

PRIORITIES IN HEALTH REFORM

Learning about reform from Medicare Locals

Rod Wilson

AHCRA Executive Member

VIC Medicare Action Group Rep.

Acting CEO NMML

LEARNINGS FROM ML EXPERIENCE

Couldn't address blame game i.e. State Commonwealth divide

Not enough time to get runs on board

Lack of clarity of purpose: What does success look like?

Inadequate purchasing and systems change authority i.e. 20 Million vs 5 Billion.

Lack of trained workforce in systems reform

Words are dangerous;

- Capacity building
- Integrated pathways
- Patient centred care
- Patient journey
- Joined up services

Purchaser/planner not provider

In many States lack of a primary health platform in which to build integrated service models and primary health teams

OPPORTUNITIES FOR PRIMARY HEALTH NETWORKS (PHN)

New Commonwealth Govt. recognises need for PHNs

Improved clarity of purpose??

Less suspicion re Commonwealth primary health care from States

Stronger alignment with States

Funds pooling between States and Commonwealth

Shared purchasing

New language around equity to suit new government

Training programmes for workforce

Privatisation could be a risk

Need to learn from international experience

VIC THINKING RE CLARITY OF PURPOSE

Purpose

The role of the Primary Health Networks is to improve the health of the community by:

Improving effective and coordinated access and service provision for high risk and vulnerable people and groups

Identifying the unmet and emerging health care needs of the community and leading effective responses to these

Developing, implementing and evaluating innovative models of care and

Improving the capacity, quality and effectiveness of primary health care

Supporting the *patient centred medical home*

Improving the care pathways and coordination of care for people with chronic and complex diseases

Decreasing re-admissions to hospitals

Increasing the rate of immunisation and other evidence based preventive health care interventions

Reducing potentially avoidable hospital presentations and admissions

CAPABILITIES OF PHNS

Demonstrated experience and expertise in:

Partnership and service development across primary and secondary care, and public and private health care sectors,

Purposeful engagement with general practitioners, general practices and other service providers, across both private and public sectors

The provision of support to general practice to improve the capacity, quality, effectiveness and integration of primary health care

Linking primary health care and hospital care

Developing strong and functional relationships with State governments to improve health outcomes

Developing strong and functional inter-sectoral relationships including with NGOs and local government

Using intelligence for decision making e.g. collecting, interpreting and applying data, including for monitoring performance

Supporting the implementation of e-Health in primary care

GOVERNANCE

**PHNs should be separately incorporated companies, not subsidiary companies
PHN boards must be skills based, with best practice Board selection**

PHN should be transparent and accountable to their community

PHN should have some shared core performance indicators and reporting measures that are outcome indicators

The tender submissions should identify the structures and mechanisms that PHN boards will use to work effectively with Clinical Councils and Community Advisory Committees, and how they will relate to LHNs, and address potential conflicts of interest between purchaser/provider roles

Boundaries

Agreed that 8 PHNs be proposed along the lines suggested by the Victorian government

FINALLY

PHNs maybe as good as it gets for many years

Shared planning and purchasing with States critical

Clarity of purpose critical

Thank you