



2023 Touchstone General Practice Industry Report

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Foreword from Cubiko

Hello and welcome to the inaugural edition of the Touchstone General Practice Industry Report, where we'll explore the latest trends shaping the landscape of General Practice. The team at Cubiko are excited to share valuable insights derived from the data within Touchstone, the General Practice industry's first national benchmarking database which launched in early 2022.

In a landscape where practices strive for excellence and efficiency, Touchstone has provided practices with the ability to compare and contrast their business metrics against like-for-like practices. The platform's unique strength lies in its ability to aggregate de-identified data, providing users with an in-depth understanding of key benchmarks like billings per hour, bulk billing percentage, patient wait time, and average private fees.

Before Touchstone, practices grappled with benchmarking against state and national standards, often combing through scarce and hard-to-access data. Touchstone fills this gap, empowering practices with actionable insights to enhance their operational performance.

The Touchstone Industry Report represents Cubiko's unwavering commitment to delivering data-led insights that guide strategic decision-making and shed light on key trends within General Practice. Our aim is clear: to delve into the intricacies of running a financially sustainable practice while upholding the highest standards of patient care, especially during times when practices are challenged to achieve more with fewer resources.

This report delves into important areas, examining shifts in billing models amidst the rising costs of practice operations. It sheds light on patient experience and the overall sustainability of practices.

At Cubiko, our commitment extends beyond merely offering data; we are committed to providing information with meaningful analysis that empowers practices across Australia with actionable insights for sustainable growth. In a climate where challenges are prevalent, we stand as partners in fostering practice financial sustainability without compromising on business goals, patient experiences, and team satisfaction.

Lastly, I'd like to extend a warm thank you to all our customers who have opted into Touchstone. Your participation plays a vital role in shaping the future of General Practice, and the Cubiko team and I sincerely appreciate your trust and partnership.

Together, let us navigate the evolving landscape of General Practice with knowledge, data, and a shared commitment to excellence.

Chris Smeed
CEO and Founder of Cubiko





About the 2023 Touchstone General Practice Industry Report

The 2023 Touchstone General Practice Industry Report draws from a dataset collected over a two-year period from aggregated de-identified data, encompassing 811 General Practices across Australia.

The Touchstone dataset sample includes practices utilising Cubiko, ranging from bulk billing, private billing and mixed billing practices, and represents various practice sizes within the General Practice setting. Each practice that is included in the Touchstone dataset opted-in for industry benchmarking in their Cubiko software account.

This comprehensive dataset is tailored to enable practices of different sizes to benchmark their performance in key focus areas against like-for-like practices.

The information presented in this report underwent meticulous analysis and interpretation by a dedicated team of skilled data analysts and industry experts.

By offering insights derived from a diverse range of practices, the report becomes a valuable tool for understanding industry trends, and promoting informed decision-making in the ever-changing landscape that is General Practice.

The Touchstone Dataset

Firstly, this report will go into detail about the Touchstone dataset. Touchstone is a key feature within the Cubiko product, that allows practices to compare and contrast their metrics against similar practices using a range of criteria and filters. Touchstone is opt-in only and practices voluntarily share their de-identified practice data to be part of the Touchstone data set. This report is based on the findings of 811 medical practices that have opted into the Touchstone dataset, making this one of the largest benchmarking datasets for Australian primary care.

Each participating practice classifies their State, Modified Monash Model ¹, Primary Health Network, teaching practice status and their doctor full-time equivalent (FTE) ² rate. Cubiko securely stores this data and provides benchmarks to customers who have opted into Touchstone. The data is completely de-identified and aggregated, and strict frequency and cell dominance rules apply ³.

As of February 2024, the Touchstone dataset is made up of:

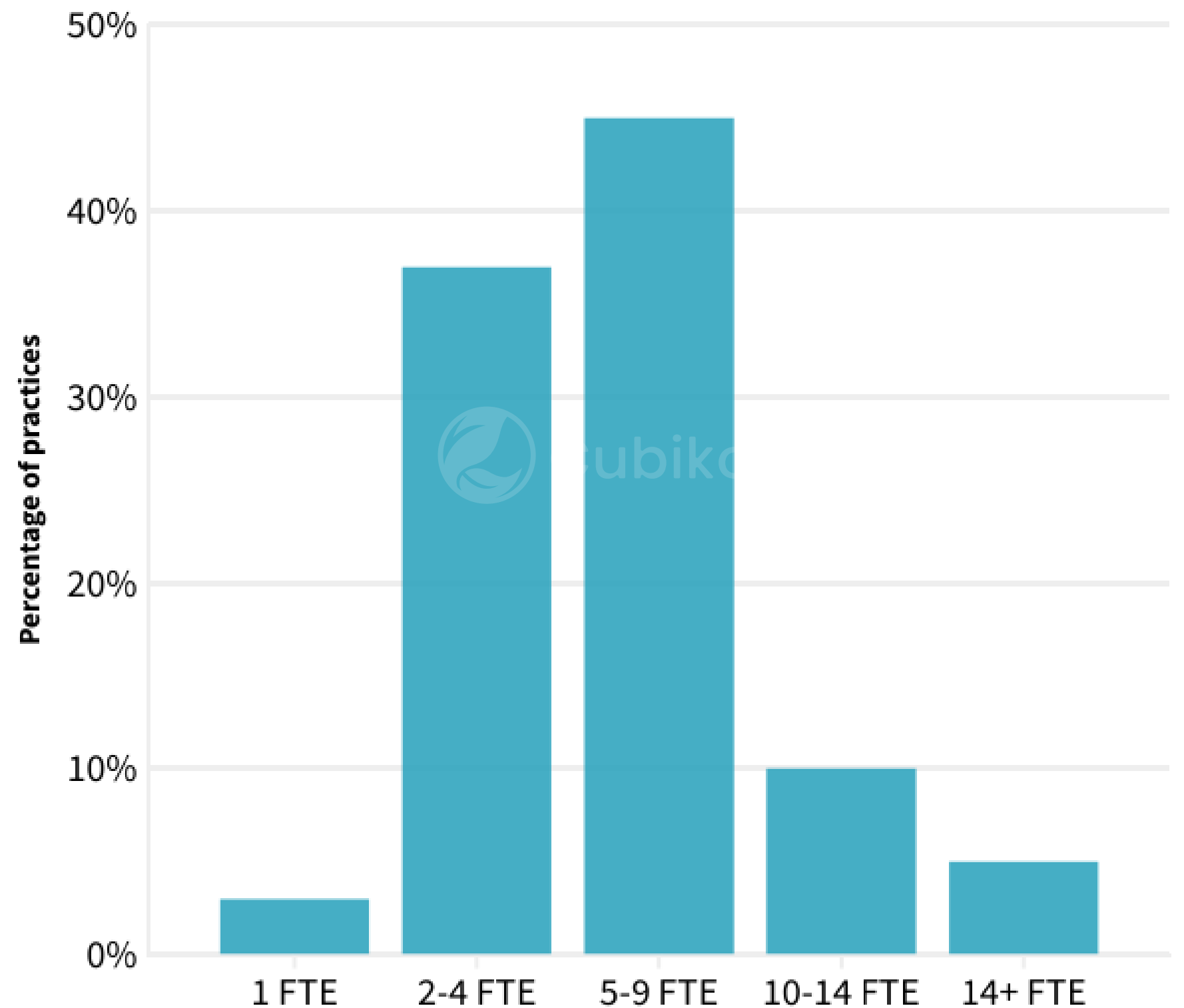
- 75% predominately mixed billing practices, and 24% predominately bulk billing practices
- 53% are teaching practices
- The most dominant practice size consists of practices with 5-9 GP FTE

¹ [Cubiko, Methodology and Definitions, 13](#)

² [Cubiko, Methodology and Definitions, 12](#)

³ [Cubiko, Methodology and Definitions, 14](#)

Percentage of practices in the Touchstone dataset by General Practitioner FTE



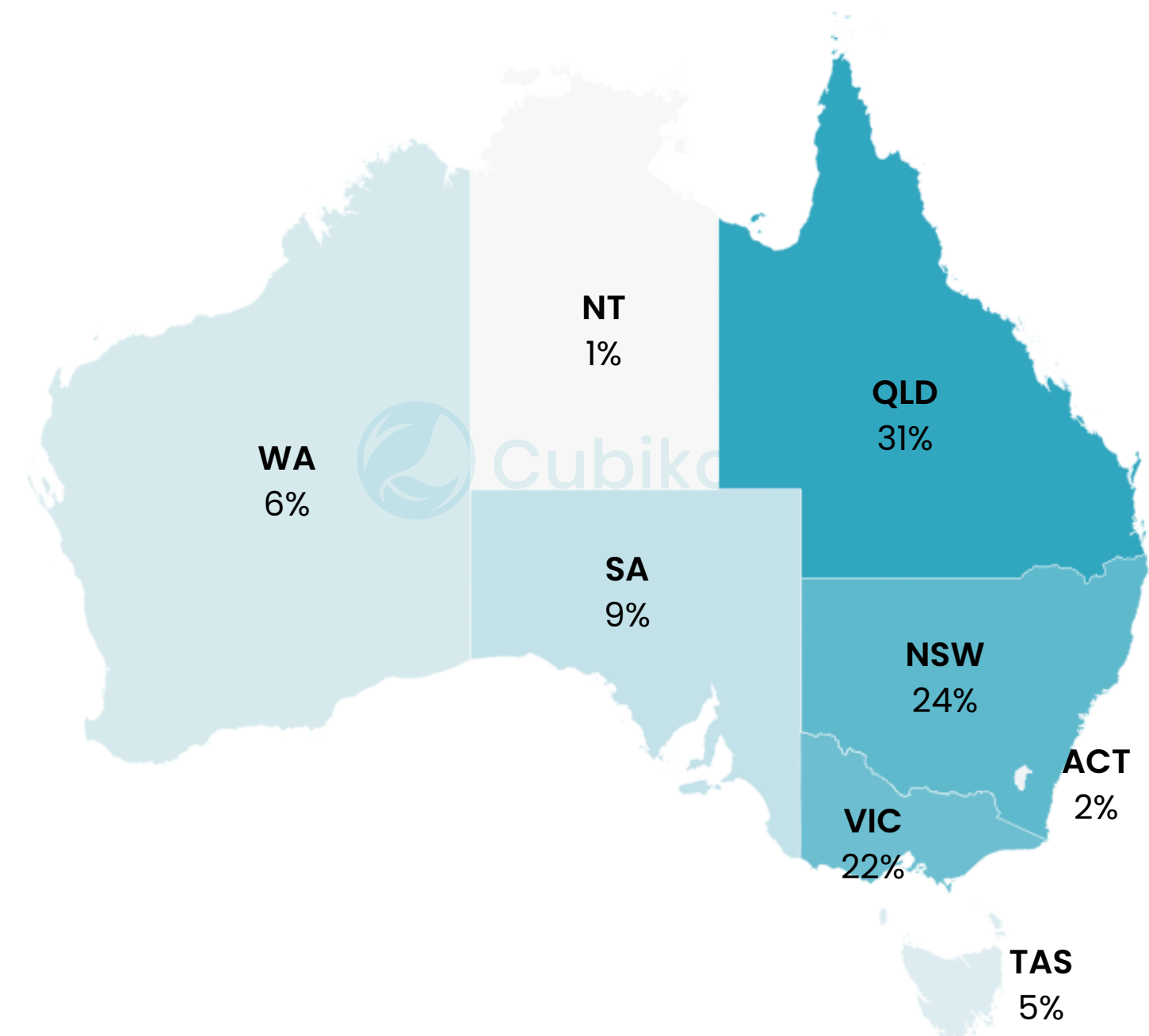
Percentage of practices in the Touchstone dataset by State

Practices are dispersed throughout Australia across all states, territories, and Modified Monash Models (MMM):

MM1: 61.18% MM3: 8.58% MM5: 7.73%
MM2: 15.19% MM4: 5.07% MM6 & 7: 2.25%

The Practices are more concentrated in Queensland, due to Cubiko being founded in Brisbane and our larger customer base in the state. While New South Wales and Victoria make up decent portions of the dataset due to their large number of medical practices. The Touchstone dataset reveals a shared trait among the practices represented. All practices use Cubiko and Best Practice Software. Although Cubiko integrates with MedicalDirector, Touchstone is not currently available to practices that use MedicalDirector.

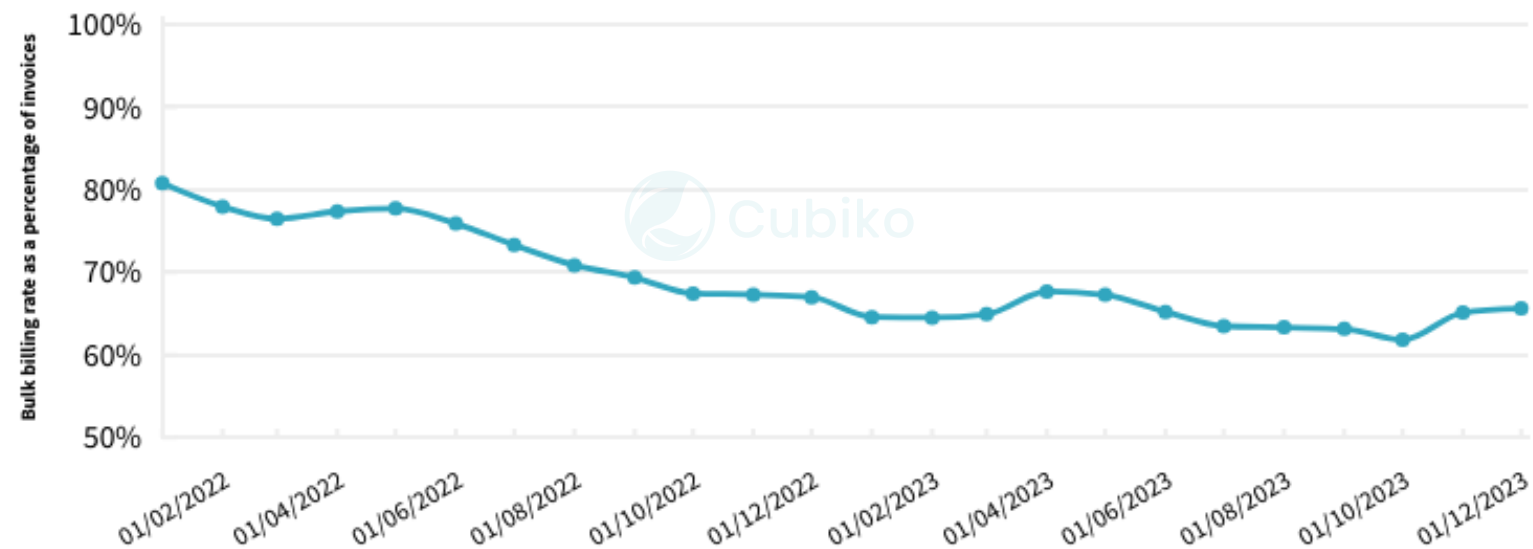
The Touchstone dataset ensures consistency across the 811 practices that have opted in, with uniform data models and calculations. Data from practice management software, like Best Practice Premier, undergoes standardised extraction and transformation. This report combines expert industry knowledge with insights from the Touchstone dataset, providing both context and data-driven insights.



Key Insights

Trend of bulk billing as a percentage of invoices

Overall trend of average bulk billing rate as a percentage of invoices.



Overview of increased billings per consulting hour by billing type

How do predominately bulk billing and predominately mixed billing practices compare when observing shifts in billings per consulting hour.



Mixed Billing Practice

\$384.71 per hour

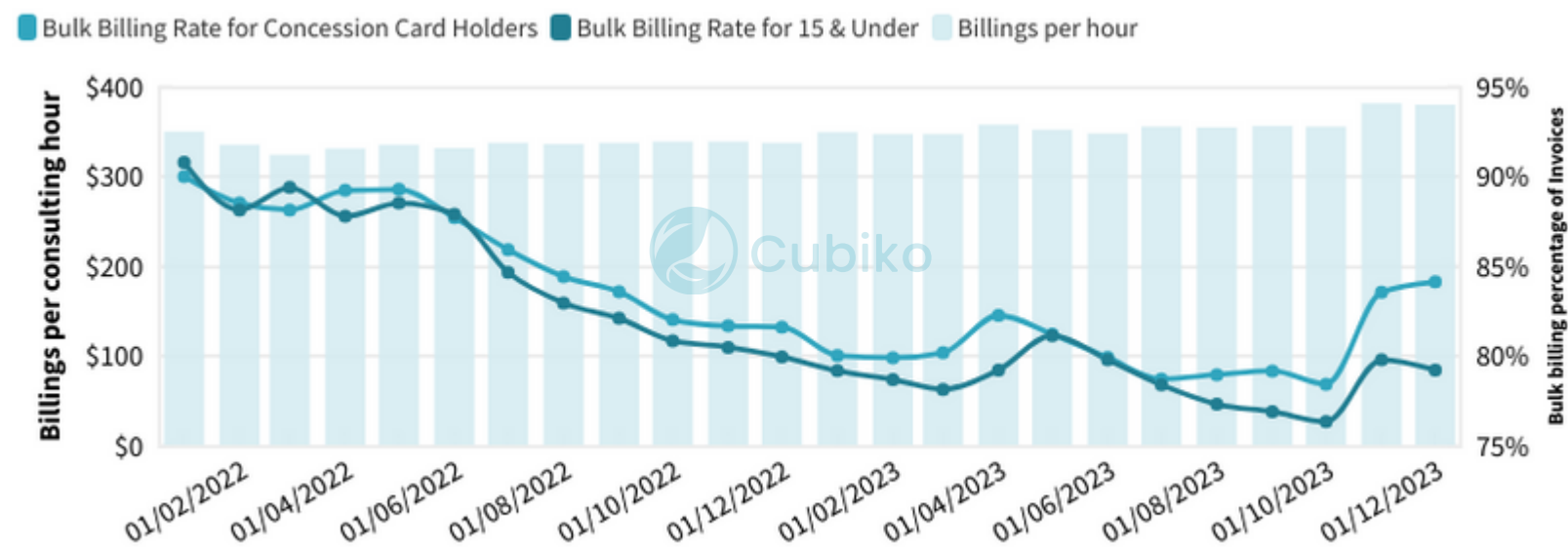


Bulk Billing Practice

\$372.24 per hour

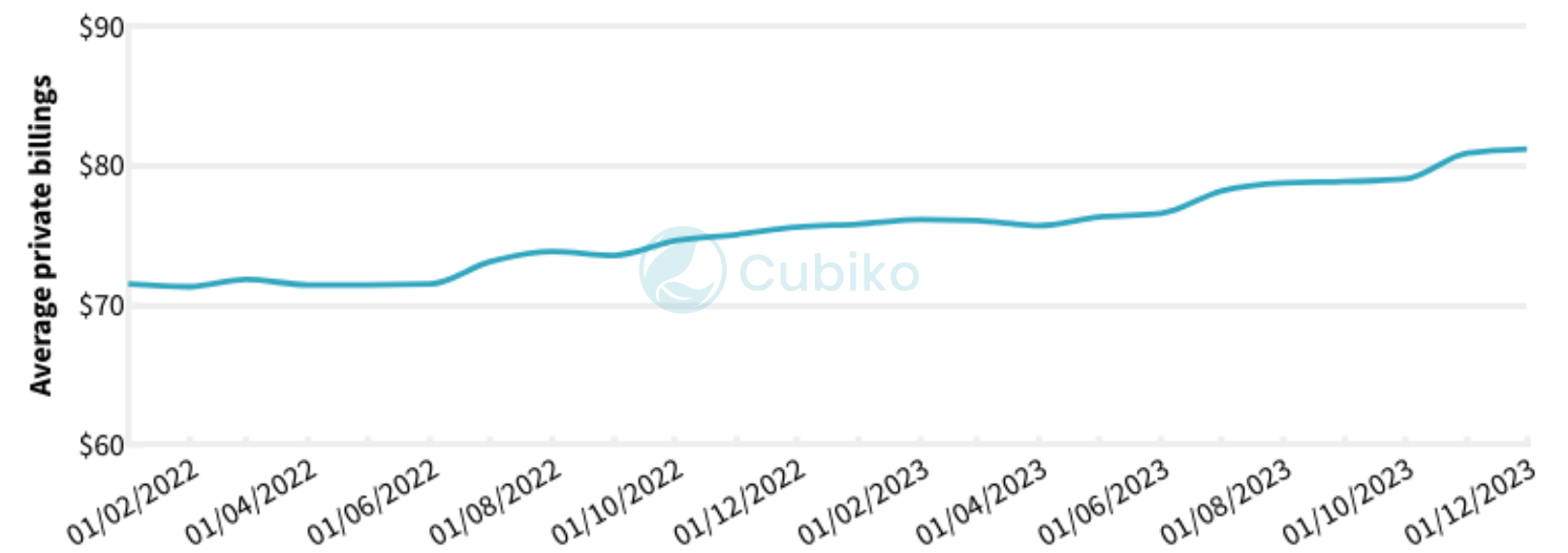
Bulk billing compared to Billings per consulting hour

Trend of bulk billing percentage of invoices for concession card holders and 15 & under across billings per consulting hour.



Average private billing fee for Item 23

Trend of average private fee for an item 23 across the Touchstone dataset.



Dramatic shifts in bulk billing rates

The Australian federal government provides subsidised healthcare through various programs including Medicare and Department of Veterans Affairs (DVA). This means that in most cases every time an eligible patient visits a General Practitioner and provides a valid Medicare or DVA card, either the patient or the practice will receive a partial reimbursement for the cost of the service.

When a practice bulk bills an appointment, it is important to understand that the healthcare services provided aren't free. Rather, the patient allocates a bulk billing benefit to the General Practitioner for providing that service. For example, a standard Level B consultation, the current benefit is \$41.40. This means the practitioner will receive \$41.40 for providing a Level B consultation, and the patient pays no out-of-pocket fees, if the consult was bulk billed.

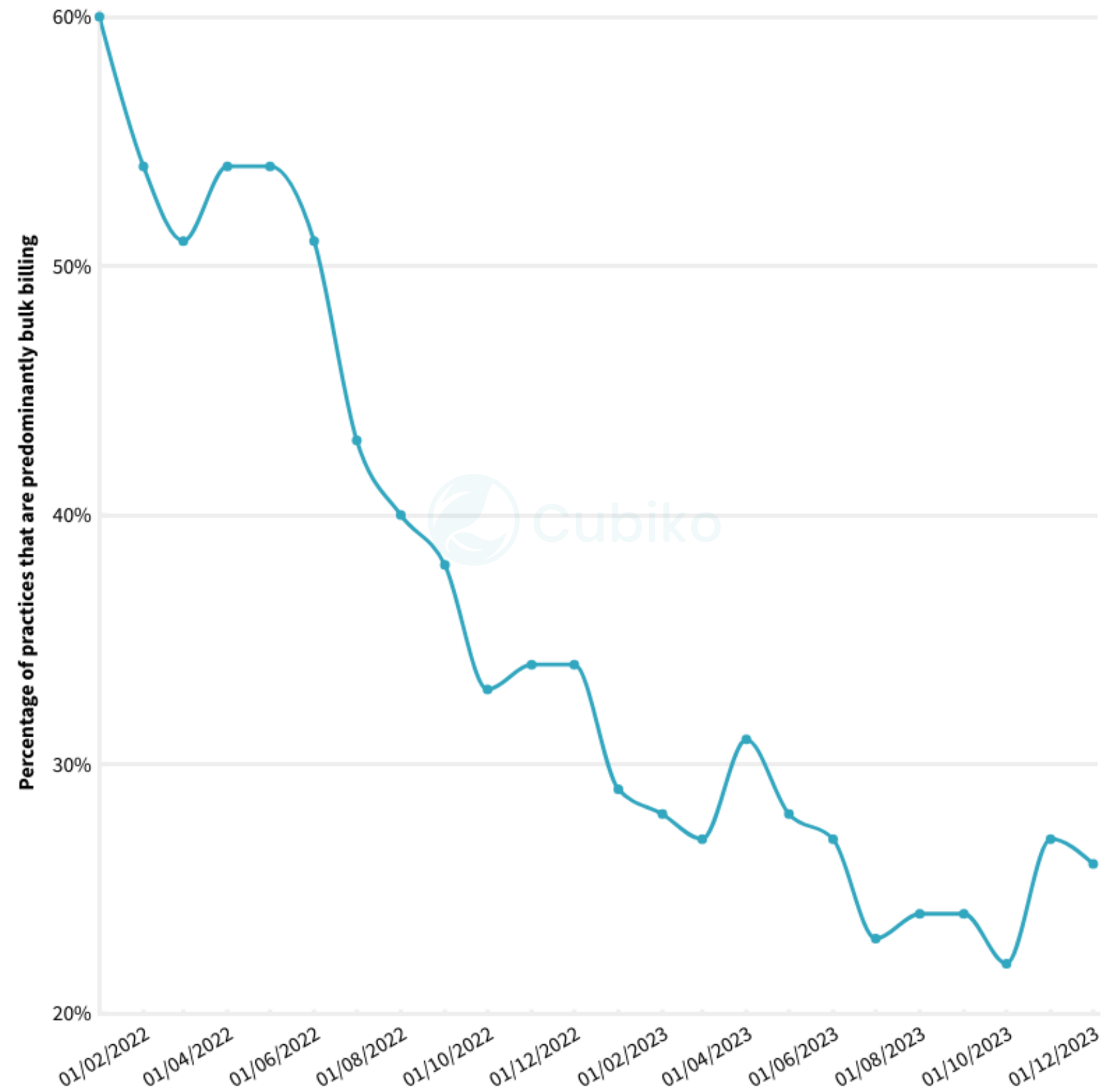
While the bulk billing of appointments is common, many practices opt to charge a private fee, also known as an 'out-of-pocket fee' on top of the subsidised cost of the service. This means for a Level B consultation, the General Practitioner may charge \$60. In such cases, the General Practitioner collects the \$60, while the patient receives the Medicare benefit of \$41.40. The difference between the practitioner's fee and the Medicare benefit constitutes the 'gap' or 'out-of-pocket' payment, amounting to \$18.60.

For the purpose of the Touchstone dataset and this report, when we refer to the 'percentage of bulk billing' ⁴, we are specifically referring to the bulk billing rate as a percentage of invoices ⁵, unless stated otherwise. This approach offers the most accurate representation of bulk billing across the industry, as it often reflects the percentage of appointments that are bulk billed.

⁴ Cubiko, Methodology and Definitions, 6

⁵ Cubiko, Methodology and Definitions, 6.1

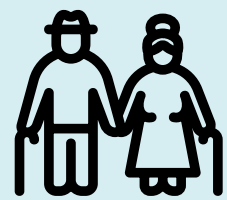
The Percentage of practices that bulk bill over 80% of invoices



How this report distinguishes between bulk billing and mixed billing practices

A practice is classified as 'predominantly bulk billing'⁶ if its bulk billing rate is greater than 80%, otherwise, it's considered to follow a mixed or private billing model and be 'predominately mixed billing'⁷.

Over the past two years, there has been a significant shift in the percentage of practices transitioning from bulk billing to a mixed or private billing model. Within the data a decrease from 60% of practices bulk billing in January of 2022 to just 26% in December of 2023. This indicates that more than half of practices have made the switch to mixed or private billing. It's important to clarify that practices that are primarily mixed or private billing are not entirely refraining from bulk billing any patients, rather, they have reduced their bulk billing rate to less than 80% of their invoices.



83.28%

average bulk billing rate as a percentage of invoices for concession card holders in 2022 and 2023.



81.99%

average bulk billing rate as a percentage of invoices for under 16 years in 2022 and 2023.

This trend offers valuable insight into the financial pressures bulk billing practices are facing, which have contributed to the significant shift towards mixed or private billing over the past two years. These financial pressures may stem from various factors, including rising operational costs such as wage costs, increasing power utilities and consumables. The transition to mixed billing reflects a necessary response by practices to maintain financial viability while ensuring continued access to healthcare services for patients. Additionally, it suggests a broader trend in the healthcare landscape, where practices are adapting their billing models to navigate the evolving economic challenges.

The trend of bulk billing rates by eligibility type

Medicare is structured to provide additional incentives for providing services for certain patient cohorts based on their eligibility criteria. Practitioners receive additional rebates for patients falling under the following eligibility categories:

- DVA Card (Gold/White)
- Commonwealth Seniors Health Card
- Pensioner Concession Card
- Health Care Card
- Under 16 years
- Aboriginal and Torres Strait Islander

When analysing the trend of bulk billing rates across the entire industry, it's important to consider the eligibility of patients and the additional incentives provided to practitioners for bulk billing those patient cohorts. Patients in these cohorts are typically at greater risk of health complications. Therefore, an increased incentive for practices to offer bulk billed services to these patients is generally supported by the industry.

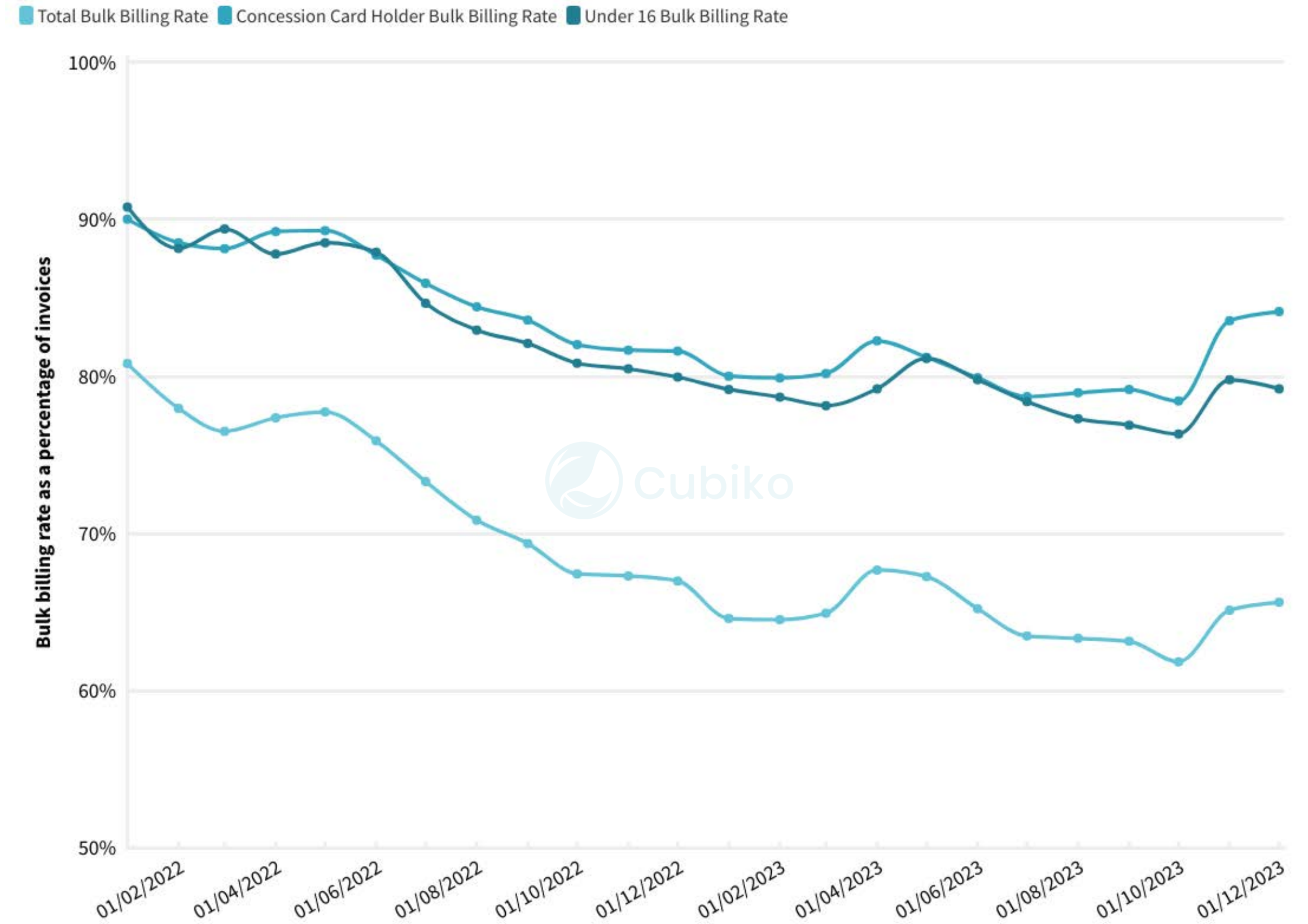
⁶ Cubiko, Methodology and Definitions, 5

⁷ Cubiko, Methodology and Definitions, 7

Looking at the data for bulk billing rates by eligibility type, it is observed that the same decrease in the overall bulk billing rate across the industry. However, there is a very similar trend affecting under 16 and concession card holder eligibility types. This suggests that the decline of bulk billing and the increase in out-of-pocket fees isn't just affecting regular patients, but it's also having an impact on the concession card holders who are most in need of subsidised healthcare.

In conclusion, bulk billing rates have fallen across Australia over the last two years. Practices that predominately bulk bill have seen the most dramatic shift, which was necessary for practices to stay financially viable. As the industry has gone through this tremendous transition, and an adjustment in patient expectations, we see a positive outlook for practices as they move further towards sustainable models. Patients that are eligible for additional incentives are on average bulk billed at a much higher rate. Bulk billing practices can still succeed in today's climate, especially with the introduction of the triple bulk billing incentive.

Bulk billing rate as a percentage of invoices across eligibility types



Impacts of the triple bulk billing incentive for General Practice

In November 2023, the Australian Federal Government implemented a significant change to practice bulk billing incentives by tripling the incentive payments for Commonwealth concession cardholders and children under 16 years of age across a range of MBS consultation items.

Triple incentives and bulk billing rates

The triple incentive wasn't designed to universally boost bulk billing rates across all patient demographics. Instead, it was intended to efficiently target a specific group of patients, individuals who are particularly vulnerable to the out-of-pocket costs in primary care. By increasing the incentive for general practitioners to bulk bill eligible patients, the aim was to create a system where essential healthcare services are more accessible and affordable. This approach ensures that patients requiring vital care can access it without encountering significant financial barriers, ultimately alleviating pressure on the already strained hospital system.

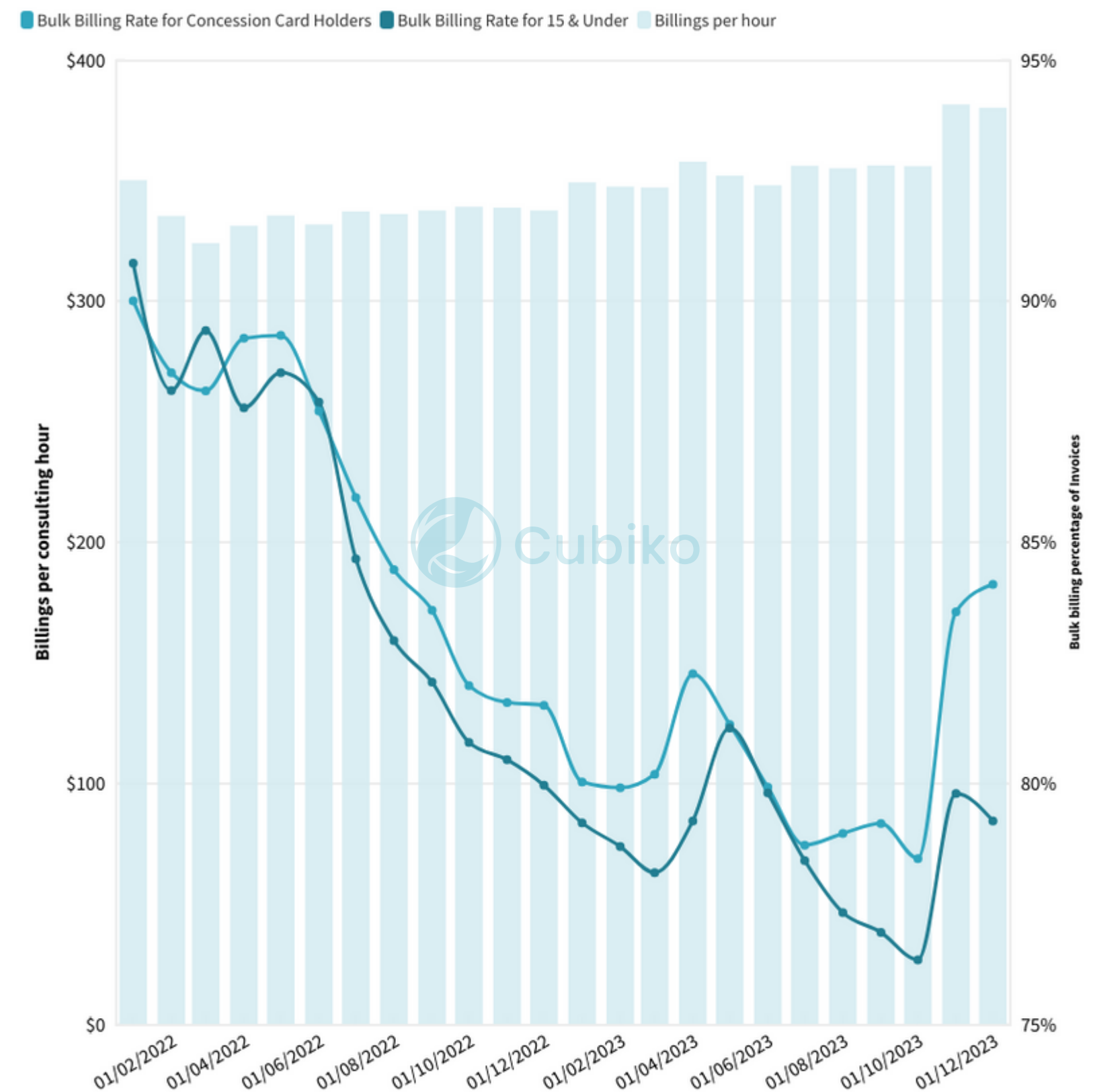
Upon analysing the data, the following two key trends have been identified:

- An increase in Billings per hour⁸ for general practitioners
- An increase in the bulk billing rate across affected patient cohorts

The uptick in billings per hour is particularly notable in bulk billing practices, whereas the increase in affected patient cohorts for bulk billing is more pronounced in mixed billing practices.

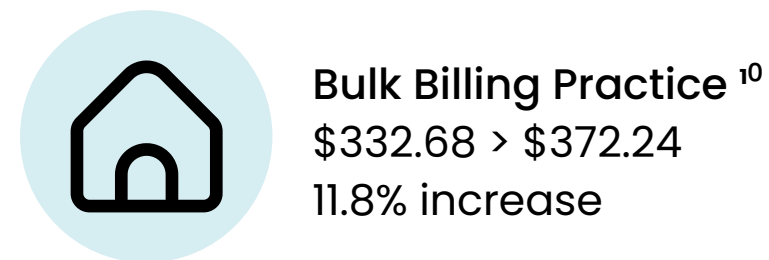
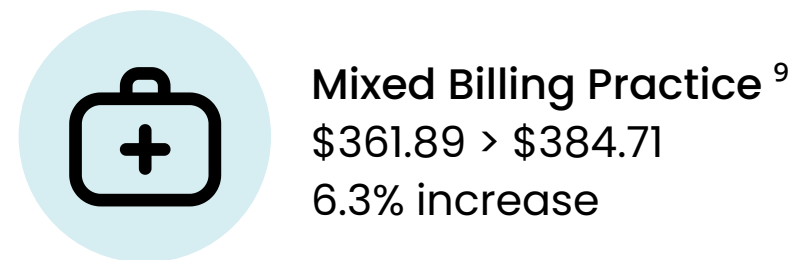
⁸ [Cubiko, Methodology and Definitions, 11](#)

Comparison Bulk billing percentage of Invoices to Billings per consulting hour



Over the last two years, a gradual increase in billings per hour has been observed across all practices, alongside a corresponding decline in bulk billing rates among affected patient cohorts. However, this trend took a remarkable turn in November 2023. During this period, a notable increase in the bulk billing rate across affected patient cohorts accompanied by a dramatic increase in billings per hour. The increase in billings per hour in November 2023 was the largest increase in a single month across the past two years.

Here's a breakdown of billings per hour for each practice type:



An increase in billings per hour signifies an improvement in financial sustainability for practices, and overall, the triple incentive to bulk billing has seen a dramatic improvement to practice sustainability. With the MBS Indexation, the industry saw the single largest increase in billings per consulting hour over a single month. However, it is anticipated that billings per hour will not continue to increase at the same rapid rate observed in November 2023 as we move into 2024. Instead, we foresee a gradual and necessary rise, reflecting the ongoing growth for General Practices to increase their billings, mirroring patterns observed throughout 2023. Looking forward, we're predicting a healthier and more financially sustainable industry in the immediate future.

⁹ [Cubiko, Methodology and Definitions, 7](#)
¹⁰ [Cubiko, Methodology and Definitions, 5](#)



“The tripling of the Medicare bulk billing incentive for healthcare cardholders and children has been a desperately needed shot in the arm for practices, but more importantly, it has provided vital assistance for patients who need healthcare the most. It has given GPs the option to substantially provide bulk billing services to these groups. Previously, GPs have subsidised from their own pocket services to these groups, which generally require the most complex care and are the least able to pay.

As expected, the tripling of the bulk billing incentive has not lifted the universal bulk billing rate. In the future, governments will struggle to make an impression on the universal bulk-billing rate. GPs have felt betrayed by a succession of governments and will be reluctant to trust any government again and return to universal bulk billing. The emphasis from GPs will be on affordability and equity rather than free healthcare services.”

Dr Bruce Willett
Victoria Point Surgery



St John WA's approach to unlocking healthcare insights with data

Based in Western Australia, St John WA is a mixed-billing practice group with a network of seven general practice locations spanning Perth and country WA.

St John WA stand out from traditional practices due to their unique model. Alongside all seven of their medical practices, they also manage after-hours Urgent Care clinics for immediate yet non-life-threatening illnesses or injuries, ensuring patients in their community have access to healthcare.

With a focus on affordability and accessibility, the dedicated team of health professionals at St John WA strives to ensure quality healthcare for all patients.

We recently had the opportunity to speak with Nicole Crosby, the Quality, Compliance, and Improvement Manager, to understand how the organisation utilises Cubiko's benchmarking data for its reporting and benchmarking capabilities, to guide business decisions and mitigate risk.

Empowering St John WA through data for practice efficiency and mitigating risk

For St John WA, transitioning from manual reporting to a more streamlined process was essential. Before implementing Cubiko, the reporting process was difficult and time-consuming.

"It was a lot more manual and time-consuming. We built our own spreadsheets and charts from data within our Practice Management System to try to understand what was happening across the practice group, and effectively managing risk," explains Nicole.

St John WA recognised the need for a solution that could:

- Streamline their processes,
- Offer transparency across the practice group,
- Help reduce risk, and
- Provide quality data for informed decision-making.

St John WA wholeheartedly embraced Cubiko and rolled it out across all seven of their sites, resulting in significant improvements to their reporting procedures. According to Nicole, **"Cubiko and Touchstone really streamlined our reporting and made it a lot easier, simpler, and quicker to ensure that we're effectively managing risk and making informed business decisions."** she continues by saying **"Cubiko has everything you need to know to run a practice. Without those figures and numbers, you've got no transparency. It's a window into the practice itself."**

Harnessing benchmarking data for risk management

At St John WA, ensuring adherence to industry standards is of utmost importance. Nicole and Dr Sid Samanta, St John WA's Head of GP, conduct quarterly clinical audits to assist practitioners in keeping up with industry best practice.

According to Nicole, **"Touchstone plays a large role in our GP audits."** These insights provide easy access to industry MBS item usage information, and allows practitioners to review and make informed decisions on their own use of item numbers.

Data-driven decision-making

For Nicole, data is a crucial tool in guiding important practice decisions. After conducting a recent audit of their billing practices across the practice group, St John WA discovered variations in bulk billing rates among their practices.

Nicole reflects on this, stating, **"After the practitioners carefully analysed their own billing patterns, and compared it with benchmarking data, they were able to ascertain where their bulk billing rates sat compared with the industry average."** She further explains, **"The insights we gained from the data and benchmarks helped us work with our practice teams and the practitioners to find the ideal bulk billing rate for maximising accessibility of care and practice sustainability. This ultimately led to a shift from predominantly bulk billing to mixed billing."**

This shift in billing pattern ensures that St John WA operates financially sustainable practices, allowing them to uphold their commitment to delivering quality care to patients across Perth and country WA.

In her closing remarks, we asked Nicole if she had any advice for her peers within the industry. **"I think every practice in Australia should have Cubiko, it's a no brainer!"** She exclaimed.



www.stjohnhealth.com.au

Changing landscape of private fees

Following our previous discussion on the shifts in bulk billing rates, next to analyse is the data surrounding private fees within the Touchstone dataset. Notably, private fees across the industry have increased. This increase may be necessary for the survival of the General Practice industry nationwide. After all, if practices can't keep their doors open, patient's access to primary care is jeopardised, potentially leading to additional strain on the hospital system. A healthy and financially sustainable General Practice industry is essential for ensuring viable healthcare access across Australia.

What are private fees?

Building on the previous definition of bulk billing, private fees represent the total amount charged by a General Practitioner when a service is not bulk billed. Throughout our discussion, we will refer to 'average fees' ¹¹, which are inclusive of both bulk billed

services and privately billed services. Simply put, average fees are the average fee of all services. There will be instances where we focus solely on the average fee of private consultations, and we will specify when this occurs and refer to it as 'private fees' ¹².

Increase in average fees for standard consults

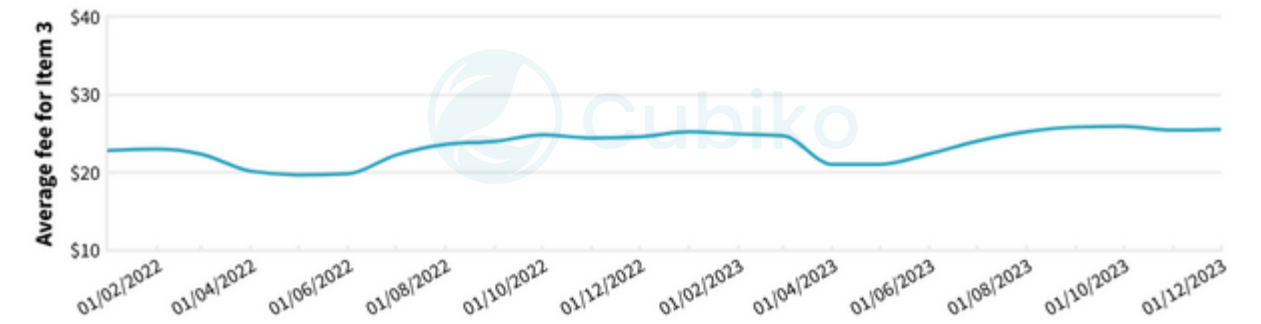
Over the last two years, there has been a noticeable rise in the average fees for a 'standard consults' ¹³. It is observed that there is a recurring increase in the average fee for most consultation items every July. This increase is likely attributed to the heightened pressures faced by practices after June 30th, and the end of the financial year, such as wage increases or consumable increases. This causes many practitioners to index their fees in line with the practice's new operating expenses. In July 2023, there was a 5.75% minimum wage increase. Interestingly, when comparing the average fees across all standard consults for June & July 2023, the increase was only 3.05%. There was also a 3.6% increase in the MBS rebate on 1st July 2023, which was applied to most services under the MBS, including standard consults.

¹³ Cubiko, Methodology and Definitions, 17

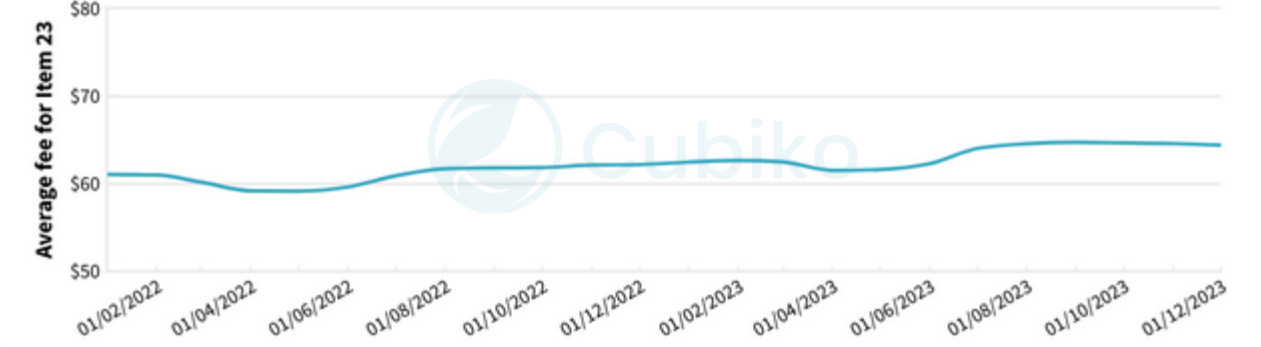
¹¹ Cubiko, Methodology and Definitions, 15

¹² Cubiko, Methodology and Definitions, 16

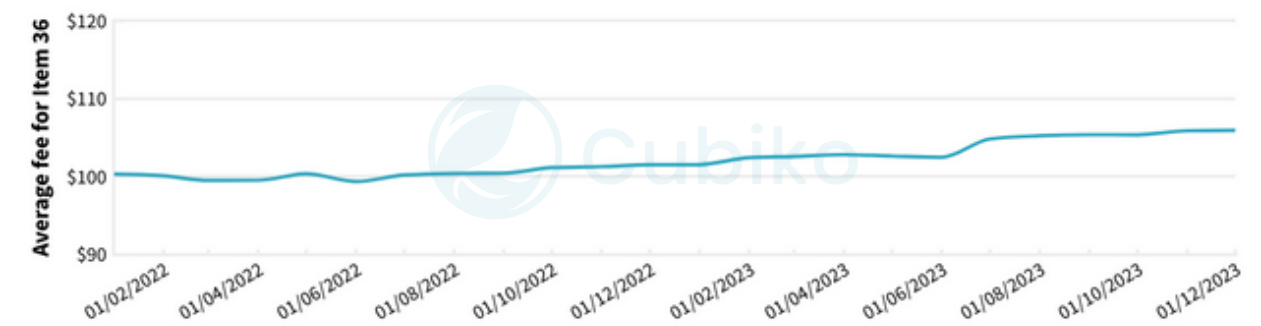
Average fee for Item 3



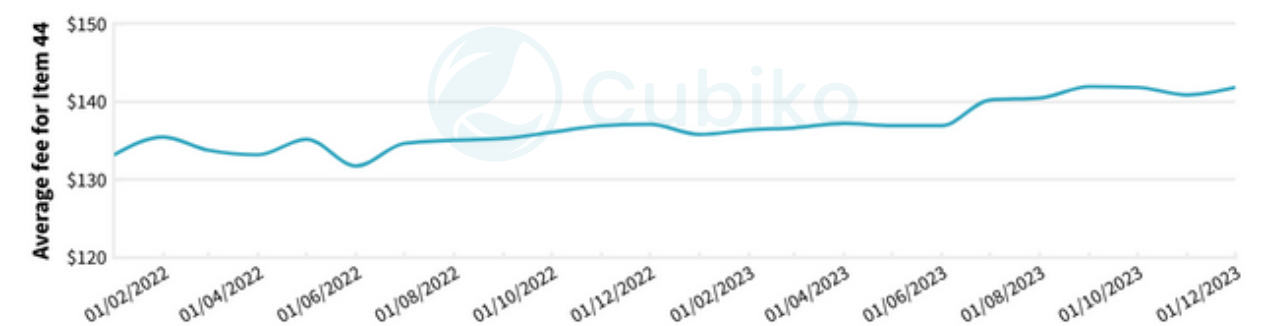
Average fee for Item 23



Average fee for Item 36



Average fee for Item 44



It can be concluded that most mixed billing practices absorbed this rebate increase and did not increase their fees additionally.

Furthermore, there was a decline in the average fee for Item 23 & Item 3 during the months of April to June each year. This reduction in the average fee for shorter consults can be attributed to the flu season, which typically prompts an increase in bulk billed services for those items, therefore leading to lower average fees. This fact is reinforced by the bulk billing rate of standard consults in 2022, rising from 66.85% in March 2022 to 70.50% in April 2022 and then again rising from 54.79% in March 2023 to 60.09% in April 2023.

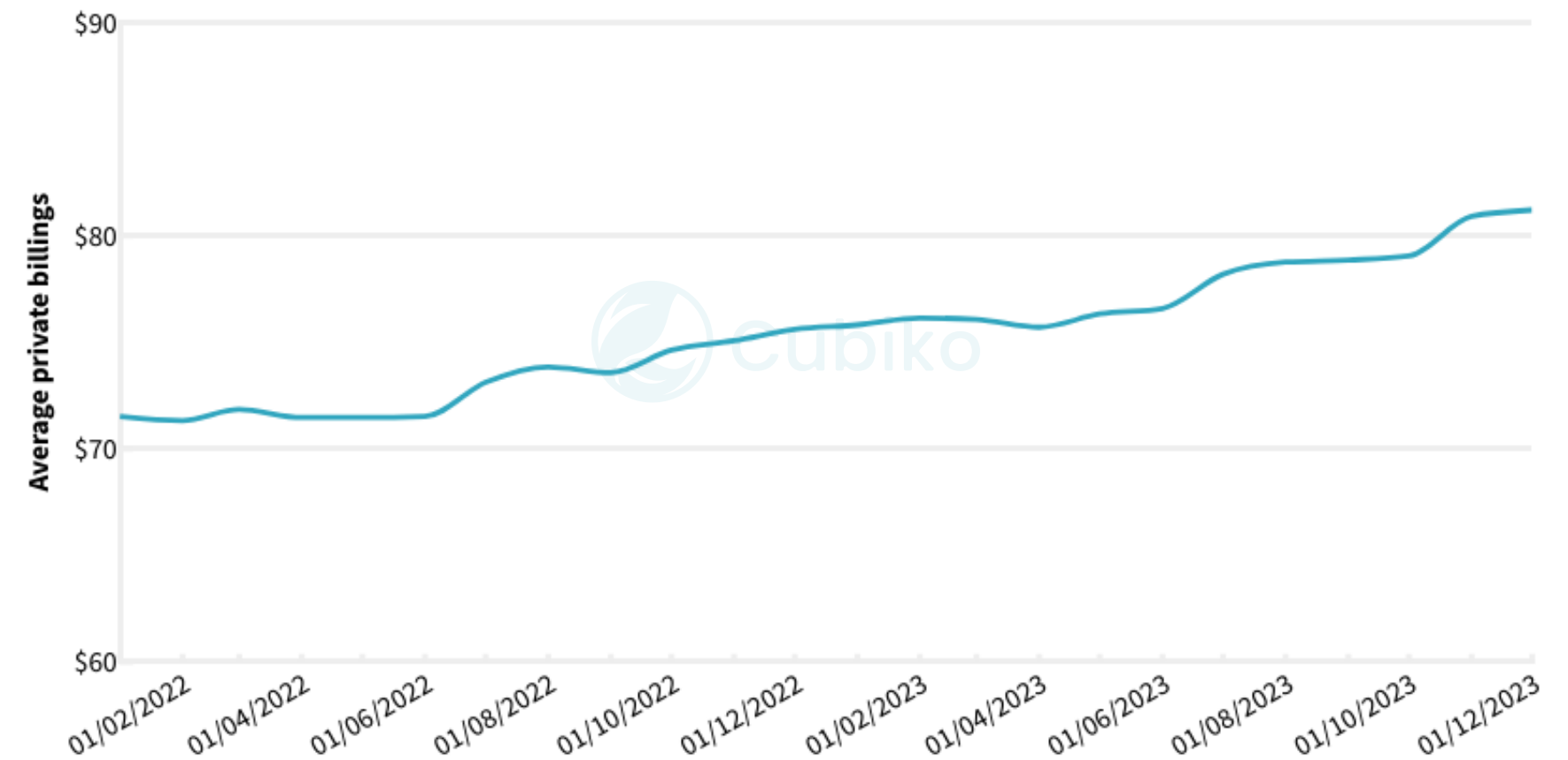
The average private fee for an Item 23 has steadily increased over the past two years, noticeably since July 2022. The average private fee for an Item 23 in December 2023 is \$81.21, up from an average of \$72.92 across 2022. Practices on average increased their private fee for an Item 23 in July 2022 by 2.23%, and 2.09% in July 2023.

Taking into account the factors discussed above, a few key points can be concluded:

- General Practitioners increase their fees in July as cost pressures are realised.
- When there is an MBS Indexation, private fees do not increase at the same rate and therefore patients are left better off with lower out-of-pocket fees.
- Private fees for standard consultations have continued to rise but not at the same pace as other cost pressures felt by patients and practices alike.

Therefore, practice increase in fees have been well justified as their cost pressures have increased. Notably, with the MBS indexation, overall out-of-pocket fees for patients have steadied or reduced in some cases, leading to more affordable primary healthcare for patients.

Average private fee of an item 23 across the Touchstone dataset



"General Practice has recently faced significant challenges as increases in wages and overhead costs have consistently outpaced increases in government funding and annual patient fee increases. As a result we have seen escalating financial pressure across the industry and, slowly, a more assertive position in increasing patient appointment fees. The traditional annual patient fee increase, often based on a nominal % increase or CPI, is no longer a viable pricing strategy to ensure continued profitability and sustainability. More than ever, practitioners and clinics are turning their minds to the underlying business inputs around fees and pricing, including making decisions on the type of services they deliver, analysing the costs involved in delivery, undertaking efficiency projects and then setting fees at a more strategic level."

Kelly Chard
Chartered Accountant & Founder of GrowthMD

Trends in Chronic Disease Management

Chronic Disease Management (CDM) is the provision of care for complex conditions. It involves the coordination of care between individuals and their healthcare providers for the ongoing treatment and prevention of their chronic conditions.

Under the Medicare Benefits Scheme (MBS), CDM is generally encapsulated in service Items 721, 723, 731 732 and their corresponding Telehealth MBS items.

In the context of this report, when referred to 'CDM percentage of billings'¹⁴, the report is referring to the ratio of billings from CDM items to the total billings of a practice. Similarly, 'Health Assessment (HA) percentage of billings'¹⁵ refers to the total billing of Health Assessment items (including items 701, 703, 705, 707, 715) over total billings.

Additionally, in analysing 'nurse-led percentage billings'¹⁶, this report specifically focuses on items 10997 and 10987, which denote services administered by a nurse under the supervision of a general practitioner.

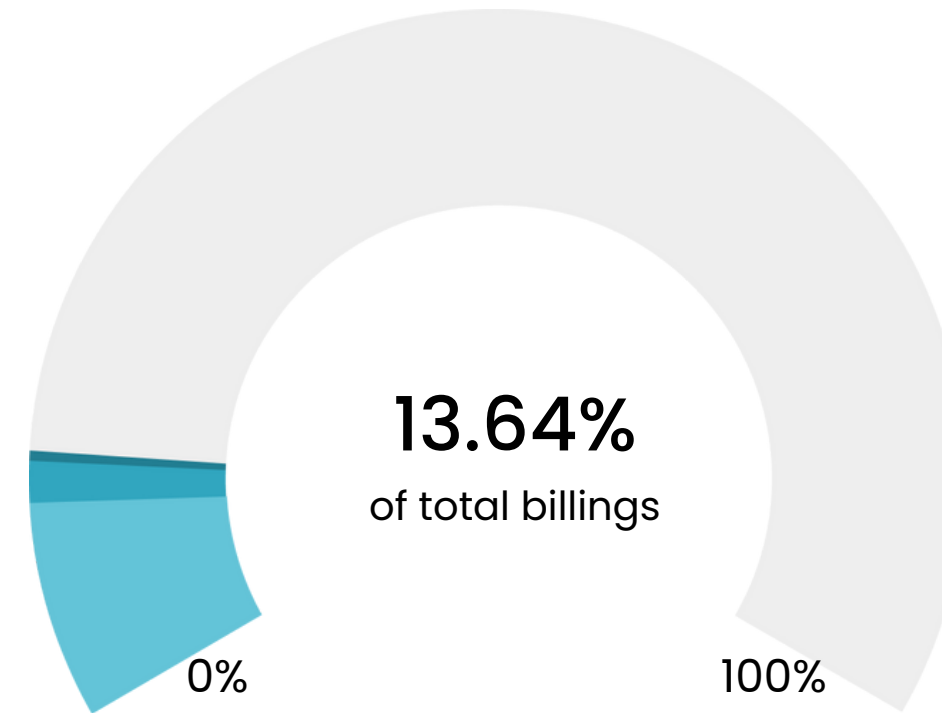
¹⁴ Cubiko, Methodology and Definitions, 19

¹⁵ Cubiko, Methodology and Definitions, 20

¹⁶ Cubiko, Methodology and Definitions, 21

CDM billings as a percentage of total billings

■ Chronic Disease Management ■ Health Assessments ■ Nurse-led services



“Effective chronic disease management demands a comprehensive approach, integrating patient-centered care with evidence-based interventions. Team collaboration among healthcare professionals, tailored treatment plans, and continuous patient coaching and education empower individuals in managing their conditions effectively.

Embracing technology including telehealth, digital monitoring tools and advanced data analytics such as Cubiko further supports this endeavor, enabling real-time data collection and enhanced patient-provider communication.

Ultimately, successful chronic disease management hinges on a partnership between patients and healthcare teams, driven by compassion, innovation, and a commitment to health improvement and starts at the GP practice.”

Riwka Hagen

Founder & Principal Consultant at Medical Business Services

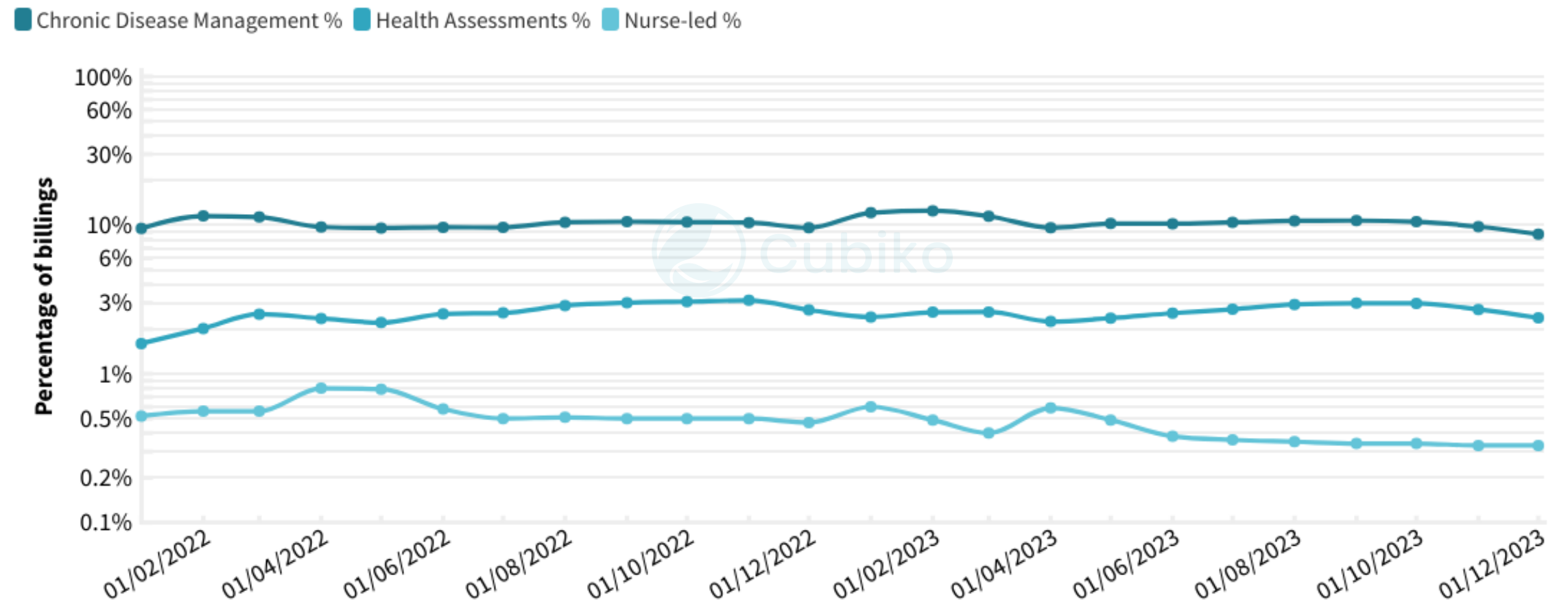
Over the last two years, it has been observed a marginal increase in CDM percentage of billings and HA percentage of billings, with the average CDM percentage of billings in 2023 at 10.59% (up from 10.21%) and HA percentage of billings in 2023 at 2.63% (up from 2.55%).

However, there has been a steady decline in nurse-led percentage of billings, reflected in the average Nurse-led percentage of billings in 2023 of 0.42% (down from 0.56% the previous year).

While the Nurse-led percentage of billings is a key insight, it should be noted that trends in this percentage can be influenced both by nurse-led services increasing, but also by a greater decline in other item billings. To give greater perspective into the decline of nurse-led services, this analysis delved into the data relating to 'average non-CDM billings'¹⁷ each month and compared it to 'nurse-led billings'¹⁸. Here, it can be seen that there is an expected growth in billings, as discussed earlier regarding increases in 'billings per consulting hour'¹⁹. On the other hand, it is observed that the volume of monthly average nurse-led billings has declined from Q2 in 2022 through to Q3 and Q4 in 2023.

¹⁷ Cubiko, Methodology and Definitions, 22
¹⁸ Cubiko, Methodology and Definitions, 21
¹⁹ Cubiko, Methodology and Definitions, 11.3

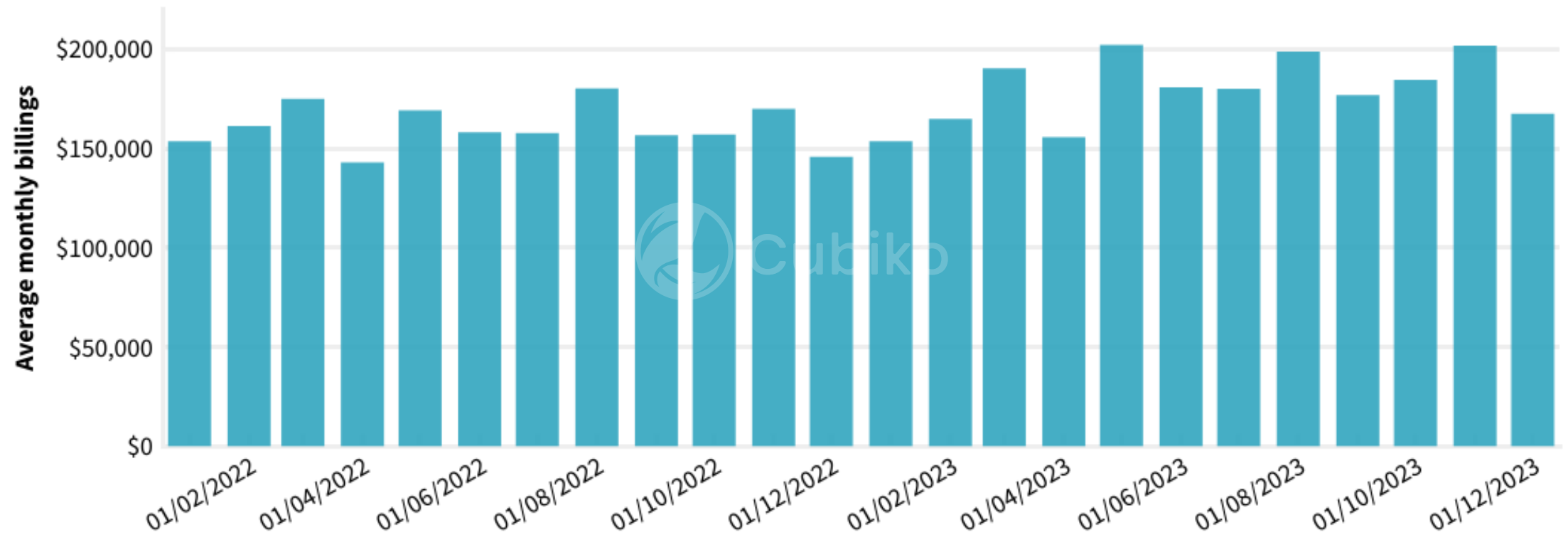
Change in Chronic Disease Management, Health Assessments & Nurse-led services over time



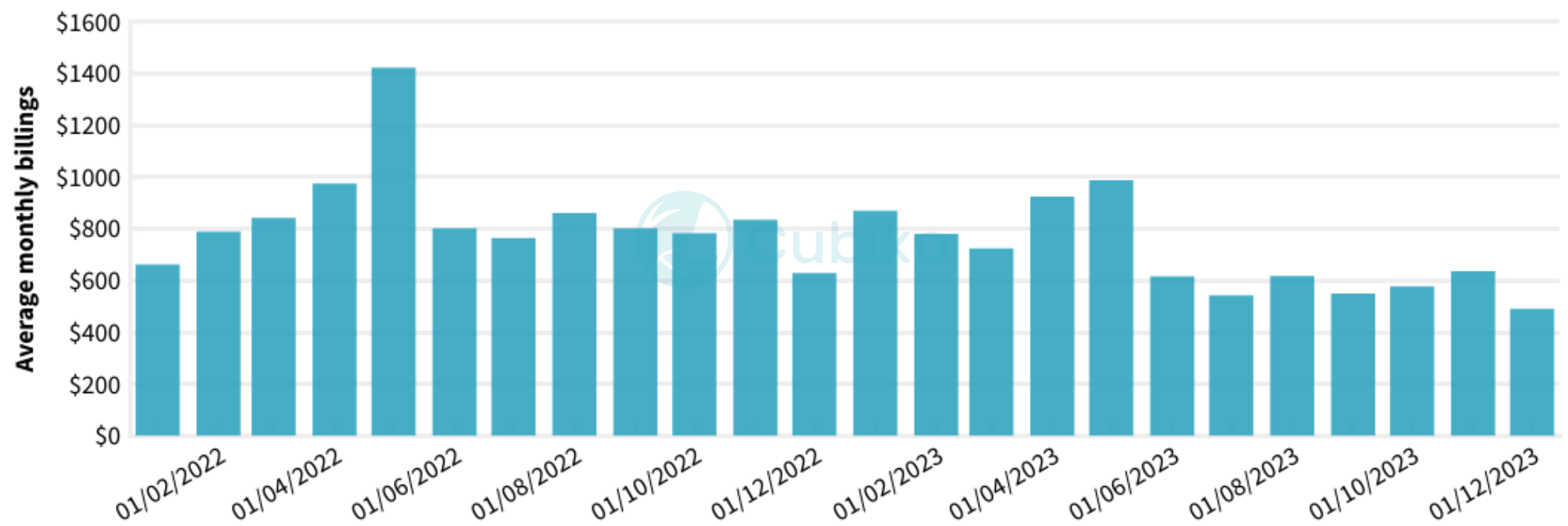
“It's reassuring when data aligns with our observations or suspicions in practice. Unfortunately, amidst the pandemic, recruiting nurses to work in General Practice has become increasingly challenging, which directly correlates with the decline in nurse-led chronic disease management. It's disheartening to witness this trend, especially when there's a push for healthcare professionals to operate at the "top of their scope" within a multidisciplinary team setting.”

Dr Brenda Murrison
 CEO & Managing Director at Brecken Health Group

Average monthly billings for non-CDM items



Average monthly billings for Nurse-Led CDM



Yearly trends and variation of CDM care

Yearly trends in Chronic Disease Management (CDM) and Health Assessment (HA) services within general practice reveal distinct patterns, notably observed between January and March. After the Christmas break, practices aim to kickstart their CDM programs, resulting in a noticeable surge in CDM and HA services during this period. It's a time when practices prioritise synchronising their CDM care with the calendar year, leading to heightened attention to these services in the early months. Flu season often begins in practices from April to July, here we can see a reduction in CDM services due to pressures on nursing time. Conversely, there is often a subsequent dip in service provision, reflecting a cyclic pattern influenced by seasonal variations and practice priorities.

Overall, although there has been a reduction in nurse-led services, the growth in CDM and HA percentage of billings is very positive. This demonstrates that practices and general practitioners alike have shown a keen increase in how much they support chronic disease management across Australia. Chronic disease management care is so important for the health of Australia and the increase in CDM percentage of billings shows that general practice takes this responsibility seriously.

How Generations Medical leverage Touchstone data for startup success



Since its establishment in September 2022, Generations Medical has become an integral part of the St Lucia, Taringa, and Indooroopilly communities. With a dedicated team of seasoned doctors and medical experts, the clinic has been steadfast in its commitment to providing comprehensive healthcare services.

Recently, we had the opportunity to sit down with Dr. Stephen Loo, the Practice Owner of Generations Medical, to delve into their journey with Cubiko and the significant impact Cubiko's Touchstone dataset has had in shaping their path to success.

A quest for streamlined operations and informed decision-making

In the early stages of establishing Generations Medical, Dr. Stephen Loo was determined to lay a strong foundation for success.

"I spent a lot of time researching ways to streamline and optimise the processes in our practice right from the beginning," he reflects.

Recognising the importance of data and benchmarking as a new practice owner, Stephen was determined to harness the insights to set the practice on the path to success.

Generations Medical sought a software solution to

- benchmark performance against similar practices,
- help inform decision-making, and
- streamline their reporting and processes

This quest led them to Cubiko, a software solution poised to meet their needs and propel the practice towards efficiency and growth.

Achieving practice success with data-driven goals

Before integrating Cubiko into their operations, Stephen relied on his previous experience in General practice to set goals and targets for the team, but felt there were improvements to be made in the way the team worked. Stephen, the practice owner, admits, **"I was using my past experience in General Practice and making educated guesses when it came to setting goals and targets for the practice."**

Feeling the absence of comparative insights, Stephen reflects, **"As a practice owner, one of the things you always wonder is how your practice compares to others."** However, upon discovering Cubiko and its Touchstone dataset, Stephen found a transformative solution.

"When I heard about Cubiko, I was impressed by the data and metrics available, particularly Touchstone." Stephen filters the Touchstone benchmarking data down to practices of a similar size, location and billing structures. He then assesses how similar practices perform, so that he can confidently adjust his team's goals using a combination of insights and experience.

Empowering informed decisions through data

Since integrating Cubiko and Touchstone into his practice, Stephen has transformed his approach to decision-making. Not only has he set achievable business goals and targets, but he also relies on data-backed insights to drive practice decisions. **"The data within Cubiko provides a comprehensive view of our practice's operations. I leverage these insights to make informed decisions that benefit both the practice and our patients,"** Stephen remarks.

Streamlining operations and reporting

Generations Medical has been committed to operational efficiency from day one. Reflecting on their initial year with Cubiko, Stephen says, **"It wasn't about doing everything we possibly could at once, but rather about laying a solid foundation for the future."**

Having used Cubiko extensively, Stephen believes it to be an essential tool, for new and existing practices. **"I firmly believe all practices should utilise software like Cubiko to assess performance and efficiency,"** Stephen emphasises, underlining the crucial role reliable data plays in great practice management.

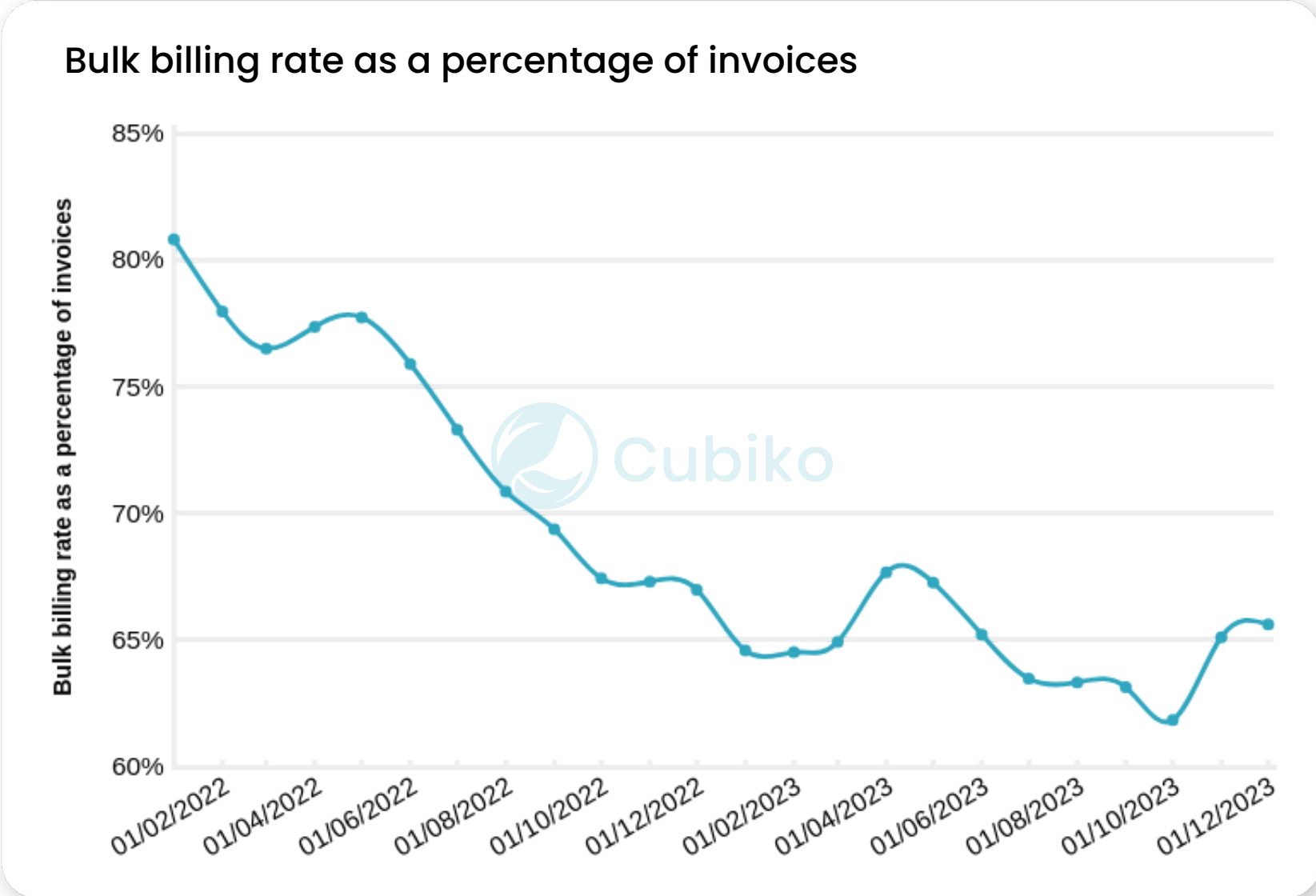
As Generations Medical enters its second year, their focus shifts towards their Chronic Disease Management (CDM) program. Where they've been leveraging Touchstone to establish CDM targets and Cubiko's Item Optimisation and QuickCheck features, to streamline their processes by downloading patient lists and verifying MBS eligibility in bulk.



www.generationsmedical.au

The impact of Did Not Attend (DNA) appointments in General Practice

General Practice in Australia is no stranger to the challenges posed by 'Did Not Attend (DNA) appointments' ²⁰. In an era where the operational costs of running a practice are on the rise, coupled with stagnant Medicare rebates, ensuring the sustainability of all aspects of practice operations is important.



The impact of DNA appointments on General Practices is multifaceted. When patients fail to cancel or don't attend scheduled appointments, it creates gaps in the appointment book, resulting in lost revenue.

This loss not only manifests as a financial setback but also represents a significant cost in terms of time lost for healthcare professionals and the practice's duty of care to patients. As practices strive to adapt to the ever-changing economic landscape, addressing the issue of DNA appointments is crucial for maintaining financial viability and operational efficiency.

Declining bulk billing rates

Since January 2022, both 'predominately bulk billing practices' ²¹ and 'predominately mixed billing practices' ²² in Australia have experienced a consistent decline in 'bulk billing as a percentage of invoices' ²³, dropping from 80.82% to 65.62% in December 2023 according to the Touchstone dataset. This shift in billing dynamics has interesting implications, particularly when examining its correlation with the trend of DNA appointments across the General Practice industry.

Impact on DNA rates

The connection between the decline in bulk billing as a percentage of invoices and DNA appointments becomes apparent when examining the data. Over the same period, the overall DNA rates across the industry saw a modest decrease. Starting at an average of 2.92% in January 2022, DNA rates declined to 2.61% by December 2023.

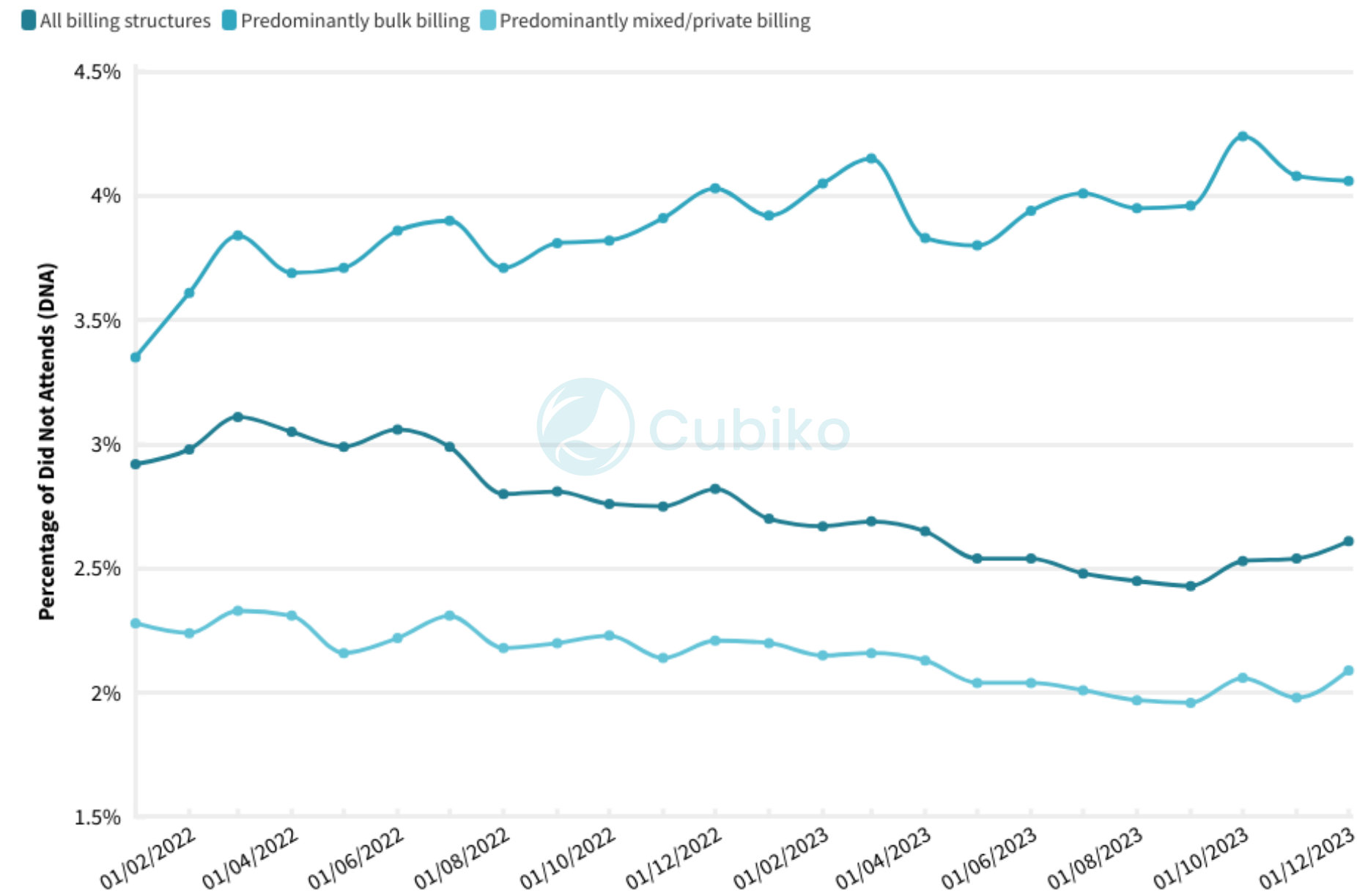
²⁰ Cubiko, Methodology and Definitions, 23

²¹ Cubiko, Methodology and Definitions, 5

²² Cubiko, Methodology and Definitions, 7

²³ Cubiko, Methodology and Definitions, 6.3

Trend of DNA's across billing structures



Further exploration into the data highlights a noteworthy contrast in the DNA rates between bulk billing and mixed/private billing practices. Predominantly bulk billing practices observed an increase in DNA rates, rising from 3.35% in January 2022 to 4.06% in December 2023. In contrast, mixed/private billing practices demonstrated a different pattern, with a steady decline from 2.28% in January 2022 to 2.09% in December 2023.

A potential anecdotal explanation for these trends lies in patient behaviour. Patients who bear the cost of an appointment or face potential cancellation fees may exhibit a higher

commitment to attending their scheduled appointments. Whereas patients whose appointments are bulk billed might be less inclined to prioritise attendance, contributing to the higher DNA rates observed in predominantly Bulk billing practices.

It is important to recognise the multifaceted nature of missed appointments. Behind every missed appointment lies complex factors beyond patient behaviour. Socio-economic constraints, transportation challenges, work commitments or unforeseen health issues can impact a patient's ability to attend appointments. Therefore, as a general practice industry, we must approach missed appointments with empathy and acknowledge systemic barriers that may hinder attendance.

The financial impact for practices

The impact of a rising DNA rates extends beyond patient behaviour, significantly affecting the financial sustainability of practices, particularly those heavily reliant on bulk billing. Consider a scenario where a practitioner records 54 DNAs in the month of January. With an average billing per appointment set at \$85, the general practitioner potentially misses out on potential billings amounting to \$4,590 per month due to DNAs, unless, of course, the time that was to be spent seeing patients is instead used for another service.

General Practices, especially predominately bulk billing practices, face the dual challenge of maintaining financial sustainability while adapting to shifting industry dynamics. As the industry continues to evolve, understanding and addressing trends in DNA rates is imperative for the long-term viability of General Practices across Australia.

The impact on patients

The impact of DNA incidents extends beyond operational challenges; it directly affects patients as well. Not only does not attending disrupt the continuity of care for the patient but also poses potential delays in necessary medical attention, affecting their overall health management. Furthermore, the impact extends to other patients waiting to receive care, as a missed appointment may result in delayed access to a doctor for someone in need of more urgent care.

Strategies to minimise DNAs

To reduce the risk of patients DNA'ing, practices can look to streamline their appointment management processes by implementing proactive reminder strategies. Including automated appointment reminders via text, email or phone call, particularly for those patients with a history of no show to help reinforce the importance of attendance.

Additionally, practices can enforce stricter no-show policies. This includes introducing a cancellation and no-show fee for those appointments cancelled within 24 hours or for when a patient did not attend. This approach incentivises patients to honour their scheduled appointments, promoting a sense of responsibility.

For patients that often do not attend, introducing deposit requirements or double-booking appointment slots are practical solutions for practices.

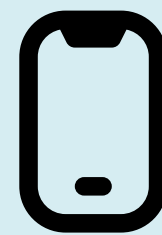
While DNAs may be viewed as standard occurrences in the practice, their economic and clinical implications emphasise the importance of addressing and mitigating their impact.



Implement DNA policy



Introduce cancellation or no-show fee



SMS reminders



Introduce deposit requirements or double book appointment slots



“Practices recognise that patients lead busy lives and the unexpected happens. However, there are patients and communities where there is more chaos resulting in no show rates of 10% or more despite reminder calls and SMS contact. Trying to charge a fee can lead to patients simply never returning whilst the practice racks up costs for admin time. It also means those with mental health issues and complex caring responsibilities are further marginalised. They don't fit the business model of a standard general practice. Medicare's activity based funding penalises those who care for some of our most needy patients. No wonder such catchments attract an increasingly part-time workforce, struggle to retain doctors and are where rates of practice closure are climbing.”

Tracey Johnson
CEO at Inala Primary Care



Evolving patient expectations

Patient experience, satisfaction, and perception of care has become increasingly important for the general practice industry. Patient experience encapsulates every facet of a patient's journey, from their initial encounter upon arrival to their ongoing interactions with medical professionals and support staff. As practices navigate their way through 2024, the emphasis on patient experience has intensified. It's more than just ensuring patient happiness, the focus on patient experience is propelled by a growing recognition of its direct impact on health outcomes, practice sustainability, and the competitive positioning of services in a rapidly evolving general practice industry.

2022 and 2023 saw factors that have impacted on how patients receive care. The notable rise in patient volumes in practices, an increased cost of running a practice and staff shortages have collectively played their part in shaping the way we see patients.

Diary wait times

Patient experience extends beyond the health outcomes of healthcare services conducted. Throughout 2023, many practices transitioned from predominately bulk billing²⁴ to predominately mixed billing²⁵ due to financial constraints, reinforcing mixed and private billing as more accepted billing structures and reinforcing patient expectations of paid services.

²⁴ Cubiko, *Methodology and Definitions*, 5

²⁵ Cubiko, *Methodology and Definitions*, 7

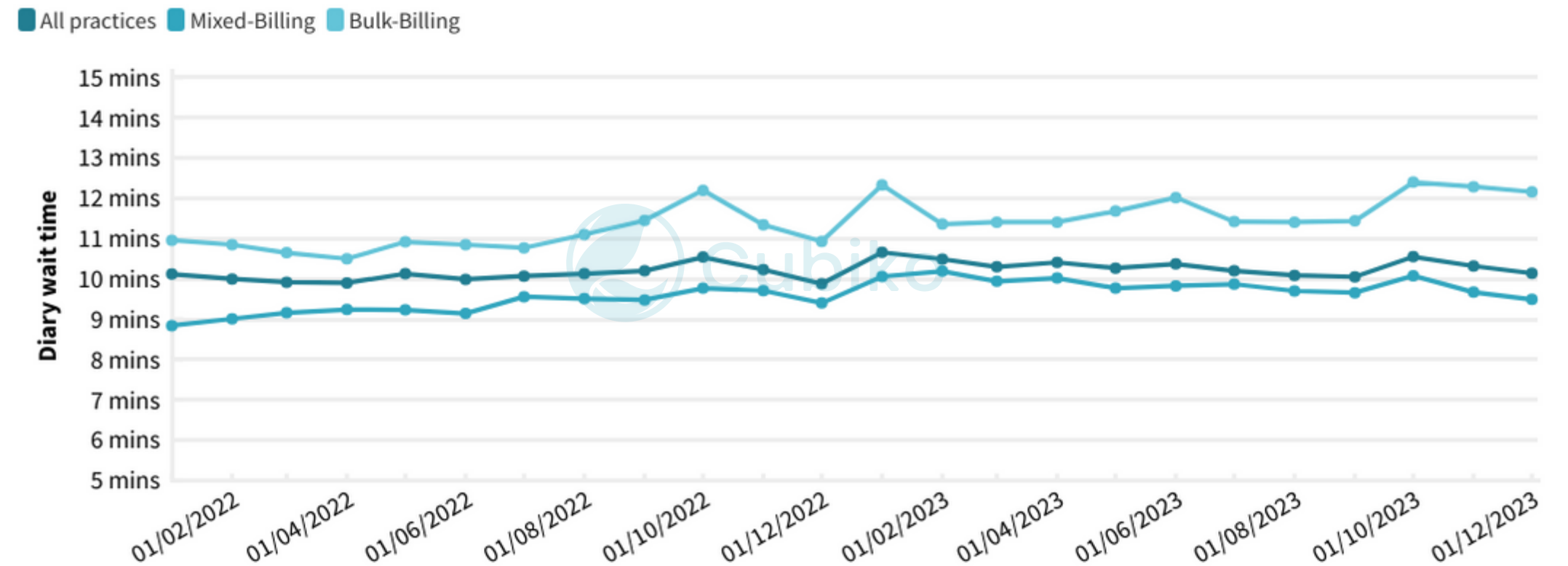
When examining the data surrounding wait times, this report is referring to 'diary wait times'²⁶. Diary wait time measures the time elapsed from the appointments scheduled start time through to when the patient's consultation with the doctor commences.

Waiting room times can alter the patient experience, sometimes regardless of the quality of the consult they receive. Anecdotally, prolonged wait times are consistently highlighted as a top complaint in online reviews of practices.

Between 2022 and 2023 diary wait times have seen small fluctuations but overall, across all practice types, have stayed mostly steady around 10 minutes. It is quite remarkable, that wait times are steady considering, anecdotally, there has been higher demand for general practice services, and an increase in turnover from support staff within practices, resulting in an overall challenge to practice efficiency. Considering that diary wait times are steady, this also demonstrates that practices have continued to deliver efficiency in their day-to-day running of practices in support of general practitioners.

Diary wait times do differ between predominately bulk billing and predominately mixed billing practices. This could be driven by the market forces of a reduction in predominately bulk billing practices, and therefore supply, and steady demand for patients for bulk billing services, leading to increased diary wait times for bulk billing practices.

Trend of patient wait times across all billing structures

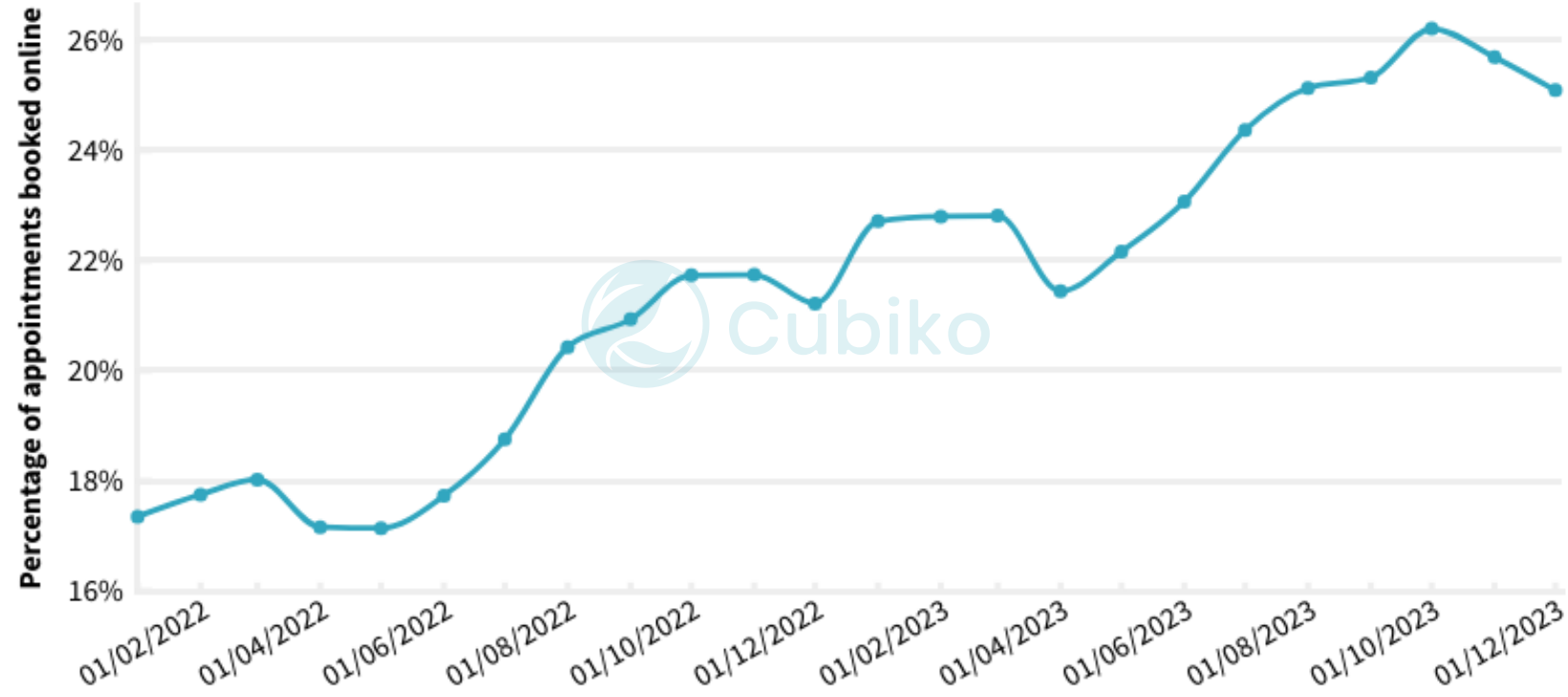


“In today's competitive healthcare landscape, GP Practice Owners must prioritise enhancing the patient experience. This journey commences well before scheduling the first appointment, extending from initial awareness to consideration. Effectively portraying the practice through user-friendly websites and active social media presence captures potential patients' attention. Meanwhile focusing on an exceptional in-practice experience and maintaining consistent communication between appointments fosters patient retention. Consequently, a blend of attracting new patients and retaining existing ones will result in a thriving practice.”

Michelle Tayler
Founder and Director, Marketing Practice

²⁶ Cubiko, Methodology and Definition, 24

Trend of the percentage of appointments booked online

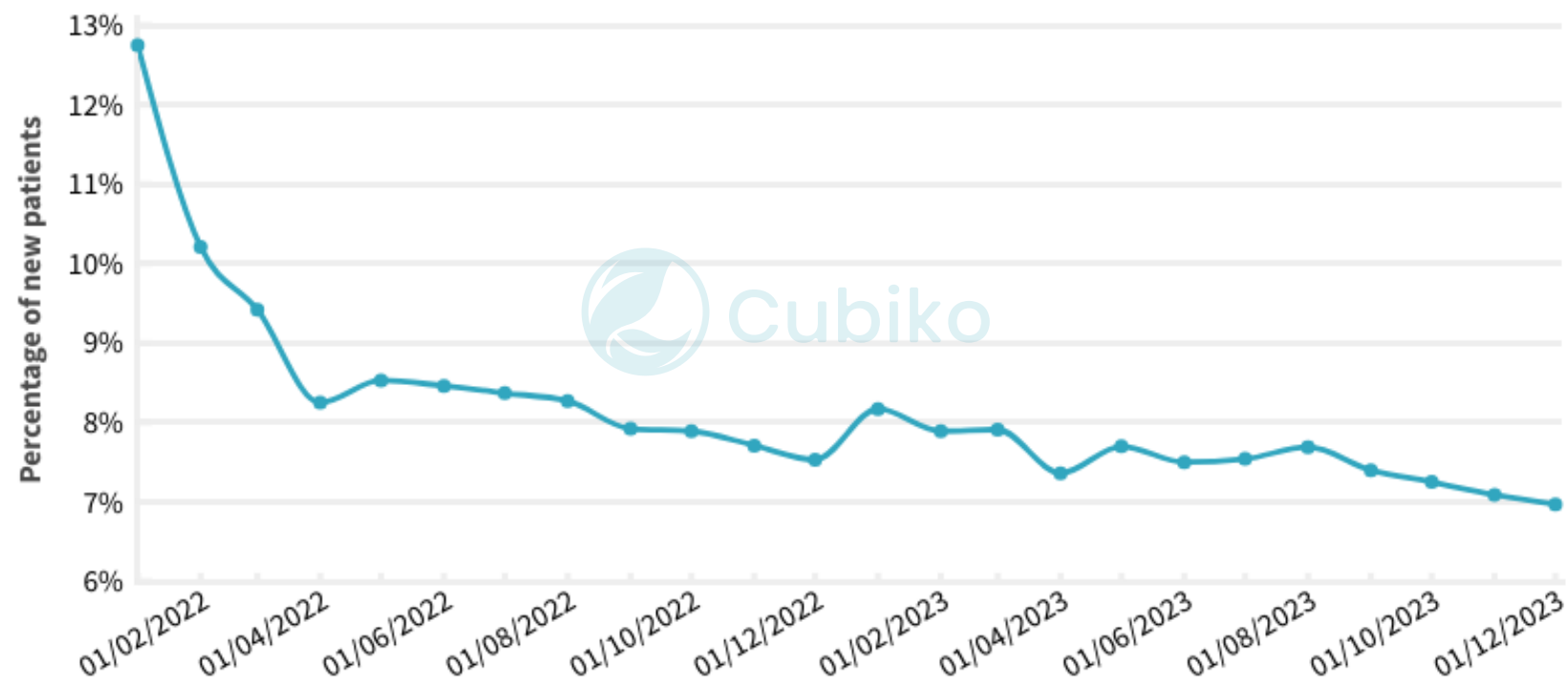


Increasing number of appointments booked online

From the beginning of 2022 through to the end of 2023, there was a steady and significant increase in the 'percentage of online bookings' ²⁷ made by patients with practices.

The rise in the percentage of online bookings perfectly reflects the increasing availability of online appointment systems and technology. In 2023, an increasing number of patients actively sought out health services online, as many services, including general practitioners elevated their online presence. The increase in online bookings indicates a clear shift in patient preferences. While in-person bookings are likely to remain predominant, particularly due to factors like post-consult re-bookings and senior citizens, it's sensible for practices to review their booking systems, and implement changes to accommodate the emerging preferences of their patients.

Trend of percentage of appointments with new patients



Reduction in new patient appointments

A prevalent opportunity for practices is to keep up with the increased demand of patients as they continue to value the services of General Practitioners. This assertion is reinforced by the data presented in this report regarding the 'percentage of appointments with new patients' ²⁸ attending practices.

Over time, there has been a decrease in the number of new patients presenting to practices each month. The trend was most pronounced throughout 2022 and has since seen a modest decline in the later months of 2023. Specifically, there was a decrease from 12.75% to 6.97%, a trend consistent with what has been anecdotally observed firsthand. It must be stated that prior to 2022 there were abnormally high levels of new patient appointments due to COVID-19 vaccines.

²⁷ Cubiko, Methodology and Definitions, 25

²⁸ Cubiko, Methodology and Definitions, 18

In conclusion, patient experience and expectations are constantly evolving within the general practice industry. Despite the slight uptick in diary wait times for patients across practices, it's remarkable to note that practices have managed to maintain efficiency in delivering services amid increasing demand. The rising percentage of online appointments indicates a growing engagement with the online presence of practices, such as their websites. Additionally, patient retention has increased, resulting in a smaller percentage of new patient appointments. This suggests that patients are increasingly entrusting their care to their familiar general practitioner and remaining loyal to the same practice. These trends underscore the vital role that general practitioners play in meeting patient expectations and enhancing patient experiences.



10 minute

average diary wait time.



5.78%

less new patient appointments from 2022 to 2023.



23.9%

average of appointment booked online in 2023.



“Our commitment to patient-centred care compels us to honour our patients’ needs and preferences. We recognise that individuals lead busy lives, and rather than subjecting them to prolonged waits in crowded waiting rooms, or lengthy holds on the phone waiting to book an appointment, we want them to spend quality time doing what they love with the people they cherish. At the same time, we strive to allocate our resources wisely – whether it’s our reception staff or educational campaigns and videos – to enhance the patient experience during these waiting periods.

Cubiko’s remarkable ability to provide granular data informs our strategic approach. By leveraging this data, we can tailor our services to align precisely with each patient’s unique requirements. It’s a pragmatic choice – one that not only optimises patient experiences but also ensures the sustainability of our practice. In essence, it just makes sense.”

Dr Jaspreet Saini

Principal GP at Rosedale Medical Practice and Clinic Director at Healthicare

Empowering excellence at Keperra Family Practice

Nestled in the heart of Keperra, Queensland, Keperra Family Practice has been a cornerstone of the community since its establishment in 2001. Although its doctors operate independent businesses, their collective commitment to delivering exceptional care echoes through every consulting room. Embracing the philosophy of providing a Medical Home for their patients, the practitioners at Keperra Family Practice hold a profound responsibility for the ongoing and comprehensive medical care of those they serve.

At the heart of their approach lies a dedication to integration and collaboration. Keperra Family Practice seamlessly coordinates care across all members of the patient's healthcare team, ensuring a cohesive and holistic experience.

We recently had the privilege of chatting to Dr. Trish Baker, the practice's owner, to learn more about how Keperra Family Practice leverages Cubiko and Touchstone. These tools serve as pillars of support, empowering practitioners in managing their individual practices while propelling the clinic towards continued success.

Leveraging data for practice success

Dr. Trish Baker's journey towards enhancing practice performance and empowering her team began with the introduction of Cubiko and Touchstone. Recognising the potential of these tools to revolutionise the way they approached practice management, she eagerly embraced them, knowing they could help the doctors at her practice better understand their individual practices' performance and help drive success.

Trish's Practice Manager, Linda, took charge of providing each practice and practitioner with their own personalised Touchstone reports. Some practitioners eagerly dove in, analysing their own data with precision and enthusiasm.

Others, approached the reports with a more laid-back attitude, yet still appreciated the insights the reports provided.

Unveiling insights for continuous improvement

For Trish, the real value of Cubiko and Touchstone lay in its ability to provide a comprehensive overview of the practice's performance. Through intuitive graphs and detailed metrics, practitioners gained valuable insights into the clinic's strengths and areas for improvement. Despite not considering herself a "data nerd," Trish found herself drawn to the clarity and simplicity of the reports, unlocking hidden gems that would have otherwise gone unnoticed.

With Cubiko's comprehensive view and intuitive interface, Keperra Family Practice was well-equipped to navigate the complexities of running a successful medical practice. Trish and her team embraced the power of data-driven decision-making, leveraging insights from Touchstone to drive continuous improvement and elevate the quality of care they provided to their patients.

Cultivating a culture of excellence

In the midst of their peers, Keperra Family Practice found success in the insights that Touchstone provided. It wasn't just about individual success anymore, it was about fostering a culture of collaboration and excellence that infused every aspect of their practices.

Keperra Family Practice fosters a culture that encourages practitioners to utilise practice data which empowers them to make informed decisions.



www.keperrafamilypractice.com.au

Practice life in rural Australia

Healthcare in Australia varies greatly across the country, reflecting diverse populations and healthcare needs. From urban to remote areas, each region presents unique challenges and opportunities for delivering quality care. Understanding these differences is important for navigating the complexities of Australia's healthcare system.

Modified Monash Model

The 'Modified Monash Model (MMM) ²⁹' serves as an important tool in addressing healthcare disparities across Australia's diverse regions. This geographical classification system, ranging from major cities (MMM1) to very remote communities (MMM7), aims to optimise the distribution of medical resources. By categorising areas based on population sizes and remoteness, the MMM helps to identify underserved regions, enabling targeted incentives to attract and retain general practitioners in these areas. Contextualising the challenges and opportunities inherent in MMM regions, this model plays a crucial role in ensuring equitable healthcare across Australia's diverse landscape.

The Touchstone dataset is made up of practices across various MMM regions. To facilitate analysis MMM regions have been grouped together, resulting in the following sample sizes:

MM1: 61.18% MM3: 8.58% MM5: 7.73%

MM2: 15.19% MM4: 5.07% MM6 & 7: 2.25%

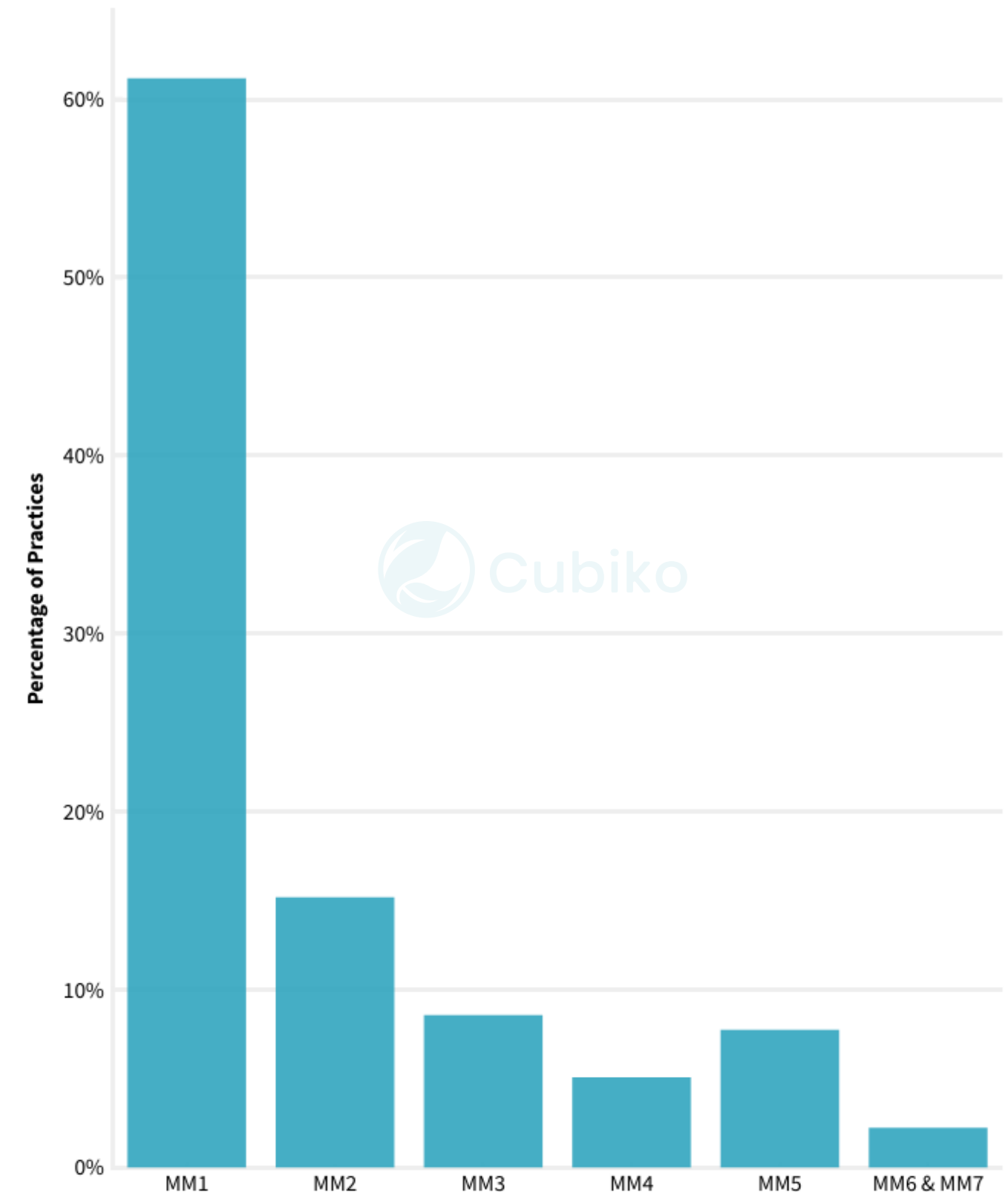
For regional healthcare analysis, MMM1-2 and MMM3-7 have been segmented, with weighted averages reflecting their respective sample size. From here on, 'metro practices' ³⁰, denote MMM1-2, while 'rural practices' ³¹, denote MMM3-7.

²⁹ Cubiko, [Methodology and Definitions](#), 13

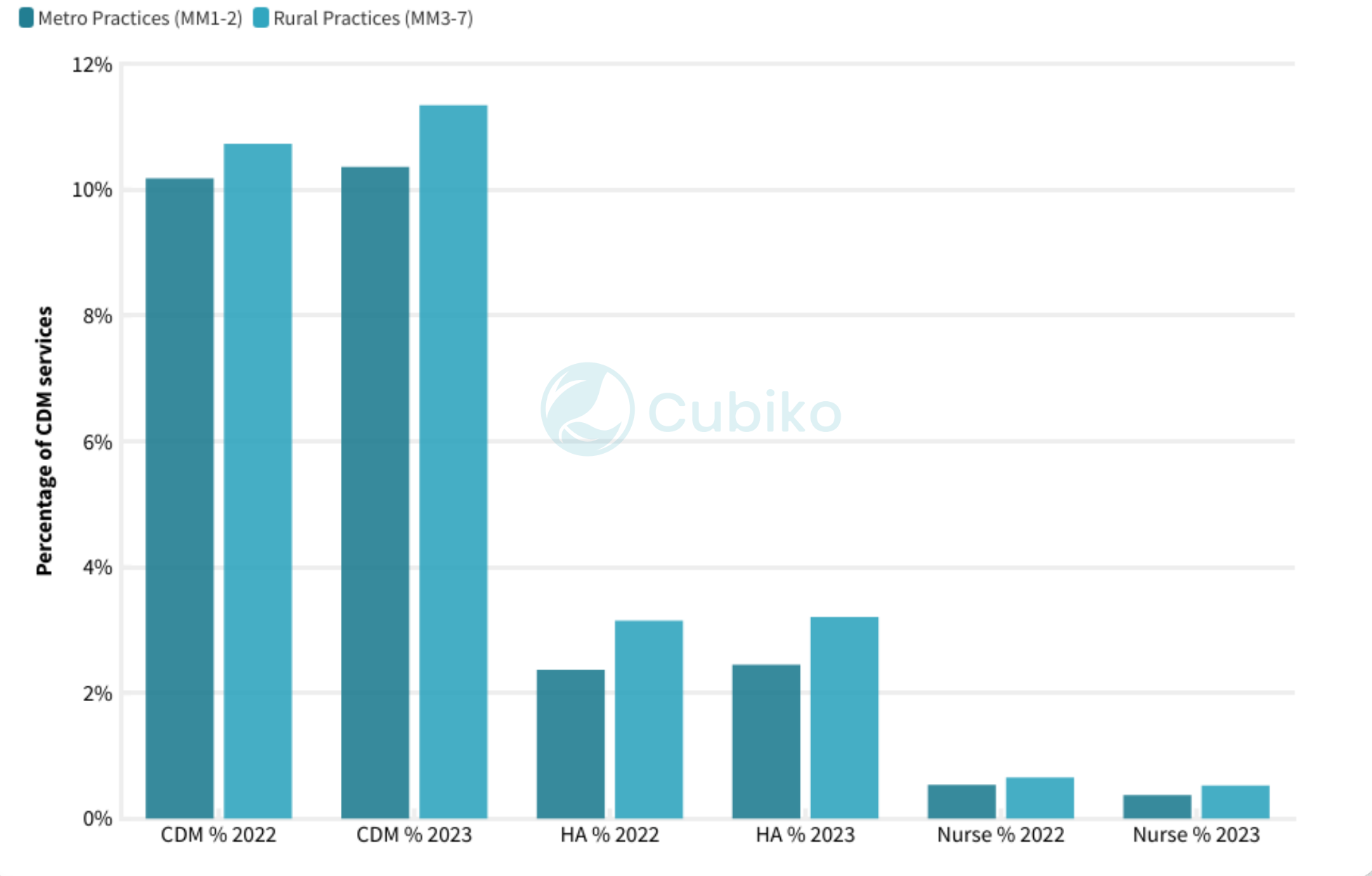
³¹ Cubiko, [Methodology and Definitions](#), 27

³⁰ Cubiko, [Methodology and Definitions](#), 26

Percentage of practices by Modified Monash Model in Touchstone dataset



Comparison of CDM care across MMM regions



Complex care in regional settings

General Practice is the backbone of primary care, which is true across both metro and rural practices. In rural settings this fact is amplified by the remoteness of patients and the scarcity of specialised healthcare facilities. Therefore, there are fewer multi-disciplinary healthcare services available in regional areas, leading to an expanded scope of practice for general practitioners.

There has been a notable increase in 'CDM percentage of billings'³² within rural practices, while metro practices have seen a more modest increase. This trend can be attributed to various factors.

The proportion of billings attributed to 'nurse-led percentage of billings'³³ witnessed a decrease in both metro and rural practices. However, the decline was more pronounced in metro practices, with a 28.63% reduction from 2022 to 2023 levels, compared to a 20.48% reduction in rural practices during the same period.

Conversely, CDM percentage of billings experienced an increase in both metro and rural practices. Metro practices saw a 1.83% increase from 2022 to 2023, while rural practices witnessed a more significant increase of 5.59% for the same period.

The disparity in 'Health Assessments (HAs) as a percentage of billings'³⁴ between metro and rural regions is striking. While metro practices witnessed a notable 3.47% increase from 2022 to 2023 levels, rural practices experienced a slightly lower uptick of 1.89% during the same timeframe. However, rural practices in 2023 delivered a significant 23.82% more HAs as a percentage of billings compared to their metro counterparts.

Furthermore, when examining the combined metrics of CDM, nurse-led and health assessment care, the difference between metro and regional practices becomes evident, with a difference of 12.47%. Metro practices accounted for 13.20% of the

³² Cubiko, Methodology and Definitions, 19
³³ Cubiko, Methodology and Definitions, 21

³⁴ Cubiko, Methodology and Definitions, 20

combined care in 2023, while regional practices represented a higher proportion at 15.08%. Over the period from 2022 to 2023, regional practices collectively saw a 3.6% increase.

Practices in regional areas exhibit a stronger reliance on chronic disease management care, indicating a higher complexity of care requirements for General Practitioners in these regions. This analysis suggests that rural practices manage a greater percentage of services, dedicated to addressing chronic conditions within the community. Supporting this observation is the 'average number of distinct MBS items per month' ³⁵, which stands at 51.35 for metro practices in 2023, and increases to 56.09 for rural practices. This disparity signifies that rural practices, on average, offer a diverse range of services, reflecting the multifaceted healthcare needs of their communities.

Private fees and bulk billing rates in metro and rural practices

Despite similar 'billings per consulting hour' ³⁶ between metro and rural practices, metro practices experience a notable increase in billings per consulting hour, by 6.72% between 2022 and 2023.

However, rural practices provide higher 'bulk billing rates' ³⁷ compared to their metro counterparts, with bulk billing rates declining from 72.01% to 62.80% in metro practices and from 77.07% to 70.88% in rural practices between 2022 and 2023. Interestingly, 'average private fees' ³⁸ remain comparable across both regions.

Furthermore, 'appointments per consulting hour' ³⁹ are lower in regional practices, with metro practices observing a decrease from 4.31 to 4.23 and rural from 4.10 to 4.04 between 2022 and 2023.

³⁵ [Cubiko, Methodology and Definitions, 28](#)

³⁶ [Cubiko, Methodology and Definitions, 11.3](#)

³⁷ [Cubiko, Methodology and Definitions, 6](#)

³⁸ [Cubiko, Methodology and Definitions, 16](#)

³⁹ [Cubiko, Methodology and Definitions, 10.3](#)



"Rural practice is diverse. The role of a rural doctor traverses across the siloed healthcare system that exists in metropolitan areas.

Practice nurses are critical in regional areas where the crisis of GP resources is at its peak. Rural doctors rely on practice nurses working to the full extent of their scope of practice to help meet the medical needs of the local communities they serve.

Online appointment availability in rural areas is limited by appointment availability. In many rural areas GPs are booked ahead for several weeks rendering online booking systems useless.

Rural practices certainly face huge challenges in respect to maintaining their GP workforce and having the capacity to respond to demand for services.

The critical thing for rural practices is to work with what they've got instead of lamenting what they haven't got. Cubiko provides great insights for practices enabling them to target their limited resources in the areas that are going to have the greatest impact."

Danny Haydon

Chairman/Principal of Health Division at Brentnalls-SA

This decline, possibly influenced by workforce pressures and the increased provision on Chronic Disease Management as discussed, underscores the differences faced by rural practices in maintaining efficient service delivery.

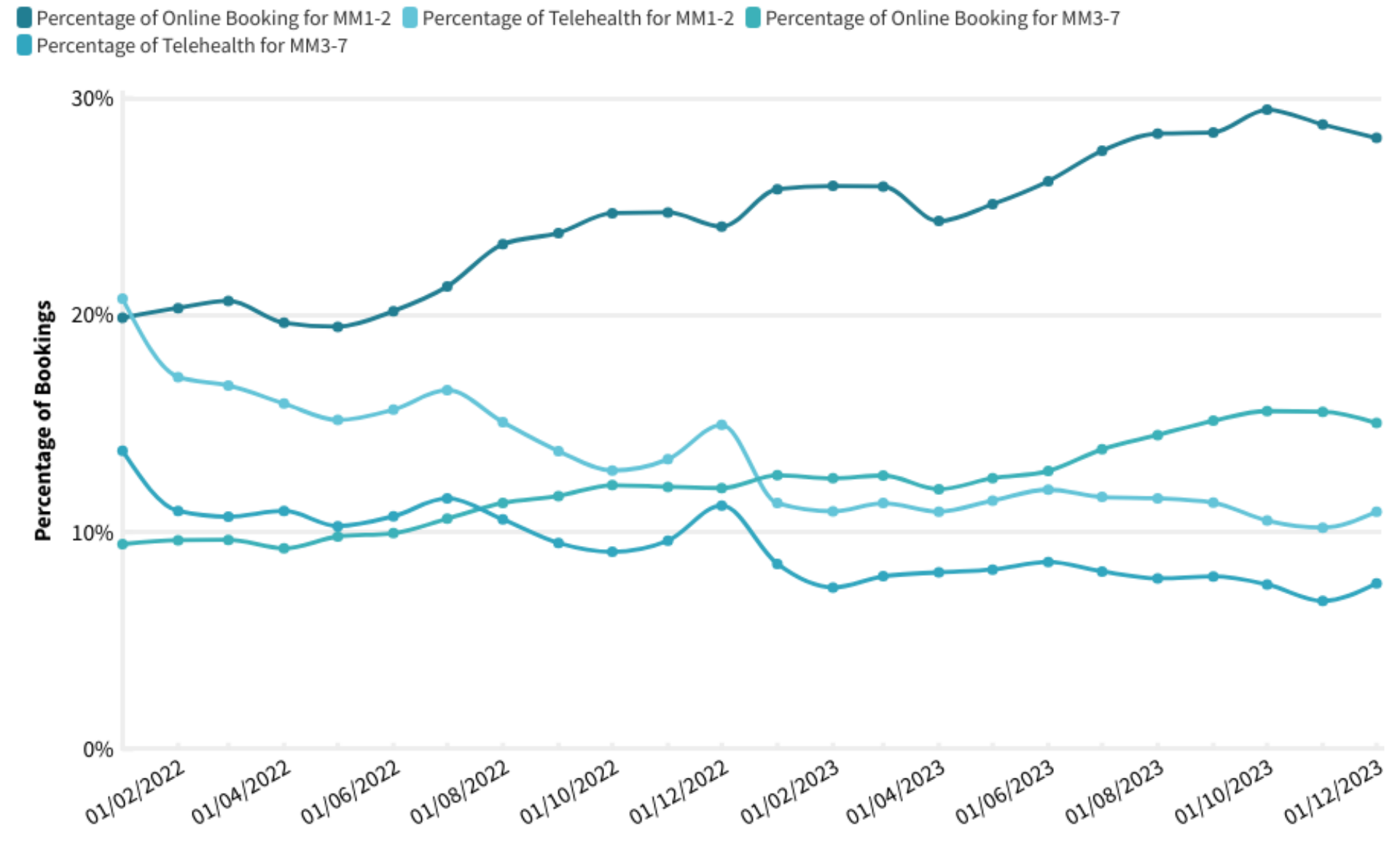
Opportunity for digital health in rural settings

Significant disparities exist in digital health utilisation between rural and metro practices. We refrain from speculation on the root causes of this disparity but aim to examine two key metrics related to patients' digital interactions with practices: the frequency of Telehealth consultations and the prevalence of online appointment bookings.

The comparatively lower utilisation of digital services in rural practices presents an exciting opportunity for enhancing efficiencies and expanding patient care offerings.

Trends impacting both metro and rural practices for concerning Telehealth and online bookings were observed. Telehealth services have experienced a decline from previous highs in 2020 - 2022, due to the impact of COVID-19. It remains uncertain whether this downward trend in Telehealth services will plateau or continue to diminish. Anecdotally, we anticipate a plateau with a slight increase into 2024. Notably, there is a seasonal adjustment observed in November and December each year, likely attributed to increased patient travel while still maintaining consultations with their trusted local general practitioner via Telehealth. Over the period of 2022-2023, we note a narrowing gap between Telehealth services for metro and rural practices, with 2023 figures indicating a 41.07% difference in favouring metro practices over rural practices.

Comparison between percentage of Telehealth and online bookings for Metro and Rural practices



The decline in Telehealth services was more significant in metro practices, experiencing a 28.59% reduction from 2022 to 2023, compared to a 26.28% decrease for rural practices over the same period. This trend may be attributed to the remoteness of patients in rural settings, highlighting an increased reliance on Telehealth services. Looking ahead to 2024, there's potential for this trend to persist, presenting an advantageous opportunity for rural practices to further diversify their services offerings through Telehealth.

The disparity in online bookings between metro and rural practices has narrowed over 2022 and 2023. In 2022, metro practices saw 105.25% more appointments booked online compared to rural practices, while in 2023, this margin decreased to 96.95%. This shift could be influenced by demographic changes occurring in both rural and metro regions.

These figures and the rise in appointments booked online are encouraging signs. While rural practices still lag behind in the percentage of online appointments, there's a significant opportunity for growth in this area. This expansion can lead to enhanced efficiencies for rural practices and provide patients with improved digital experiences.

There are vast differences between rural and metro practices. Even within a rural practice setting, they differ greatly. From subsidies from government, or patient demographics, no rural practice is the same. Therefore, due to the diversity in rural practices, this report has attempted to highlight the few differences in the dataset between metro and rural practices. Overall, it was found that rural practices had delivered a higher proportion of chronic disease management services, greater variety of MBS services, and overall similar billings per consulting hour and private fees for an item 23.



Billings per consulting hour

for metro practices in 2023 averaged \$358.83 compared to \$352.62 for rural practices.



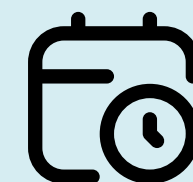
Bulk billing percentage

for metro practices in 2023 averaged 62.80% compared to 70.88% for rural practices.



Private billings for item 23

for metro practices in 2023 averaged \$77.75 compared to \$78.00 for rural practices.



Appointments per hour

for metro practices in 2023 averaged 4.23 appointments per hour compared to 4.04 for rural practices.

Closing Remarks

As we conclude this year's Touchstone Industry Report, I am compelled to reflect on the transformative journey we've embarked upon in the healthcare sector. The recent years have presented significant challenges, testing the resilience of our practices. However, amidst these trials, we've witnessed notable progress driven by our collective efforts to enhance the delivery of care to our communities.

The evolving landscape of healthcare has seen notable shifts, shaped by changes in policies, resource allocations, and evolving patient needs. Notably, the increase in MBS rebates, and bulk billing incentive payments, adjustments in private fees and mixed billing commencement, MyMedicare registration and expanded opportunities for Chronic Disease Management (CDM) mark a pivotal moment for our industry. These developments underscore the potential for heightened financial sustainability, a testament to the diligent work of practices in recent years.

I commend each of you for your dedication and unwavering commitment in navigating these challenges. Your perseverance has laid the foundation for a more resilient and sustainable future for General Practice. As we stand at the precipice of new opportunities, let us remain unwavering in our pursuit of excellence, fostering a culture of collaboration and innovation.

In closing, let us carry forward the insights obtained from this report, leveraging them to navigate towards a future where our practices thrive, our patients receive exemplary care, and our healthcare ecosystem is strengthened.

Dr John Aloizos AM
Chairman of Cubiko, local General Practice Owner



Methodology & Definitions

1. The Data and Analysis

The 2023 Touchstone Insights Report, drawing from Cubiko's Touchstone benchmarking dataset, utilised a dataset collected over a two-year period from aggregated, de-identified data. This dataset includes information from 811 practices across Australia, all of which utilise both Cubiko and Best Practice Software. These practices encompass bulk billing, private billing, and mixed billing practices, representing various sizes within the General Practice setting and providing a comprehensive overview of the industry landscape.

Data collection involved careful aggregation and de-identification procedures to ensure confidentiality and compliance with our privacy policy. The dataset underwent analysis and interpretation by a dedicated team of data analysts and industry experts. This process involved employing statistical techniques and industry knowledge to derive insights from the dataset.

2. Real-time access to Benchmarking Data

Cubiko customers who have opted-in to Touchstone can seamlessly access Touchstone within their Cubiko account to get real-time access to industry benchmarks. This feature provides invaluable access to benchmarking data, enhancing their ability to make informed decisions and stay up-to-date with industry trends.

3. Data protection measures in Touchstone

Cubiko takes extensive precautions to safeguard and anonymise data within Touchstone, ensuring utmost confidentiality and privacy for participating practices. Firstly, practices must opt-in voluntarily, granting

permission for their data to be included in the benchmarking dataset. Once included, all data undergoes rigorous de-identification processes, ensuring individual practices cannot be identified. Moreover, data is aggregated to provide overall insights rather than specific practice details. Additional measures such as applying frequency and cell dominance rules, data rounding and randomising minimum practice size counts further enhance anonymity and protect sensitive information. These meticulous steps collectively contribute to maintaining the integrity and privacy of data within the Touchstone benchmarking dataset.

4. Our data governance framework

Cubiko's data governance framework involves organisational policies, procedures and clear responsibilities that maintain the integrity and security of all information assets. This framework guides Cubiko in our role as data custodians and ensures that data is understood, trusted, and appropriately used. It ensures that we understand our responsibilities for the collection, management, and use of data, specifically the value it provides to our customers.

Our core data governance principles are around ensuring data is business enabling, data is secure, data is trustworthy, the data is accurate and the data is managed across the full data management lifecycle. We ensure our data governance principles with our data governance guidelines of security, data ownership, privacy and compliance.

You can read more about our data governance framework at <https://www.cubiko.com.au/data-governance-framework>

5. What is a predominantly bulk billing practice?

Cubiko classifies a practice as "predominantly bulk billing" if the bulk billing as a percentage of invoices exceeds 80%, indicating a primary reliance on bulk billing services. Cubiko has chosen 80% as the threshold from our industry knowledge of general practice and the dataset. There is a large divergence from below 80% of bulk billing making it a meaningful cut off point to classify a practice as predominantly bulk billing.

6. What does Cubiko define as bulk billing percentage?

Bulk billing percentage measures the proportion of services billed through bulk billing compared to the total services provided by the practice. There are several methods that can be used to determine bulk billing percentage, this includes:

6.1 Percentage of billings bulk billed

Refers to the percentage of total billings that have been bulk billed by MBS/DVA item number, for services which are eligible for bulk billing.

6.2 Percentage of items bulk billed

Refers to the percentage of eligible items that have been bulk billed by MBS/DVA item number, for services which are eligible for bulk billing.

6.3 Percentage of invoices bulk billed

Refers to the percentage of eligible invoices that have been bulk billed by MBS/DVA item number, for services which are eligible for bulk billing.

7. What is a predominantly mixed billing practice?

Cubiko classifies a practice as "predominantly mixed billing" if its bulk billing rate is below 80%, indicating a significant proportion of services are billed privately alongside bulk billed services.

8. What does Cubiko define as a session hour?

The total session hours for the period selected. This includes appointments made through the session setup screen in the Practice Management Software (e.g. Best Practice Software) or by marking time as available with a right-click. Practice closures, days off, and instances where time is marked as unavailable using the right-click feature are not counted in session hours. Cubiko views session hours as the available time to see patients.

9. How does Cubiko define consulting hours?

Consulting hours refers to the total hours spent on patient appointments within the specified period. These hours include all completed, billed, and paid patient appointments that are booked during the selected timeframe. It excludes appointments classified as DNA (Did Not Attend), non-patient appointments such as meetings or other administrative tasks, and double-booked appointments.

A practice in Cubiko can select certain appointment types, for example "Admin", as non-patient facing appointments. This is done once, and then automatically calculated for practices. Consulting hours is the closest explanation of the time a General Practitioner will spend with patients.

10. How does Cubiko measure appointments per hour?

When it comes to measuring appointments per hour, there are several methods that are commonly used. Cubiko breaks appointments per hour down by:

10.1 Appointments (patients) per session hour

Refers to the number of patients that were seen per session hour.

10.2 Appointments (patients) per booked hour

Refers to how many patients per hour have been booked (in a diary).

10.3 Appointments (patients) per consulting hour

Refers to how many patients Practitioners consulted over the hour.

10.4 Appointments (patients) per hour by Practitioner

Refers to how many patients each provider consulted per (selected) hour.

10.5 Average number of appointments (patients) per hour

Refers to the average number of patients consulted per (selected) hour over a particular time frame.

11. How does Cubiko define Billings per hour?

When it comes to measuring billings per hour, there are several methods that are commonly used. Cubiko breaks down billings per hour by:

11.1 Billings per session hour

Refers to the practice's total billings per hour, including GST. A session hour includes time slots opened in the appointment book via the session's setup screen or right-click availability, excluding closures, days off, and unavailability.

11.2 Billings per booked hour

Refers to the practice's billings per scheduled hour (incl. GST) for the selected period. A booked hour includes all patient appointment slots, including those completed, billed, paid, marked as DNA, booked and double-booked.

11.3 Billings per consulting hour

Refers to the practice's billings per consulting hour (incl. GST) for the

selected period. A consulting hour comprises all completed, billed, paid and booked patient appointment slots, and excludes DNA and double-booked appointments.

11.4 Billings per hour by Practitioner

Refers to the practice's billings per hour, broken down by Practitioner (incl. GST), offering insights into the individual billing efficiency of each practitioner within the practice. This is the measure of billings per consulting hour.

11.5 Average billings per hour

Average billings per hour refers to the practice's average billings per hour over the selected timeframe.

12. What is a GP FTE?

GP FTE refers to the number of General Practitioner Full-Time Equivalents (FTE) within a practice. It represents the total number of full-time equivalent positions held by General Practitioners, regardless of the actual number of individuals filling those positions. It provides a standardised measure for comparing the workload and staffing levels of General Practitioners across different practices. Cubiko measures GP FTE based on the total session hours for GPs over a given week, 1 FTE being 38 hours. For example, if a GP had 25 session hours in a week, their FTE would be 0.65.

13. What is a Modified Monash Model (MMM)?

The Modified Monash Model (MMM) is a classification system in Australia used to target health workforce programs for remote and smaller communities. It categorises areas based on geographical remoteness and town size, as defined by the Australian Bureau of Statistics. This model determines eligibility for various health incentives, ensuring equitable access to healthcare services across different regions.

14. What are frequency and cell dominance rules?

In data analysis and management, frequency and cell dominance rules govern the significance and influence of data points within a dataset. The frequency rule assesses importance based on occurrence frequency, while the cell dominance rule dictates hierarchical control of certain cells over others in determining outcomes or operations.

15. What are average fees?

Average fees represent the average cost of healthcare services, including both bulk-billed and private-fee services, thus providing a comprehensive measure of expense across all services provided.

16. What are private fees?

Private fees refer to the charges incurred for healthcare services that are not covered by Medicare. These fees are directly payable by patients and can vary depending on the type of service received and the healthcare provider.

17. What is considered a standard consult?

A standard consult refers to the routine medical appointment between a patient and a doctor lasting a standard duration, of approximately 15 minutes and involves assessment, diagnosis, treatment, and possible referrals.

18. What does Cubiko classify as a new patient appointment?

New patient appointments refer to the percentage of total appointments that were with new patients attending their first appointment within a selected timeframe. When referring to the "number of new patient appointments as a percentage of appointments" refers to the ratio of new patient appointments to the total number of appointments within a given timeframe.

19. How does Cubiko define CDM percentage of billings?

CDM percentage of billings refers to the proportion of a practice's total gross billings, including GST and based on service date, that stem from chronic disease management (CDM) services. This figure indicates the extent to which CDM services contribute to the practice's overall revenue.

20. How does Cubiko define Health Assessments as a percentage of billings?

Health Assessments as a percentage of billings refers to the portion of a practice's total gross billings, including GST and based on service date, attributed to conducting health assessments. This figure indicates the contribution of health assessment services to the practice's overall revenue.

21. How does Cubiko define nurse-led percentage of billings?

Non-nurse led percentage of billings refers to the proportion of a practice's total gross billings, inclusive of GST and based on service date, derived from healthcare services led by nurses. This figure illustrates the significance of nurse-led services in contributing to the practice's overall revenue.

22. What does Cubiko classify as non-CDM billings?

"Non-CDM billings" refer to the revenue generated from healthcare services that do not fall under chronic disease management (CDM) categories. These billings include a wide range of medical services, consultations, and procedures that are not specifically related to managing chronic health conditions.

23. What is a Did Not Attend (DNA) appointment?

A "Did Not Attend" (DNA) appointment refers to a scheduled medical appointment that a patient fails to attend without providing prior notice or cancellation.

24. How does Cubiko define Diary Wait Time?

Refers to the average duration between the scheduled and actual start times of appointments marked as 'Completed,' 'Billed,' or 'Paid.' If an appointment begins before its scheduled time, the wait time is zero. Additionally, if a patient arrives late, the wait time is not included in this average calculation.

25. What is classified as an online booking?

Online bookings refers to the process of scheduling appointments via online booking platforms such as the practice website or third-party appointment vendors such as HotDoc or Automed.

26. What classifies a practice a Metro practice?

A practice is classified as a "Metro practice" if it is located within a metropolitan area or a major city centre. This classification is based on the geographic location of the practice according to the Modified Monash Model, which categorises areas based on their level of remoteness and accessibility to services.

27. What classifies a practice as a Rural practice?

A practice is classified as a "rural practice" if it is located in a regional, remote, or rural area. This classification is based on the geographic location of the practice according to the Modified Monash Model, which categorises areas based on their level of remoteness and accessibility to services.

28. What does average number of distinct MBS items per month refer to?

The "average number of distinct MBS items per month" represents the average count of unique Medicare Benefits Schedule (MBS) items billed by a general practice each month. These items represent specific healthcare services, consultations, procedures, or treatments rendered to patients and offers insights into the diversity and complexity of services provided at the practice over time.

Disclaimer

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