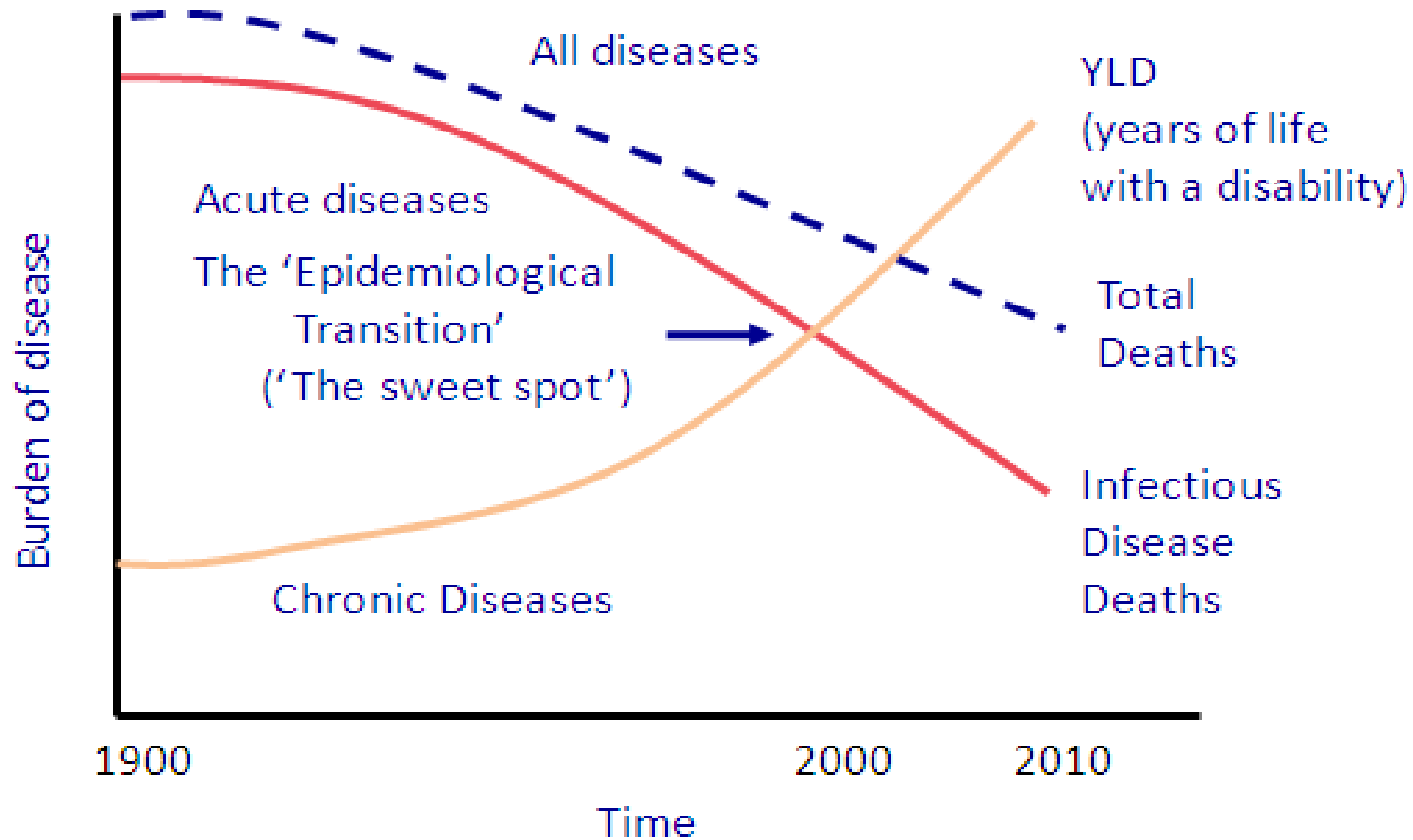
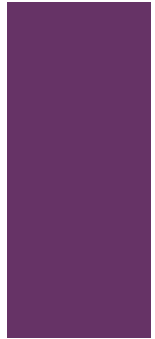


Temporal changes in disease prevalence

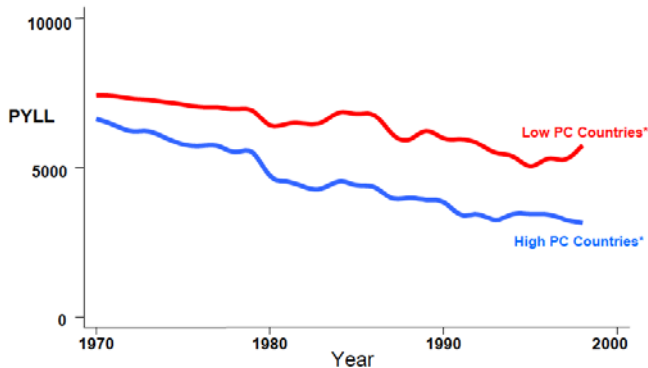


Ref: Egger G., Swinburn B. *Planet Obesity*. Sydney, Allen and Unwin (2010)

+ Primary care



Primary Care Strength and Premature Mortality in 18 OECD Countries



*Predicted PYLL (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for GDP, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use. $R^2(\text{within})=0.77$.

Source: Macinko et al, Health Serv Res 2003; 38:831-65.

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Primary care is the provision of first contact, person-focused, ongoing care over time that meets the health-related needs of people, referring only those too uncommon to maintain competence, and coordinates care when people receive services at other levels of care.

Countries with strong primary care

- have lower overall costs
- generally have healthier populations



Building Blocks for Reform

1. Regional Integration

Local governance, networks and partnerships connect service providers to planned and integrated services, identify and fill service gaps and drive change.

2. Information and Technology Including eHealth

Electronic health records and use of new technologies integrate care, improve patient outcomes, and deliver capacity, quality and cost-effectiveness.

3. Skilled Workforce

A flexible, well-trained workforce with clear roles and responsibilities built around core competencies, works together to deliver best care to patients cost-effectively and continues to build their skills through effective training and team work.

4. Infrastructure

Physical infrastructure supports different models of care to improve access, support integration and enable teams to train and work together effectively.

5. Financing and System Performance

Financing arrangements build on the strengths of the system, identify and fill local service gaps and focus on cost-effective interventions. System performance is a core concern across the service system with up to date information used to drive individual practice and system outcomes.

Key Directions for Change

1. Improving Access and Reducing Inequity

Primary health care services are matched to peoples' needs and delivered through mainstream and targeted programs across an integrated system.

2. Better Management of Chronic Conditions

Continuity and coordination of care is improved for those with chronic disease through better targeted chronic disease management programs linked to voluntary enrolment and local integration.

3. Increasing the Focus on Prevention

Strengthened, integrated and more systematic approaches to preventive care with regular risk assessments are supported by data and best use of workforce. People know how to manage their own health and self-care.

4. Improving Quality, Safety, Performance and Accountability

A framework for quality and safety in primary health care with improved mechanisms for measurement and feedback drives transparency and quality improvement.

The Future System

Universal access to MBS and PBS for episodic medical care

Targeted programs and better use of technology improve outcomes for individuals

Integrated local solutions means active management of patients with chronic disease or who are 'hard to reach'

Prevention activity is well integrated, coordinated and available with regular, risk assessment, support and follow up

Patients access quality data to inform their choice of provider, practice or facility

The health system reflects and adjusts practice to improve outcomes and cost-effectiveness

- Co-payments
- Primary Health Networks
- Training



Source: <http://bit.ly/1bhc5JV>

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- Health care is a complex adaptive system
 - Primary care is a nested complex system
 - Linear rules and simplicity of cause and effect do not apply