The last straw?

– GPs' views on the new Section 88 Maternity Services Contract

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ABSTRACT

Ninety-nine GPs (a response rate of 77%) belonging to the Comprehensive Health Services IPA on Auckland's North Shore participated in an online survey, canvassing their views on the new Section 88 Primary Maternity Services Contract (PMSC). Results identified several problems: onerous, additional bureaucratic complexities, difficulties with the claiming process, insufficient remuneration for time spent, wastage of GP skills and experience, and hindering of 'best practice' obstetric care. Many urban non-GPO GPs are, as a result of recent PMSC changes, experiencing significant frustration with provision of first trimester maternity care; some have withdrawn and others are considering withdrawing altogether from this pivotal part of family medicine. One of the main aims of the new Section 88 PMSC – to encourage GPs to remain involved in the care of women in the early stages of pregnancy – is not being met.

Key words

Maternity Services Contract

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Introduction

Maternity care in New Zealand has undergone many changes over the last 15 years, with GPs expressing serious concerns about this at local, regional and national forums. The Section 88 Primary Maternity Services Contract (PMSC) was described in 2006 as a *'deliberate handicapping of GPOs* [GP-obstetricians]*'* wrought by *'bureaucratic indifference and the anti-doctor mindset of our health system.'*[1] Since then the PMSC has undergone another substantial change. Introduced nationally on 1 July 2007, this apparent revamping had the stated aim of *'strengthening the provision of primary maternity services'*, particularly in the first trimester where the changes were aimed *'to improve the quality and continuity of first trimester services and encourage GPs to remain involved in the care of women in the early stages of pregnancy.'*[2]

Has this happened? Do non-GPO GPs feel the same way as their few remaining GPO colleagues? GP members of the Comprehensive Health Services (CHS) Independent Practitioner Association (IPA) on Auckland's North Shore were asked about their views on this new contract.

Methods

An online questionnaire was constructed using SurveyMonkey.com and emailed to 131 GPs with listed email addresses belonging to the CHS IPA on Auckland's North Shore. One GP replied that he was only involved in Travel Medicine and two that they were locums and felt unable to comment. Thus, the total number of eligible participants in this survey was 128. The survey contained 10 'yes/no' or multi-choice questions as well as spaces for free-text comments. The survey was piloted in November 2007 and circulated to all GPs from 6 March to 1 April 2008. Reminders were sent after one and two weeks. Only one response was permitted per member.

Results

The total number of GP participants in this survey was 99, representing a 77% response rate.

Survey results

There was a 6% drop (from 96% to 90%) in the number of GPs seeing first trimester patients after introduction of the PMSC. Six GPs not seeing first trimester patients had officially withdrawn from the PMSC, but clearly, from the free-text comments, several more GPs were on the brink of withdrawing and others were actively reviewing their participation.

'The current system is incredibly cumbersome, and we have had to

implement a complicated and convoluted internal claw back system to attempt to make it work. I personally favour withdrawing from Section 88 altogether.'

Most (83%) GPs were seeing first trimester patients once (29.3%) or twice (53.3%), but 55% think they should be seen three or more times. Most (73%) first maternity consult visits were solely with the GP; 25% were joint GP/nurse visits, while practice nurses were solely involved with only 2% of first antenatal visits.

Over half the GPs (54%) referred their pregnant patients to a Lead Maternity Carer (LMC) after the first visit, 36% after subsequent first trimester visits, and 10% waited to do so at completion of the first trimester. Information regarding choice of an LMC was usually (73%) provided solely by the GP. Likewise, GPs were the most common (58%) source of health information (smoking, alcohol, diet etc.) in the first trimester. Just under half (49%) of the GP respondents reported difficulty in one form or another with the PMSC claiming process.

Free-text comments in the survey were wide-ranging and mainly critical, centred on concerns about best practice, claiming problems, added bureaucracy and complexities, and insufficient remuneration for time spent.

Many GPs remarked on the amount of time that it can be necessary to spend with some first trimester patients relative to the reimbursement level. Patients may need to be seen several times for sound clinical reasons – anxiety, first baby, comorbidities, hyperemesis, threatened miscarriage, etc. – but *'the cost is barely covered if patients are seen* [twice]*, not if they are seen three times.'*

'The MOH appears to judge the amount remunerated by the precise timing rather than the amount of work and time involved to provide the required services. We read this as cost cutting at our expense.'

'They want to give bulk funding and make us risk hold but want it all their own way. What about the times when women end up coming in six times for e.g. miscarriage or endless worries... they don't mind us carrying the financial burden for that! What about all those that we ring with serial HCGs, ultrasound results etc. but may only see once initially, do all the work required but maybe in 30 mins as one appointment then run behind all morning?'

Several commented on the problems that arise when a pregnant patient sees another provider – as may happen after hours or with part-time work.

'It's one flat fee irrespective of how many visits or how many claimers are visited i.e. first in first served re. fee, and that doesn't help patients who are mobile or have problems... seriously disadvantages the pregnant patient especially those already at risk – mobile, itinerant, fragmented care, problems.'

Several commented on the disparity between the number of times a pregnant first trimester patient is funded to be seen versus the number of times she should be seen, and that they believed 'best practice' early obstetric care is not being delivered.

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Many comments related to the burden and frustration of administering the new PMSC, describing this as being *'very confusing'*, *'layers of paperwork'*, *'flawed and complicated'*, *'too complex and time consuming'*, *'cumbersome'*, *'messy'*, *'obscure'*, *'quite unfair'*, *'a huge hassle'* and *'awash with bureaucratic rubbish'.*

'It is clumsy and unworkable in a practical sense with regard to visitors, non-enrolled but casual with your practice, and situations where the patient has seen both the GP and the midwife in the first trimester.'

'Very unwieldy system. Have to hold back all claims in a box, then sort them out at end of each trimester for each patient before are allowed to put in a claim. Also have to work out internal claw backs if see another doctor, which means instantly running at a loss for that patient. I think all the payments have been made, but we are paying manager time to sort all this out so the rate of pay is again reduced. Clearly no one at the coalface (cold face!) thought/cared about the implications of this system for GPs.'

A number of respondents lamented their obstetrics training being wasted and skills being lost.

'Have given up any interest in claiming and that is after a Dip Obs and 18 years of deliveries.'

'Waste of GPO expertise and training to only be able to do first trimester.'

'We are seriously looking at [withdrawing from] *this. Four of our doctors basically don't do obstetrics any more (after three did over 20yrs of full delivery care and probably delivered half of the patients now adults in our practice), two of us do and we are auditing the system 6-monthly to see if actually financially viable to continue with the contract.'*

'Having done intrapartum obstetrics without any mishaps for 15 years [I] *feel it is insulting to my skill, experience and knowledge.'*

It was not all bad. Six comments (of the total 113 comments made in the survey) implied overall satisfaction with the PMSC, some with caveats: *'I am not aware of any problems; my practice manager may disagree'* and *'to be fair I do not do it, my receptionist deals with this.'*

Discussion

This survey samples only a small proportion of GPs in Auckland, let alone New Zealand. Even so, there is certainly no evidence that GPs elsewhere in New Zealand are any happier with the new Section 88 PMSC. In this sample group at least, the new PMSC has generated sig-

nificant and enduring antipathy amongst many GPs. There were numerous references to flaws in the administration of the PMSC, with major delays in payments and considerable use of practice management time in claiming. Many respondents stated that remuneration for maternity care by GPs under this system is insufficient and does not account for the wide variability in obstetric presentations. Many GPs feel that that 'best practice' maternity care, especially in the first trimester, is not promoted, and may actually be hindered, by the new PMSC and that patient choice of obstetric care is further compromised. There is a feeling among many GPs that the new PMSC adds to the growing distancing of GPs from obstetric care, wasting experience and skill, and adding to the burden of practice management. It is variously described as being, among other unflattering descriptors: 'clumsy', 'impractical', 'cumbersome', and 'unworkable'.

Dr Simmers, in the *NZ Med J* in 2006, expressed surprise that there were even 54 GP-obstetricians (GPOs) left practising in New Zealand.[2] Numerous media reports of doctors 'retiring' from obstetric care since then suggest that this number is now lower still.[3] In Harbour Health, the largest PHO on Auckland's North Shore, there are now only two GPs actively engaged in the full spectrum of obstetric care. The Maternity Services Consumer Satisfaction Survey Report 2007, which looked at 2936 women who were using Maternity Services after the new Section 88 PMSC was introduced, found that for 55% the first point of obstetric contact was their GP and that, compared to 2002, a greater percentage of women were having difficulty in finding a suitable LMC.[4] These findings may well have been worse if this survey had been undertaken over the busy Christmas period. The concern now is that even first trimester obstetric care by GPs is being seriously diminished, at a time when midwife shortages are increasing.

This survey shows that many urban non-GPO GPs are, as a result of recent PMSC changes, experiencing significant frustration with provision of first trimester maternity care, and that some have, and others are considering, withdrawing altogether from a pivotal part of family medicine.

'I have a Dip Obs and 18 years of roughly 50 deliveries per year at North Shore ending in 1997. Now I am forced to take the attitude that this practice does not offer any maternity service at all.'

Competing interests

David Hopcroft is currently, and Michelle Trumpelmann was previously, the GP Liaison for Comprehensive Health Services, a northern Auckland IPA.

References

1. Ministry of Health Media Release, NZ Doctor July 27, 2007. Available online. URL: http://www.nzdoctor.co.nz/news?article=e16a1c61-b7e7-4667-b294-b6a822c2cfdf. Accessed May 2008.
2. Simmers D. The few: New Zealand's diminishing number of rural GPs providing maternity services. NZMJ 2006:119(1241). Available online. URL: http://www.nzma.org.nz/journal/119-1241/2151/ Accessed May 2008.
3. Personal communication: Frances Townsend, Senior Policy Analyst, RNZCGP; 2008.
4. Health Services Consumer Research for the Ministry of Health. 2008. Maternity Services Consumer Satisfaction Survey 2007. Wellington: Ministry of Health. Available online. URL: http://www.moh.govt.nz/moh.nsf/indexmh/maternity-services-consumer-satisfaction-survey-2007. Accessed May 2008.

GP Obstetricians disappearing from Australia

'The proportion of GPs involved in procedural obstetrics has fallen markedly over the past decade, with half of those ceasing practice in the 40–50-years age group. New GPs entering the workforce with the Diploma and overseas doctors are unlikely to meet the procedural workforce shortfall. Attracting the large cohort of doctors aged 40–50 years back to obstetric practice must be a priority.'

Loy CS, Warton RB, Dunbar JA. Workforce trends in specialist and GP obstetric practice in Victoria.' Med J Aust 2007; 186 (1): 26-30.