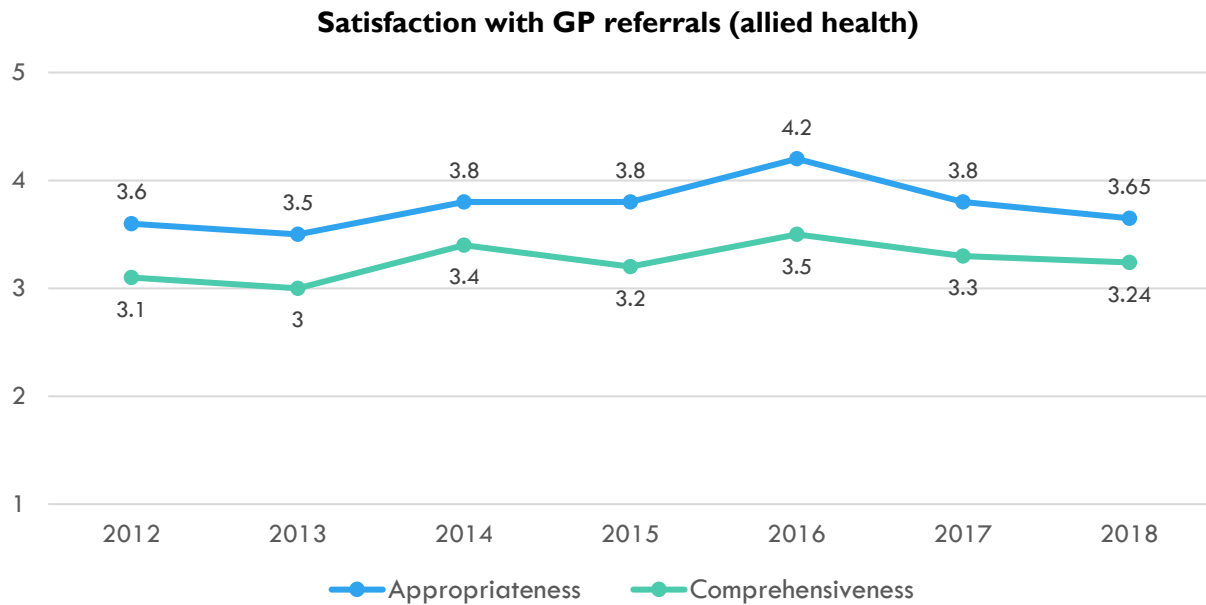
94% had good pre-referral knowledge (where to send referrals and relevant guidelines)

97% had good referral knowledge (including clinical information required)

68% had good post-referral knowledge (waiting times and managing waiting patients)

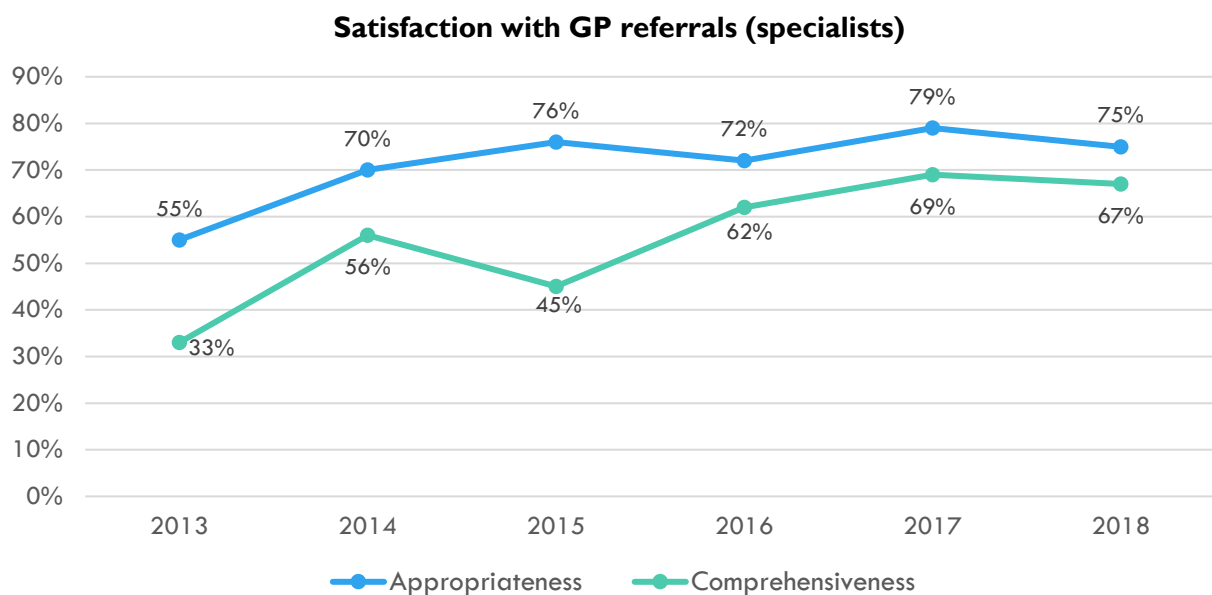
Allied Health

The mean satisfaction for appropriateness and comprehensiveness of referrals received by Allied Health from GPs has dropped since 2016 but remains reasonably consistent. This data is measured on a 5-point Likert scale, with five being very satisfied and one being very unsatisfied.



Specialists

The percentage of specialists who reported that they were **satisfied** or **very satisfied** with referrals from GPs in terms of appropriateness and comprehensiveness has remained relatively consistent over the last three years.



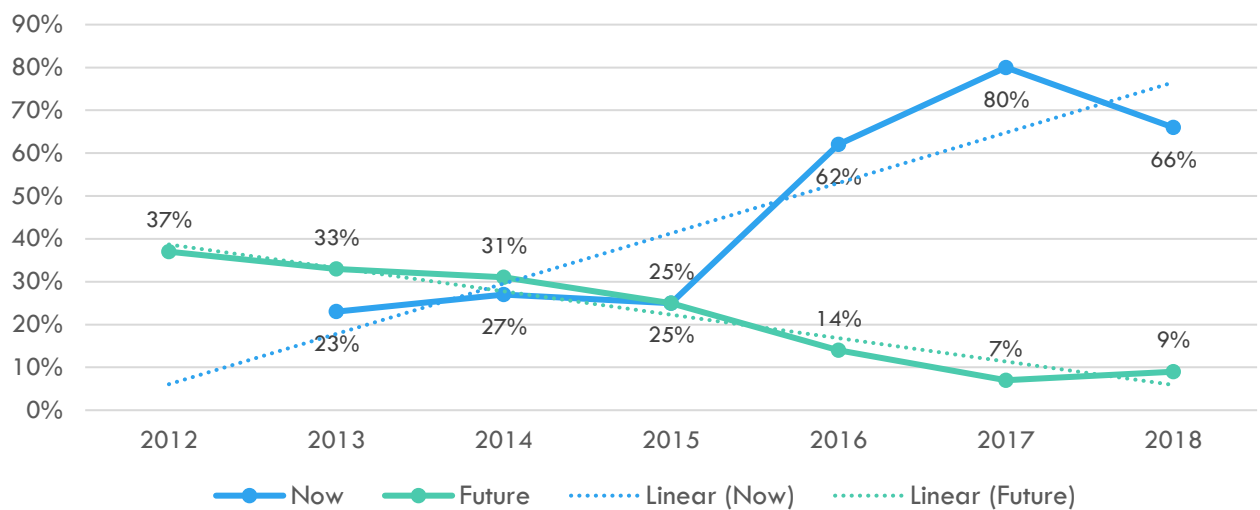
eHealth

My Health Record

GPs

In 2018, the percentage of GPs who reported using My Health Record (MHR) has decreased. This may be due to some of the negative press regarding MHR privacy issues, policy changes or a change in survey demographics.

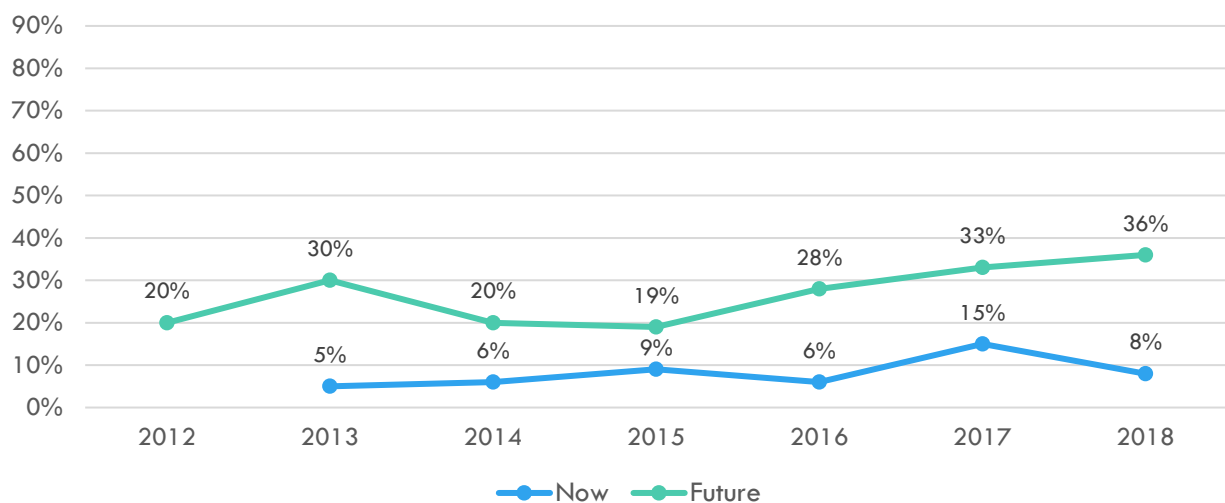
MHR Participation (GPs)



Allied Health

The use and planned future use of MHR by allied health professionals surveyed has remained steady in 2018, with a smaller percentage currently participating, but more indicating they will be using it in the future.

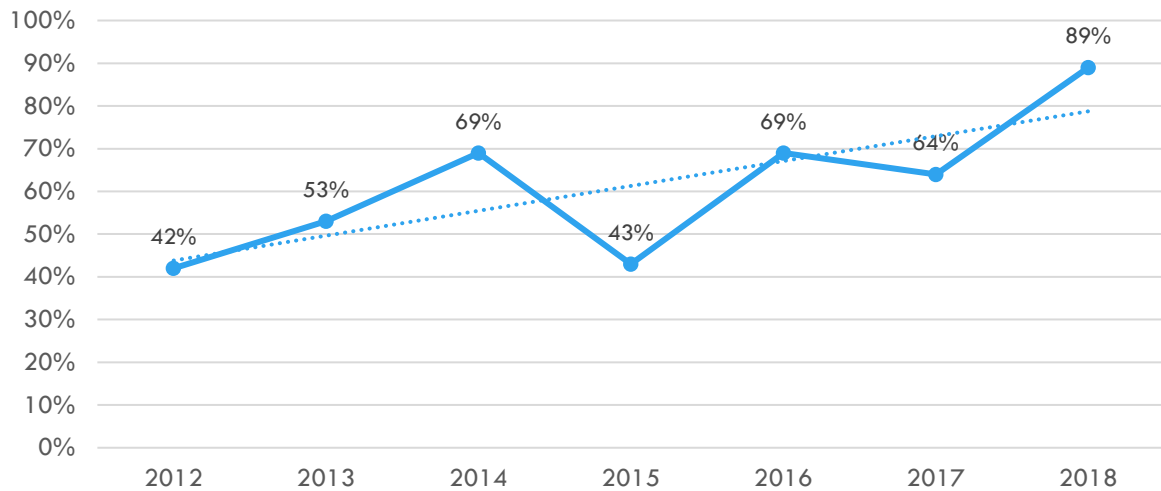
MHR Participation (Allied Health)



Practice Managers

The percentage of practice managers who reported that they were well informed about MHR continued to rise in 2018.

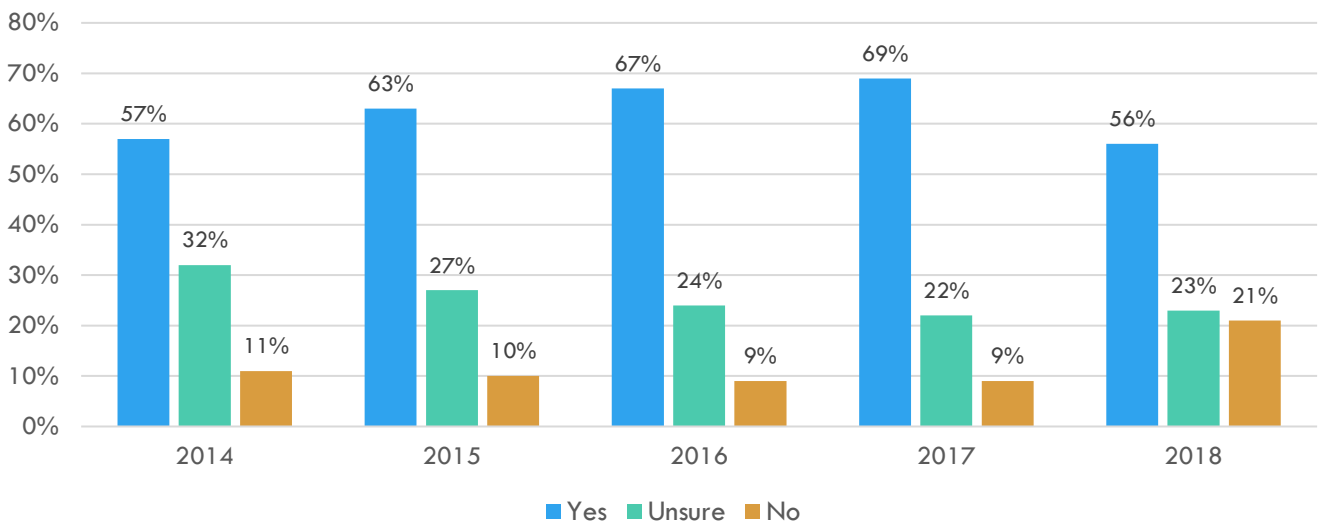
Well informed on MHR (Practice Managers)



General Public

General public participation in MHR has declined, with the percentage of the public indicating they will not participate in MHR double that of previous years. This corresponds with the negative press MHR received in 2018, which has resulted in a larger percentage of the public indicating they have, or will, opt out of MHR.

MHR Participation (Public)



Telehealth

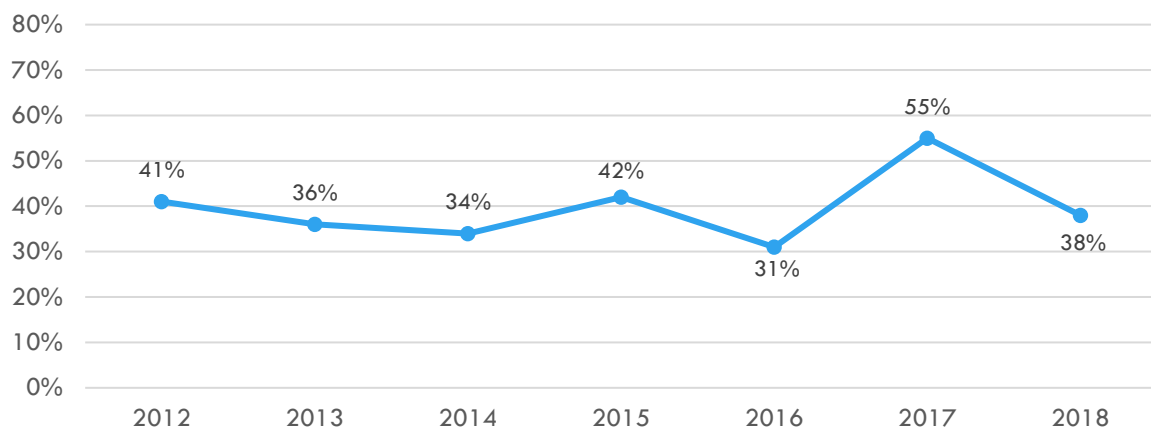
GPs

Telehealth consulting

41% of GP practices have the necessary facilities for telehealth consulting

38% of all GPs surveyed had participated in a telehealth consult in the last 12 months

Telehealth consult in the last 12 months (GPs)



Telehealth challenges

The main challenges reported by GPs in delivering telehealth:

59% said funding models

53% said organisational capacity
and processes

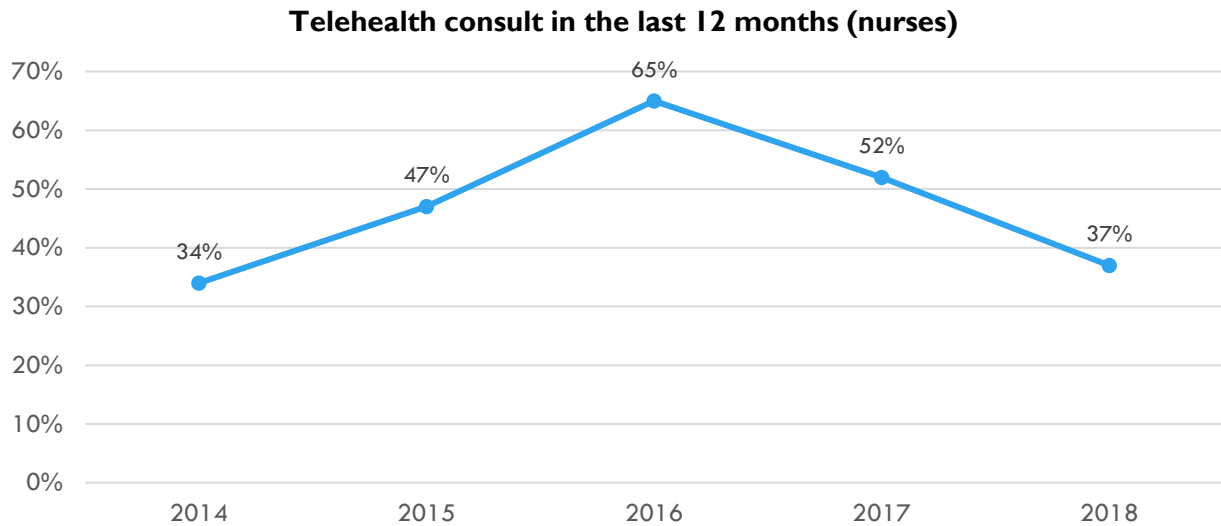
50% said IT functions and systems

22% said workforce awareness



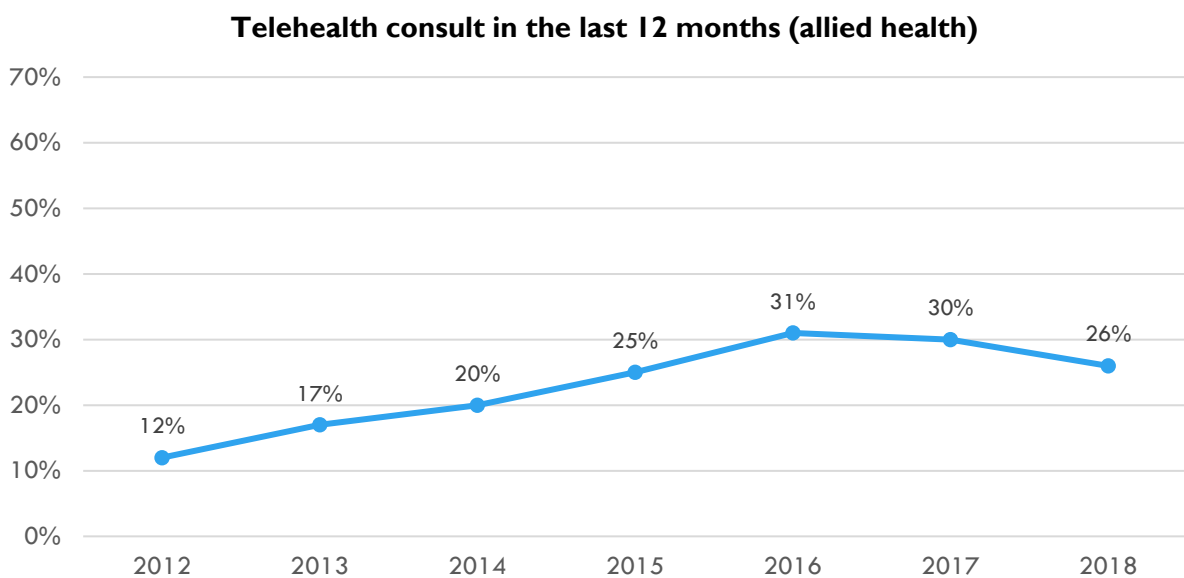
Nurses

The percentage of nurses reporting participation in telehealth consultations has further decreased this year to 37%, after peaking in 2016 at 65%.



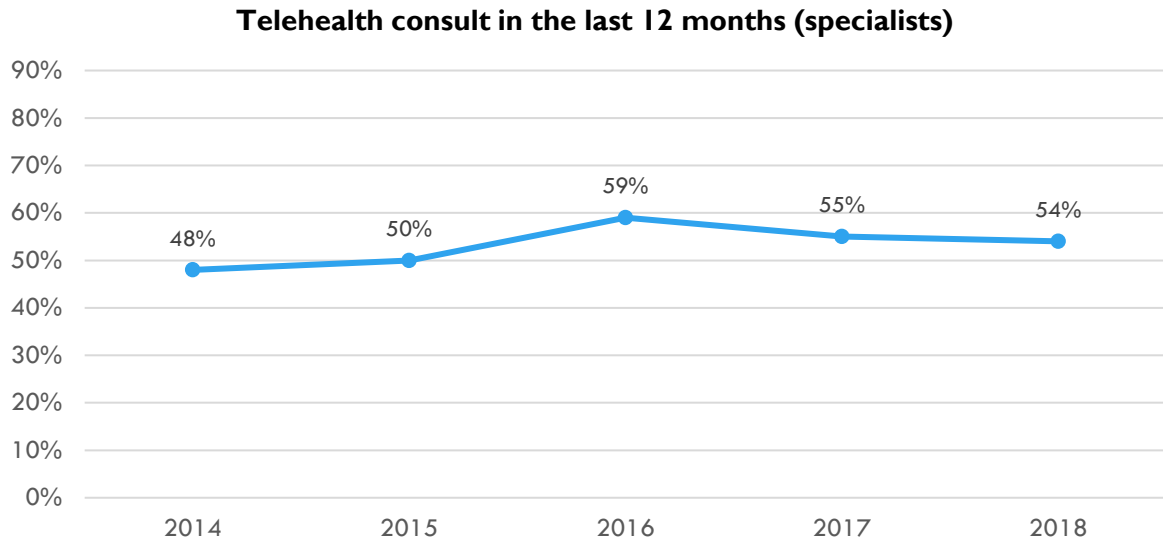
Allied Health

The percentage of allied health professionals reporting participation in telehealth consultations has remained steady over the last four years increasing from 12% in 2012 to 26% in 2018.



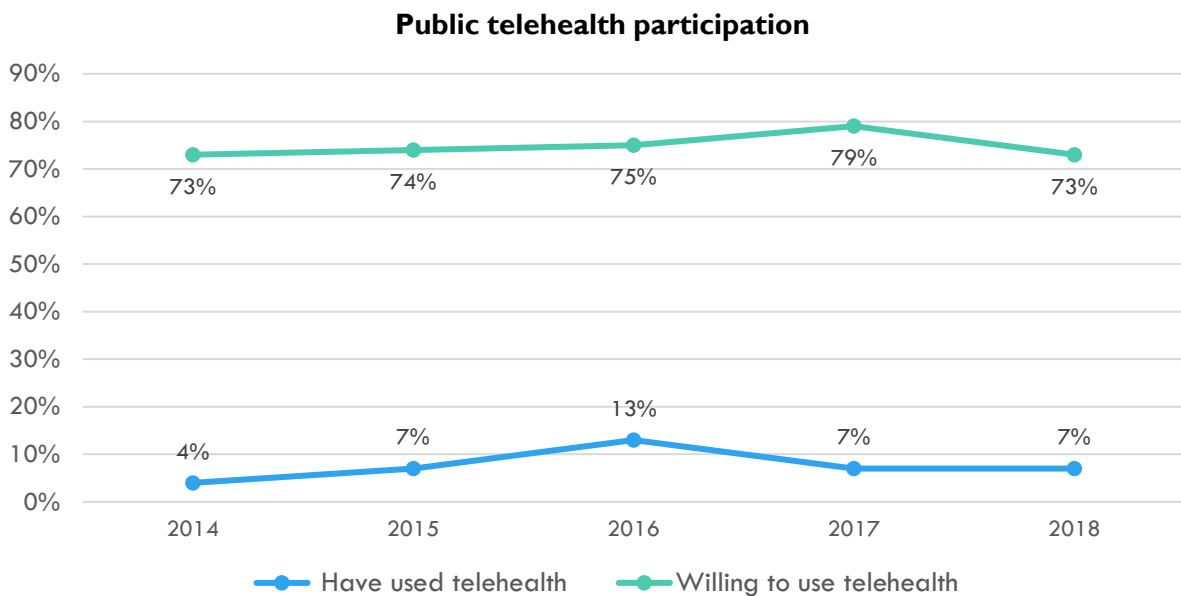
Specialists

The percentage of specialists reporting participation in telehealth consultations since 2014 has remained steady over the past five years.



General Public

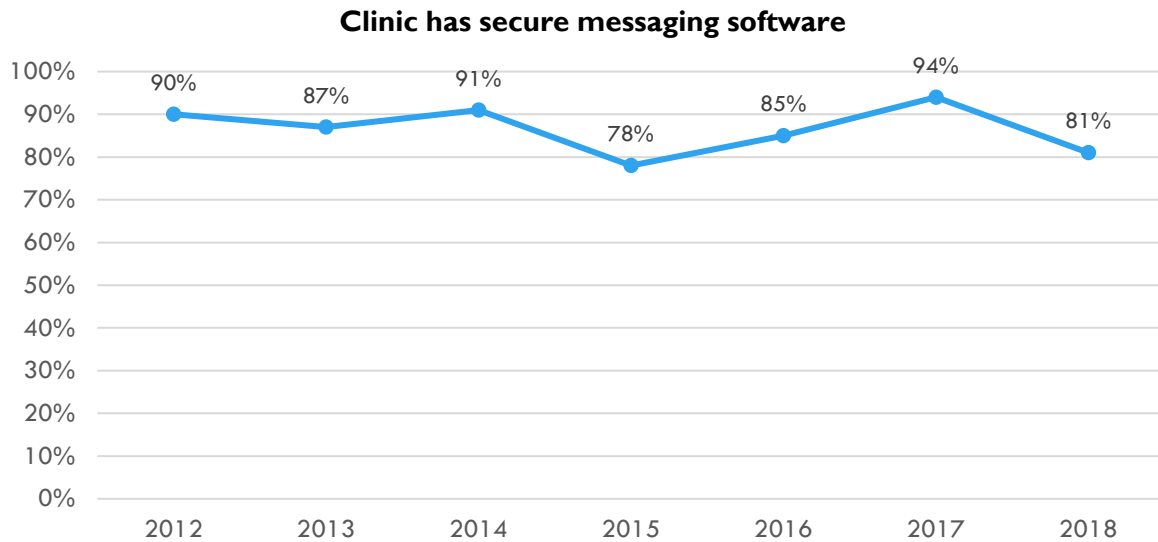
Both public use and willingness to engage in a telehealth consultation has remained steady over the past five years.



Secure Messaging

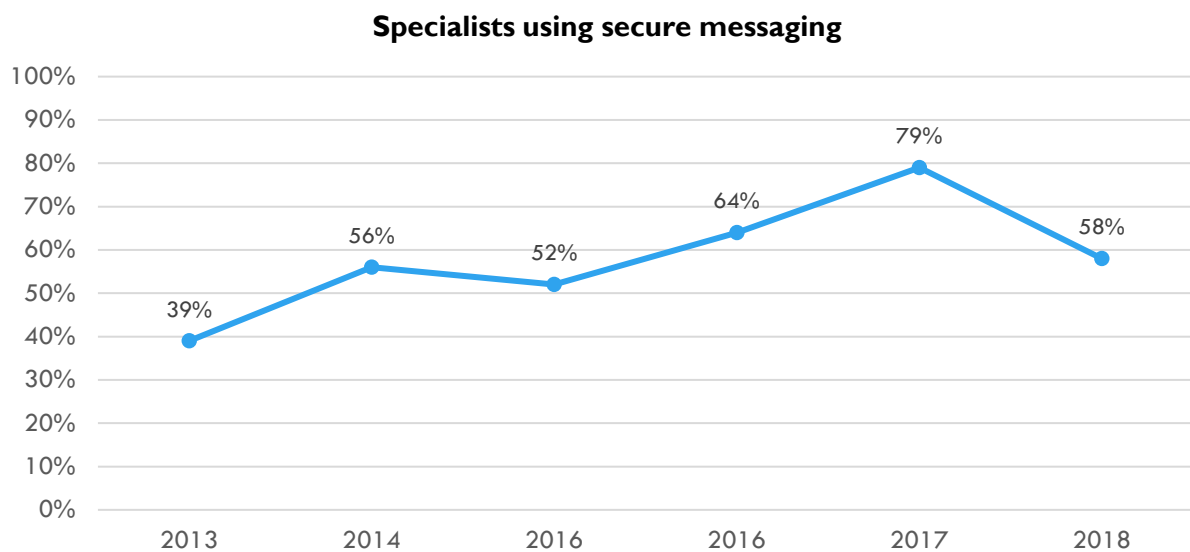
Practice Managers

In 2018, 81% of practice managers indicated their clinic has a secure electronic software package installed. The adoption of secure electronic messaging has remained high over the past seven years. The most common messaging software used in clinics is *Medical Objects* (57%), followed by *HealthLink* (18%).



Specialists

The percentage of specialists using secure electronic messaging has dipped this year, but this variance may be due in part to the small number of specialist respondents.

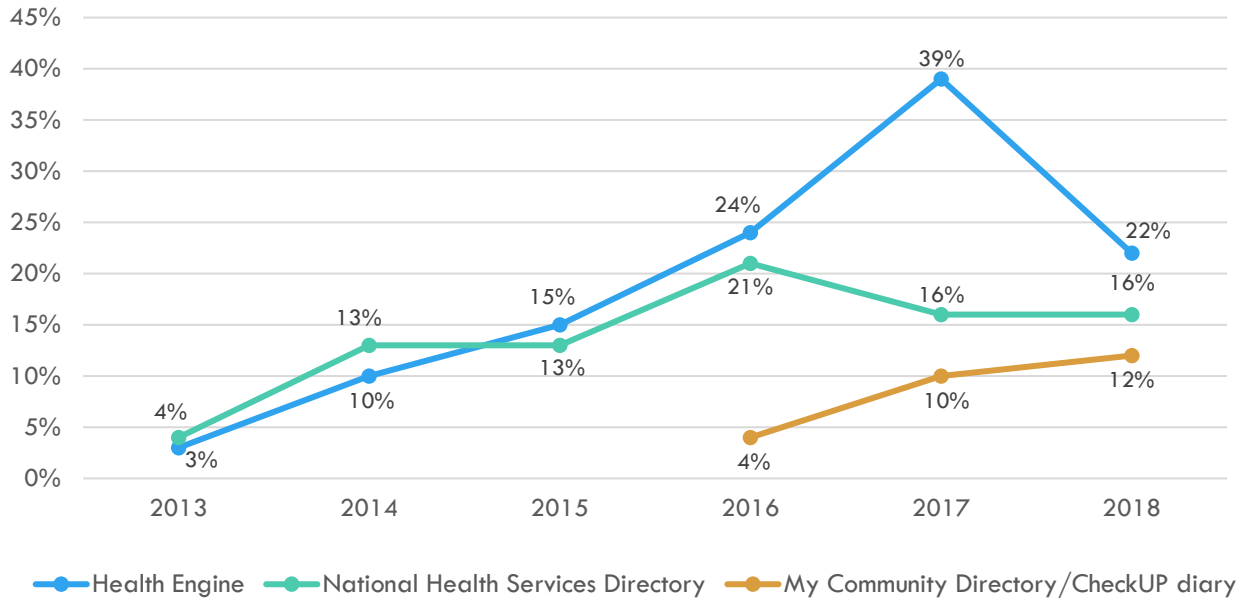


Health Service Directories

GPs

In 2018 the use of Health Engine by GPs has fallen sharply, with use of My Community Directory/CheckUP Diary growing each year, and the National Health Services Directory usage remaining steady this year.

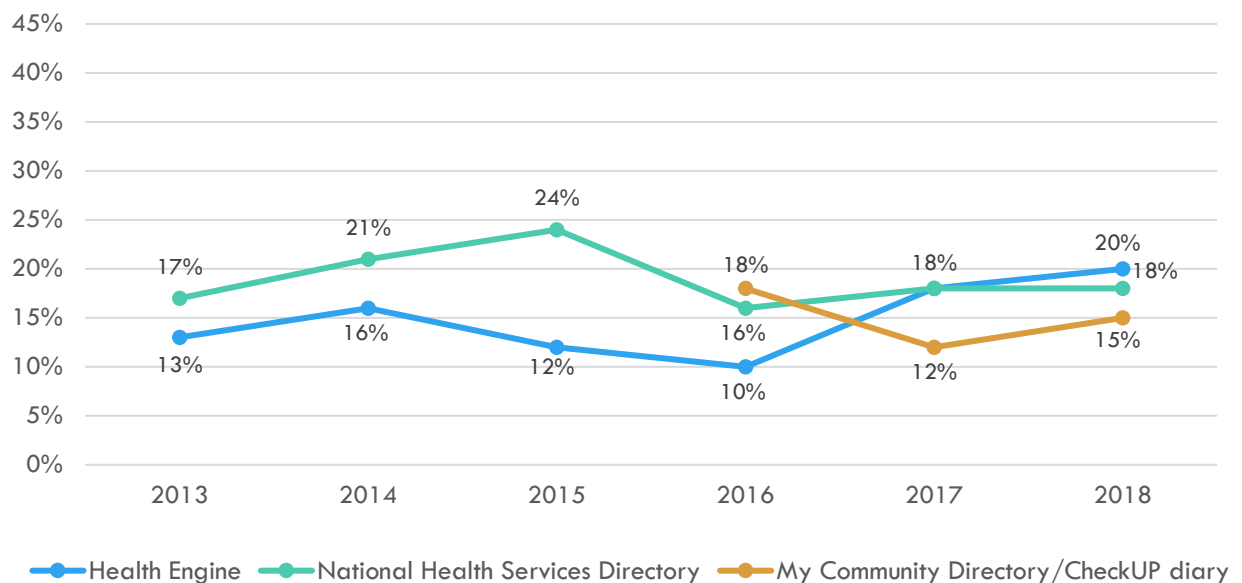
Directory usage by GPs



Nurses

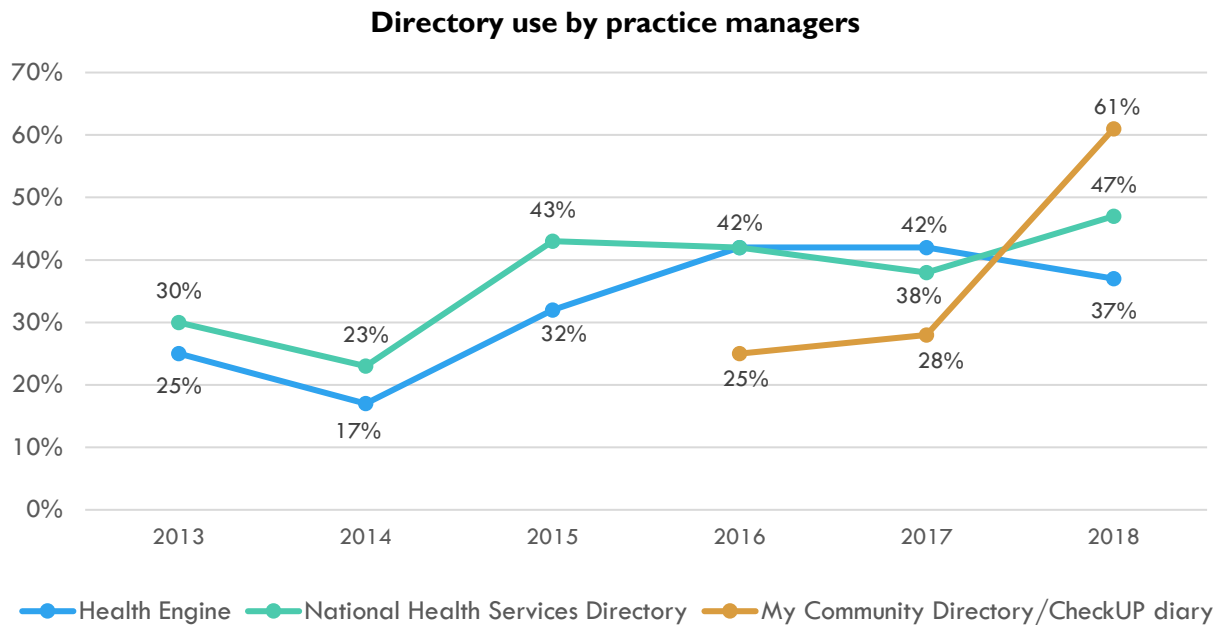
In 2018, the use of the three main health directories has remained steady, with all three seeing close to the same amount of use by nurses.

Directory usage by nurses



Practice Managers

Practice managers have had a sharp rise in their use of the My Community Directory/CheckUP Diary. Health Engine usage has dropped, and National Health Services Directory usage has risen slightly.



Public Health Alerts

CheckUP has been contracted by Queensland Health to send Public Health Alerts to GP practices for many years.

41% of GPs recall receiving Queensland Health's Public Health Alerts from CheckUP.

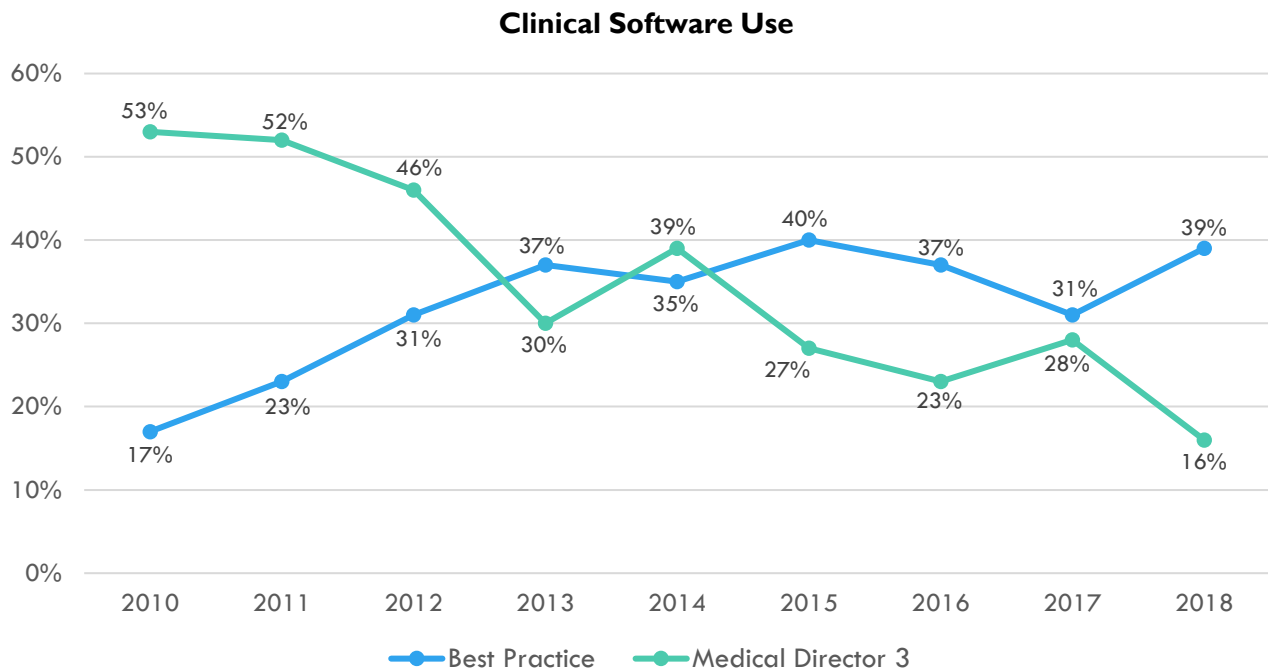
92% of these GPs were satisfied with the information contained in the Public Health Alerts.



URGENT
PUBLIC HEALTH ALERT

Practice Software

For the past 10 years, Practice Managers have reported the clinical software used in their practices. *Best Practice* continues to be used most commonly, with *Medical Director 3* seeing a sharp decline in reported usage this year.

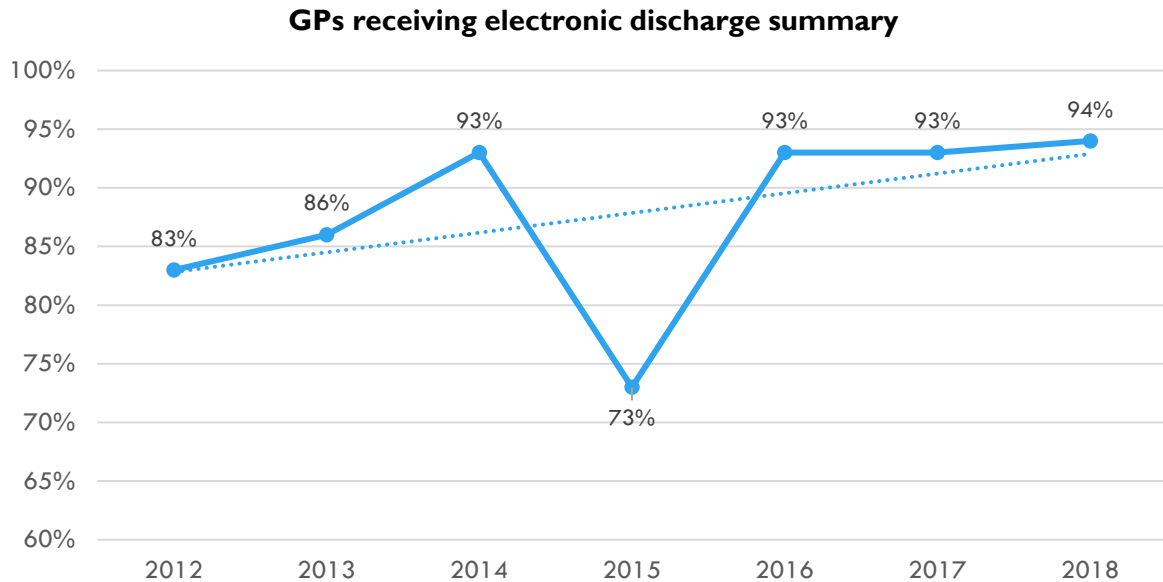


34% of respondents reported using other software, with some using their own in-house system. The two most commonly used programs after *Best Practice* and *Medical Director 3* were *Genie* and *Profile*.

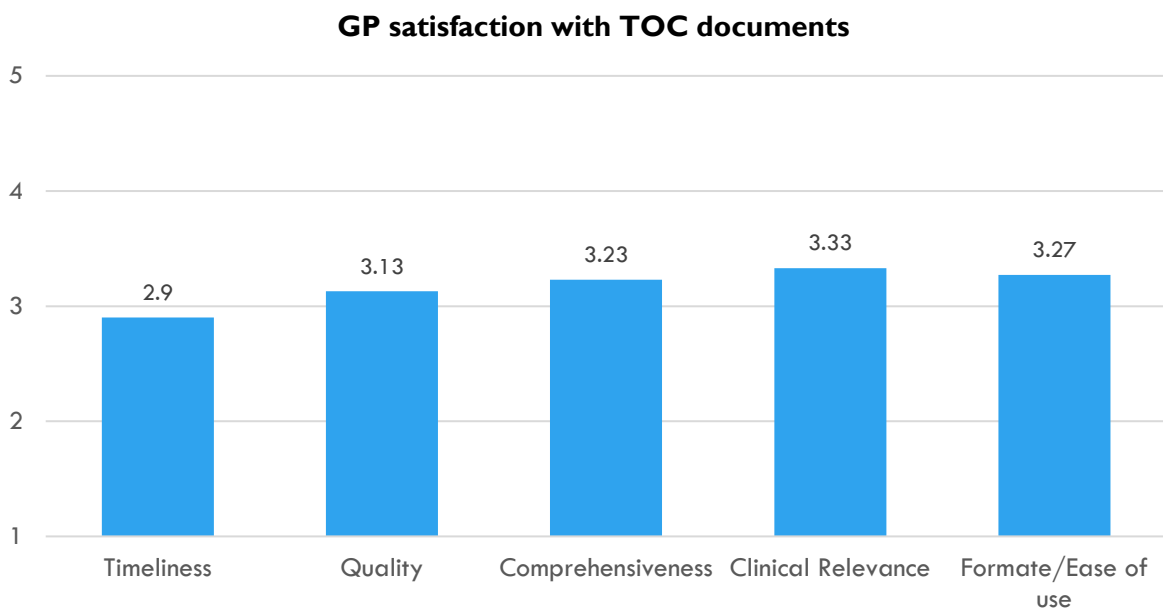


Transfer of Care

The percentage of GPs that receive electronic transfer of care (TOC) documents from public hospitals remains steady. The decline in 2015 may have been attributed to a sampling issue.



GPs were asked to rate their satisfaction with various aspects of transfer of care documents on a 5-point Likert scale, with five being the highest and one being the lowest. On average, GPs were most satisfied with their clinical relevance (3.33) and least satisfied with their timeliness (2.90).

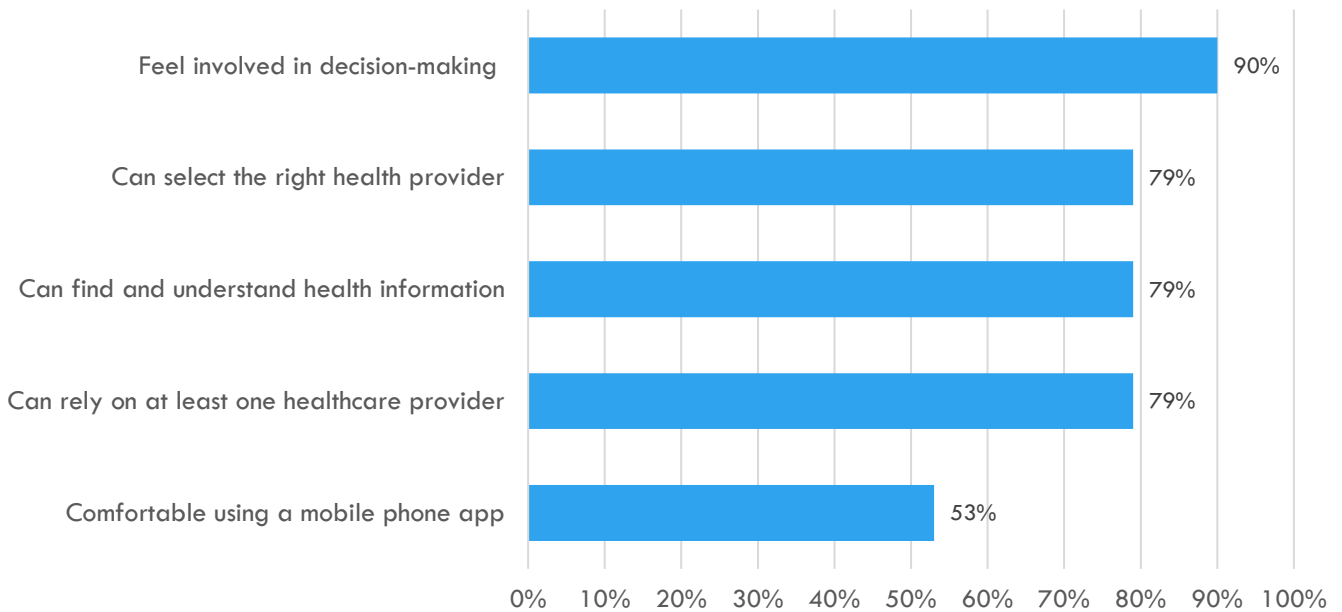


Healthcare Engagement/Access

Public engagement with the healthcare system

The general public were asked to rate their level of agreement with a range of statements relating to engagement with the health system.

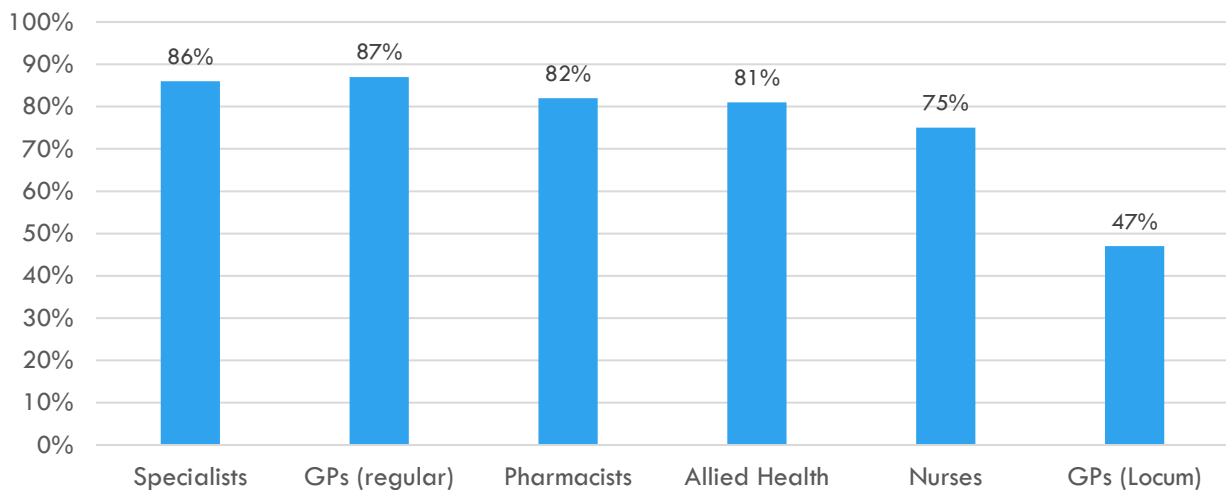
Public healthcare system engagement



Confidence in health providers

The public were asked to rate their confidence in different health professionals. The percentage of the public that rated their confidence in health professionals as reasonably confident or higher are as follows.

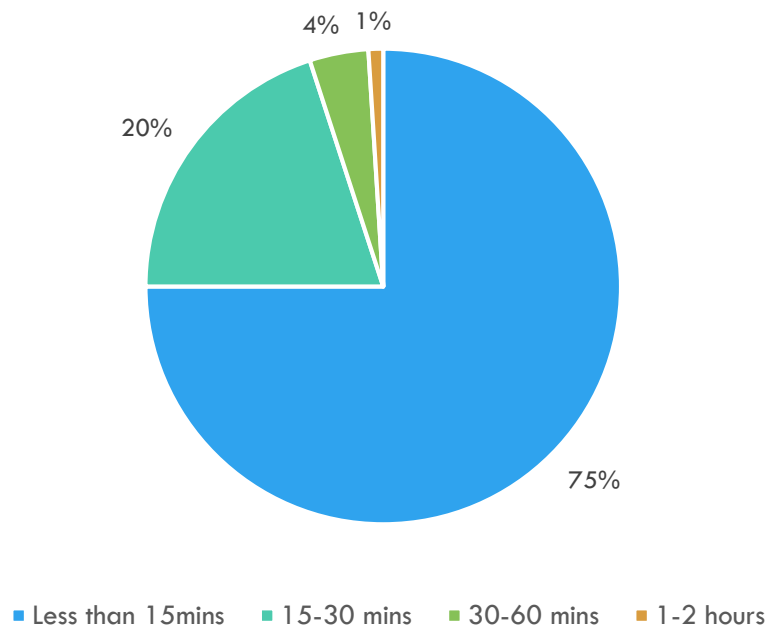
Reasonably confident or higher rating



Public Access to Healthcare

We sought the view of the general public in relation to their accessibility to healthcare.

Transport time to nearest primary healthcare service



33% of the public said they experienced at least one barrier when accessing healthcare. The most common barriers identified were **cost, availability, and wait times**.

18% of the public said they lacked access to at least one type of health service in their local area. The most common services stated were **maternity/paediatrics, ENT specialists, mental health services, and surgeons**.

One Big Idea

All respondents were asked for 'one big idea' that would improve the health system. Overall the most consistent theme from health professionals was to improve digital health integration. The most consistent theme from the public was to increase access to healthcare through increased availability and reduced cost.

GPs

More funding and a more flexible Medicare

This was the most common theme among GPs. There was a desire for more funding in healthcare broadly. GPs also wanted changes to Medicare for more adaptable healthcare instead of trying to fulfil sometimes rigid Medicare requirements.

Better integration and communication through digital health

Many GPs highlighted the need for better communication and networking between different health providers (specialists, allied health, etc) and the need for a central, up-to-date, digital patient record.

Prevention as well as treatment

GPs indicated they would like to see a more prevention-based approach for patients. Ideas included government programs to improve public health like a sugar tax or subsidised exercise programs.

Nurses

Better, smarter collaboration, especially intersectoral collaboration

A common theme among nurses was to improve communication and collaboration between healthcare providers. Many answers called for improved synergy between different digital health systems and improvements to digital health records.

Increased workforce and utilisation of nurses

There was a desire for more rural staff, improvements to staffing ratios generally, and more training. Some nurses also felt that they were too restricted in their scope of practice and increased autonomy could help streamline healthcare.

More funding and support

Nurses also frequently mentioned funding for health services, training, and education. Many wanted funds to be allocated more efficiently to reduce patient workload and increase quality of care.

Allied Health

Improved access and collaboration

This was the most common theme amongst Allied Health Professionals. Many wanted better digital health integration. There was also a strong desire to work more closely with other health providers to provide well-rounded care. Respondents also identified the need for up-to-date, easily accessible referral information.

Prevention and patient education

A strong theme for Allied Health was prevention. Ideas included programs for better health - directly (fitness, nutrition, etc) and through education. There was also a focus on health education in schools.

Workforce education and resources

Allied Health professionals reported a desire for more training and networking within their professions, consistent resources/information, and for patients and other health providers to have a better understanding of their roles.

Practice Managers

Digital integration and communication

The most common theme for Practice Managers was improving digital health integration and communication. There was a strong desire for a secure universal system in which information is easily accessible and shared with other health providers.

Access to providers

Practice Managers indicated the need for more affordable and accessible healthcare providers, especially outside of metro areas.

Medicare and affordability

Some Practice Managers wanted an increased Medicare rebate, so practices felt more able to bulk bill. Some indicated they would like Medicare to be easier to use.

Specialists

Improved communication

The most common theme among specialists was a desire for improved communication between health providers, as well as better communication with patients. Specialists also wanted a smarter and better designed referral system that would stop unnecessary referrals.

Improved access in rural areas

Specialists identified the need for more health providers in rural areas.

Medicare coverage

Some respondents wanted increased Medicare coverage for certain items so there would be more of an incentive for specialists in rural areas to offer these services.

General Public

Reduce the cost of healthcare

The most common theme in the public responses was reducing the cost of healthcare. A considerable number of respondents felt the costs of some health services were prohibitive. Many wanted more bulk billing and/or an increased Medicare rebate.

“Bulk billing in more places”.

“More Medicare funding”.

“The out-of-pocket costs for some specialist visits are sometimes prohibitive e.g. dermatologists for sun spot treatment and excisions - these visits are continuous in later years especially”.

Improve access to providers

After cost, the most common theme in public responses was improving access. Many public respondents found location/transport, waiting times, and provider hours to be barriers to access.

“Have more GPs in country Queensland as you need to wait almost two weeks to see your doctor sometimes”.

“Shorter wait times at the doctor and making it easier to get in to see a doctor”.

“Extended hours before and after business hours”.

Better digital health integration and communication

Public respondents frequently talked about improving digital health, wanting a centralised health record, and better communication between health providers.

“Digital record sharing with sharing consent given by the individual”.

“Smoother integration and communication between General Practice and hospitals and involving patients in decisions about their own healthcare along every step of the way”.

Greater focus on prevention

Many public responses were ideas involving preventative health. Responses often included ideas for public nutrition, exercise, and education programs.

“For better health, subsidise healthy foods—no sugar tax, but make fruit, veggies etc a permanently discounted price”.

“Compulsory paid exercise time by employers during or after work”.

“Policy that supports healthy behaviour, more robust health and nutrition education in primary and high schools”.

CheckUP would like to thank our 2018 Health in Focus sponsors:

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