



The Australian National University

PRIMARY HEALTH CARE IN AUSTRALIA:
OVERVIEW & FUTURE OPTIONS

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- PHC in Australia = General Practice
- Especially since introduction Medibank/Medicare from 1970s
- Commonwealth funds primary care & states by & large run acute services
- In fact states provide significant services, eg public dental, drug & alcohol counselling, prisoners' health
- GP by far the largest-over 100m services pa

- 1992 GP Strategy funded by Commonwealth
- Intended to address
 - Isolation GPs from other providers
 - High & growing GP numbers
 - GP costs (actual & flow-on) rising faster than increase in population

- Key elements:
 - Established divisions of GP
 - Rural incentives program
 - Better Practice program
 - GP evaluation
 - Standards & accreditation for GP

- GP Agreement:
 - Contain growth in costs
 - Created pool of \$ for doctors to use for improvement
- Extended primary care items- links with other providers
- Service Improvement Payments (SIPS), eg diabetes & asthma
- Better Outcomes in Mental Health



GP STRATEGY: MEDICARE PLUS & SINCE

- Principally about access/price for consumers
- Limited MBS access to other professionals
- But under GP control
- 2005 change to EPC items: GPs can now do care plans without involving other professionals

WHERE TO NOW?

- Decade of reform trending to more team & multidisciplinary approaches to primary care
- Perhaps these have peaked & might even be some 'correction'
- Yet increasing evidence that doctor-centred, fee-for-service based primary care system not best fit for Australia into the future & unsustainable

- Cost
- Suitability for ageing population with chronic health care needs
- Workforce shortages

- A more team-based approach to care
 - Teams 'fit for purpose'
 - Skills rather than professional boundaries
- Effective integration of acute care & PHC

- Doctor intensive
- Strong professional demarcations: little flexibility
- Increasing specialisation
- Medicare \$ demand-driven rather than strategically applied to need
- Basically a 'one size fits all' model
- Rural operates as a 'pale reflection' of urban models

WORKFORCE: PROBLEMS

- Workforce shortages in all health professions
- Over reliance on temporary foreign workers is risky- the problem is world wide
- Baby boomers exiting the workforce
- Declining local school leavers by 2020
- Reduced workforce participation by both males & females
- Cannot fill all our GP training places
- Difficulties retaining nurses

- New models of care- evidence based
- New approaches to workforce
- New funding & remuneration models
- One level of government

- A decade of research, trials & pilots, e.g. Hospital Demonstration, Rural Health, General Practice
- Many innovative models to be evaluated
- Synthesising & evaluating this material in a systematic & policy-focussed way a first step

- Health care based around defined populations
- Entities to be responsible for health of those populations
- Potential entities: division-like structures; area health services; whole of jurisdiction (eg NT)

- Why is Australia still asking 'whether' rather than 'how'
- Multidisciplinary teams:
 - Nurse practitioners & physician assistants
- Need major reforms to education & training
- Expand the education, training and research infrastructure provided through rural clinical schools & university departments of rural health
- Productivity Commission report on Workforce

NEW FUNDING & REMUNERATION MODELS

- Time to review fee for service from care and workforce perspectives
- Would per capita funding better suit chronic disease & rural health needs ?
- More flexibility in budgets & accountability
- Investment in infrastructure

ONE LEVEL OF GOVERNMENT

- Problems in funding divide problematic, eg primary care/hospitals & in rural areas where there are fewer resources to go around
- Could one level of government take total responsibility for health care?
- Tony Abbott: if there is one reform to be made, this would be it (2005)

SOME DIRECTIONS

- Widespread pressure for continuing reform in primary care
- States and divisions working together, Vic primary care partnerships
- Workforce initiatives mooted by states
- Calls for a national primary care strategy