Models of Primary Care – *What do older Australians need?*

- Outcomes of the Primary Health Care Review –

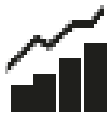
Dr Steve Hambleton, Former Chair Primary Health Care Advisory Group

Dr Steve Hambleton

- Former Chair Primary Health Care Advisory Group
- Former Chairman NEHTA
- Deputy Chair MBS Schedule Review Task Force
- Member Quality and Safety Commission Atlas of Healthcare Variation Advisory Group

What is the problem?

Around 20% of Australians have at least one chronic condition, and this doubles to 40% for people over 45



Medicare spending is projected be the fastest growing area of Australian Government expenditure over the coming decades

Risk factors for chronic conditions such as obesity are already at high levels and are increasing

There is a potentially preventable hospitalisation for chronic disease in Australia every 2 minutes (285,000) – (a diabetes related amputation every 2-3 hrs)

Nearly a quarter of people who visited an emergency department felt their care could have been provided by a general practitioner (GP)

Patients too often experience fragmented services

Payment system is in conflict with the model of care for multi-morbidity and

does not encourage provider accountability for patient outcomes or promote teamwork

Health reform momentum

- Strengthening of the role of Primary Health Networks (NHHRC)
- Federal Budget 2014
- Quality and Safety Commission report into clinical variation
- **Primary Health Care Advisory Group**
- Medicare Benefits Schedule Review Task force
- Reform of the Federation
- Mental Health Review
- Private Health Insurance Review
- **Australian Digital Health Agency – open for business on July 1st 2016**
  - My Health Record is part of a dedicated processes to share information for providers and patients
  - Nearly 4 Million active records and > 10,000 shared health summaries per week

Responding to increasing consumer expectations

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Ownership challenge for My Health record

Bianca Phillips Monday, 20 June, 2016

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THE government's My Health record system gives the patient full control over who can access and add clinical information about them. This is far from the notion of physician ownership of health records declared in Australian case law.

Breen v Williams was a decision of the High Court about a patient's right to access their medical records from a clinic. At that time, patients receiving private care did not have rights of access under the federal Privacy Act and the court determined that the professional could therefore refuse production. Historically, the right of access was only available to public patients under the Freedom of Information Act.

Now federal and state legislation affords all patients the rigl uses of their health records, with some exceptions (see s6[

Less power to the patients: AMA

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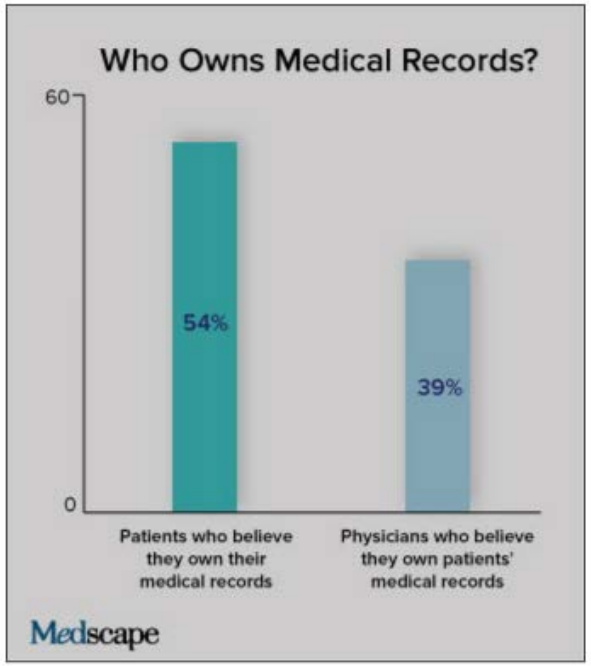
'They should not be able to control what goes on the e-health record and who can view it'



Recognition of the need to share information

"Greater transparency will be good for consumers, particularly around avoiding out-of-pocket costs, and it puts great pressure on doctors to charge prices that are reasonable," nib managing director Mark Fitzgibbon said.

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Specialist fee transparency crucial

Caitlin Wright Monday, 20 June, 2016

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AUSTRALIANS need greater clarity around the true cost of medicine to help patients make informed decisions about their own health, experts say.

The authors of an editorial in today's *MJA* describe private health care in Australia as a "menu without prices", with patients undertaking care not knowing what financial burden it might bring.

Professor David Currow, from the Cancer Institute NSW, and Professor Sanchia Aranda, from Cancer Council Australia, wrote that health care costs continue to rise well above the consumer price index and may influence crucial patient decisions which can have detrimental health outcomes.

'Financial toxicity' alive and well in medicine

20 June, 2016 2 comments Read Later

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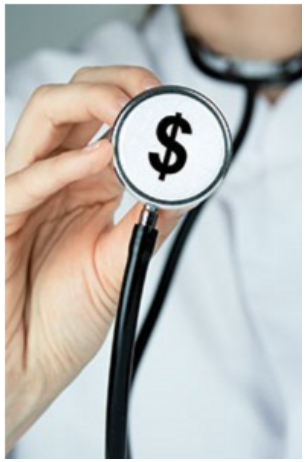
Failure by doctors to inform patients of the full financial cost of a treatment, along with viable alternatives, risks poorer compliance and additional suffering, argue two Australian cancer experts.



Writing in the *MJA*, Professor Sanchia Aranda from the Cancer Council and Professor David Currow from the Cancer Institute NSW bemoan the prevalence of "financial toxicity" in clinical care.

"Financial disclosure is not only how much a procedure will cost but, crucially, whether there

The Royal Australasian College of Surgeons developed an information sheet in 2015

- strongly supports full disclosure and transparency of fees as early as possible in the patient-doctor relationship
- advocates that patients understand all available treatment options
- encourages concerned patients to seek second opinions on recommended treatments and the fees to be charged

Primary Health Care Advisory Group Priorities

- Better care for people with chronic and complex health conditions;
- Innovative care and funding models; and
- Greater connection between primary health care and hospital care.

Primary Health Care Advisory Group
Vision and Principles

Vision

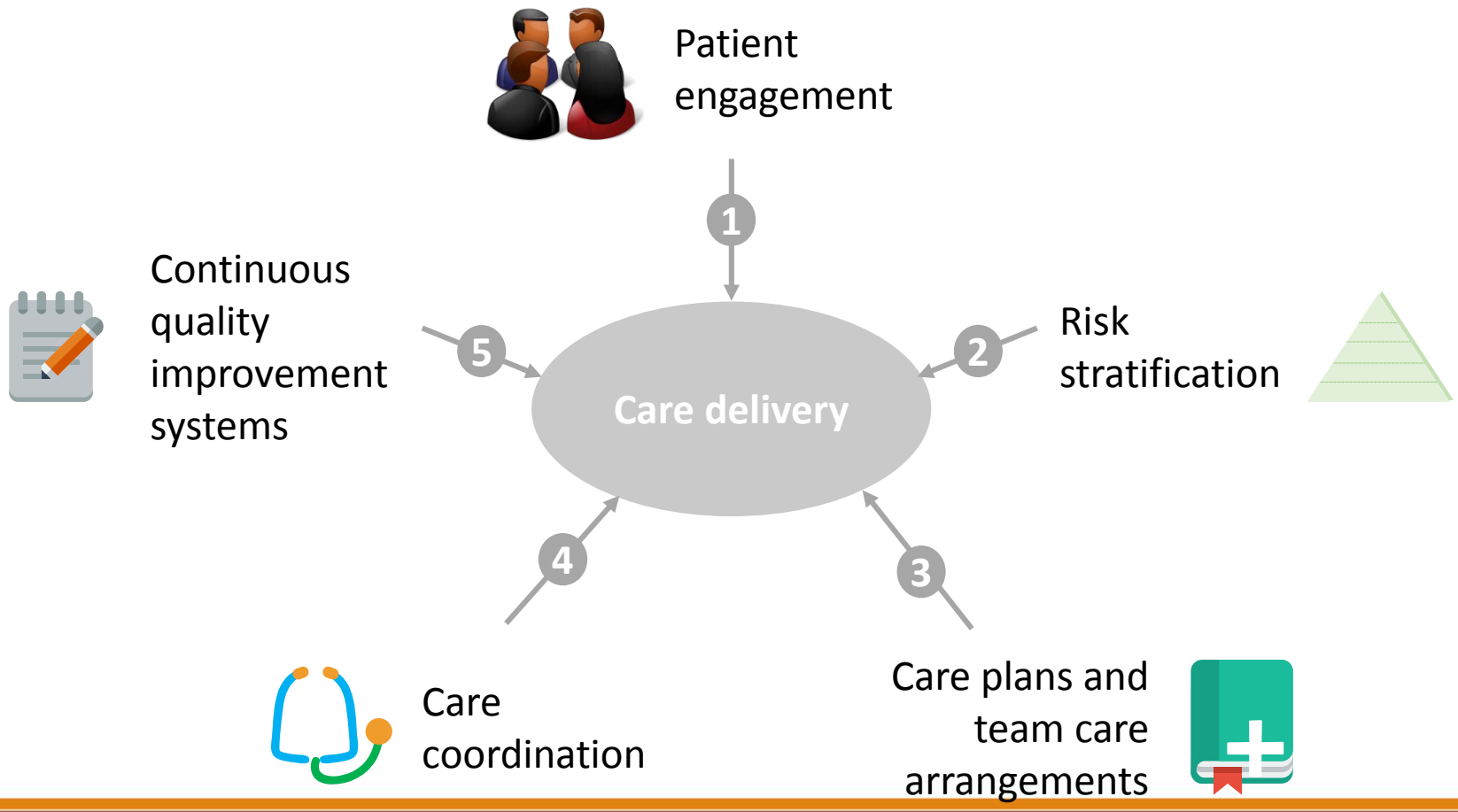
- A primary health care system that achieves the best possible patient outcomes, health status and community participation; and efficiently targets health system resources.

Guiding Principles

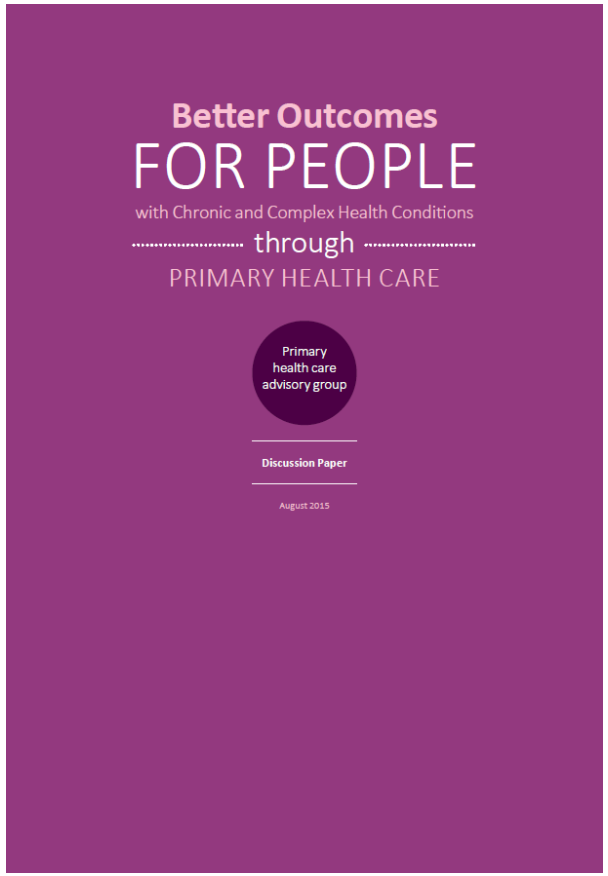
A sustainable primary health care system for patients should:

- **Engage patients and carers as active partners in decisions about their health and wellbeing.**
- Ensure service and funding models are based on best practice to maximise patients' health improvement, service safety and quality, and allow flexibility.
- Deliver efficient health care, eliminating waste and duplication.
- Ensure potentially avoidable hospitalisations are minimised.
- Facilitate integration and coordination of patient care across care settings and support health care professionals to work as multidisciplinary teams.
- Encourage all primary health care professionals to work to their full scope of practice.
- **Support the collection, reporting and use of primary health care outcome.**

Features of high performing Primary Care Systems



National consultation process



Following the release of the Discussion Paper, a comprehensive national consultation process was held, including:

- Online survey 1000 responses
  - 255 organisations
  - 770 individuals
- 16 public information briefings
- Over 45 stakeholder consultations and sector briefings
- 10 consumer and carer focus groups
- A national interactive live webcast with approximately 500 participants online.

Feedback from consultations and written submissions

- There is strong support for **voluntary patient enrolment (77%)** for people with chronic and complex health conditions.
- There is **general support for myHealth records and an opt-out** approach.
- This is an untapped opportunity to **engage patients** in their own care, particularly with technology that people already want to use (e.g. smart phones 15 million in use, wearables 30% using or intending to use).
- There is general support for the **reporting of outcomes (90%)** and changes in health status at an aggregate level.
- There is support for a **blended payment mechanism** which recognises and caters for different complexities and levels of care needed.

PHCAG Final Report

- The Advisory Group delivered its final report, *Better Outcomes for People with Chronic and Complex Health Conditions*, to Government on 3 December 2015.
- The final report was released on 31 March 2016 and can be found on the Department of Health's website at www.health.gov.au/healthiermedicare
- The PHCAG made 15 key recommendations designed to establish a Health Care Home model of care for patients with chronic and complex conditions.

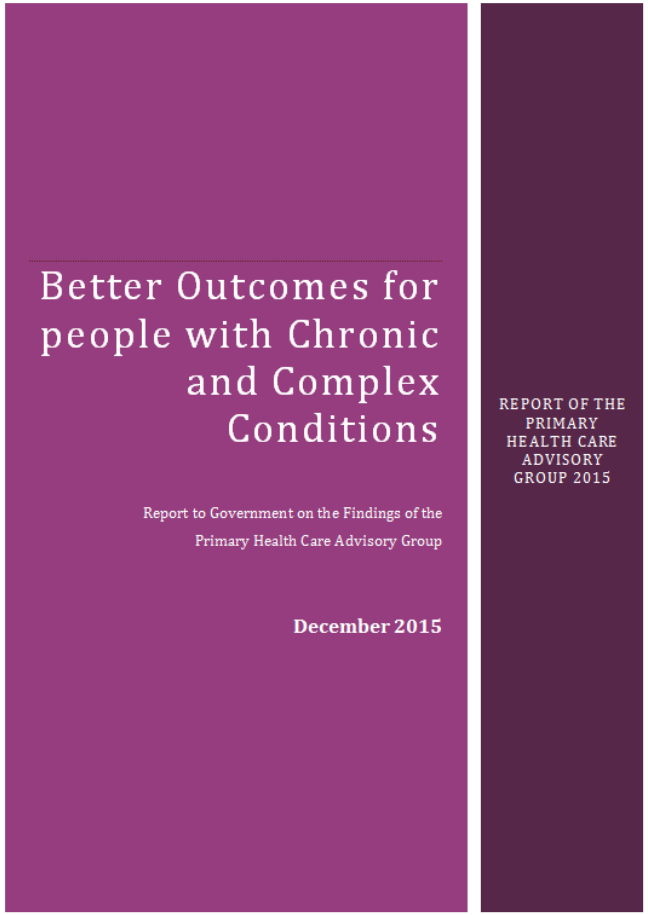
Government support for implementation

Prime Minister Malcolm Turnbull, Health Minister Sussan Ley and Dr Steve Hambleton met patient Michael Hartmann and his GP Dr Antionio Di Dio in Canberra on Thursday. Picture: Andrew Meares Source:*AAP*

We have

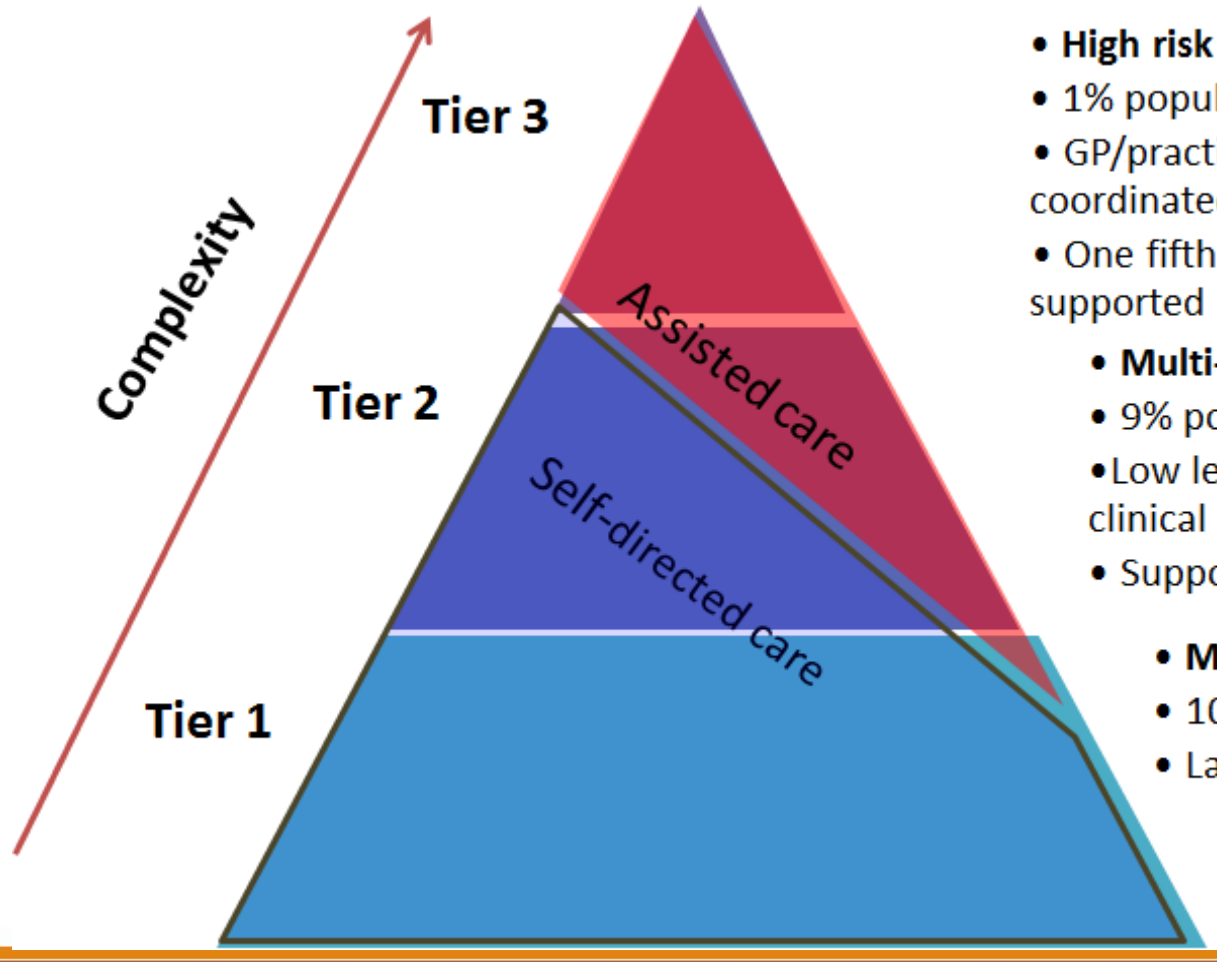
- Political
- Professional
- Community Support

Final Report



- 15 recommendations across 4 key themes:
  - Appropriate and effective care
  - System integration and improvement
  - Payment mechanisms to support a better primary care system
  - Measuring to ensure we achieve outcomes
- Staged rollout of new care model

Better Targeting Resources According to Patient Risk Factors



- **High risk chronic and complex needs**
- 1% population*
- GP/practice high level of clinical coordinated care
- One fifth of this group may be best supported with palliative care options

- **Multi-morbidity and moderate needs**
- 9% population*
- Low level clinical coordination and non clinical coordination
- Supported self-care

- **Multiple Chronic conditions**
- 10% population*
- Largely self-managing

*Indicative estimates

Health Care Home model

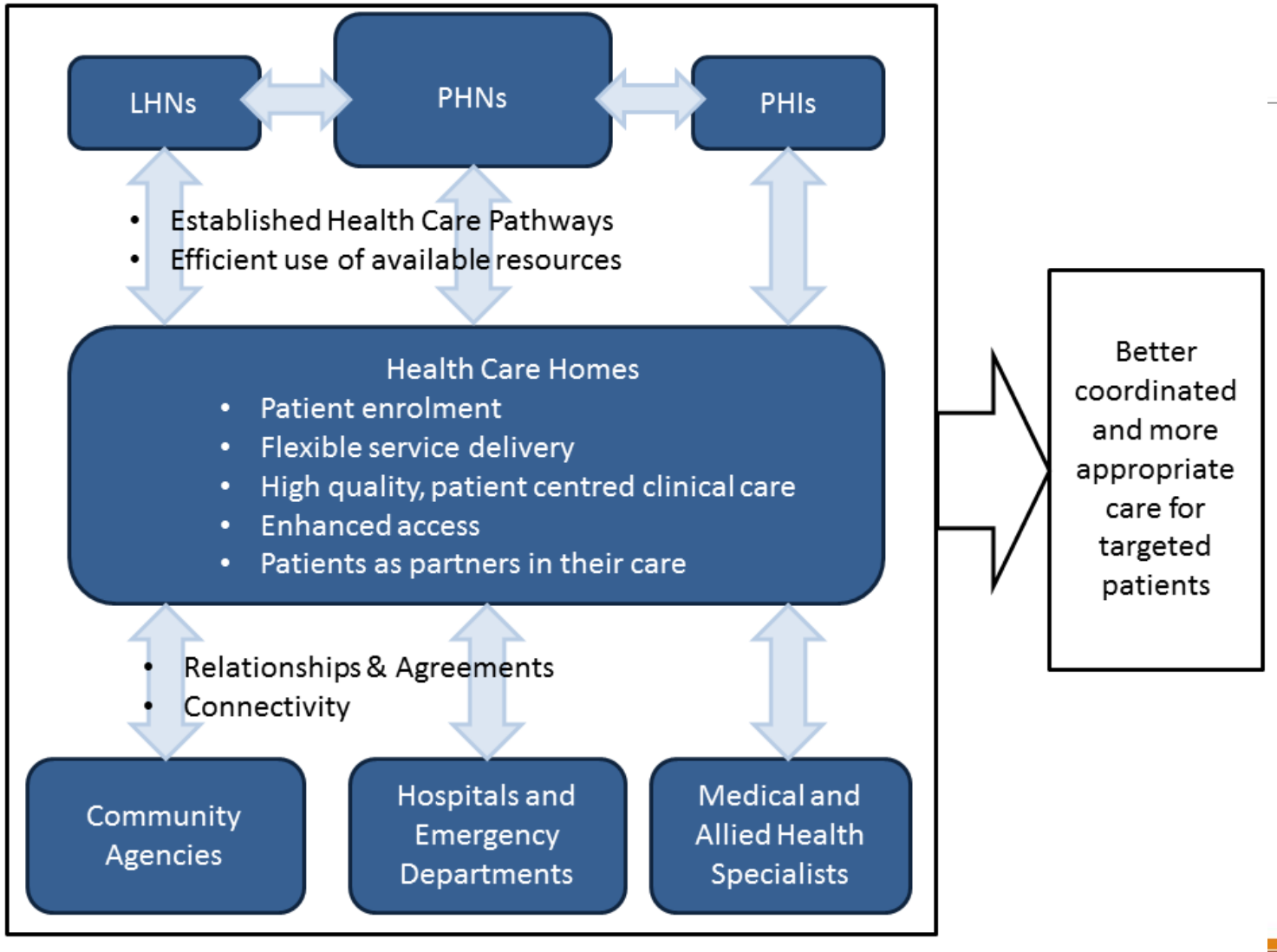
- Eligible patients may voluntarily enrol with a participating medical practice known as their Health Care Home.
- The practice will provide a patient with enhanced access to a ‘home base’ for ongoing coordination, management and support.
- Better use of care coordination and team-based care
- Support for regional clinical ‘patient pathways’ development
- Engagement in the national IT infrastructure

Partners in care

- Patients will be active partners in their care.
- The **aim is to put patients in control of their own care** with the knowledge, skills and confidence to manage their health, supported by their health care team, families and carers where appropriate.
- A tailored care plan will be developed in partnership with the patient.
- The care provided by Health Care Homes will be flexible to meet the needs of the patient.

A more effective service model for chronic and complex conditions

Today's Care		Health Care Home
High-volume practices offer short term care; assumes patients are opportunistic	→	Home-base for the care coordination and management of enrolled patients
Only doctors direct care; treatment is end goal rather than means to an end	→	Patients, families and their carers as partners in their care
Often 9-5 only; face-to-face only	→	Patients have enhanced access
No formal partnership or accountability	→	Patients have a personal clinician
Doctors refer to allied and other medical specialists, but work in silos	→	Flexible service delivery and team-based care
Care planning evidence-base is variable	→	Commitment to high quality, safe care
Weak primary health care outcomes data	→	Data collection, sharing and reporting


LHNs
PHNs
PHIs
• Established Health Care Pathways
• Efficient use of available resources
Health Care Homes
• Patient enrolment
• Flexible service delivery
• High quality, patient centred clinical care
• Enhanced access
• Patients as partners in their care
• Relationships & Agreements
• Connectivity
Community Agencies
Hospitals and Emergency Departments
Medical and Allied Health Specialists
Better coordinated and more appropriate care for targeted patients

Payment Reform

- Providers need the flexibility to deliver health care in the most effective way for an individual patient including enhanced access
- Health Care Home practices will be funded to provide care related to a patient's chronic and complex conditions through new bundled payments.
  - Upfront payment for each newly enrolled patient – assessment, enrolment and initiation of care plan.
  - Quarterly payment for each patient – delivery and coordination of care as identified in the patient's care plan.
- Bundled payments will be tiered for the level of patient complexity and risk.
- Fee for service payments will be maintained for routine non-chronic disease related care.
- Existing MBS items for allied health services will remain.
- Potential for joint and pooled funding with State and Territory governments and private health insurers.

Data
and
Continuous Quality Improvement

- The effective collection and use of primary care data is a key enabler of ongoing improvement in health care.
- The AMA and RACGP have called for expanded collection of primary care data to support ongoing continuous quality improvement.
- Consultation will be undertaken to define performance indicators for use by practices.
- Practice data will not be used for punitive purposes.
- Explore the role for PHNs to practices to benchmark their performance.

Evaluation of the Health Care Home model

- As a first step Health Care Homes will be rolled out in up to seven Primary Health Network regions across the country.
- Up to 200 Health Care Homes will offer services to up to 65,000 people with chronic and complex conditions.
- Health Care Home services will be delivered in these regions from 1 July 2017.
- Any national roll out of Health Care Homes will be informed by the results of a rigorous evaluation of the first stage of implementation and consideration by Government.

Next steps

- The Department is finalising the governance groups that will provide advice to the Department on the design and implementation of the Health Care Home initiative.

- The Department will also begin development of the infrastructure needed to underpin the Health Care Home model and the resources needed to support practices making the transition to the new model.

- The Department recognises for this initiative to be successful it is essential that we continue to work with the health care sector. The Department will provide regular advice and consultation opportunities to the sector throughout this implementation phase.