Strengthening Medicare and investing in Primary Health Care: a Roadmap for Reform

Addressing a system in crisis

The COVID-19 pandemic, natural disasters and rising tide of chronic illness have exposed many fault lines in Australia's primary health care system.

The Consumers Health Forum of Australia's latest health consumer sentiment survey of over 5,000 people has found that whilst the quality of healthcare services in Australia remains generally high, there are growing gaps in affordability and accessibility particularly among disadvantaged cohorts and people with chronic conditions.[1]

Australians commonly experience a health care system that is fragmented, with inconsistent levels of access especially in the regions and a lack of continuity in patient care. Year on year reductions in the number of doctors choosing general practice has led to drastic workforce shortages, coupled with existing access issues in fast growing outer urban areas.

Major primary health care reforms are required over the next 10 years where public hospital funding is projected to increase by $42 billion (surpassing $115 billion per year)[2] if it continues to grow at current rates, requiring 375 hospital beds to be built every month to keep up with demand.[3]

The Primary Health Network Cooperative and Consumers Health Forum of Australia welcome Labor's commitment to invest in urgent reform following a decade of neglect, serial funding cuts, over-reliance on fee-for-service, and blanket restrictions to Medicare rebates.

Labor's $250m of additional funding per year over the next four years will go some way to addressing challenges in the system, and we understand that a Strengthening Medicare Taskforce will help drive the necessary changes. However, looking beyond this critical down payment to strengthen and improve Medicare, there are a range of additional and essential measures required to sustain and strengthen general practice and primary care.

This *Roadmap for Reform* will:

- Describe the journey to date, with reforms supported by a united sector
- Outline the Problem: an acute crisis in primary health care
- Identify the Prerequisites for Reform
- Outline the proposed solutions through 6 key action areas

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[1] The Voice of Australian Health Consumers: the Australian Health Consumer Sentiment Survey (2022), https://healthsystemsustainability.com.au/wp-content/uploads/2022/03/PCHSS_ConsumerSentimentSurveyReport_FINAL3.pdf.

[2] AIHW reports $66 billion spending on public hospitals in 2019/20. Based on a 4.7% increase (current rate), the spending estimate in 2032/33 is $115 billion. Spending on hospitals - Australian Institute of Health and Welfare (aihw.gov.au)

[3] Australia's Health Reimagined (2022), Deloitte, Digital Health Cooperative Research Centre, Consumers Health Forum of Australia and Curtin University.

The Journey: a *Roadmap to Reform* supported by a *united sector*

On 11 May this year, the Primary Health Network Cooperative (all 31 PHNs) and the Consumers Health Forum of Australia hosted a summit to continue the momentum generated through the comprehensive primary health care reform consultation process that culminated in *Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2023*. The summit was attended by clinicians, practice managers, researchers, consumers, PHN executive leads and representatives from the Australian Medical Association, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Australian Primary Care Nurse Association, Allied Health Professionals Australia, Mental Health Australia, the National Rural Health Alliance, and the Aboriginal Community Controlled Health Organisation sector.

Participants from some state jurisdictions were also in attendance to reinforce that the responsibilities of local hospital networks such as emergency departments, outpatients and community health contribute to primary care and it is integration with these services that must be part of primary care reform.

Summit delegates developed the following Roadmap of priority actions for primary health aligned to the recommendations of the independent Primary Health Reform Steering Group. If adequately funded and supported by Federal, State and Territory governments, the set of reforms outlined in this Roadmap will deliver healthier populations, better consumer experience, a more efficient health system, greater health equity, and a better work life for health care providers – the Quintuple Aim[4].

Quintuple Aim - key elements of high quality primary health care

[4] Mate K. On the Quintuple Aim: Why Expand Beyond the Triple Aim. Institute for Healthcare Improvement. 4 Feb 2022. Available at: http://www.ihi.org/communities/blogs/on-the-quintuple-aim-why-expand-beyond-the-triple-aim?utm_source=IHI_Homepage&utm_medium=Rotating_Feature

The Problem: acute crisis in primary health care

Since the introduction of Medicare in 1984, Australia's primary health care system has grown and diversified substantially, undergoing numerous tweaks and changes. While our system delivers some of the best health outcomes in the world, there are looming challenges if it is to remain viable, effective and efficient in meeting Australia's rapidly changing needs.

Challenges include barriers to access for some groups in the community, in addition to rising costs to both system and consumers, an ageing population, increased rates of chronic disease, an over-reliance on hospital-based care and rising levels of inequality. In a 2021 analysis by the Commonwealth Fund, Australia was ranked eighth for access to health services among eleven high-income countries.[5] These issues are compounded by jurisdictional complexities, perverse incentives, fragmented primary care services, workforce shortages, a disconnect between primary care and the hospital and ambulance systems, and longstanding underinvestment in community-based care.

Insights into Australia's primary health care system[6]

- One in 7 people do not feel they can make sense of health information
- There is an 8 year life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians
- Almost 50% of people have one or more of the 10 most common chronic conditions, increasing to 80% for people aged over 65
- Higher rates of chronic conditions such as diabetes, heart disease and pulmonary disease are found among people living in areas of socioeconomic disadvantage
- People living in rural and remote areas have poorer access to primary health care services and higher rates of hospitalisations, deaths, injury and disease than those living in major cities
- Australians support a digitally enabled healthcare system, with nearly 80% of health consumers saying they are more likely to select a provider that offers services online or on a mobile device.
- At least 71% of Australians already use technology to better manage their health

In spite of the rapid uptake of telehealth throughout the COVID pandemic, there has been inadequate investment to incorporate technology and other innovations to make the system fit for purpose in the 21st century. There is also strong criticism that the system is too often focused on the needs of providers rather than patients and is failing to meet standards of best practice, including person-centred and integrated care. A sensible modern aim is to connect primary care, the hospital network and consumers into a single effective digital system, rather than the mix of systems currently being implemented or proposed. Another key challenge that has been amplified through more than two years of the COVID pandemic is the strain on the health workforce, resulting in high attrition rates and a system struggling to meet rising demand.

[5] Eric C. Schneider et al., *Mirror, Mirror 2021 — Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021).

[6] Australia's Primary Health Care 10 Year Plan 2022-2023.

Prerequisites for Reform

Building on the recommendations of the Primary Health Reform Steering Group (released in September 2021) we believe the following three essential prerequisites should be delivered within the next twelve months to lay the foundation for further reforms outlined in this Roadmap.

1. Voluntary patient registration (VPR)

Introduce a system of voluntary patient registration (VPR) to promote a long-term relationship with a GP and a general practice of choice enabling integrated, coordinated multidisciplinary care. By allowing a better understanding of a 'registered population', VPR will also facilitate targeted government investment in non FFS financing reforms, systematic screening and prevention by the care team – GPs, practice nurses, allied health and others - that recognise and reward quality and outcomes while progressively shifting the system from volume to value.

2. Workforce Incentive Program (WIP)

Review, refresh and extend funding for the WIP, giving practices capacity to expand to include a more extensive array of multidisciplinary services including allied health, nurses, mental health and medicines' advice in a single health destination. Using meaningful data provided by VPR, enhancements could recognise the need of low socioeconomic areas through an additional loading and support integration of care across primary, community and acute services by reporting WIP investments at the practice level, and associated quality improvement activities, along with other PHN integration, co-ordination and commissioning initiatives.

3. Build and strengthen integrated healthcare neighbourhoods

Establish integrated healthcare neighbourhoods beginning with a focus on areas of relative socioeconomic disadvantage, and rural and remote areas.

These neighbourhoods would be aimed at building the primary healthcare workforce in disadvantaged, rural and remote areas and being more responsive to the particular needs and circumstances of those communities in delivering affordable, accessible, preventative, quality healthcare. Integrated healthcare neighbourhoods (similar to RACCHOs in the context of rural and remote areas), would complement private practice in areas where it is hard to attract and retain GPs and PHC teams, while ensuring effective coordination of services using a community-led, place-based approach to break cycles of disadvantage.

The necessary infrastructure is already available through Services Australia and Medicare to immediately deliver these initiatives and ensure more care is being delivered to patients in their communities and away from an increasingly overburdened hospital system.

Beyond these three main areas of action, a wider suite of measures to build and sustain primary health care are outlined in this Roadmap.

The Solution: a Roadmap to Reform

Australians are calling for more cost effective, integrated and future-focused healthcare. Immediate action is needed to address key health system challenges to ensure Australia can deliver internationally recognised best practice and high quality care.

We need a system that puts patients at the centre with integrated primary care services and digitally enabled health care delivering fairer access, affordability, and quality 21st century healthcare that all Australians deserve. Research has shown that countries with a focus on primary healthcare have better health outcomes and lower health costs.[7]

In 2020-21, Australia's Primary Health Reform Steering Group consulted extensively with stakeholders and outlined 20 recommendations for achieving better primary health care outcomes. An implementation plan based on 6 key pillars of reform has provided the framework for this Roadmap. The goal is to deliver a health system that provides Australian health consumers with affordable and equitable access to quality health care that meets their individual needs.

Our intent is that reform will result in more connected, empowered, confident consumers through 'myGP' and medical neighbourhoods and in 10 years' time they can say:

- My health care team listens and understands my needs, prioritises and respects my choices
- My health care team supports me to set goals and access services to achieve better health outcomes and improved wellbeing
- I don't miss out on services because of where I live, my income, background or lived experience
- I don't have to avoid or put off care because of cost
- When I use a new service or move between services and settings, my treatment records are in one place, there is a seamless handover and a plan in place for what happens next
- I am asked about my experience of the services I use and this feedback is used to improve services for me and others.

[7] OECD (2020), Realising the Potential of Primary Health Care, OECD Health Policy Studies, OECD Publishing, Paris, https://doi. org/10.1787/a92adee4-en

Priority Action Areas

This section outlines the immediate reform priorities across six action areas, developed in consultation with Summit delegates. The actions recommended have been constructed based on feedback given on the day and, while there is a high degree of support for the general thrust of the reforms outlined, in their entirety they do not represent the concluded view of each organisation present.

ACTION AREA 1 - One system

Formalise the commitment to Primary Health Care reform including service and care models, workforce, financing and infrastructure in the next National Health Reform Agreement (NHRA), national policy framework and bilateral agreements.

Invest in integrated healthcare neighbourhoods, to effectively network providers and consumers to drive critical reforms in local communities

Local general practices and other primary care providers and consumers would be supported by their Primary Health Network (PHN) to voluntarily form neighbourhoods. By sharing resources and working with local leaders and service providers, they will increase capacity to provide a wider range of services and deliver efficiencies through the potential to share 'back of house' services such as IT systems which are critical to achieving a digitally enabled, integrated system.

Establish effective regional governance and 'alliance commissioning' arrangements in all 31 PHN regions to progress the goal of one integrated health system

This would result in joint regional primary health care plans, the mobilisation of additional pooled public funding to respond to regional health priorities with integrated systems and services across primary, community and acute care, as well as joint accountability for performance overseen by local governance arrangements including consumer and Aboriginal sector voices.

Labour's Urgent Care Clinic announcement during the election campaign is a good example of an initiative that should be embedded within existing primary health care services and integrated with emergency, hospital and commissioned community based services to enable an alternative critical care option for patients, particularly after hours.

Establish a National Primary Health Care Reform Commission (in addition to the Minister's Taskforce) to drive and support broader reforms across the whole system over the next decade

The Minister's Taskforce will advise on implementation of Labor's Strengthening Medicare measures. The Commission would complement this as a small, nimble governance arrangement to facilitate long-term collaboration between the Commonwealth, states and territories to fulfil three main functions:

- Direct and pool all new investments in primary and community health budgets through the Commission to PHNs and local hospital networks (LHNs) as appropriate
- Support joint planning, commissioning and regional leadership among PHNs and LHNs
- Develop and promote new models of care and best practice commissioning
- Produce regular public reports on joint planning and action by PHNs and LHNs.

ACTION AREA 2 - Equitable patient experience and outcomes

Introduce voluntary patient enrolment (VPR), known as 'my GP'

Should they choose to enrol, this would formalise a patient's relationship with a general practice and a nominated GP. By providing more meaningful data and better understanding of their registered patients, VPR would enable a blend of additional funding tailored to the practice need as well as ensuring accountability by providing a single health care destination experience for patients. This could include obligations to use MyHealthRecord for enrolled patients, provide de-identified patient data for analysis and service improvement purposes, and provide extended after-hours services, for example. VPR will also facilitate targeted government investment in non FFS financing reforms, systematic screening and prevention by the care team – GPs, practice nurses, allied health and others - that recognise and reward quality and outcomes while progressively shifting the system from volume to value.

Develop and launch a next generation Medicare+ to build system equity and implement contemporary models of care

Medicare+ would be linked to VPR, while being associated with quality care within and surrounding General Practice. It would deliver much needed financing reforms, utilising PHN commissioning of VPR participating practices to deliver contemporary models of care for specific patient cohorts, such as vulnerable populations and those with common and/or multiple chronic diseases (such as those at risk of diabetes and cardio-vascular diseases). Medicare+ would support investment in multidisciplinary services including allied health, nurses, mental health and medicines' advice where outside of Medicare fee-for-service payments where each professional would be empowered to work at top of licence. This is already happening, albeit without VPR, where Collaborative Commissioning Programs exist but require additional investment and infrastructure to scale.

Review, refresh and extend the funding for the Workforce Incentive Program (WIP)

This would give general practices capacity to expand to include a more extensive range of services, appropriate to the local context with multi-disciplinary teams potentially involving allied health, nurses, mental health and medicines' advice in a single health destination.

Implement a national social prescribing and self-management support scheme

A scheme to support GPs and their teams to assist patients with the agency, health literacy, activation, skills and services to self-manage their chronic conditions, including mental health. Patients would be linked with services such as lifestyle modification support, health justice providers, financial counsellors, arts and creative programs and other community services as part of managing chronic conditions, and preventive health measures. For too many patients, lack of access to debt management support, housing advice, and criminal and family law mean they remain stressed, poorly housed, using addictive substances and unwell. Providers would be able to access education in brief interventions and health coaching, and consumers would be educated and activated to manage their conditions when they are away from the health care setting. PHN-led examples of social prescribing services are already being introduced and could be scaled nationally.

Fund up to 260,000 vulnerable family packages to break cycles of disadvantage

The social determinants of health have an important influence on health inequity highlighting unfair and avoidable differences in health status and life potential in Australia. Navigating the health system is particularly difficult for vulnerable families stuck between health, social and education systems. Vulnerable family packages would create primary care navigation teams in every PHN, leveraging programs and provider networks already in existence, to enable better coordination of support, referrals and coordinated care including digital navigators. Primary care needs new tools, models of care and professional development in child development health and wellbeing (the first 2000 days): this measure could be supported by a virtual centre of excellence to facilitate knowledge exchange and diffusion of service innovation.

ACTION AREA 3 - Continuous quality improvement, safety and future focus across the system for consumers and provider

Inspire and support change through the creation of a National Improvement Network which funds quality improvement activities undertaken by consumers, general practices, allied health and other primary care providers, ACCHOs and PHNs

Agree indicators of high-quality general practice and primary care, share data, participate in quality improvement activities and encourage transparency amongst consumers, general practices and other providers in relation to the voluntary publishing of agreed measures. Expand current general practice improvement activities to include allied health and other primary care providers.

Establish a National Primary Health Care Data and Analytics Network

This would include a national framework (and accompanying infrastructure) to standardise and link all Health System data in all settings, and across all services. This would be supported by a national outcomes framework and economic evaluation to bolster primary care data analytics capability across consumer channels, general practice, other primary care providers, ACCHOs and PHNs.

Establish an Australian Institute for Primary Health Care Research Translation and Innovation

The Institute would provide thought leadership in driving a national translational research and innovation agenda involving primary/integrated care service delivery; unite researchers, clinicians, executives, policy makers and consumers nationally in codesigning, embracing and promoting effective research and innovation throughout their networks and workplaces; identify and engage international leaders in relevant research and service delivery innovation to inform and influence Australian research and service redesign; and inform appropriate policy development at regional, state and national level.

Develop digital platforms to support continuous quality improvement and multidisciplinary teamwork across the continuum of care, including the utilisation of patient reported outcome measures (PROMs), experience measures (PREMs) and activation measures (PAM)

This would require reflecting on and addressing barriers experienced in the Health Care Homes trial in relation to shared care systems and My Health Record. Develop interoperable secure digital infrastructure across the health sector to support team-based care and connect services to improve transitions of care for people. Introduce shared clinical records to allow patient management across sectors.

ACTION AREA 4 - Bolstering rural health

Introduce telehealth service hubs

These hubs would be established in up to 50 rural localities to coordinate a range of telehealth services and support services including rural remote monitoring. This could include establishing 'digital navigators' within these hubs who are not necessarily clinicians but people nested in the community who can assist both providers and patients with digital literacy and in navigating the new digital platforms.

Expand community-controlled models of rural primary health care services

Explore the delivery of improved services through a network of Rural Area Community Controlled Health Organisations (RACHHO), similar to those proposed by the National Rural Health Alliance, to complement private practice in areas where it is hard to attract and retain GPs and PHC teams. These are aimed at building the primary healthcare workforce in rural areas and being more responsive to the particular needs and circumstances of rural communities in delivering affordable, accessible, quality healthcare.

Establish a national rural health infrastructure provider

This would provide a range of services to RACCHOs including technical, governance, integration, workforce, facilities management, enabling infrastructure, EMR and shared clinical records, continuing professional education and research.

Invest in disaster management coordination through PHNs

Ensure each PHN has a disaster management plan designed in collaboration with local providers and communities that can be rapidly activated in widespread emergencies or disasters.

Adopt all recommendations from Action Area 6 adapted for regional, rural and remote settings

This includes:

- developing an agreed national policy framework that highly values general practice and PHC
- implementation of the National Health Workforce Strategy (2022-2032) with PHC as the highest priority, including progression of the Rural Workforce Incentive Program
- increased investment in multi-disciplinary education and training aligned to new models of care
- rapid progression of GP vocational, practice nurse and allied health training programs with investment in optimal training environments through strong collaboration with regional-to-local partners, and
- progression of general practice financing reform to ensure future financial health and sustainability of regional, rural and remote practices

ACTION AREA 5 - Improving Aboriginal and Torres Strait Islander health

Strategic alignment

Align directions from the National Agreement on Closing the Gap July 2020, the National Aboriginal and Torres Strait Islander Health Plan and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–31.

Strengthen community control and self-determination

Transition the delivery of LHN/PHN-led services to ACCHOs wherever possible and where national leadership is provided through the National Primary Health Care Reform Commission *(as per Action Area1).*

Invest in cultural appropriateness training for providers

Deliver training through ACCHO and PHN partnerships to improve culturally safe practices among mainstream providers to deliver greater choice for Aboriginal and Torres Strait Islander peoples.

Expand the role of ACCHOs to deliver Closing the Gap Outcomes

Provide greater service sustainability and certainty for Aboriginal and Torres Strait Islander peoples through increased flexible funding and investment in workforce development training and infrastructure (facilities, data and digital). Better address local needs through flexible funding as determined by communities, where priorities are agreed through regional governance *(as per Action Area1).*

Establish 'place-based partnerships' between government and Aboriginal and Torres Strait Islander representatives

As described in the National Agreement on Closing the Gap (July 2020), these partnerships are aimed at integrating services linked in with regional governance arrangements established in every community *(as per Action Area1).*

Establish 'policy partnerships'

As described in the National Agreement on Closing the Gap July 2020, these partnerships are for the purpose of working on discrete policy areas including education, health and housing, within each jurisdiction but including national representation to address legislative, administrative and policy barriers to progress.

ACTION AREA 6 - Supporting our Health workforce

Build a sustainable, highly capability and connected Primary Health Care Workforce through the following:

Value the Primary Health Care (PHC) workforce by building on the 2022-2025 NHRA Agreement, to develop a National Policy Framework that commits the Commonwealth and all jurisdictions to the development of a single integrated and equitable health system built on strong Primary Health Care (PHC) foundations with quality General Practice central. This sends an unequivocal message to existing and potential PHC professionals that they will be valued, supported and appropriately rewarded.

Establish primary health care as desirable career destinations by implementing the National Health Workforce Strategy 2022-2032, advancing GP and PHC components as the highest priority. Consolidate state Rural Workforce Agencies to form a permanent National Health Workforce Agency (NHWA) tasked with future-oriented planning of the health workforce, including progression of the Rural Workforce Incentive Program. The NHWA to maintain close engagement with PHNs and through them, local stakeholders involved in implementing, evaluating, and potentially scaling workforce strategies including relocation incentives and capital grants to sustain existing and potentially new practices and services.

Increase investment in team-based multi-disciplinary education and training

Build on the strong evidence base by increasing investment in team-based multi-disciplinary education and training that is aligned to new models of care established under Medicare+ (*see Action Area 2*), spanning students through vocational training to continuing professional development environments across all PHC disciplines. Work with the general practice colleges, APNA, APMA, Allied Health and other professional groups to ensure that future-focussed standards and models are embedded in standards, curricula and education, and are experienced in training positions.

Progress changes to GP Vocational, practice nurse and allied health training programs

Reverse the serious decline in recruitment into General Practice by rapidly progressing changes to General Practice and practice nurse Vocational training arrangements through close collaboration between the colleges, their regional partners and APNA– PHNs, LHDs, university departments, rural training units and their (potentially regionally integrated) teaching practice/special skills networks. Support integration across the training 'pipeline' and invest in the regional development of stimulating student placements in high quality PHC settings, GP-PHN career pathway options, special skills opportunities, etc. Ensure portability of employee entitlements across hospital and community settings, and trial variable single employer options - including through PHNs to local hubs and networks. Take steps to support enhanced primary care training and placement opportunities for practice nurses.

Progress whole-of-system financing reform

Ensure future General Practice viability by progressing whole-of-system financing reform with General Practice financing as top priority intended to position General Practice and PHC as viable and attractive career options, and to rebalance the General Practice blended payment system away from volume towards value-based care while enhancing overall financial attractiveness of the discipline and sector.

Invest in PHC infrastructure

Develop new, future-oriented integrated practice and virtual care delivery models at a local level, supported by PHNs, working closely with local communities and providers, and building on ACCHO concepts of whole-person, wrap-around health and social care. Identify existing models that can be modified and/or further developed (e.g. ACHHOs, RACCHOs, Inala Primary Care, Integrated community centres, multi-purpose services, HealthOne and others) and expedite these developments in high needs communities in all locations via regional-to-local trials of revised practice/service models and financing through PHNs working with LHDs and peak body collaboration

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