The George Institute for Global Health Australia

Submission: Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032

The George Institute for Global Health welcomes the opportunity to make this submission in relation to Australia's Primary Health Care 10 Year Plan 2022-2032.

We believe primary health care should be at the heart of the Australian health system. It needs to be of high value, integrated, equitable and patient-centred. It should be readily available and accessible for people across their life course, responding to acute needs at critical life stages and proactive in the intervening periods to promote health and well-being.

1. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

The George Institute supports the listed actions under reform stream 1 action area A.

We believe safe, quality telehealth, and virtual health care will improve the overall health system and its performance.

The COVID-19 pandemic has demonstrated:

- The importance of innovation in primary health care.
- That it is possible to rapidly respond to changing circumstances.
- The need to ensure safe and secure connectivity between individuals, their families and the primary health care workforce.

We recognise that in the future, more primary health care services will be delivered remotely through digital technology and telehealth service delivery models. We believe the evidence base for effective, efficient, culturally safe, and patient-centred delivery models is immature, and recommend the Australian Government support targeted research calls under the Medical Research Future Fund (MRFF) to address knowledge gaps in this area.

2. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

The George Institute supports the listed actions under reform stream 1 action area B.

We believe there can be quality and value through data-driven insights and digital integration, as it enables evidence-informed decision making. We agree this will be a challenge, as quality improvement programs are variably implemented and often have low rates of adoption amongst primary health care providers.

As outlined in the 'General Practice: Health of the Nation 2019' by The Royal Australian College of General Practitioners, they found in relation to their General Practitioners (GPs):

- 26% rarely or never recommend apps to patients.
- 71% felt satisfied with how often they used technology in their practice.
- 50% felt comfortable experimenting with new technology.

- 87% are completely digital and maintain no paper records.

The barriers outlined by GPs who were not completely digitally enabled include:

- Lack of integration with IT systems and current processes/procedures.
- Concerns related to patient confidentiality and privacy.
- Implementation costs.
- Lack of funding to support technology adoption.

It is important that GPs and other members of the Primary Health Care workforce are provided support through training and incentives to optimise digital innovations for improved care delivery. Additional resources should be directed to providers who are not digitally enabled to ensure they and the communities they service are not left behind.

3. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

The George Institute supports the listed actions under reform stream 1 action area C.

As previously outlined, we believe the COVID-19 pandemic has demonstrated the opportunity to advance health care technologies and precision medicine. New funding should be directed towards implementing research in this area.

4. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area A.

We support voluntary patient registration (VPR), as it will assist in ensuring there is a formal and single health care destination and reference point for individuals, their families, and the primary health care workforce.

We believe more detail is required in the actions. Government will need to spend considerable time and resources to work with primary health care providers to ensure the formalisation and strengthening of VPR.

In relation to action, *"Payments linked to quality and outcomes measures, rather than fee for service will contribute up to 40% of the blended payment mix",* we believe is a very ambitious action. It would be appreciated if further work was undertaken to ensure this action is achievable. In the United Kingdom under the 'Quality Outcomes Framework', only 8% of GPs income comes from this program with wide variation (1% to 11%) (https://www.bmj.com/content/365/bmj.l1489). Similar figures in the United States Medicare outcome payment programs are seen.

We also recommend further support be provided to primary care providers to understand the business model implications when transitioning to blended funding models and that research be conducted to understand the effect on patients, including effects on out-of-pocket costs, and inequity in access to care.

5. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area B.

We believe it is vital primary health care funding is sustainable with a focus on high quality services and outcomes for person-centred primary care, recognising social and cultural determinants of health, and not just quantity or volume of services.

We agree that team-based approaches to provision of comprehensive primary health care should be part of any long-term health system reforms. This should be aligned closely with the funding reforms proposed as part of voluntary patient enrolment and infrastructure support is required, particularly for small and medium size general practices; to support transitioning from a fee-for-service model.

In relation to the action, *"Reward allied health participation in MBS team care arrangements (under way)",* it would be appreciated if this point is given further context and detail.

6. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area C.

We believe primary health care plays a fundamental role in supporting the priority reforms of the National Agreement on Closing the Gap for Aboriginal and Torres Strait Islander peoples.

We note that while there will be challenges for individuals and communities who use multiple providers, there are opportunities for integrated care.

We believe a patient centred, community-led, shared decision-making approach, underpinned by principles of self-determination and co-designed with Aboriginal and Torres Strait Islander peoples through meaningful partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs), is essential, especially in relation to future reforms in the primary health care system.

The ACCHO sector should be recognised for its leading role in the design and delivery of comprehensive primary health care models, and it requires enhanced support from the Department of Health to expand on this existing model of excellence. We also recommend that lessons learnt in community governed health services from this sector should be applied more broadly for all Australians.

7. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area D.

We believe primary health care should be equitable regardless of where individuals, their families and the primary health care workforce is located.

In rural and remote Australia, there should be a connected approach built around the strengths of these locations and communities.

We are in principle supportive of the action, *"Trial the establishment of rural area community controlled health organisations (RACCHOs) in Modified Monash (MM) 4-7 regions to support comprehensive primary health care teams in areas of market failure"*. However, please see our previous comments about building on successful community governed service delivery models in the ACCHO sector.

It is critical that rural community organisations establish equitable and productive partnerships with the ACCHO sector to enable successful implementation and avoidance of duplicated efforts. This work also necessitates close collaboration between Primary Health Networks, Local Hospital Networks, state and territory ACCHO affiliate organisations and rural peak bodies.

In relation to the action, *"Calibrate MBS telehealth and VPR for rural and remote health contexts",* it would be appreciated if this point is given further context and detail.

8. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area E.

We believe the primary health care system needs to be an equitable and patient centric system, including ensuring self-determination for Aboriginal and Torres Strait Islander people. It needs to be inclusive of all Australians and tailored to communities, including but not limited to lesbian, gay, bisexual, transgender, intersex, queer and other sexuality, gender and bodily diverse people (LGBTQI+) communities, people with disability, older people, people in residential or aged care, people with mental illness, and culturally and linguistically diverse (CALD) communities.

We are disappointed that there is no action(s) on integration with the National Disability Insurance Scheme, housing, employment, aged care and other community services.

Consistent with emerging evidence from Australia and abroad (https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00826), integration of health and social service sectors is increasingly becoming a priority in delivering better health and social outcomes and addressing inequity. We note international evidence indicating that investment in the social sector can substantially offset costs in health care. We recommend more attention is given to this in the reforms proposed.

9. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

The George Institute supports the listed actions under reform stream 2 action area F.

We believe self-care is a shared responsibility between individuals, government and society.

As outlined in '*Self-Care for Health: A National Policy Blueprint report by the Mitchell Institute for Education and Health Policy'* from Victoria University, we share their vision for *"better health for all, through better self-care by all"* and their understanding of self-care to be *"the role of individuals in preventing disease, managing their health and actively participating in their health care"* and that it *"is influenced, enabled and informed by a range of external forces that sit beyond the individual"*.

We are very supportive of the action, *"Support development of patient reported measures such as PROMs and PREMS to be inclusive of diverse needs, recognise differences in lived experience and to be culturally appropriate for Aboriginal and Torres Strait Islander people".*

We believe primary health care funding should be sustainable with a focus on high quality services and outcomes for individuals – not just quantity or volume of services.

In addition, a patient's experience should also be a determining factor in value-based programs and from part of outcome payments. For example, in the United States, the Medicare Accountable Care Organisation programs require minimum standards be achieved on patient experience measures in order to qualify for outcomes-based payments. We believe that when payers recognise patient experience as being a valid measure of care quality, this has potential to foster a more patient-centred health care system.

10. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

The George Institute supports the listed actions under reform stream 3 action area A.

We believe in the employment of people from diverse communities, regional and local settings, and diverse backgrounds to ensure the primary health care system has linkage and collaboration around the needs of individuals, families and communities.

We believe there needs to be actions around prevention strategies and incentives, recognising the social and cultural determinants of health, to keep people well, and out of hospital. We strongly support regional collaborative commissioning models and are engaged in co-designed research with the NSW Government to evaluate the impact of such models for a range of target populations. This is again consistent with health reforms in many OECD nations and Australia has a major opportunity to be a leading nation in the delivery of regionally controlled health service innovation.

11. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

The George Institute supports the listed actions under reform stream 3 action area B.

We believe the actions outlined do not go far enough.

There is an opportunity to establish an Australian Health Care Innovation and Translation Institute. This would be similar to the United States Center for Medicare and Medicaid Innovation, which is a government-led innovation initiative that is continuously developing and testing new service delivery models and has a mandate to scale and spread the most promising innovations nationally and equitably.

12. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

The George Institute supports the listed actions under reform stream 3 action area C.

It is vitally important primary health care is at the heart of the Australian health system. It needs to be integrated, equitable and patient-centric, recognising the social and cultural determinants of health, and ensuring cultural safety in primary health care is the norm.

We believe governance is best driven by leaders from across the health sector and partnership building with appropriate incentives for collaboration is needed across hospital and community care sectors. For too long, these sectors have been separated by funding siloes. This creates perverse incentives to actively avoid collaboration and is detrimental to patient centred care delivery, efficiency gains and quality.

We strongly support the action, *"A supportive and collaborative culture of whole of system thinking and continuous quality improvement is engendered across primary health care services, with multidisciplinary and value-based care approaches the norm".*

13. Please provide any additional comments you have on the draft plan (1000 word limit)

The COVID-19 pandemic has demonstrated the importance of primary health care, and its need to be innovative, agile and better prepared to ensure safe and secure connectivity between individuals, their families and the primary health care workforce.

Although the pandemic has exposed many of our health system weaknesses, it has also highlighted extraordinary potential to rapidly address those weaknesses. What previously was thought to be a decades long process has been achieved in months. The momentum gained from such agility must not be lost and we strongly believe this mindset needs to be at the core of the proposed primary health care reforms.

We also strongly believe the planetary health agenda needs more active consideration in the 10-year plan. The Australian health system is one of the largest generators of carbon emissions (https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(17)30180-8/fulltext) and there are substantial opportunities to achieve net-zero emissions in the health care sector by 2050 or even earlier. By far the greatest contributor to carbon emissions in

the health sector is hospitals (44% of total emissions). Shifting care away from hospital-centric models towards primary care, reduction in low-value and wasteful care, use of digital health innovation and greater patient autonomy and self-determination in how and when care is sought has great potential to not only improve human health but also planetary health.