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New Models of Primary Care – The Evidence

Australian Primary Health Care Research Institute

A/Prof Kirsty Douglas

Overview

- § Why does our current health system require reform?
- § Which groups need primary care reform and/or new models
 - Which patients
 - Which population groups
 - Practitioners
 - Geographic areas
 - Governments
- § What is the international evidence primary health system reform and new models can address identified problems?
- § How have Commonwealth & State /territory governments responded to date?

Why does our current health system require reform?

- § Aging population
- § Tsunami of chronic disease
- § Expanding range of technologically complex, acute care interventions which are increasingly costly
- § Workforce shortages
- § Increasing Consumer expectation/demand
- § Health inequalities.

Downsides of the current system

§ Not enough

- health promotion,
- prevention,
- early detection and intervention

§ Lack of

- Access
- Integration
- Coordination

§ Reducing satisfaction

- Consumers
- providers

§ Increasing costs

- Government
- Individuals



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Why does our current health system require reform?

It is no longer meeting our needs and is costing more



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MORE EVIDENCE OF A HEALTH CARE SYSTEM IN CRISIS

Which groups need primary care reform and or new models?

- Which patients
- Which population groups
- Practitioners
- Geographic areas
- Governments

Commonly identified issues for Primary Health Care Reform

- § Encourage better chronic disease management
- § Support integration & multidisciplinary care
- § making care more accessible
- § Improve the focus on prevention and early intervention
- § Use technology to support best practice
- § Build the evidence base for effective quality primary health care

What should Primary Health Care Do?

§ Primary health care should include the following processes:

- Promoting health
- Preventing illness
- Caring for the sick (curative, rehabilitative and palliative care)
- Advocacy (for patients and families in and beyond the health sector)
- Community development

§ These processes then drive the services that are provided within Primary Health Care



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What is the international evidence health system reform can address identified problems?

International evidence for health care reform

- § International studies show that the strength of a country's primary care system is associated with improved population health outcomes for:
 - all-cause mortality,
 - all-cause premature mortality,
 - cause-specific premature mortality from major respiratory and cardiovascular diseases.

- § Relationship is significant after controlling for determinants of population health at the macro and micro-level

- § Associated with higher patient satisfaction and reduced aggregate health care spending.

International evidence for health care reform cont.

- § Findings support policies that encourage a shift of services away from specialist care to PHC
- § substitution does not adversely affect quality and does lower costs.

But.....

- § limits of substitution
- § remain questions to be addressed, such as the configuration of primary care structures and teams, content of services, and modes of delivery.

The contribution of primary care systems to health outcomes within OECD countries, 1970-1998.

§ Characteristics of strong primary care systems associated with improved population health.

- geographic regulation,
- longitudinality,
- coordination, and
- community orientation

§ Despite health reform efforts, few OECD countries have improved essential features of their primary care systems

Common themes in primary health care reform

- Patient enrolment
- Enhanced access
- Multidisciplinary teams
- Enhanced information technology
- Funding systems

What evidence is there?

| Key element | Clinical rationale | Assessment of evidence |
|---|--|--------------------------------------|
| Rostered patients | Closer doctor-patient relationship leading to enhanced continuity of care, itself a key component in quality of care | Insufficient evidence to judge |
| Enhanced access (on call, tele-triage) | Increased continuity of care through decreased use of ERs, walk-in clinics | Fair evidence against |
| Multidisciplinary teams (nurse practitioners) | Increased preventive care and health promotion counseling from the nurse practitioners; redistribution of workload allows physicians to concentrate attention where skills are most needed | Good evidence to support |
| Enhanced information technology | Enhances coordination of care between multiple providers; reduces chance of medical error | Fair evidence to support |
| Non fee-for-service physician payment (capitation plus) | Decreased volume incentives will lead to more appropriate care delivery | Conflicting evidence; no conclusions |

Where to in Australia?
**What have been the responses from
Commonwealth and state and territory
governments to date?**

Response from State governments

- § a focus on chronic disease management, aged care and mental health.
- § Explicit statements on integration of primary and acute cares services less common but emerging
- § Many comment on expanded roles for nurses
- § All recognise workforce as an issue
- § Chair of AHMC – “GP’s the most valuable players in a new national health system”

Response from Commonwealth Government - prior to Nov 07.

The words:

- § Australian Health Minister's National Chronic Disease Strategy – a strong primary care focus
- § CoAG's Productivity Commission enquiry into Health workforce acknowledged the need for systemic reform of the Australian health care
- § Australian government "Response to Review of Divisions Network" set out priorities for strengthening primary health care

Response from Commonwealth Government - prior to Nov 07.

The actions - incremental

- § Private insurance subsidies
- § New funding options for primary care – SIPS, PIPS and chronic disease, mental health, coordinated care item nos.– introduction of blended payments
- § E-health initiatives
 - Exploring but ultimately retreating from shared electronic medical records
 - Using technology to support best practice via electronic clinical decision support tools

Response from Commonwealth Government Nov 2007-beyond?

The words

§ Election promise

- 24 Super Clinics

§ National Health and Hospitals Reform Commission

- Frame work for AHCA by April 2008
- a long term health reform plan for Australia reporting June 2009
- Stopping the blame game/cost shifting

§ Australia 2020 – Health

- improving the overall health of our nation through improved preventative primary health, increased access to general practitioners and new dental care services.

Response from Commonwealth Government Nov 2007-beyond?

The action

? Big

? Bold

? Based on evidence

Summary

- § Australia needs Health Care System Reform
- § There is evidence to justify investing in a strong Primary health care system
- § There are signs that the Commonwealth and State governments are ready to move forward

Next Steps

§ Innovation

§ Evidence

§ Can it work?

§ Will it work?

§ Is it worth it?

§ Policy options

Linking them all together.



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