

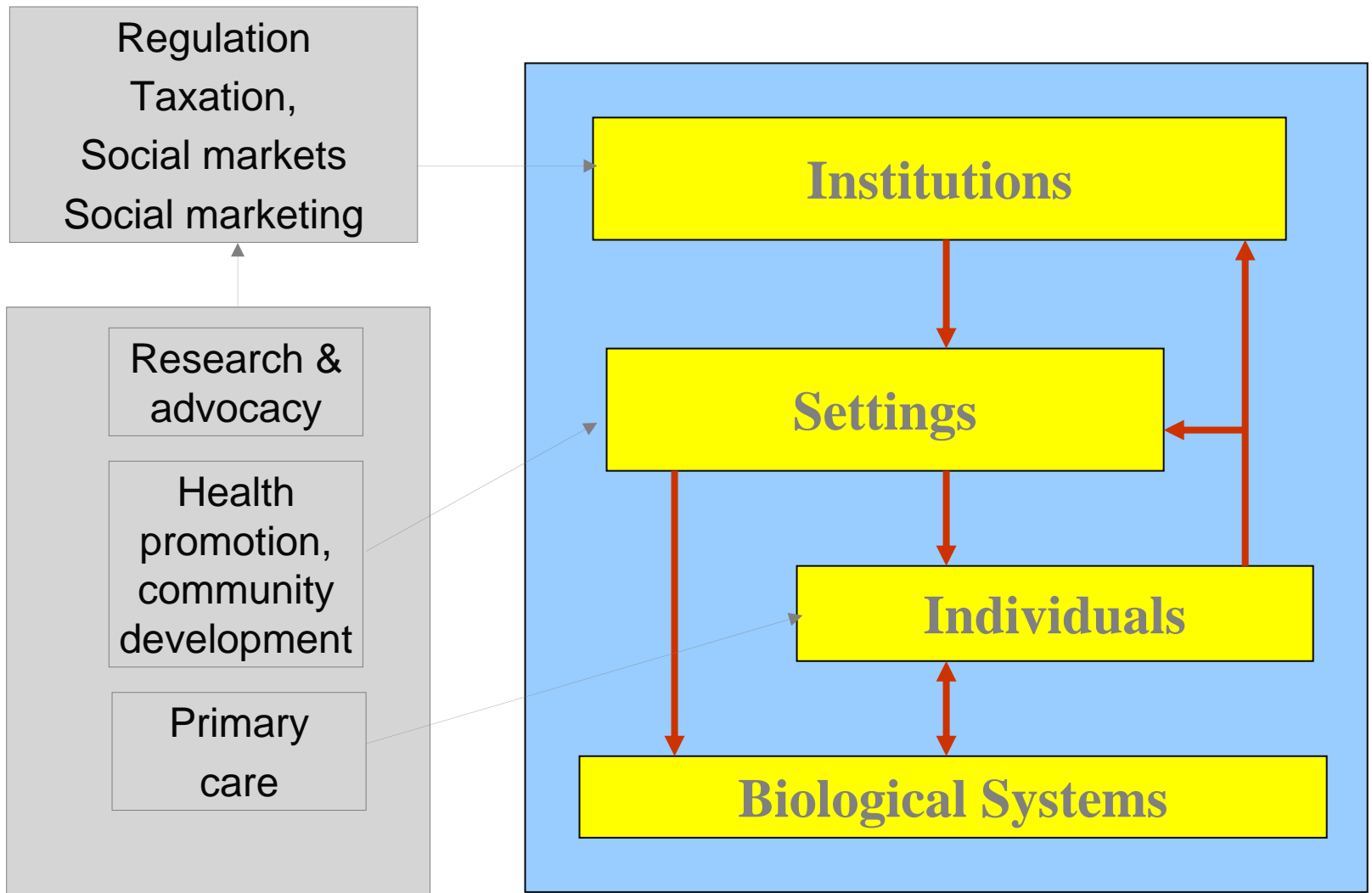
# Comments on the future of primary health care

*Professor Hal Swerissen*

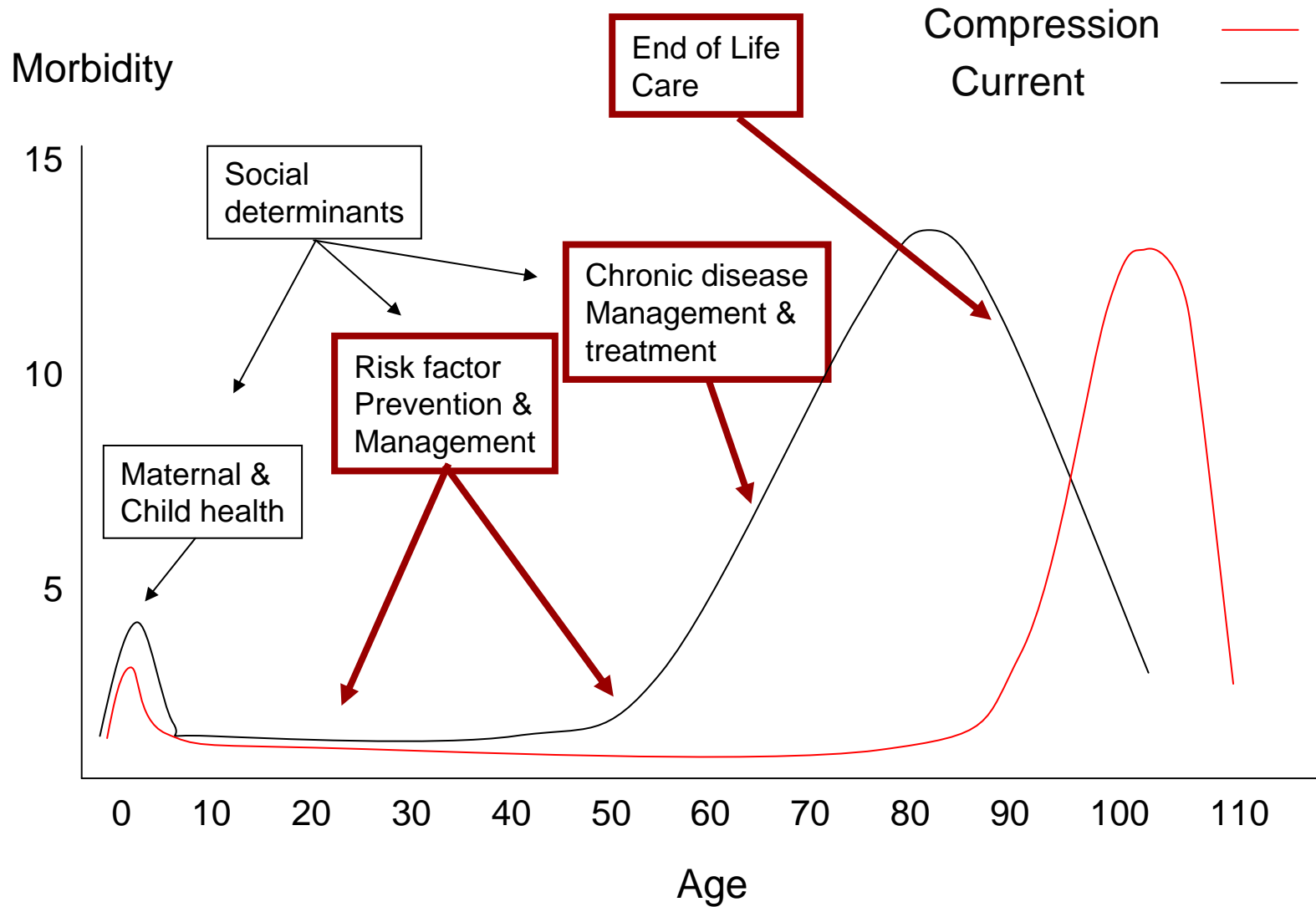
*Acting Dean of Health Sciences, La Trobe University, National Primary and  
Community Health Network, Adelaide, 2<sup>nd</sup> November 2007*

- John Hill
  - Here and now initiatives in a constrained environment
- Robyn McDermot
  - The magnitude of the problem
- Kate Carnell
  - In praise of pragmatism and middle level solutions
- Helen Keleher
  - In praise of structural solutions
- David Panter
  - The SA approach & investment
- Clare Amies
  - The importance of partnerships

# Integration & definitions



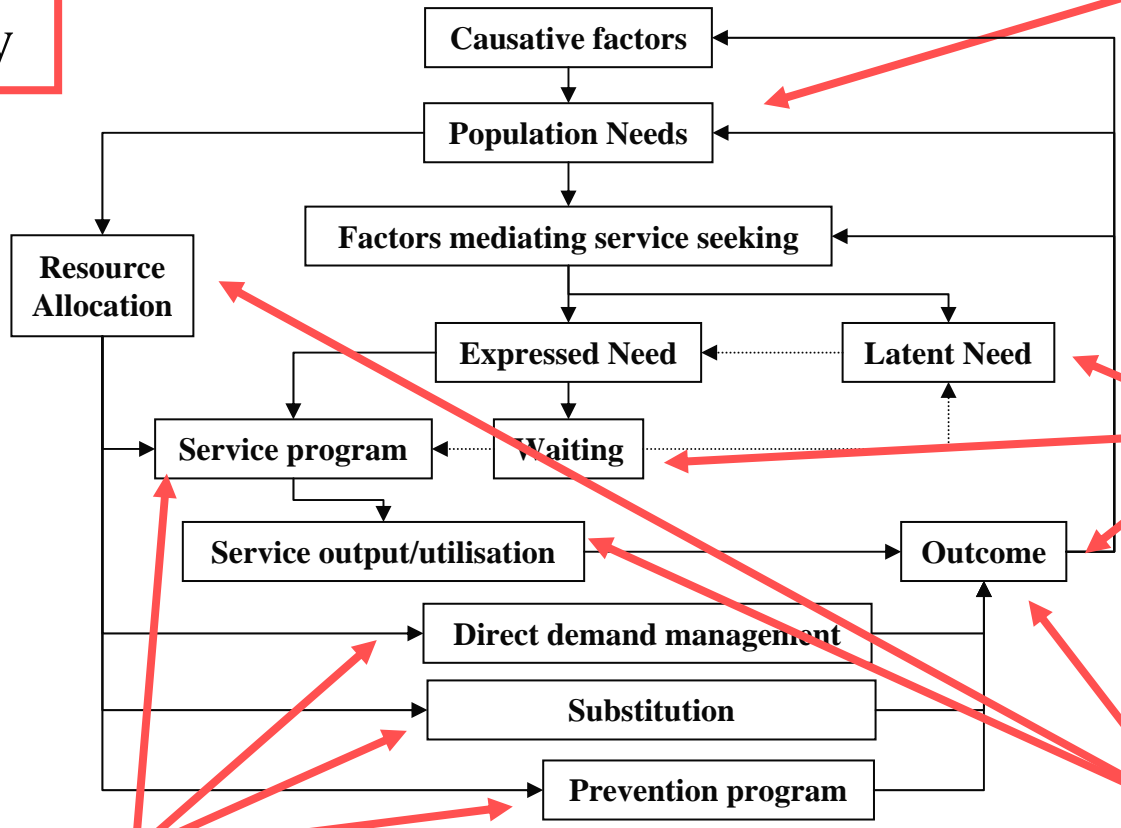
# Reform objectives



# Choices

Priorities & Resource Adequacy

Political Rationality

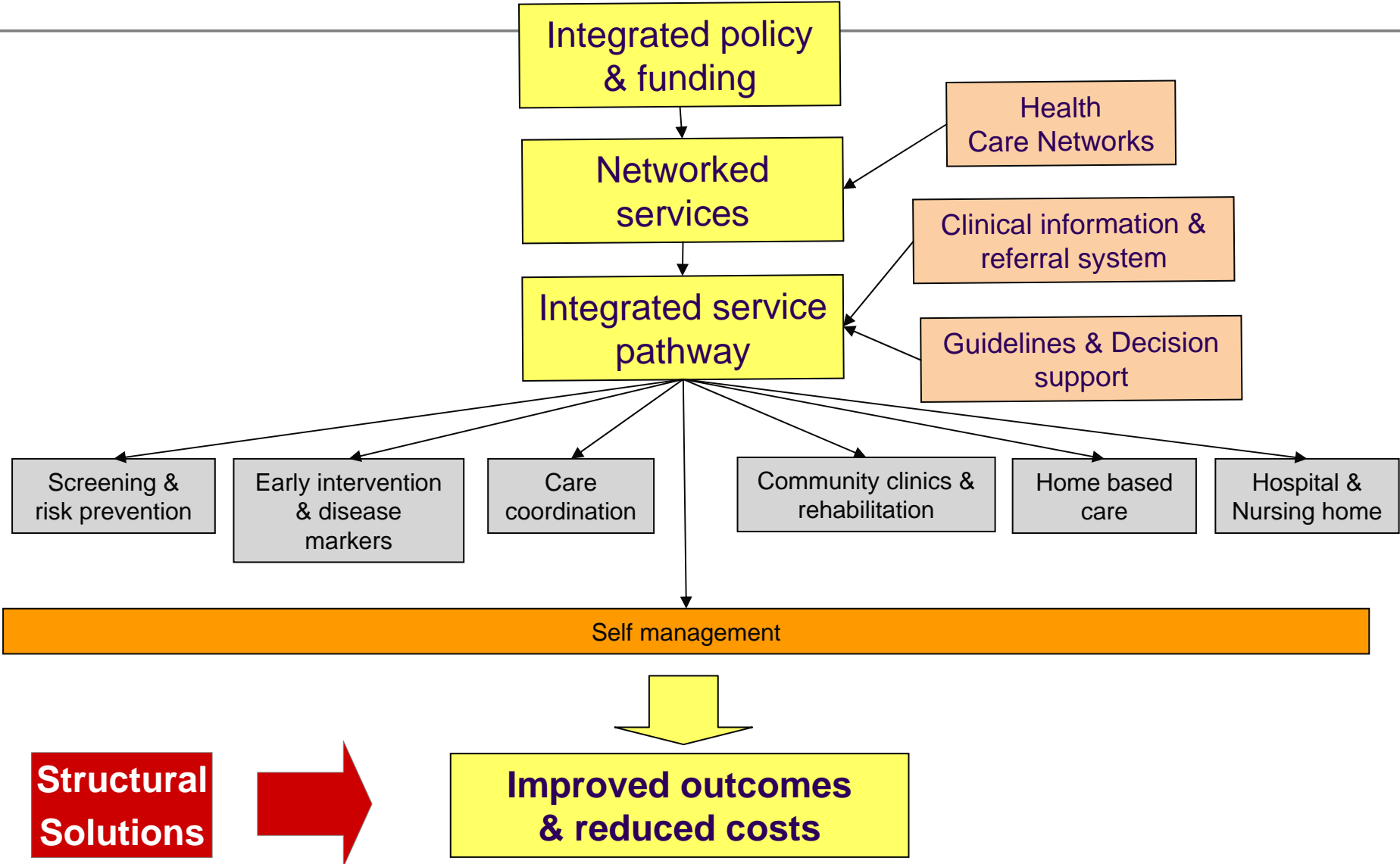


Equity

Efficiency

Evidence, practicality, responsiveness

# Integrated primary care



## Poor quality care

**Table 3. Adherence to Quality Indicators, Overall and According to Type of Care and Function.**

Variable	No. of Indicators	No. of Participants Eligible	Total No. of Times Indicator Eligibility Was Met	Percentage of Recommended Care Received (95% CI)*
Overall care	439	6712	98,649	54.9 (54.3–55.5)
Type of care				
Preventive	38	6711	55,268	54.9 (54.2–55.6)
Acute	153	2318	19,815	53.5 (52.0–55.0)
Chronic	248	3387	23,566	56.1 (55.0–57.3)
Function				
Screening	41	6711	39,486	52.2 (51.3–53.2)
Diagnosis	178	6217	29,679	55.7 (54.5–56.8)
Treatment	173	6707	23,019	57.5 (56.5–58.4)
Follow-up	47	2413	6,465	58.5 (56.6–60.4)

\* CI denotes confidence interval.

Source: McGlynn et al (2003) NEJM 348(26) 2635-2645

# How good is our health system?

	<u>Access</u>	<u>Quality</u>
▪ Urgent care	good	good
▪ 'simple' primary care	good	good
▪ Maternity	good	good
▪ Post acute care	variable	variable
▪ Sub acute care	variable	variable
▪ Chronic care	variable	poor

# Current initiatives: National & Commonwealth

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- COAG
  - ABHI
- Medicare
  - SIP
  - PIP
  - CDM items

## Current initiatives: State

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- Networks
- GP linkages models
- Capital integration models
- Data integration initiatives
- Access (social disadvantage) projects
- Hospital demand management initiatives

- Structural initiatives
  - Smoking, nutrition, physical activity, alcohol
  - Access & equity initiatives: services, education, housing, employment, governance
- Primary health care initiatives
  - Integrated service delivery (including setting focused health promotion)
  - Community focused access and equity programs
  - Integrated funding, policy & information
  - Research and advocacy

- Population level organisation of services around catchments and enrolled populations
  - Area health planning, funding & governance (or HMO models)
- Functional alignment of funding & regulation for primary, acute, sub acute, residential care focused on population health outcomes
- Organisational reform of primary health care
  - Integrated care models
  - Extended scope & practice including health promotion
  - Extended hours & availability
- Coordination infrastructure across acute, sub acute, residential & primary health

- COAG
  - National Health Plan
- Australian Health Care Agreements
  - Funding and program realignment

## Concluding remarks

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- The inevitability of primary health reform
- The election as a watershed?
- National networking & capacity building