



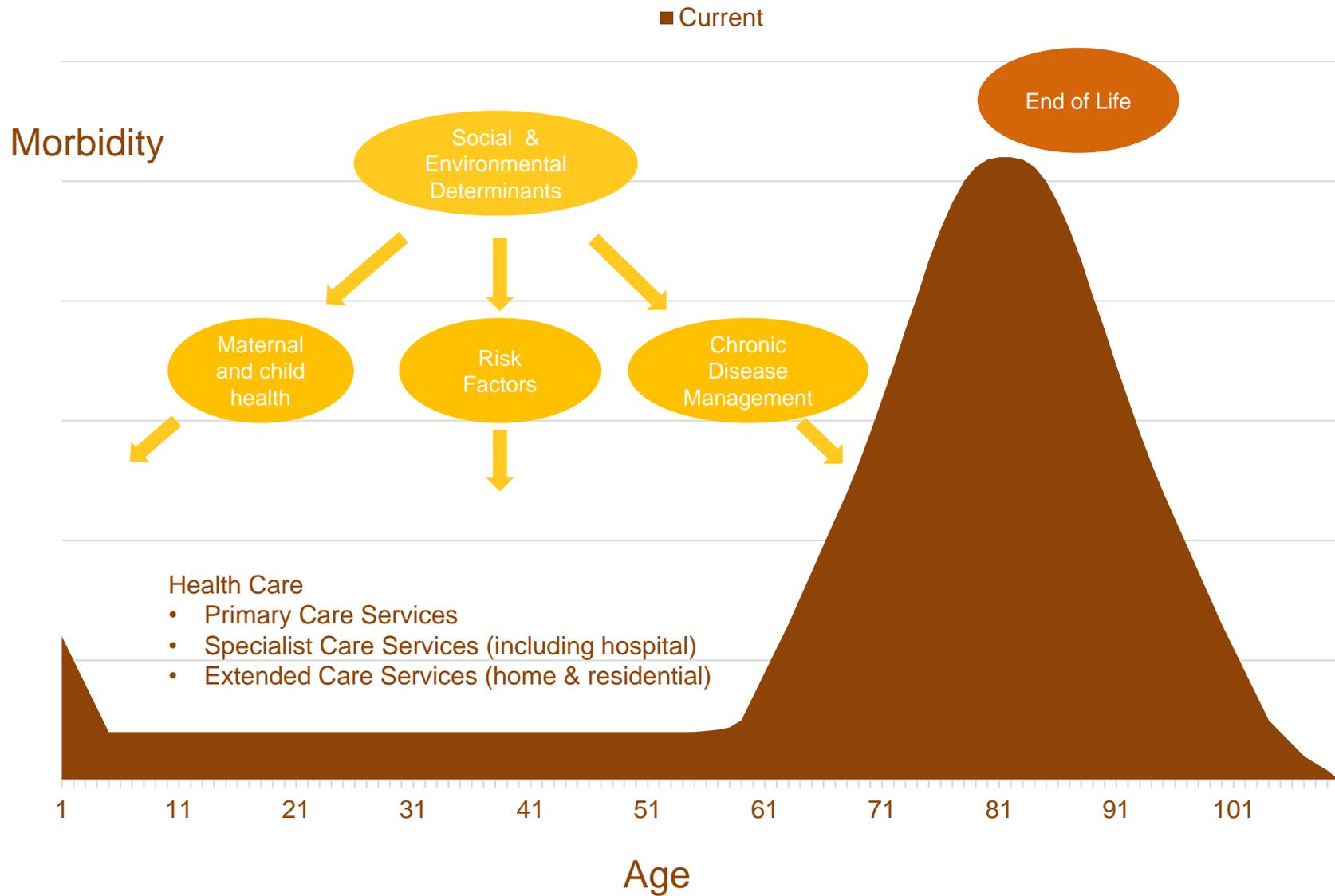
Primary Care in the Pantry

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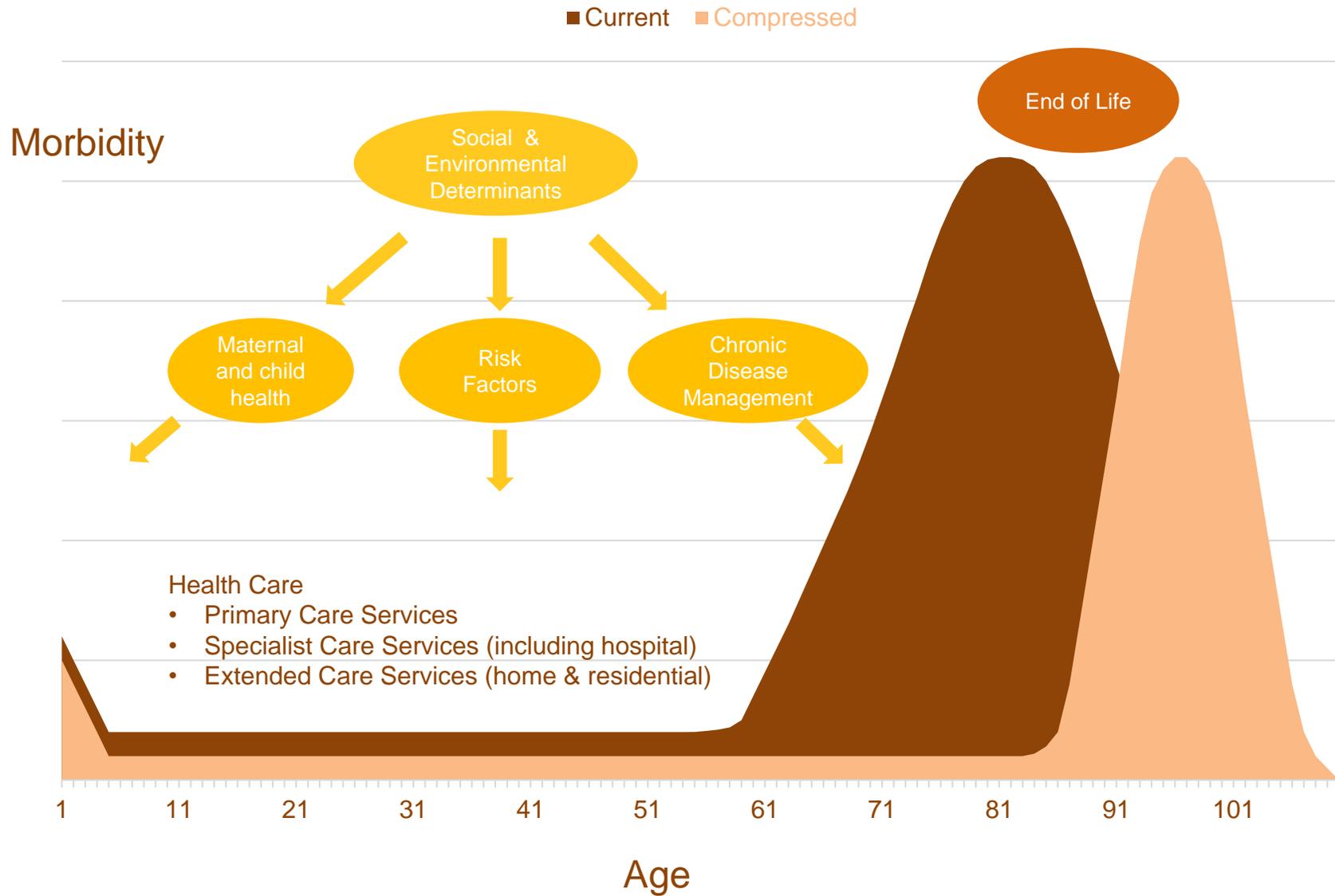
Australian Health Care Reform Alliance

8th National Summit, March, 2018 Canberra

Modern Health Policy?



Modern Health Policy?



My pantry problem

What to do about the quality of care for people with chronic and complex conditions?

What's happening?

- Demand growing
- Costs rising
- Variable quality care, access issues

Why?

- Chronic conditions up
- Desire to stay home up
- Informal care down
- Technology makes more possible

What are we trying to fix?

Fragmented, small scale primary care services

Commonwealth/State confusion

No system manager (and no system)

Major data gaps

Lack of consensus about solutions

What's in the pantry

What do we want?

- For 20% with complex and chronic needs
- Comprehensive, continuous responsive care
- At home and in the community
- Extended hours
- Flexible and rapidly responsive
- Team based and coordinated
- Person centred

How do we get there?

- Regional (population) governance
- Agreed care pathways and service model (e.g enrolment)
- Data system for performance information & accountability
- Risk adjusted, incentivized blended payment
- Increased organizational capacity in primary care to deliver integrated care
- Support for service development

Commonwealth State Agreements & national institutions

Pantry examples

Reports

- National Health and Hospitals Reform Commission
- Review of Medicare Locals
- Shifting the Dial
- Grattan reports
- Other reports

Trials and partial experiments

- Coordinated care trials
- Diabetes Care Project
- Superclinics
- Health Care Homes

Better examples to follow

- Home care and support
- NDIS

Why is it still in the pantry?

- The narrative (story) is not strong enough (partly because of lack of data and evidence) - benefits not clear enough
- The stakeholders don't agree (resistance from AMA, RACGP), weak consumers voice, failure to engage alternative players (e.g. extended care organisations, corporates)
- The Commonwealth and the States haven't agreed to respond programmatically and systemically (piecemeal only so far)
- Lack of national institutions to develop primary care (e.g. data and performance agency, reform commission etc)