

Perspectives on Primary Health Care in Australia

On Thursday 6 October 2005 the **National Primary and Community Health Network** convened a Forum in Melbourne highlighting issues and major initiatives in primary health care from both government and non-government perspectives. The Network is a loose coalition of government representatives, peak bodies and others interested in sharing information on primary health care and the important role it plays in the Australian health system. The Forum was sponsored by the Victorian Primary and Community Health network and the Australian Institute for Primary Care.

To prepare for the Forum, non-government organisations, peak bodies and state and territory governments prepared reports on their profiles and key issues. These can be found on the website of the Victorian Network, together with presentations by various speakers <http://www.latrobe.edu.au/ajpc/cdih/pchnetwork/>

Robert Wells started the day with a succinct overview of primary health care in Australia and options for the future, from his long experience as a policy advisor in the federal government and from his new perspective at the Australian National University. He was the first but not the last speaker of the day to refer to growing evidence that a doctor-centred fee-for-service primary care system is unsustainable for Australia into the future, because of growing cost, lack of suitability with an ageing population and increased chronic disease, and workforce shortages. He suggested the system needed to change to new models of care, new approaches to workforce, new funding and remuneration systems, with one level of government responsible for the system. One approach would be for an entity such as a Division of General Practice, an area health service, or a partnership between such bodies to be responsible for the primary care of a defined population. No single model would suffice in all the diverse circumstances of Australia. This presentation led to animated discussion.

Some key themes emerged during the discussion, including:

- The absence of a national primary health care policy, given the number of national policies on other health matters such as palliative care and chronic disease. Various speakers identified that these are shared Commonwealth and state strategies, whereas a national primary health care policy could imply that the Commonwealth should shoulder the burden of extra outlays, or fix up problems not of its making.
- Primary health care's perceived low profile on the national agenda. While successful lobby groups have a clear message, know what they want and go get it, one speaker identified that primary health care suffers from the BWD syndrome – "But We're Different", leading to the 'disunity of ideological purity'. As the primary care sector is large and strong, it should put its view vigorously and strongly, not timidly. It needs revolutionary vision and incremental implementation, with each part of the sector working at the bits it can. Another speaker suggested that an alliance between the general practice and non-general practice sector is at the heart of an effective voice at Commonwealth level.
- Primary health care and chronic disease management. While recognising that primary health care consists of more than chronic disease management (CDM), primary health care must 'be on the front foot' in its response to the important issue of CDM, while continuing to engage in longer-term work on social determinants of health.

Helen Keleher chaired a panel of non-government organisations, including the Australian Council of Community Nursing Services, Australian Divisions of General Practice, Rural

Health Alliance, Health Promotion Association, Quality Improvement Council, and Victorian and SA Community Health Associations. The wide range of issues identified by panel members demonstrated their broad scope of interests and responsibilities in primary health care. Helen's questions generated considerable consensus on the need for a broader-based funding model to encourage team-based approaches that embrace a multidisciplinary team. The current funding model was felt to be about illness and silos, which were largely bureaucratic constructions. One speaker talked about an area in Victoria where 60% of GPs worked closely in teams because the funding structures rewarded multidisciplinary work.

After lunch Libby Kalucy chaired a panel of eight speakers from state and territory jurisdictions, where key issues were workforce, integration, demand management, and development of new models appropriate for specific contexts. Panel members strongly supported the development of a national primary health care policy, to give clear messages about direction, articulate how the key players fit together and work together, and provide clarity about what primary health care means. Some identified that the national mental health strategy has been of fundamental value. A national strategy has to be relevant and needs charismatic leaders complementing the acute sector. Other issues from the panel discussion included:

- That state and territory members had few opportunities to meet and discuss these issues, and greatly valued the Network to share information and advice, and highlight opportunities for collaboration.
- That while panel members identified numerous examples of inter-sectoral activity in their jurisdictions, many of these had been funded on a short-term project basis.

Helen Hopkins of the Consumers' Health Forum emphasised that consumers were interested in optimising personal health outcomes for the whole person, rather than in specific funding streams or structures. She outlined ongoing work for members through the CHF website, newsletter and policy briefings, as well as project work on access to appropriate use of medications, safety and quality in health care and care of people with chronic conditions. Access is implicit in all priorities of CHF.

Hal Swerissen, Head, School of Public Health, La Trobe University, completed the forum program with his perspective on concrete issues for primary health care policy. He outlined the issues of underinvestment in prevention, poor quality primary care and post-acute care for those who are ill, multiple inequities associated with geography, CALD, Indigenous utilisation and outcomes, and in health conditions. Other issues were fragmentation, narrow specialisation, medicalisation, professional rivalry and episodic care in hospital:

- Drivers of change include increased demand and expectations from consumers, and pressure on efficiency from governments, while there is increasing professional resistance to change.
- Service system reform is one of the key responses to these issues — consisting of jurisdictional rationalisation and government reform, as well as financing and funding reform.
- Possible program responses include MBS restructure (a very blunt instrument), including primary care in the Australian Health Care agreements, HACC reform to include chronic illness as well as post-acute and subacute care, or new programs and strategies.
- Organisational and capacity building responses include Council of Australian Governments (COAG) state and Commonwealth reallocations, area management, payment reforms and workforce reforms. A possibility is the development of new virtual primary care organisations to provide primary prevention as well as care across the continuum for a defined population.

The topic of leadership in primary health care was raised several times during the forum. One interesting comment was that if both levels of government are involved in primary health care or any health area, it is critical that the Commonwealth provides leadership. When health policy is going well, it is usually when the Commonwealth has taken a leadership role; for example, in developing the HACC program, or in HIV AIDS policy.

Prue Power, Executive Director of the Australian Healthcare Association, summed up the Forum which had demonstrated support for the Australian Primary Health Care Network, to facilitate liaison between the disparate sectors of primary health care, and move PHC more firmly onto the policy agenda. The Network members will meet early in the year to plan activities and prepare submissions, and convene another forum later in the year in association with a relevant national conference.

Key discussion points:

- National PHC policy
- Raising profile of primary health care for its intersectoral population work as well as more clinically-focused service provision, health promotion and disease prevention.
- Development of new models of service provision with team approaches, combining fee for service with capitation to meet consumer needs across the continuum of care, including chronic disease management.