

Is there a Happy ending for Australian Primary Health Care reform ?



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This presentation

- Overview of PHAA and Primary Health Care Special Interest Group
- What is Primary Health Care?
- Brief recap on the PHC reform agenda past present ...future?
- PHC and the community
- How is the ending shaping up?

The Primary Health Care Special Interest Group (PHC SIG)



The PHCSIG aims to:

- Advocate for a national primary health care policy;
- Advance primary health care policy, programs and practice;
- Facilitate information exchange and supporting development of policy and program development at State/Territory and Commonwealth levels;
- Provide networking opportunities for workforce and for research into practice;
- Advance the establishment and funding of publicly funded community health and primary health care services;
- Develop understanding of the operation of comprehensive PHC contribute to building of capacity of the PHC sector

What is Primary health care?

- Primary Health Care & Primary Care are interchanged.
- This matters because they are philosophically and service delivery wise different
- PHC is a philosophy and a system response to reducing health inequities and lessen disadvantage. Based on the social model of health. Wellness model.
- Primary Care is the first point of entry into the health system (usually General Practice), based on a biomedical model of health typically involves a single service or intermittent care , early diagnosis , treatments and referrals to secondary care. Illness model.

(Keleher, H. 2001. 'Why primary health care offers a more comprehensive approach for tackling health inequities than primary care'. Australian Journal of Primary Health, vol 7 (2), 57-61).

What is Primary Health Care ?

PHAA PHC Policy

“Primary Health Care is founded on the interconnecting principles of **equity**, **access**, **empowerment**, **community self-determination** and **inter-sectoral collaboration**.

It encompasses an understanding of the **social, economic, cultural environmental and political determinants of health** and incorporates **health promotion**, the **prevention of illness** and **strategies to enhance individual and community control** over health and wellbeing through a **person-centred approach** ***in addition to clinical care***.

(Based on WHO Alma Ata Declaration 1978)

What is Primary Health Care ? Alma Ata 1978

Key points from the Alma Ata:

- Health is a fundamental human right that should be achieved through collective action by societies and is a responsibility of governments
- “Gross” inequities in health status are unacceptable
- Good health for all will advance social and economic development
- Primary health care should be universally accessible in a manner the community and country can afford and should bring health care as close as possible to where people live and work and should include “promotive, preventive, curative and rehabilitative” services

(Baum 2007)

What kind of PHC/PC do we have in Australia?

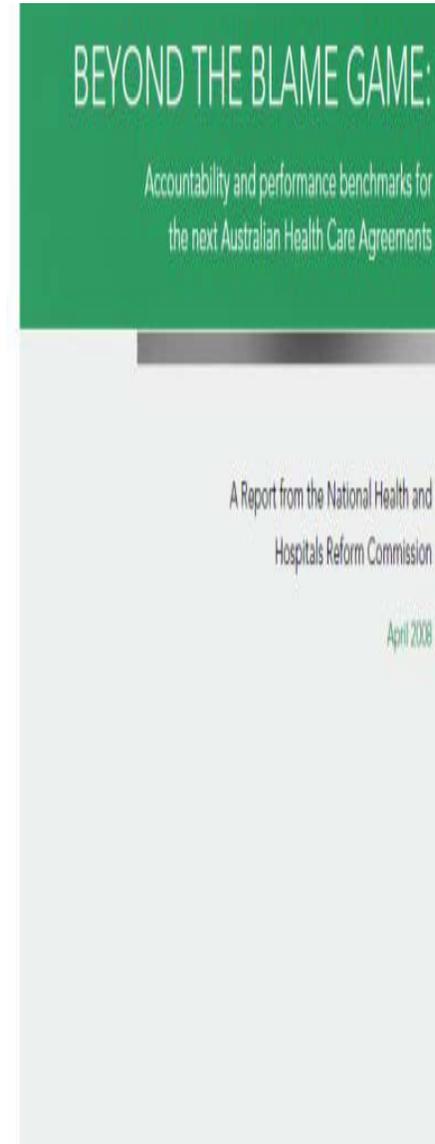
Selective PHC	Comprehensive PHC
Reduction of specific disease – technical focus	Improvement in overall health of the community and individuals – and health for all as overall social and political goal
Strong focus on health sector – very limited involvement from other sectors & engagement, based on terms of outside experts and tending to be sporadic	Involvement of other sectors is central
Focus on curative care, with some attention to prevention and promotion	Comprehensive strategy with curative, rehabilitative, preventive and health promotion that seeks to remove root causes of health
Professional and claims to be apolitical	Acknowledges that PHC is inevitably political and engages with local political structures
Evidence base- Limited to assessment of disease prevention strategy based on traditional epidemiological methods, usually conducted out of context and extrapolated to situation	Complex and varied research methods including epidemiology and qualitative and participatory methods

[Baum, F, 'Primary health care: can the dream be revived?', Development in Practice, Vol 13, No. 5. November 2003].

Brief Recap on PHC Reform

Once upon a time and NOT so long ago

1. Health reform started with the National Health and Hospital Reform Commission's (NHHRC) "Beyond the Blame Game" in Feb 2008.
2. June 2009 –Final Report "A Healthier Future for All Australians" – proposed reform direction.
3. 123 Recommendations → 8 Streams of reform:
 1. Hospitals
 - 2. Primary health care**
 3. Aged care
 4. Mental health
 5. National Standards and Performance
 6. Workforce
 7. Prevention
 8. eHealth



A HEALTHIER FUTURE
FOR ALL AUSTRALIANS

FINAL REPORT JUNE 2009



Australian Primary Health Care Strategy

5 key building blocks

1. Regional integration
2. Information & technology, Ehealth
3. Skilled workforce
4. Infrastructure
5. Financing and system performance

Key priority areas

Improving access and reducing inequity

Better management of chronic conditions

Increasing focus on prevention

Improving quality, safety, performance and accountability



So.... How does the story continueWhat happened next?

National Level

- 61 Medicare Locals in 3 tranches (last Tranche July 2012)
- National Performance Measures of PHC– Healthy Communities reports
- Another framework – the National Strategic Framework for Primary Health Care

State Level

- NSW Health One
- SA GP Super clinics before Federal program
- Can you tell me others?

Medicare Local Objectives

- Improve the patient journey through developing integrated and coordinated services
- Provide support to clinicians and service providers to improve patient care
- Identify the health needs of local areas and develop locally focused and responsive services
- Facilitate the implementation and successful performance of primary health care initiatives and programs
- Be effective and accountable with strong governance and effective management

Horvarth Review of MLs 10 recommendations

A selection of the recommendations:

1. The government should establish organisations tasked to integrate the care of patients across the entire health system in order to improve patient outcomes.
2. The government should consider calling these organisations Primary Health Organisations (PHOs).
3. The government should **reinforce general practice** as the cornerstone of **integrated** primary health care, to ensure patient care is optimal
9. PHOs should only provide services where there is demonstrable **market failure**, significant economies of scale or absence of services.
10. PHO performance indicators should reflect outcomes that are aligned with **national priorities ???** and contribute to a **broader primary health care data strategy ????**

Where's the story heading..... Federal Budget 2014 & PHC

- Practice Incentives Programme Teaching Payment - \$238.4M over five years for general practices who provide teaching opportunities to medical students (~\$200/session);
- The General Practice Rural Incentives Programme- \$35.4M over two years from 2014-2015 to provide relocation and retention incentive payments to encourage medical practitioners to work in underserviced rural, regional and remote areas;
- GP training places to increase from 300 to 1500 by 2015
- \$52.5M for rural and regional GP practices for infrastructure funding
- \$96M for the National Bowel Cancer Screening Program

Federal Budget continued

- Rebates for most GP, out of hospital pathology and diagnostic imaging services will be reduced by \$5.
- \$7 co-payment to be introduced.
- \$1.3B funding cut (over 4 yrs) achieved by increase in co-payments (\$5 co-payment for PBS-listed medicines) and safety net thresholds.
- Overall funding cut for prevention of \$275M

Where's the story heading...

- Youth Mental Health - \$18M (over 4 yrs) to establish a National Centre for Excellence;
- Mental Health Nurse Incentive Program- \$23M in 2014-15;
- Headspace \$14.9M (over 4 yrs) –
- But in reduced funding for Partners in Recovery-\$54M (over 2 yrs) .
- Oral Health - \$365M funding cut (over 4 yrs)

Overall

- Nearly \$8.6B worth of cuts to the Health Budget over 4 years

Where is the story going now?

- Is the focus Primary Care not Primary Health Care?
- And if so - is it an even narrower version of Primary Care
- Are we heading towards a 2 tiered primary health care system? Is this the thin edge of the wedge for universal access/ Medicare? (Do we have universal access now?)
- Introducing GP commissioning?

Is the story back to the blame game again?

Challenges noted then are still relevant now:

- closing the gap in Indigenous health,
- investing in prevention,
- ensuring a healthy start,
- redesigning care for those with chronic and complex conditions,
- recognising the needs of the whole person,
- ensuring timely hospital access,
- caring for and respecting the needs of people at the end of life,
- promoting improved safety and quality of health care,
- improved distribution and equitable access to services,
- ensuring access on the basis of need, not ability to pay;
- improving and connecting information to support high quality care; and
- ensuring enough well-trained health professionals and research.

Basic logic: what good does it do to treat people's illnesses



then give them no choice to go back to or no control over the conditions that made them sick? (Baum, 2011)

So Back to What is PHC again

PHAA PHC Policy

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Universal access to primary health care
is based on need and not on the ability to pay
and is a fundamental human right

Alma Ata Declaration 1978

So How does it end?

- The Scooby Doo ending?



The Not so traditional ending ?



Happy Every After?

