

Briefing Paper

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National Primary Health Care Strategy

- The draft National Primary Health Care Strategy was released on 31 August 2009.
- The purpose of this briefing paper is to provide AFAO members with an overview of the Strategy.

Background

The Draft National Primary Health Care Strategy: *Building a 21st Century Primary Health Care System* was developed by the Department of Health and Ageing, with the assistance of an External Reference group of primary health care experts.

The Draft Strategy was developed in the context of the National Healthcare Agreement (NHA), the *Intergovernmental Agreement on Federal Financial Relations* between Commonwealth and state/territory governments, announced in November 2008. The NHA defines the objectives, outcomes, outputs and performance measures from a budgetary perspective, and clarifies the roles and responsibilities of the Commonwealth, states and territories in the delivery of services across the health sector, including private providers and community organisations. The stated goal is to better connect hospitals, primary and community care to meet patient needs, improve continuity of care and reduce demand on hospitals.

Development of the Draft Strategy was informed by discussions with state and territory health departments and submissions made in response to an interim report of the National Health and Hospital Reform Commission, "*Towards a National Health Care Strategy*", which was released in October 2008. AFAO made submissions in the light of the report, addressing the major reform directions outlined in the report of most relevance to AFAO's members.

Accompanying the Strategy is the report, *Primary Health Care Reform in Australia – Report to Support Australia's First National Primary Health Care Strategy*. The report sets out the issues raised during the consultation, and sets out the context in which primary health care in Australia operates. The Draft Strategy and the Report are designed to be read together.

The Government's stated intention was to take a broad view of primary health care, beyond the areas which are traditionally the responsibility of the Commonwealth, to include consideration of services which are generally the responsibility of the states and territories. The Draft Strategy covers services currently delivered by private providers, including those supported by private health insurance. Also considered is the role of medical specialists, and the need for integration of ambulatory specialist care and primary health care.

The Draft Strategy sets out 4 priority areas for change, as identified in consultations, namely:

1. improving access and reducing inequity
2. better management of chronic conditions
3. increasing the focus on prevention
4. improving quality, safety, performance and accountability.

Proposals to effect change in these areas are grouped into "building blocks" for a new primary care health system, namely,

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- **Regional integration:** objectives include - reducing overlap and duplication of services, and creating a more navigable system, by developing networks and partnerships to facilitate service delivery among primary health care providers, and better linking health care providers with other sectors; developing a regional governance structure which would manage supplementary funding; and facilitating better integration of services, to target areas such as chronic disease management and prevention.
 - **Information and technology, including e-Health:** objectives drawn from the National e-Health Strategy (a COAG initiative), released in December 2008, include improving medical information and data management so as to better manage patients with complex and/or chronic health conditions.
 - **Skilled workforce:** strategies (funded via COAG investment in the health workforce) include enhancing clinical training regarding complex care; and increasing GP training places by 33%.
 - **Infrastructure:** strategies include providing funding for infrastructure, building on initiatives already underway such as the GP Super Clinics initiative, the National Rural and Remote Health Infrastructure Program and the COAG National Partnership Agreement on Hospital and Health Workforce Reform; and possibly incorporating comprehensive primary health care services, or providing funding for smaller enhancements to GP practices.
 - **Financing and system performance:** strategies include developing alternative funding arrangements, to reduce reliance on fee for service and to address concerns that the current Medicare rebate system does not promote collaboration across different parts of the health system for at-risk and hard to reach groups.

The Strategy summarises measurable changes resulting from Strategy as:

- closing the gap in health outcomes across the population;
- for patients with chronic disease, a reduction in avoidable hospital admissions and improvements for other key evidence-based clinical indicators of quality disease management;
- reduction in rates for lifestyle risk factors for chronic disease such as smoking and obesity, especially for vulnerable populations; and
- reduction in avoidable errors attributed to safety and quality issues.

The National Primary Health Care Strategy Report

The National Primary Health Care Strategy Report supports the Draft Strategy. The Report is intended to be a "high level action plan", supporting and expanding on the Key Priority Areas in the Draft Strategy.

The Report examines the recent history of the development of the primary health care sector. Its conclusion is that the complexity, fragmentation and poor coordination of systems and services affects the quality of services, access to services, how they are paid for and how care providers interact and provide care. It proposes that recent reforms attempting to meet more specialised needs using a case-by-case approach have not always been successful and have complicated the system for patients and providers. It is stated that it is in this context that the Strategy seeks to build on undertakings in the NHA to improve coordination and integration of service delivery across government, and ensure that the system is responsive to changing population needs and operate effectively in the broader social system by taking into account:

- demographic trends (e.g. growth and ageing of the population)
- burden of disease (prevalence of chronic disease will significantly increase with the ageing of the population; the report notes WHO prediction that by 2020 chronic disease will account for nearly 75% of all deaths);
- changes in delivering care (noting pressures on post-acute and convalescent care, and increasing demand for mental health services);
- increasing expectations (noting the inverse care law whereby people with higher means need care less than the poor, yet are higher consumers of health care);
- economic implications (noting that the Third Intergenerational Report will take account analysis of the growing burden of chronic disease); and,
- changes in the health workforce (noting the ageing of the health workforce, and a mal-distribution of health professionals in all states and territories, especially for rural and remote areas).

Comments

In terms of the scope of the draft strategy, the Report notes that a number of submissions propose that the Strategy needed to encompass a broad definition of primary health care, including social determinants of health. It is explained that the Draft strategy generally does not address non-health issues that impact on health outcomes, other than in terms of the guiding principles of social inclusion. However, the report does acknowledge the need to address inequities in access to health services; a focus on disease prevention rather than just episodic treatment of illness; and a greater use of population health approaches including being responsive to the needs of local communities. The Report also notes that dental health is an important component of primary health care but issues related to dental health are not covered in the report (or Strategy), as they are being considered in other forums. Similarly, issues relating to maternity services are not considered in the Report or Strategy, as they will be addressed in the forthcoming National Maternity Services Plan.

DOHA states in the preface to the NPHC report that all stakeholder views, as put in submissions made in response to the DP were carefully considered in the development of the Draft Strategy and Report, to supplement analyses and research evidence from other sources. The Report usefully summarises the main issues raised in submissions, according to stakeholder groups. Issues of most relevance to HIV/AIDS community organisations acknowledged in the Report (if not addressed), are:

- the need for flexible, team-based services in primary health care for disadvantaged groups, particularly Indigenous people;
- the value of shared electronic health care records across sectors, and a role for chronic disease coordinators;
- the need to improve access to health care in rural and remote areas with support for regional planning, the development of health and improving health literacy for individuals;
- issues regarding Medicare funding of allied health consultations so as to better facilitate multi-disciplinary care;
- expansion of responsibilities for primary care professional in r and r, especially in the prescription of medicines and the ability to order tests, combined with team-based interventions in for chronic disease management, with greater scope for preventative services.
- The need to increase the cap on allied health visits and a broader scope for MBS items; the need to better manage patients' pharmacy needs as they transition form one care setting to another, noting the potential role of e-Health, the importance of data collection;
- The unmet need for effective, culturally safe and timely services for ATSI communities, and the need to for the Strategy to focus on chronic disease prevention.
- The need for evidence-based framework fir preventative care so as to reduce the incidence of chronic disease, focussing on equity in access and resource allocation for Indigenous people and people in rural and remote areas, the development of e-Health and on building health literacy.

The Strategy and Report set out the policy drivers for primary health care reform at great length, and clearly present the Department's view that some of the issues raised by stakeholders are better addressed in the context of other Commonwealth health reform strategies. However, unlike other strategies (the National Preventative Health Strategy, for example), there is little detail regarding proposed Commonwealth initiatives to address the objectives outlined in the Report, and regarding the timing of the reform process. The presentation of the Draft Strategy and a separate report to be read in conjunction with the Strategy, results in a lack of clarity – with both documents reading in parts as background papers rather than documents setting out concrete strategies to address the issues and needs identified, and reform objectives.

In making this criticism it needs to be taken into account that the Draft Strategy was developed alongside complementary health reform processes undertaken by the National Health and Hospitals Reform Commission, the National Preventative Health Taskforce, and processes relating to 2009-2010 Budget initiatives (including the Maternity Services Review; the Rural Workforce Audit; the review of Commonwealth-funded rural health programs; the review of rural classification system for nurse practitioners; and the Closing the Gap National Partnership). Navigating the inter-relationship of all these processes, and identifying which agency or department is responsible for which initiatives, will be challenging for the community sector, service providers, health practitioners, consumers and Commonwealth/ state/territory bureaucrats alike.

Reference: the Strategy and the Report are available at www.yourhealth.gov.au