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Realising the National Primary Healthcare Strategy

Professor Hal Swerissen, Pro Vice Chancellor and Dean Faculty of Health Science, La Trobe University, VHA Conference, Melbourne, October 2008

Faculty of Health Sciences

National Reform context

- National Health and Hospital Reform Commission
- National Preventative Health Taskforce
- National Primary Healthcare Strategy
- COAG Health and Ageing Workforce Group

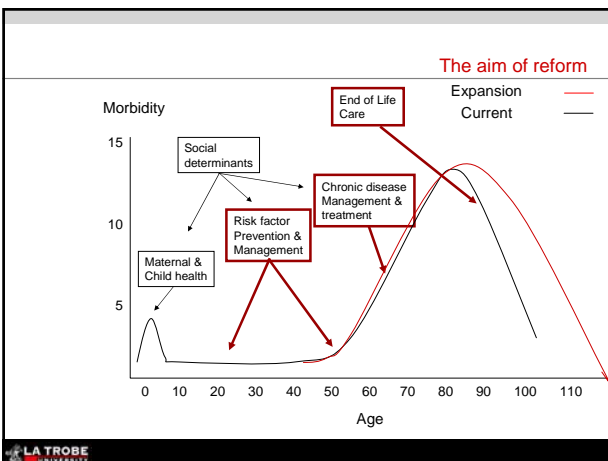
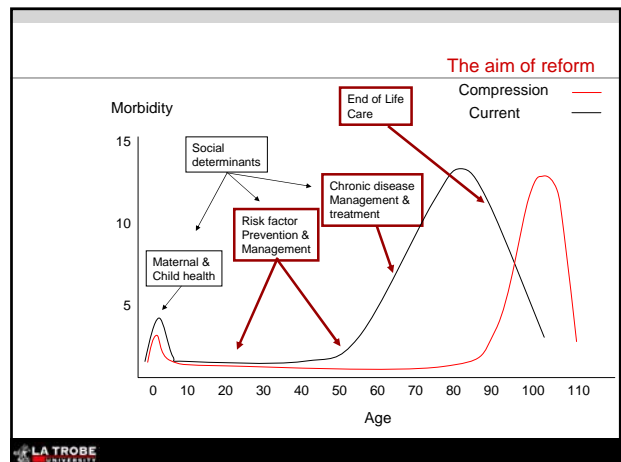
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Directions

- Outcome focus
- Streamlined financing
- Jurisdictional alignment
- Primary health and community care focus

- Major difficulties
 - Risk for growth (population ageing, technology)
 - Risk for performance (management, organisation)

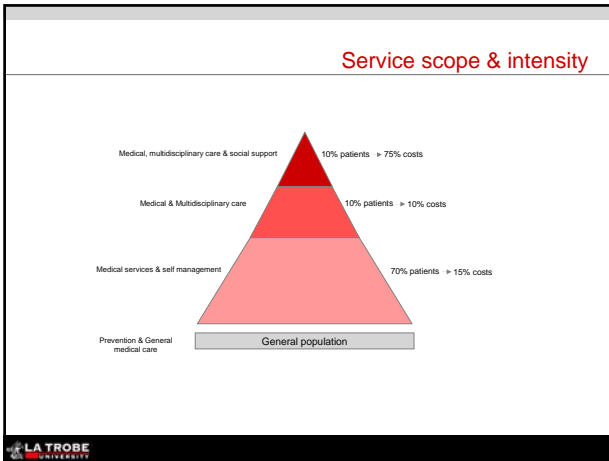
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Chronic disease

- About 77% of the population have a chronic condition
- Chronic conditions account for more than two thirds of health expenditure
- A limited number of chronic conditions have the most significant impact on costs
- CD is heavily age related &
- The population is ageing rapidly
- Demand will increase dramatically

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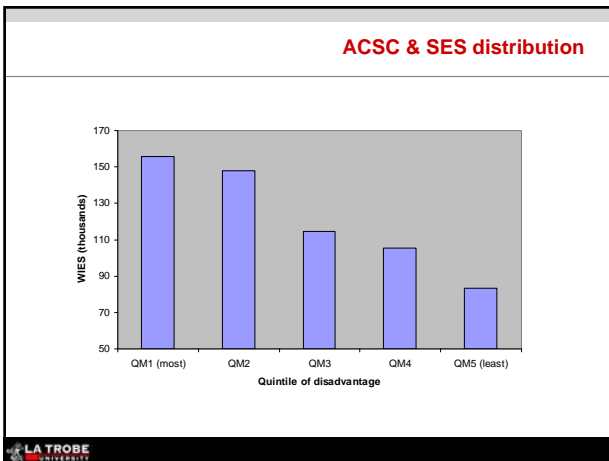
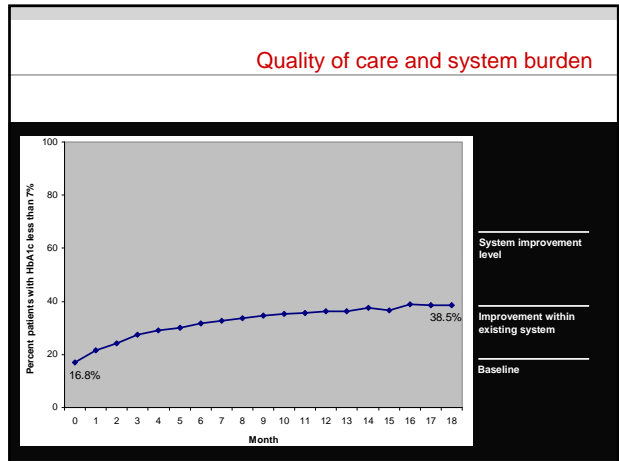
How good is the current health system?

	Access	Quality
▪ Urgent care	good	good
▪ 'simple' primary care	good	good
▪ Maternity	good	good
▪ Post acute care	variable	variable
▪ Sub acute care	variable	variable
▪ Elective	poor	good
▪ Chronic care	variable	poor

Some outcomes from NPCC wave 1, at 18 monts

Measure	% patients
CHD aspirin	65
CHD statin	71
CHD BP <140/90	46
Diabetes HbA1c <7	35
Diabetes SIP	35

Source: NPCC wave 1 national results 2006



- ### Issues
- Ineffective, medicalised, episodic treatment model
 - Inadequate focus and lack of skills for risk factor prevention
 - Inadequate focus on management of complications
 - Inadequate focus on patient/consumer experience
 - Fragmented care system
 - Inadequate organisational, funding and regulatory systems
 - Lack of emphasis on the development of primary and community care system

Why this is important?

- Multiple & confused access points and pathways
- Inappropriate waiting
- Inconsistent consumer information
- Duplicated, inconsistent and fragmented assessment
- Significant service gaps & errors (e.g. medication)
- Fragmented and disconnected service episodes & experience
- Avoidable distress, disability and death

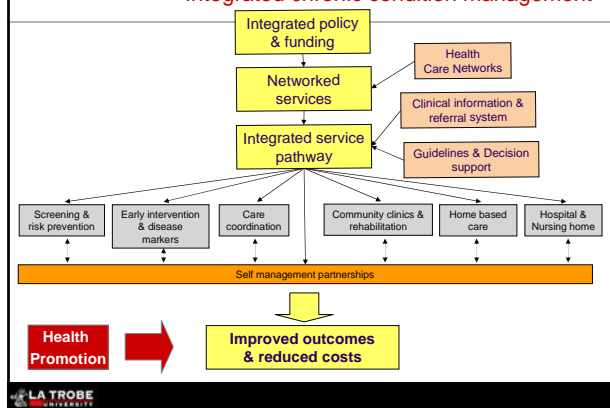
Outcomes to focus on

- Improved behaviour (smoking, nutrition, alcohol, physical activity etc)
- Improved clinical indicators (weight, BP, fats, blood sugar etc)
- Reduced complications (ulcers, renal failure, heart disease, peripheral vascular disease, eye disease etc)
- Reduce pain, disability, distress
- Improved participation, satisfaction & enjoyment

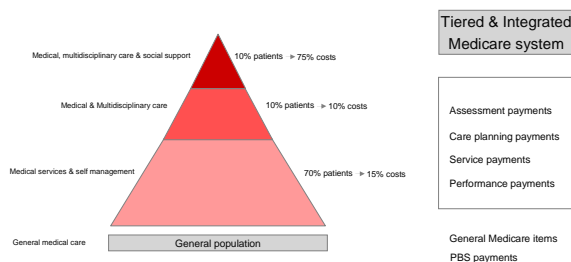
System changes required

- Access (Triage) reform:
 - Universal simple acute & prevention,
 - Targeted early intervention & complex care
- Service reform:
 - multidisciplinary, psychological, social & medical, service continuum, extended hours.
- Funding reform:
 - Medicare, PBS, HACC integration
 - Activity (item) & performance funding, practice agreements
- Organisational reform:
 - catchments, enrolment, planning, system development, performance management
- Practice changes
 - Behavioural management and prevention
 - Disability management (home and community support)
 - Care coordination, counselling & advocacy
 - End of life and palliative care

Integrated chronic condition management



A Medicare Chronic Disease Management Program



Implications

- The current model is conceptually flawed and not working
- Chronic disease burden is large and growing
- There are no 'cures' for chronic disease they can be prevented, managed and delayed
- The main outcomes should be prevention of risk, management of complications, and improvement of experience (of treatment, living and dying)
- Need a new approach to system management
- Need a new integrated approach to practice based on behavioural interventions, pain and disability management, coordination, counselling and advocacy and end of life care

Implications

- A 30% improvement in age standardised prevention of chronic disease?
- A significant reduction in disability, pain and distress
- A significant reduction in unnecessary (medical) service utilisation
- A significant improvement in the experience of care delivery
- A significant increase in participation, satisfaction and enjoyment