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Delivering effective primary care
with better health outcomes -
creating models of care to get
there

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Exploring the opportunities of a changing environment - creating new models of care

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Primary Health Care - what does it mean ?

- Essential **health care** based on practical, scientifically sound, **socially** and **culturally** acceptable methods and technology made **universally accessible** to individuals and families in the communities in which they live through their full **participation** at every stage of development in the spirit of **self-reliance** and **self-determination**.

National Aboriginal Health Strategy 1996.

- **First level of care** NHHRC, PCSG ERG

Key recommendations NHHRC relevant to primary care (Feb 09)

- Creating strong PHC services for everyone
- Commonwealth to take single responsibility and accountability for all policy, funding and outcomes relevant to primary care
- Establishment of Comprehensive PHC Centres
- NP using MBS / PBS in remote areas

Key recommendations NHHRC relevant to primary care

- Voluntary enrolment with a single PHC service
- Blended funding
- Performance rewards
- Shared care with specialists in the community setting
- DGP become DPHC and bigger
- IEHR
- Incentives for effective discharge communication

Key elements of an enhanced primary health care system

National Primary Care Strategy ERG, Nov 08

- All Australians have access to primary health care services which keep people well and manage ill-health by being:
 - Accessible, clinically and culturally appropriate, timely and affordable
 - Patient-centred and supportive of health literacy, self-management and individual preference
 - Focussed on preventive care including support of healthy lifestyles
 - Well-integrated and providing continuity of care esp for those with multiple, ongoing and complex conditions

Key elements of an enhanced primary health care system

National Primary Care Strategy ERG, Nov 08

- Service delivery arrangements should support:
 - Safe, high quality care which is continually improving through relevant research and innovation
 - Better management of health information, underpinned by efficient and effective use of eHealth
 - Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models

Key elements of an enhanced primary health care system

National Primary Care Strategy ERG, Nov 08

- Supporting the primary health care workforce are:
 - Working environments and conditions which attract, support and retain workforce
 - High quality education and training arrangements for both new and existing workforce

Key elements of an enhanced primary health care system

National Primary Care Strategy ERG, Nov 08

- Primary Health Care is:
 - Fiscally sustainable, efficient and cost effective

Key in all elements is a focus on ensuring greater equity in access and outcomes, and on delivering a PHC system where accountabilities for performance and outcomes are more transparent

Key Questions

1. What works well now and must be retained, and what are the key weaknesses in our current system to be urgently addressed?
2. How does a fragmented primary care sector become an effective primary care system, supporting improved health outcomes for all Australians?
3. What are the roles of ICT and governance in achieving this?

Key Questions

4. How do we measure what happens, what is delivered and what it costs in primary care, and across the interface with acute care?
5. How do we ensure consistency and relevance in Brisbane and Biloela, Bamaga and Bourke?
6. How do we translate the workforce research and experience from other countries to the Australian landscape ?

Key Questions

7. How do we make a difference to indigenous health?
8. How do we teach and role model effective teamwork in the health workplace? What should this look like?
9. How do we find time in our frantic worklives to plan, change and re-focus?
10. How do we foster / encourage useful primary care research and development in achieving / supporting all of these?

New models - integrated / blended / merged models which have local relevance

- Blend of funding / governance agencies
 - Team Care 2 (Brisbane North)
 - Rural Multi Purpose Centres
 - Inala Primary Care (Brisbane South)
- Blend of social / health approaches
 - Geriatrics, mental health, ACCHs
- Blend of roles
- Population coverage

Primary Care Amplification Model (Inala Primary Care)

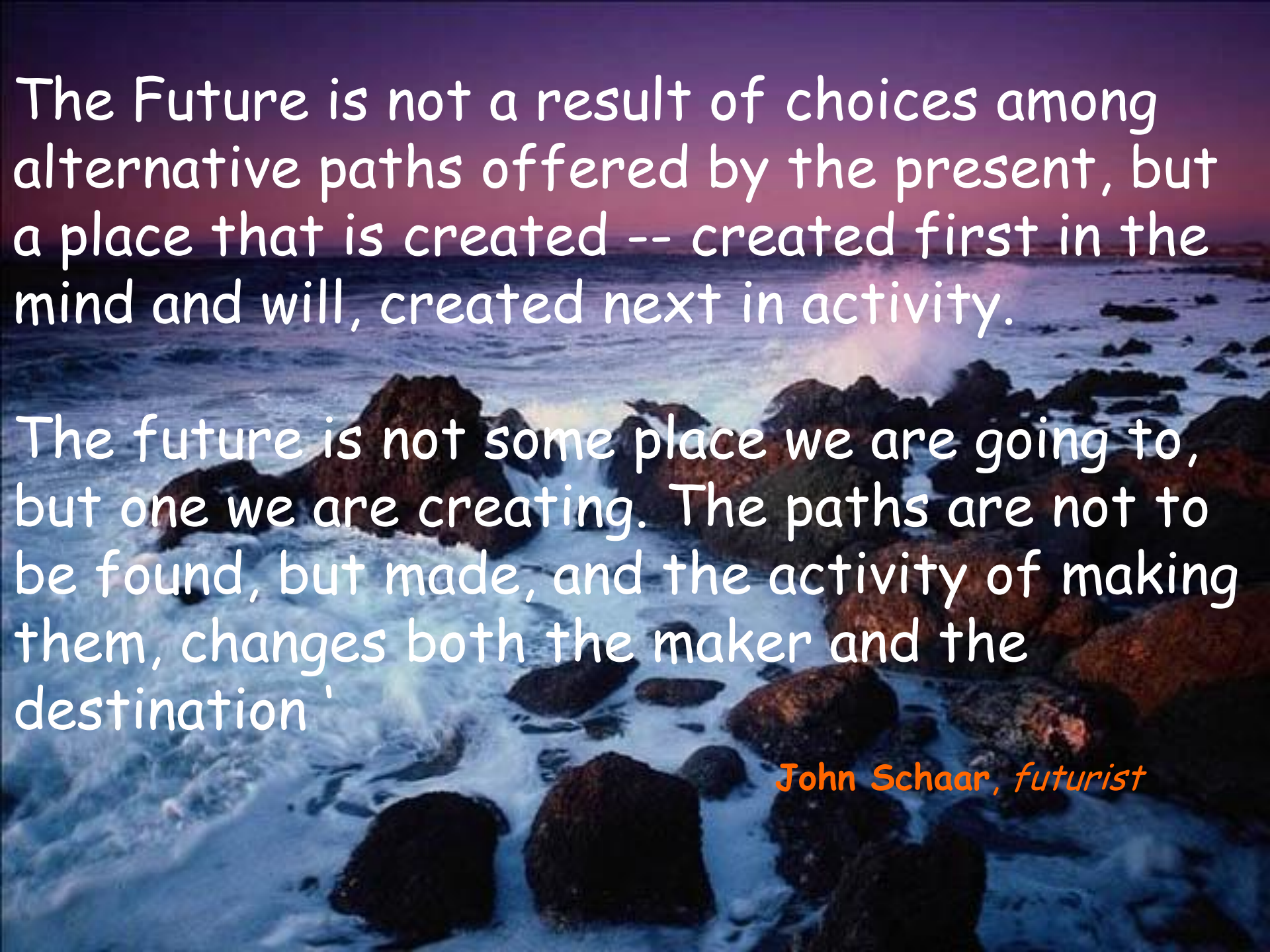
- Creates a '**beacon**' practice in an area which acts to support and extend the capacity of primary care in the area, and better integrate service delivery locally between general practice, specialist services and other state-funded care.
- Accomplished via the establishment of a 'mustering point' for expanded scope of practice for primary care in areas of population need, service innovation, teaching, (u/g and p/g) and relevant local clinical research
- IPC hosts complex diabetes service and is the prototype for the RBC 'GP Superclinic'

New models - integrated / blended / merged models which have local relevance

- Based on the strengths of effective primary care
 - accessible
 - wholistic
 - person and family centred
 - outcomes-focussed
 - efficient

Current research investigating new models of care

- Workforce restructure
- Improved linkage
- New relationship with secondary care
- Effective information collection & transfer
- Patient focus
- Focus on wellness, health promotion AND disease prevention



The Future is not a result of choices among alternative paths offered by the present, but a place that is created -- created first in the mind and will, created next in activity.

The future is not some place we are going to, but one we are creating. The paths are not to be found, but made, and the activity of making them, changes both the maker and the destination '

John Schaar, futurist