

# PRIMARY HEALTH CARE ADVISORY GROUP

## COMMUNIQUE No. 2

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### Background

As part of the Government's commitment to maintain the current high levels of health outcomes and deliver a healthier Medicare, the Minister for Health, Sussan Ley, announced a number of key reform processes to ensure Australians continue to receive high quality health care supported by a sustainable and effective universal Medicare system. The Primary Health Care Advisory Group is a key component of this work.

The Primary Health Care Advisory Group will investigate options into the reform of primary health care to support patients with complex and chronic illness, and the treatment of mental health conditions.

The Advisory Group has been tasked to provide advice to Government in late 2015.

### National Consultation process

A comprehensive consultation process has been undertaken by Advisory Group members throughout August.

To support this process, on 4 August 2015, a Discussion Paper – *Better Outcomes for People with Chronic and Complex Health Conditions through Primary Health Care* was released by the Advisory Group. The Discussion paper comprised of four themes:

- Theme 1- effective and appropriate patient care;
- Theme 2 - increased use of technology;
- Theme 3 - how do we know we are achieving outcomes?; and
- Theme 4 - how do we establish suitable payment mechanisms to support a better primary health care system?

Meetings and briefings were held in major centres across Australia and included:

- 16 public information briefings;
- 31 stakeholder consultations;
- 15 sector briefings, including three separate events for allied health;
- 10 consumer and carer focus groups; and
- A national public briefing held via a live webcast with approximately 500 participants online.

### Online Survey

Formal feedback was sought via an online survey, which closed on 3 September. Over 1000 survey responses were received, including 255 organisations and 770 individuals.

In comments about the current primary health care system, Medicare, and the existence of bulk-billed or subsidised services for people with chronic and complex health conditions, were frequently cited as a positive feature of the current system. Other aspects that were seen as most important for people with chronic and complex health conditions, included:

- access to health services, especially low-cost health services;
- prevention measures and health education;
- the coordination of care across different health care services, involving multi-disciplinary team;
- care and effective communication and collaboration between different health care providers; and

- knowledge and understanding of chronic and complex conditions, and the associated care requirements for people with them.

Respondent support for the concepts detailed in the Discussion Paper, against each of the themes, was also assessed and highlights from these results include:

- Theme 1- effective and appropriate patient care
  - 77% of respondents indicated that they did support patient enrolment with a health care home for people with chronic and complex conditions.
  - 92% of respondents supported team-based care for people with chronic and complex health conditions.
  - 62% of respondents ranked patient participation as the most important aspect of effective coordinated care.
- Theme 2 - increased use of technology
  - The overarching themes that emerged centered on the role of technology in improving communication, shared access to standardised records, and efficiencies coupled with a reduction in administration and duplication.
- Theme 3 - how do we know we are achieving outcomes?
  - 90% of respondents agreed that it is important to measure and report patient health outcomes.
  - Over 300 of the respondents felt it would lead to a better understanding of whether the treatment was appropriate and effective.
  - Measuring and reporting was also widely considered to form the basis for learning and improving (over 200 responses).
- Theme 4 - how do we establish suitable payment mechanisms to support a better primary health care system?
  - The potential payment models discussed in the Discussion Paper were capitated payment, salaried health care professionals, pay for performance, fee for service, or a blended model.
  - A blended payment model was the most highly supported model by respondents. It was also the most favoured model by organisations, practitioners and non-practitioners.

## Written submissions and consultation outcomes

In addition to the survey, over 60 unsolicited written submissions were received, the majority of which came from health sector organisations. The analysis of these is still being undertaken, however based on work undertaken to date, coupled with the records of the consultation process, a number of key messages against the themes of the Discussion paper have emerged.

- Theme 1- effective and appropriate patient care
  - There is strong support for voluntary patient enrolment for people with chronic and complex health conditions.
  - The mechanism and impact of enrolment requires clarification, particularly in relation to patient choice of provider.
  - In many areas, particularly rural and remote locations, a health care home may already be the default model of service, although it is not formalised as such.
  - Attributes of health care homes and care coordination are part of the current service experience, particularly identified in some specific areas such as community controlled health services and palliative care, but are not consistently applied. There is a lot that can be learned from these examples and their current effectiveness should not be undermined.
  
- Theme 2 - increased use of technology
  - There is general support for myHealth records and an opt-out approach.
  - This is an untapped opportunity to engage patients in their own care, particularly with technology that people already want to use (e.g. smart phones). Although accessibility and useability are important, particularly for some sub populations and communities (e.g. older people, people living with a disability).
  
- Theme 3 - how do we know we are achieving outcomes?
  - There is general support for the reporting of outcomes and changes in health status at an aggregate level.
  - Any approach should not be punitive and benchmarks need to recognise different starting points. Related to this is how to incorporate/acknowledge the impact of patient accountability as providers can not only do so much. Also connected to this are the limits on improvement/better management due to the impact of social determinants of health.
  
- Theme 4 - how do we establish suitable payment mechanisms to support a better primary health care system?
  - There is support for a blended payment mechanism which recognises and caters for different complexities and levels of care needed.
  - Within such an approach, there should be elements of care provision, for example acute primary care presentations, where fee-for-service payment would remain an effective option.
  - Payment mechanisms should also support ongoing engagement across the sector and disciplines to deliver better outcomes.
  - Funding mechanisms need to support clinicians working to scope of practice.
  - Care should be taken as to not create perverse incentives and concerns were raised about the risk of “cherry picking” of patients in an enrolment model.

## Next Steps

The public consultation process is complete and the Advisory Group is now focused on the development of reform options for consideration by Government.

The next meeting of the Advisory Group is on 27 October 2015.