



National Update


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Overview

1. Major reform activities and outcomes
 2. Our priorities for leading reform
 3. Next steps?
 4. Questions
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Major reform activities

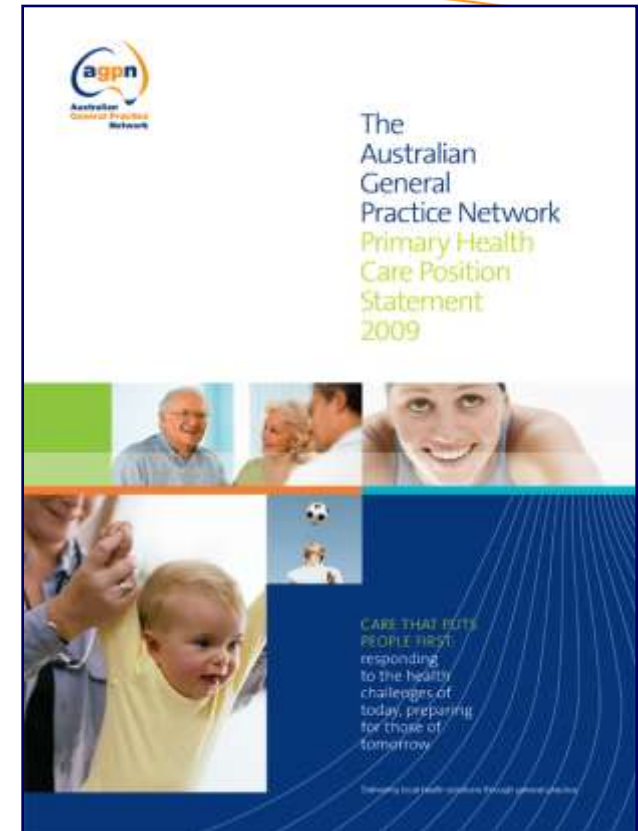
- National Health and Hospitals Reform Commission
- Draft National PHC Strategy
- Preventative Health Taskforce
- MBS Review
- Maternity Services Review
- eHealth Strategy



**Where are
we going?**

The Network's priorities for reform

- Strong PHC system with general practice leadership
- Multidisciplinary teams
- Growth of PNs
- Funding reform - blend of FFS, capitation, P4I, infrastructure payments
- Voluntary registration
- IEHRs
- Regional PHC organisations / Divisions of PHC
- Expansion of programs like MAHS and ATAPS



- Investment in self management, sub-acute services and 'step up, step down' services delivered in the community
- Embed Collaborative methods into routine practice

A HEALTHIER FUTURE FOR ALL AUSTRALIANS

Final Report of the National Health and Hospitals Reform Commission

VISION:

A sustainable, high quality, responsive health system for all Australians now and into the future

REFORM GOALS:

- Tackle the major access and equity issues that affect people now
- Redesign to position us to meet emerging challenges
- Create an agile, responsive and self-improving health system for future generations

A Healthier Future for All Australians – June 2009

Final Report of The National Health and Hospitals Reform Commission – Blueprint for Reform

A sustainable, high quality, responsive health system for all Australians, now and into the future

VISION

REFORM GOALS

- Tackle the major access and equity issues that affect people now
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THEMES

Taking responsibility

Individual and collective action to build good health and wellbeing – by people, families, communities, health professionals, employers, health funders and governments

Connecting care

Comprehensive care for people over their lifetime

Facing inequities

Recognise and tackle the causes and impacts of health inequities

Driving quality performance

Leadership and systems to achieve best use of people, resources, and evolving knowledge

TRANSFORMATIVE ACTIONS

Healthy Australia 2020 Goals

National Health Promotion and Prevention Agency – education, evidence and research to make prevention a high priority

Greater personal responsibility supported to make healthy choices and decisions easier

Health literacy – in National Curriculum for all schools; accessible high quality health information throughout life

Person-controlled electronic health record

Recognition and support for carers

Better information about creating healthy local communities – ‘wellness footprints’

Health promotion and wellness programs through the workplace and health insurers

National action on broader determinants of health

Strengthen and integrate primary health care:

- Commonwealth responsible for all public funding and policy for primary health care
- Comprehensive Primary Health Care Centres and Services
- Voluntary enrolment for young families, Aboriginal and Torres Strait Islander people and complex and chronic patients with a primary health care service as their ‘health care home’
- Create regional Primary Health Care Organisations by transforming Divisions of General Practice

Invest in a healthy start to life from before conception through the early years – universal and targeted services

Reshape hospital roles for emergency and planned care and fund accordingly; strengthen outpatient and ambulatory specialist services in community settings

Complete the ‘missing link’ of subacute services and facilities

Expand choices for care and accommodation in aged care

Improved palliative care and advanced care planning

National Access Targets across all public health and hospital services

System connections – e-health and communications

Make real the universal entitlement to health services with targeting on the basis of health need

National Aboriginal and Torres Strait Islander Health Authority – expert commissioning, purchasing and brokering of services to achieve better health outcomes

Aboriginal and Torres Strait Islander health initiatives – focus on healthy start – nutrition; strengthen community controlled organisations; develop Aboriginal health workers and workforce

‘Denticare Australia’ – restorative and preventive oral health care for all Australians; dental residency; oral health promotion and school dental services

Remote and rural health – equitable and flexible funding; innovative workforce models and enhanced support for rural practitioners; telehealth; patient travel support; research, training and infrastructure

Mental health – early intervention for young people; rapid response teams; subacute care; limited health and social services

National reporting on progress in tackling health inequities

‘Healthy Australia Accord’ – creating ‘a national health system’ by transformed government responsibilities

Explore a more responsive and sustainable system for the future – ‘Medicare Select’ – through greater consumer choice, competition and innovation

Activity-based efficient funding with payments for performance and quality and reshape the MBS

Transformation capital investment to support reforms

Better workforce planning, training and use of capabilities – National Clinical Education and Training Agency; training activity funding and infrastructure

Embed focus on safety and quality – Permanent national body to promote, monitor, and report on quality and safety; and local systems of clinical governance

Smart use of data, information and communication – by consumers, clinicians, health services, health funders and researchers; supported by e-health

Public reporting on National Access Targets; quality and outcomes; efficiency and performance; 2020 goals

Build and support research, sharing knowledge and innovation capability at all levels

PRINCIPLES

People and family centred • Equity • Shared responsibility • Promoting wellness and strengthening prevention • Comprehensiveness • Value for money
 Providing for future generations • Recognise broader social and environmental influences shape our health • Taking the long term view • Quality and safety
 Transparency and accountability • Public voice and community engagement • A respectful, ethical system • Responsible spending
 A culture of reflective improvement and innovation

National Health and Hospitals Reform Commission: Top 12 for Primary Health Care (and thus the Network)

- Primary health care - strengthen and integrate
 - Commonwealth funding and policy
 - Comprehensive Primary Health Care Centres and Services
 - ‘Health care home’ - voluntary enrolment for PHC for young families, Indigenous people and chronic disease with tied, bonus and bundled
 - Primary Health Care Organisations – transformed GP Divisions
- National Access Targets - across all settings to improve access
- Investment in prevention and people taking responsibility including greater self management and shared decisions
- Rural and remote - getting services to people and people to services
 - Equivalence ‘top up’ payments for PHC
 - Recruit from and train in rural and remote settings
 - Support and incentives for rural health workforce
 - PATS

National Health and Hospitals Reform Commission: Top 12 for Primary Health Care (and thus the network)

- Clinical Education and Training Agency
 - Clinical infrastructure in PHC
 - ABF for clinical education across settings
 - Competency based framework
 - Collaborative team based care
- Clinical and health services research
- Person-controlled electronic health record - e-enabled
- Smart use of data and knowledge - at all levels
 - People, clinicians, service providers, funders

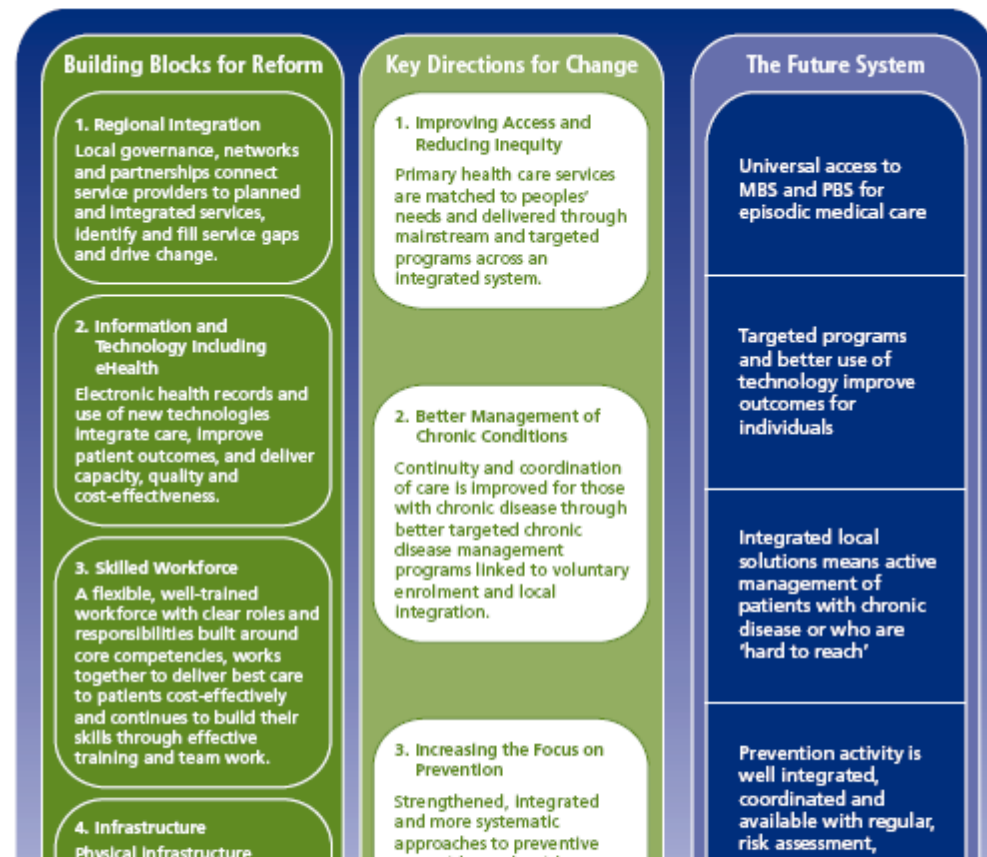
National Health and Hospitals Reform Commission: Top 12 for Primary Health Care (and thus the network)

- Connecting care across the service continuum -
 - Hospital ED funding loadings
 - Redesign outpatient services
 - Community based specialist services
 - Palliative care in PHC
 - Medical access in aged care
 - Advanced care plans
- ‘Closing the gap’ - NATSIHA expert purchasing for Indigenous people
- Evolving to next generation Medicare - strategic purchasing, P4P&Q and reshaping the MBS
- Creating ‘one health system’ - the Healthy Australia Accord now and explore ‘Medicare Select’

PHC Strategy

- Consistent in findings with NHHRC
- Suggests regionally based, primary health care entities
- Voluntary patient enrollment for complex and chronic conditions
- Suggested review of payment mechanisms

Towards a 21st Century Primary Health Care System - A Snapshot



What is in? what is out?

- What is clear:
 - Broader membership
 - Larger entities – C Bennett – large; more at the 500K population size
 - Local involvement meeting local needs
 - Take account of patient pathways, travel/ roads, communities of interest
 - Broader governance expertise – skills based boards
 - Hold funds for a region
 - Population health and planning role
 - May provide services + purchaser of other services.

The rest is up to us.....

What's in it for the community, general practice, and the Network? Why would government buy us?

- Improved access to comprehensive strong PHC as foundation of Australian health system
- International evidence that PHC results in better outcomes, reduced inequalities, enhanced care, quality, satisfaction, and value
- Reform agenda provides opportunities for general practice and PHC more broadly, as well as opportunities and challenges for divisions network

**It may be hard –
but vital to design our own
future**



Network response to the NHHRC - We can do it!

- Accepted the challenge to become the future Primary Health Care Organisations (PHCOs) of Australia.
- Willing to work with the Federal Government in designing the future models and goals of PHCOs
- Key principles defined
- Systems should be designed that meet local needs and engage the leadership of GP



Connecting Care

A Blueprint for improving the health and wellbeing of the Australian population - the role and function of Primary Health Care Organisations

26 November 2009



THE AUSTRALIAN
GENERAL PRACTICE
NETWORK

A simple model

Integrated policy &
funding



Regional PHCOs



Networked services built around GPs



Improved patient outcomes

Is it good for GPNs?

- This offers you an exciting future!
- But well placed to take the opportunity
 - Only organisation with ties to General Practice who understand GPs and can help encourage and inspire them to take this opportunity enthusiastically
 - Made huge progress, built up considerable expertise, able to build on the present to create the future
 - Utilising private and entrepreneurial energy of GPs and bolstering it with allied health professionals and other PHC workforce in a team environment

Implications

- Many Divisions already have broader PHC roles
 - Significant involvement in service delivery
- Ability to do so varies from State to State/
geographic location, etc
- Future Structure is being debated!
- Fewer, larger PHCOs gives greater authority,
power, leverage, efficiency, credibility, capacity
and competence
- Makes them competitive/hard to bypass

Characteristics

- Essential to continue to support, nurture and develop fundamental strengths of the divisions network

Membership base: GPs and general practice

Key issues

- PHCOs are not Divisions – but we want to retain the important features of Divisions
 - GP engagement
 - GP service support
 - GP integration with the rest of PHC
 - Clinical leadership in primary health care

Steps as a Network

Policy and Communications

- Response on relevant recommendations (AGPN) and all papers
- Discussion paper - PHCO blueprint re roles, functions etc, with member consultation (AGPN with PHC Network Consultative group)
- Pre-election budget submission (AGPN)
- Links to Minister's (and Cabinet) Office
- GPNLG input
- Working with all network members
 - November Chairs/ CEOs meeting
- Blueprint finalised!



Key Timelines

- Blueprint made public – 07 December 09
- CoAG 07 December 09
 - Presentations – PM plus States and Territories
- CoAG early March 2010
 - “The Plan”
 - Double dissolution??
- Boundary work – engaging a consultant + network consultation
- Health economics modelling – the costs for implementation
- KPMG - transition plans

Next steps: Action!

