

BETTER TO PREVENT THAN TO CURE

The centrepiece of the frustratingly elusive but urgently needed restructuring of Australia's health system must be the establishment of models of care that facilitate the prevention of illness and the earliest possible diagnosis and treatment of problems that otherwise might produce chronic disability. Currently our health system is necessarily focussed on chronic disease management and hospital care as demanded by the ever-increasing burden of serious disease. Admissions to public hospitals increase by about 2% per year and an adequate response to these inexorable increases in demand is unsustainable. We don't have the necessary workforce and health dollars and should not tolerate the unnecessary suffering involved. Recent studies tell us that between 60 and 70% of geriatric admissions to hospital could be avoided with an effective intervention in a community setting in the three weeks prior to presentation at an emergency room.

Our primary health care system is currently failing too many Australians for a number of reasons. We have a serious shortage of General Practitioners and are increasingly reliant on overseas trained GP's many of whom practice unsupervised. The quality of care provided is unacceptably variable. Doctors are turning away from careers in primary care. Their income is, on average, 32% of a specialist's income and they work hard in an over bureaucratized system running small businesses that are financially fragile. Doctors can't afford to care for the sick who would benefit from care in a community setting so they send them to struggling hospitals. Most importantly very many GP's are frustrated by the need to replace quality of service with volume of service if they are to "bulk bill" their patients and survive financially. The Australian Government is fixated on bulk billing rates as the most important measure of a successful primary care system rather than the quality and effectiveness of a patient's encounter with their doctor. Disturbingly in such a system health outcomes for less financially secure Australians are deteriorating significantly. Their access to specialist and Allied health care, let alone planned surgery is also compromised. Despite repeated pleas from the College of General Practitioners Australia does not have a national primary care strategy. How do we turn all this around?

Integrated Primary Care (IPC) sometimes referred to as "Organised General Practice" can provide the model of care we need. Many countries have embraced this approach and we need to play "catch up" as quickly as possible. At the heart of Integrated Primary Care Centres (IPCC's) is the concept of "team medicine" wherein a team of health professionals (doctors, nurses and allied health professionals) are available to focus on a patient's needs from education to chronic disease management. The most appropriate member of the team handling a particular need. This team approach features clear role delineations for the participating professionals and, where appropriate, team discussion of a patient's care. Doctors are able to concentrate on doing what only doctors can do including caring for sicker patients in the community. This model of primary care is not "doctor-centric" and requires a culture change on the part of both professionals and consumers. Health is about much more than health care. In some cases where an individual's health is being compromised by life realities (unemployment, the need to work two jobs, family crisis etc) the social worker on the team may be playing the lead role.

A number of crucial initiatives are required to establish this model of care, proven in a number of countries, most notably New Zealand, to deliver better outcomes more cost effectively with greater satisfaction for both professionals and patients. The “team” needs to be funded by an extension of MBS payments to other than doctors. The states and commonwealth should share the costs involved, as the model will reduce hospital admissions saving the states money. This partnership should be formalised in the Australian Health Care Agreement, which determines the amount of Commonwealth support for State Health services.

Appropriate information technology must facilitate the sharing of information by team members with each other, a patient and relevant consultants. Overseas experience tells us that to improve access for all to specialist medical services public hospital out patient clinics need to be revitalised and integrated with IPCC’s. Too many have been lost from our hospitals in state efforts to cost shift such care to Canberra. IPCC’s must offer GP’s the opportunity to move away from earning their income exclusively on a “fee for service” basis by offering contracts or salaries for part or all of their time so that they can give their patients the quality time needed.

IPC models focus on maintaining wellness and early recognition of health problems. This cannot be achieved without the public understanding and embracing the reality that staying well requires one to be pro-active. In the future you won’t only “go to the doctor” when you are feeling sick. IPC models of care reach out to find the “unworried unwell” or soon to be unwell (The diabetic yet undiagnosed or the individual with silent hypertension for example). Ultimately this involves us all accepting the concept that we need to be “enrolled” patients of an IPCC where we will be provided with personalised health maintenance plans. In some country full “Medicare” type benefits are only available to “enrolled” patients. IPCC's will pay particular attention to ensuring that the first few years of life are monitored carefully as so often management of potential problems in infancy provides life long benefits.

State and Federal government’s need to facilitate not impose the development of this model of care. It is essential that this initiative is a “bottom up” one in which the community, professionals and as a new partner, local government, create IPCC’s. It will involve a change journey rather than an instant revolution.

For once we are not talking about something utopian that represents no more than a vision. The NSW government is to be congratulated for recognising the importance of the approach outlined here, enshrining the wellness/early diagnosis philosophy into the State Health Plan and resourcing the establishment of “proof of concept” IPCC’s in the state. Health professionals greeted with enthusiasm a first call for expressions of interest in establishing IPCC’s and funding for the first four will be announced today as a second round of invitations is prepared for publication. This approach is the only one that experts agree will allow us to afford to offer equitable and excellent health care to all Australians even as our population ages. We now need a dialogue with the community, which, in accepting the importance of these reforms, will provide the incentives for our politicians to facilitate the very considerable changes involved.