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Diabetes patients will get better care and better health under proposed changes

Fewer Australians will be hospitalised or suffer the debilitating consequences of severe diabetes as a result of the Prime Minister's plan to fight the illness through investment in general practice care, says Australian General Practice Network (AGPN) Chair Dr Emil Djakic.

The Prime Minister, Mr Kevin Rudd, today announced an investment of \$436 million to combat diabetes through voluntary enrolment of patients, additional funding to support patients to access a variety of health providers and incentives to doctors for improving patient health outcomes.

"Australians die unnecessarily as a result of complications from diabetes every day. With every new statistic telling us the population is getting fatter that's more diabetes cases waiting to happen. For those born with the disease, good care can mean a healthier future.

"We applaud the Government's commitment to win the battle against this terrible illness. However, for the funding to be effective the details of the plan need to be worked out in consultation with those on the ground treating these patients," Dr Djakic said.

AGPN has long supported voluntary enrollment of patients and flexible funding models to ensure patients can see the right provider, at the right time and at the right cost – and stay healthy.

"Without voluntary enrolment and flexible funding options diabetes patients end up with serious consequences of their disease and in hospital – which contributes to Australia's astoundingly high hospitalisation rates. The local and international research to support changing the way we care for diabetes patients is overwhelming," he said.

Dr Djakic said the investment in general practice would put the focus on patients.

"If a diabetes patient walks into my surgery under this model I can give them comprehensive care, schedule regular appointments with either myself or the Practice Nurse, send them to the physio or the podiatrist if they need additional help and work with other health professionals to ensure that patient stays well. It's the best way to tailor care to the diabetes patients in our communities.

"Under the current model I see each patient on a case-by-case basis and can schedule only a few additional allied health visits, the patient is not supported to see other members of my practice team, meaning less access to care, and the whole process involves a great deal of red tape and time," Dr Djakic said.

He said he supported performance payments to GPs for improving patient health.

"The model we work under now encourages activity-based medicine, this new model is outcomes focused, there is nothing to fear in supporting a model we know will improve patient health – we encourage evaluation of the program to prove its success," Dr Djakic said.

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