General practice patients form an insignificant part of the emergency department workload

To the Editor: The recent Australian Institute of Health and Welfare (AIHW) statistics on emergency department (ED) care show that 38% of attendances from 1 July 2011 to 30 June 2012 were potential general practice presentations.[1] This indicator is reported under the National Healthcare Agreement. Both the AIHW and Council of Australian Governments acknowledge that this method is flawed and have agreed to review this indicator.[2] To date, this has not been done.

The AIHW method of reporting is flawed because of erroneous use of the Australasian Triage Scale. Although determining an accurate method for estimating the true proportion of general practice patients in EDs has been challenging,[3] a validated method using Perth data,[4] as well as the commonly used and accepted Australasian College for Emergency Medicine (ACEM) definition[5] show that the proportion of general practice-type patients presenting to Australian EDs is likely to be about one-third of that reported by the AIHW. These patients account for less than 5% of total ED occupancy, meaning that they do not cause ED overcrowding.

Partly based on the inaccurate AIHW statistics suggesting EDs have more general practice patients than they really do, policy initiatives have been introduced in recent years to redirect these patients away from EDs (eg, the nurse walk-in centres in Canberra, national telephone triage lines and super clinics). These programs have cost many millions of dollars but failed to have any meaningful impact on overcrowding in EDs.[3,6] This is not surprising, as these initiatives do not deal with the underlying cause: a lack of available inpatient beds.

The solution to ED overcrowding is increased inpatient capacity,[7] which is the responsibility of state governments. Political blame-shifting by the states perpetuates the myth that dysfunctional EDs are the result of general practice patients (a federal responsibility).

The ACEM has repeatedly raised concerns that the AIHW significantly overestimates the number of general practice presentations to EDs,[3] and this leads to poor policy outcomes and waste of resources. The AIHW must review the indicator as a matter of national urgency to support evidence-based policy and thus ensure sensible decisions are made about the configuration of health services to reduce ED overcrowding.

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Competing interests: Yusuf Nagree, Andrew Gosbell, Sally McCarthy and David Mountain are on the Council of the Australasian College for Emergency Medicine.

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2 Council of Australian Governments. National partnership agreement on hospital and health workforce reform. http://www.ahwo.gov.au/documents/COAG/National%20Partnership%20Agreement%20on%20Hospital%20and%20Health%20Workforce%20Reform.pdf (accessed Nov 2012).

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