

FAMILY MEDICINE RESEARCH CENTRE

CARE OF OLDER PEOPLE IN AUSTRALIAN GENERAL PRACTICE

The University of Sydney BEACH program is a continuous national study of general practice activity conducted by the Family Medicine Research Centre. Each year an ever-changing random sample of about 1,000 general practitioners (GPs) participate, collecting information for around 100,000 nationally representative GP-patient encounters.

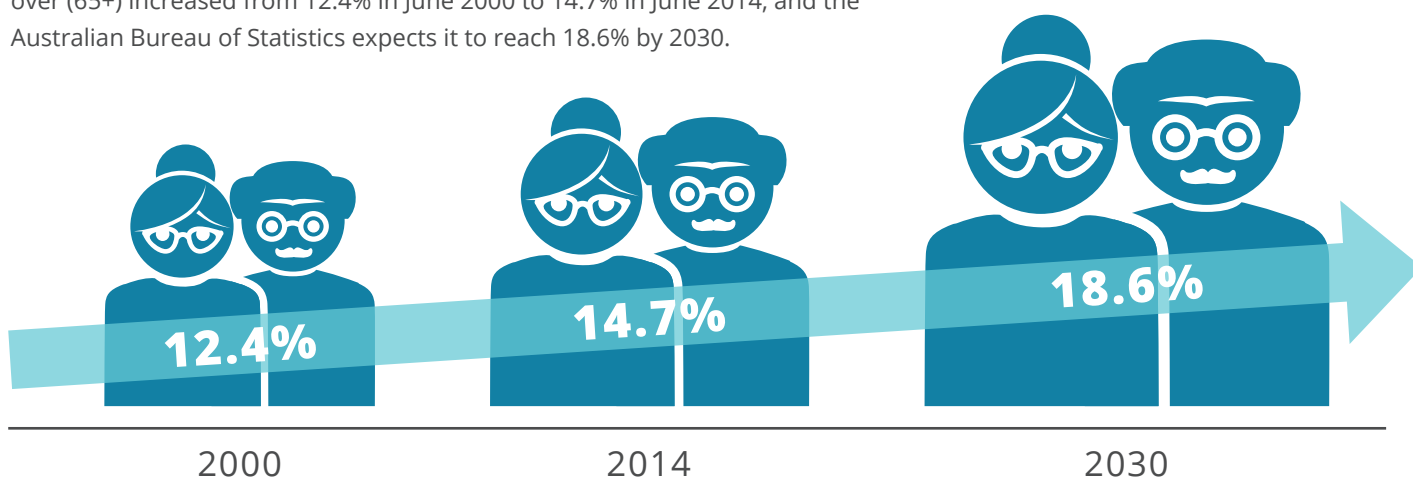
BEACH is currently in its 18th year of data collection. Changes in general practice activity over the most recent 10 years can be found in our book, *A decade of general practice activity 2005–06 to 2014–15*.

In response to wide concerns about the increasing utilisation of GP services, and about Australia's ageing population, we investigated the care of older people in Australian general practice in a feature chapter of our annual report, *General practice activity in Australia 2014–15*.

This document summarises key findings of our **investigation**.

FOCUS ON PEOPLE AGED 65 YEARS & OVER

Like other OECD countries, Australia's population is ageing due to lower fertility rates and increased life expectancy. The proportion of people aged 65 years and over (65+) increased from 12.4% in June 2000 to 14.7% in June 2014, and the Australian Bureau of Statistics expects it to reach 18.6% by 2030.



RESOURCE USE 65+ AS A PROPORTION OF TOTAL:

The increase in health resource use by patients aged 65+ has been larger than their increase as a proportion of the population. This is because they see GPs more often, and have more problems managed, resulting in more management actions per encounter than younger people.

2000 - 01

2014 - 15

POPULATION



ENCOUNTERS



GP CLINICAL TIME



PROBLEMS MANAGED



MEDICATIONS



TESTS ORDERED



REFERRALS MADE



CHRONIC CONDITIONS

Multimorbidity is an important health indicator of increased health care resource use and complexity of care. Six-in-ten people aged 65+ in the population have multimorbidity (defined as three or more diagnosed chronic conditions) and one-in-four have five or more.

1+ CHRONIC CONDITIONS



3+ CHRONIC CONDITIONS



5+ CHRONIC CONDITIONS



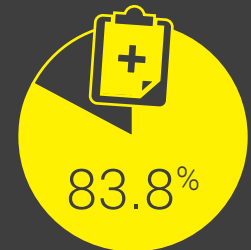
7+ CHRONIC CONDITIONS



PATIENTS AGED 65+ WITH DIAGNOSED TYPE 2 DIABETES...



account for 16% of the population aged 65+



83.8% have 2+ other diagnosed chronic conditions



account for one-in-five encounters with patients 65+

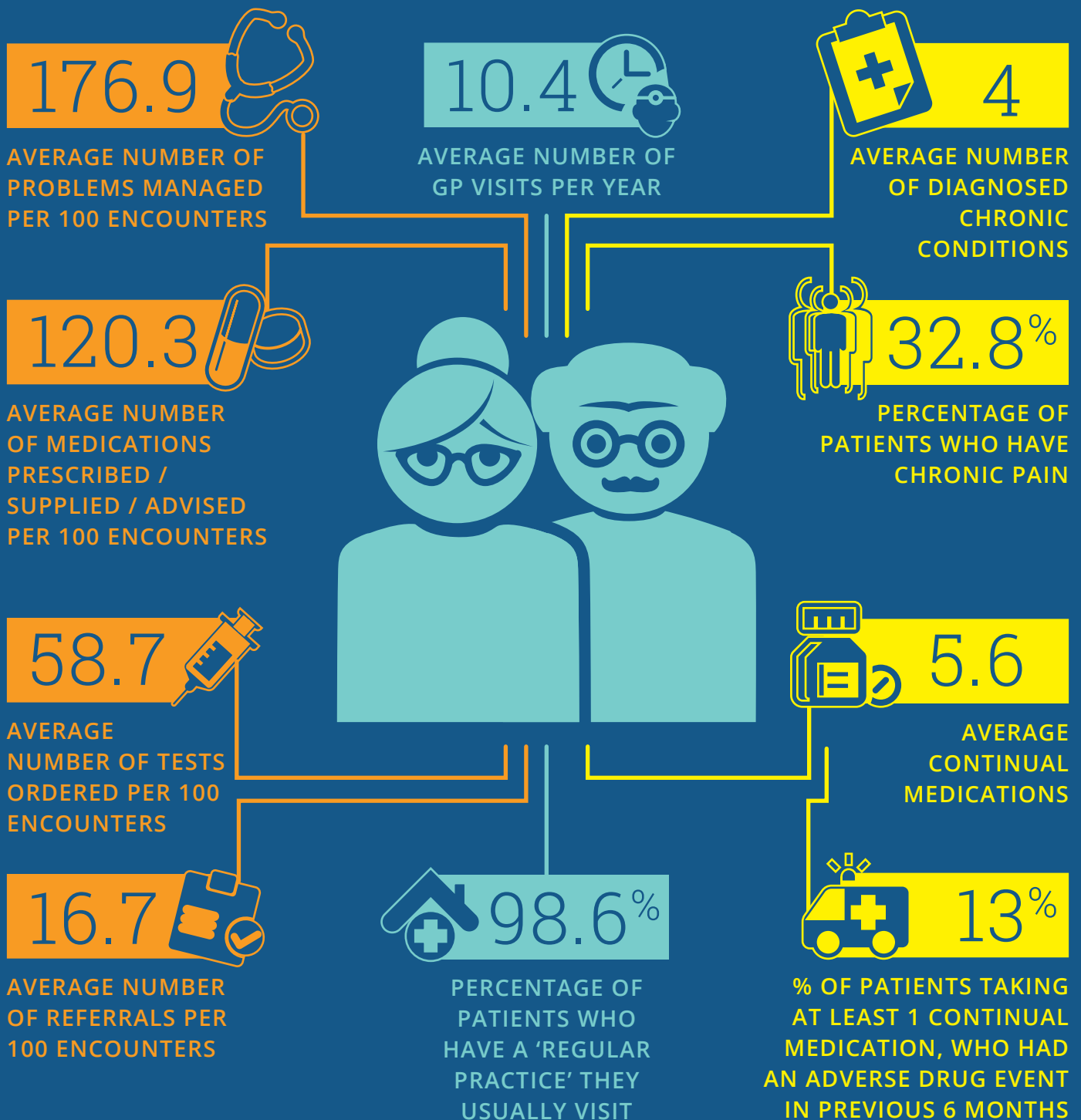


visit GPs 9.3 times per year on average



have their diabetes managed 3.3 times per year

THE AVERAGE PATIENT AGED 65+ IN 2014–15



Compared with younger people, those aged 65+ have more diagnosed chronic conditions, more GP visits involving more problems managed, and therefore more medications, tests and referrals. On average they take more than five continual medications, increasing

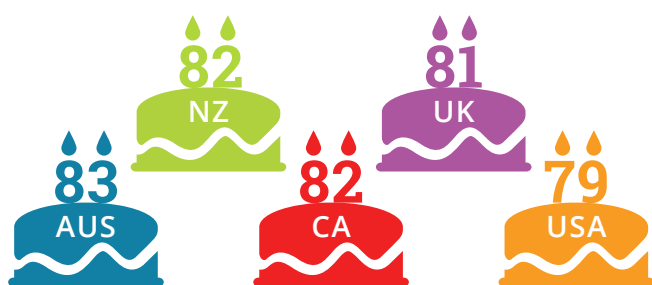
their risk of adverse drug events. One-third live with chronic pain. Nearly all have a regular general practice. This facilitates continuity of care and lowers risk of test duplication and fragmentation of services.

AVERAGE LIFE EXPECTANCY VS TOTAL HEALTH EXPENDITURE

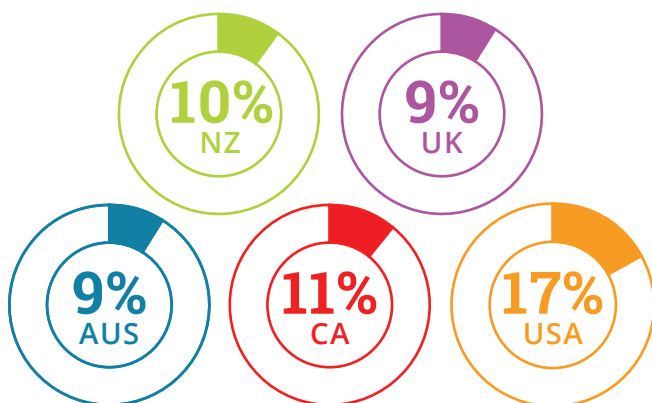
According to the World Health Organization, Australia's health care spending is similar to that of comparable countries. However, Australians enjoy one of the longest life expectancies in the world.



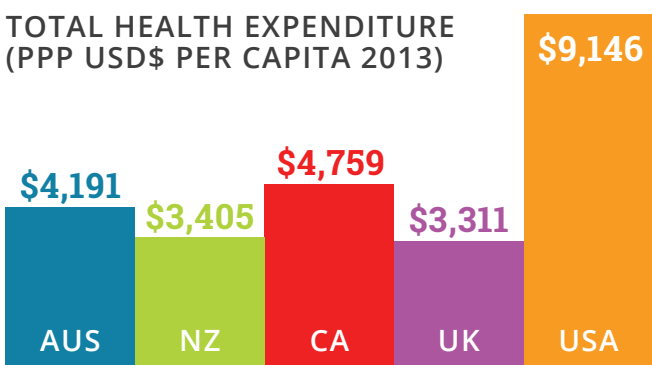
LIFE EXPECTANCY (BORN IN 2013)



TOTAL HEALTH EXPENDITURE (GDP 2013)



TOTAL HEALTH EXPENDITURE (PPP USD\$ PER CAPITA 2013)



Note: PPP – Purchasing Power Parity; GDP – Gross Domestic Product; USD – United States Dollars. Sources: WHO Global Health Expenditure Database; WHO Global Health Observatory Data Repository, Life expectancy data by country

CONCLUSION

For people aged 65+, we have demonstrated the high chronic disease load and the resulting high service utilisation, and therefore cost to the health care budget. We have shown that 90% of people in this age group have at least one diagnosed chronic condition and for these, multimorbidity is the rule rather than the exception. Care of those with complex chronic problems requires good integration of services and coordination of care given by multiple providers across different sectors of the health care system. General practices are in a prime position to act as the coordinators of care and help to lower the chance of 'fragmented care'.

The Australian Government is aiming for a 'strong and sustainable Medicare'. What we need is a system that will sustain the health of the population. Clearly there will be challenges for quality care provision to older patients over the coming decades. However, given sufficient targeted investment to strengthen the role of primary medical care, Australia would be well-placed to take up this challenge.

ACKNOWLEDGEMENTS

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Other organisations contributing in the years reported in this feature include: Merck, Sharp and Dohme (Australia) Pty Ltd, Pfizer Australia, GlaxoSmithKline Australia Pty Ltd, Sanofi-Aventis Australia Pty Ltd, Bayer Australia Pty Ltd, Janssen-Cilag Pty Ltd, Abbott Australasia Pty Ltd, Wyeth Australia Pty Ltd, National Prescribing Service Ltd, Roche Products Pty Ltd, and the Office of the Australian Safety and Compensation Council, Department of Employment and Workplace Relations.

BEACH is endorsed by the Royal Australian College of General Practitioners and the Australian Medical Association.



Books from the BEACH program are available for free download from our website sydney.edu.au/medicine/fmrc

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