Australian Divisions of **General Practice**

Primary Health Care
Position Statement

Promoting community health and wellbeing through Divisions of General Practice and primary health care teams

Australian Divisions of **General Practice**

ADGP is one of the largest representative voices for general practice in Australia. It is the peak national body of the divisions of general practice, comprising all 118 divisions across Australia, as well as the eight state-based organisations. Approximately 95 per cent of GPs are members of a local division of general practice.

Australian Divisions of General Practice
PO Box 4308
MANUKA ACT 2603

Telephone: 02 6228 0800
Facsimile: 02 6228 0899
Email: adgpreception@adgp.com.au
Web: www.adgp.com.au

© Australian Divisions of General Practice 2005

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior permission from ADGP.

Suggested citation

Australian Divisions of General Practice 2005. Primary Health Care Position Statement

Acknowledgements

This Statement is the Divisions of General Practice Network's vision for Australia's primary health care system and has been developed in partnership between ADGP, the divisions and the state-based organisations.

Contents

Overview

Our vision for primary health care and the Network

Primary health care reform: the key drivers

Primary health care: areas for reform

Patients and GPs: a journey through the new system

Summary

Appendix A: key definitions and concepts

Appendix B: acronyms

Appendix C: contacts

Foreword: about this document

This *Statement* is the Divisions of General Practice Network's vision for Australia's primary health care system. It outlines the role of general practice and the divisions in primary health care system reform.

In itself, the *Statement* is not an action plan. The next step is to develop strategies to promote and implement the vision in partnership with others who also play a role in primary health care.

The *Statement* has been developed by the Divisions Network and draws on and consolidates existing Network position statements and policies.

The *Statement*:

- defines the national primary health care policy debate from the Divisions Network perspective
- defines the role of divisions and general practice within the primary health care system
- provides a platform for service delivery and policy development to coalesce with other primary health care agency policies.

It will:

- influence, inform and feed into the development of the overarching national primary health care approach
- provide the basis for Network input to other policy processes and discussions such as federal budget submissions and the Annual National Divisions of General Practice Forum
- provide divisions with a common understanding from which to work and a useful tool for talking to government.

Most importantly, this *Statement* is a working document that we will regularly review and update.

It provides a broad framework through which primary health care goals can be achieved and the capacity of the primary care sector can be increased.

The *Statement* includes terms such as general practice, primary health care and fundholding. These terms are often debated and sometimes misunderstood. Appendix A provides definitions for these terms as they apply to this *Statement*. I urge you to take these into account as you read the *Statement.*

We have developed two other documents to accompany the *Statement.* The Primary Health Care ***Monograph***, produced in collaboration with the Australian Primary Health Care Research Institute, summarises the key primary health care literature. *Dynamic Divisions*, ADGP's quarterly publication, focuses on case studies of innovative primary health care, team arrangements, and Division-led primary health care services.

There is a climate for change in the Australian health system. The Divisions Network will be using these documents to contribute to future primary health care policy and practice. I commend these documents to you.

Dr Rob Walters
Chair
Australian Divisions of General Practice
October 2005

Overview

A robust primary health care system is vital to a robust overall health system.

A national policy approach and practical strategies are imperative to create a more effective primary health care system.

The Divisions of General Practice Network is a national regional infrastructure with established relationships with GPs, practices, community organisations, practice nurses and allied health providers—the people best positioned to achieve primary health care reform.

The Australian Divisions of General Practice Network supports:

- A **comprehensive approach to primary health care** that includes health promotion, illness prevention, treatment and care of the sick, community development, advocacy, rehabilitation, population health approaches and inter-sectoral action.
- A **wellness oriented, primary health care system with general practice in a pivotal role** as a necessary pre-requisite to an effective health system.
- **Multidisciplinary teams, with GPs as essential members**, as the main access point for population health initiatives, community development activities and clinical encounters.
- A **partnership approach** to setting the primary health care agenda.
- Service integration supported by **effective e-health and information technology/ information management systems**.
- A **diverse general practice workforce** that includes **a range of practice configurations** including practices of 1-2 GPs, **and clinical roles across the sprectrum of care**, including secondary and tertiary care.
- A **cohesive network** of Divisions of General Practice as the key to a better primary health care system.
- Divisions of General Practice as **preferred providers** of regional primary health care service planning, delivery, brokerage and fundholding.
- Change in **nine areas of primary health care**:
  - ***access*** – to ensure equitable, affordable and comprehensive care
  - ***workforce*** – to build, sustain and support the primary health care workforce
  - ***integration*** – to ensure an efficient and effective primary health care system
  - ***chronic disease management and prevention*** – for better prevention and management
  - ***multidisciplinary teams/networks of health service providers*** – to ensure high quality, coordinated care
  - ***population health and health promotion*** – to ensure wellness is integral to primary health care delivery
  - ***community/consumer participation*** – to provide a community voice in health policy and planning at all levels
  - ***quality and safety*** – to ensure evidence based, standards-driven primary health care delivery
  - ***Indigenous health*** – to promote culturally appropriate, accessible multidisciplinary care.

Our vision for primary health care and the network

Background

Australia's current health system is complex, rapidly changing and under pressure. A national approach to primary health care policy and a practical strategy to create a more robust primary health care system is needed.

Partnerships and intersectoral action at all levels is vital to a robust primary health care sector. Nationally this includes professional and other peak bodies and the research community. Most importantly, it includes action to overcome some of the barriers that the division of health responsibilities between the Australian Government, states and territories has on coordinated and integrated continuity of care.

Locally this includes relationships with local government, health and community service providers. Relationships with universities are also critical to evidence-based service delivery and policy development.

The lack of a policy framework to direct primary health care development was most recently recognised by the National Vision for Divisions Summit in 2003 and the *Phillips Report* on the Review of the Role of Divisions of General Practice (June 2003).

The Divisions of General Practice Network comprises well over 100 regional Divisions of General Practice Australia-wide, state/territory based organisations (SBOs) and the Australian Divisions of General Practice (ADGP) at the national level.

The general practice setting reflects a diverse workforce operating in practice configurations that range from solo, to small and large practices, and in a various community settings ranging from small remote and rural communities to densely populated urban communities.

The clinical role of the general practice workforce spans the full spectrum of care from primary, through to secondary and tertiary care.

The Divisions Network and the general practice setting have a key role to play in the development of a national approach to primary health care policy.

The Divisions Network—the solution to a better primary health care system

Australia's Divisions of General Practice Network is a unique health infrastructure covering the length and breadth of the country. It supports and links general practice with the wider health system and brings together Australian Government, state and territory programs for integrated service delivery.

Each division provides services responsive to local community needs and can hold funds independently. Effective use of the Network, within a broader national primary health care framework, will address many of the problems in the current system.

For example, governments can enhance health outcomes through general practice by using the Divisions Network to administer pooled resources and integrated services for the community. When supported by data and e-health processes this enables targeted service delivery and planning. Divisions of General Practice already hold regional funds and are well equipped to expand and enhance their roles in service planning, integration and delivery.

ADGP supports a wellness oriented, primary health care system with general practice in a pivotal role as the necessary pre-requisite to an effective heath system. A health system which relies more on primary health care and general practice than on specialist and hospital care will deliver improved population health outcomes, improved equity, access, continuity of care and lower costs[1 2].

[1] Starfield B, 1998. *Balancing health needs, services and technology*, Revised edition, Oxford University Press, New York.

[2] Health Evidence Network, 2004. *What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?*, World Health Organization, Europe.

Divisions of General Practice—the vision

Divisions will service communities by pooling and administering Australian Government, state and territory funds to offer fully integrated services through primary health care teams or regional hubs.

Divisions of General Practice will continue to strengthen as a cohesive national network of high-performing and accredited organisations leading and driving health systems change. Divisions will be providers of choice for implementing government programs. They already deliver Australian Government, state and territory primary health care programs and services at a regional level.

Divisions of General Practice will mature in governance and membership to reflect contemporary general practice teams and the role of general practice in the community. Divisions will develop increasingly strong partnerships with consumers.

Divisions can provide the foundation of a robust primary health care system. They will support general practice and primary care teams through education and training, clinical and practice support, and greater access to practice nurses and allied health professionals.

Divisions will service communities by pooling and administering Australian Government, state and territory funds to offer fully integrated services through primary health care teams or regional hubs. These teams will include general practice, allied health, after-hours and other primary health care services appropriate to their community. They will recruit, register and employ credentialed allied health professionals as part of the general practice team, and broker practice access to these services.

Divisions will partner with health insurers and other interested corporations to fund initiatives for better health outcomes at the local level.

Divisions will be sophisticated data managers and population health service planners. They will work with practices to implement systems which use local population health data to improve quality within practices and to inform regional decision making and program delivery.

Divisions will assist more integrated service delivery through packages of care for defined practice populations in primary health care settings. While not sacrificing consumer freedom to choose their GP, divisions will also assist practices with mail outs, patient recall and reminder registers, and other follow up systems for routine screens and health checks. Through funds pooling and local purchasing informed by defined population profiles, divisions will increase innovation and improve value and health outcomes, particularly for people living with chronic diseases.

Multidisciplinary teams—the future

Multidisciplinary teams, with GPs as essential members, will be central to population health initiatives, community development activities and clinical encounters.

Team-based care will increase consumer access and enhance the range of primary health care services available in the general practice setting. The composition of teams will be based on the mix of clinical skills required for optimal care of individuals and local community morbidities. Teams will provide collegiate support to members, manage people with chronic conditions, promote safety and quality programs and practices, and support a viable primary health care workforce. Solo practices and rural and remote GPs will also be supported to better link with each other and interface with other health providers through innovative solutions including e-health and division facilitated access to allied health professionals and practice nurses.

Core team members in all practices will be GPs, practice nurses and practice managers. The GP's role is to manage and oversee care through detecting, diagnosing and identifying whole-of-patient issues and care planning. Other members of the team will include allied health professionals such as dieticians, physiotherapists, diabetes educators, pharmacists, speech therapists, Aboriginal Health Workers and psychologists. Practice nurses and allied health professionals will implement care plans under the GP's direction.

Increased and redirected Practice Incentives Payments (PIP) and additional Medicare Benefits Schedule (MBS) item numbers will support team-based care and encourage appropriately trained professionals to work together in the way that best uses their complementary skills sets.

In some cases, allied health professionals will be paid for and supported by divisions. As well as a suite of MBS allied health item numbers, other funding models such as Home Medication Reviews and health insurance packages will assist general practices to incorporate expanded allied health services and involvement in integrated patient care.

New training regimes will take an interdisciplinary approach to education and training. Teams will be supported by information management, shared patient records and other systems to enhance care.

Teams will produce evidence-based outcomes for consumers. Appropriate funding models will assist practices to coordinate and deliver packages of chronic disease care.

Practices will receive regular feedback from their division about local population health data. This information will be used for peer review, clinical outcomes assessment and to offer more tailored packages of care.

Primary health care reform: the key drivers

The need for nationally agreed, coordinated action to respond to the growing impact of chronic disease.

Health costs have been driven up by our ageing population, higher levels of chronic illness, changing patterns of disease, the need for more proactive care, medical technology and rising community expectations.

The interface between primary and tertiary care sectors is also a factor: cost and workforce pressures in the tertiary system impact on the capacity and responsiveness of the primary health care system.

Health inequalities, workforce issues for both general practice and other professions such as nursing, the current policy agenda of governments and the Commonwealth-State 'divide', complex and continually changing health care arrangements, and the experience of other countries all combine to suggest that Australia needs a fresh look at how we organise and deliver patient care.

The policy signals from governments are positive.

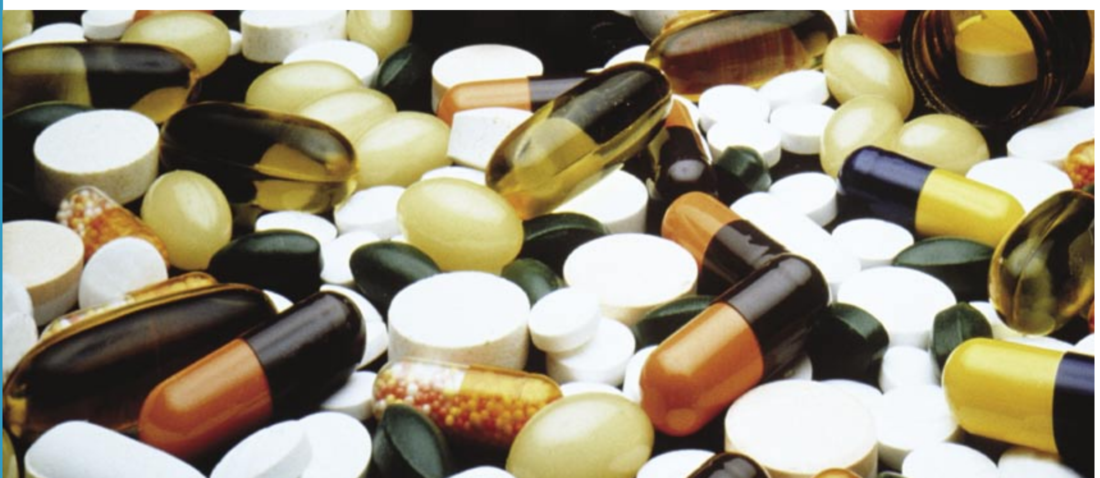
The Australian Health Ministers' National Chronic Disease Strategy, with a strong primary health care focus, recognises the need for nationally agreed, coordinated action to respond to the growing impact of chronic disease.

The Productivity Commission inquiry into the health workforce on behalf of the Council of Australian Governments, action by state governments, and renewed calls for a focus on prevention, early detection and intervention, all acknowledge the need for systemic reform of Australian health care.

Most recently, the Australian Government's *Response to the Review of the Divisions Network* set out these priorities for strengthening primary health care:

- making care more accessible
- focusing on prevention and early intervention
- encouraging better chronic disease management
- supporting integration and multidisciplinary care
- building the evidence base for effective, quality primary health care
- using technology to support best practice
- recognising and respecting the variety of practice styles.

These threads must be drawn together into a coherent primary health care policy supported by serious investment in a coordinated systemic primary health care implementation strategy.



Primary health care: areas for reform

Australia needs a national, coherent and cohesive policy framework to drive primary health care forward in a planned and structured way. This *Statement* is an important contribution, highlighting the fundamental role of divisions and general practice within primary health care.

The framework must be based on a comprehensive definition of primary health care that takes into account the social determinants of health, health inequalities, health promotion, illness prevention, treatment and care of the sick, community development, advocacy, rehabilitation, intersectoral action and population health approaches.

The Divisions Network has identified nine key primary health care domains where change is needed. These are consistent with a comprehensive approach to primary health care:

1. Access
2. Workforce
3. Integration
4. Chronic disease management and prevention
5. Multidisciplinary teams/networks of health service providers
6. Population health and health promotion
7. Community/consumer participation
8. Quality and safety
9. Indigenous health.

1 Access

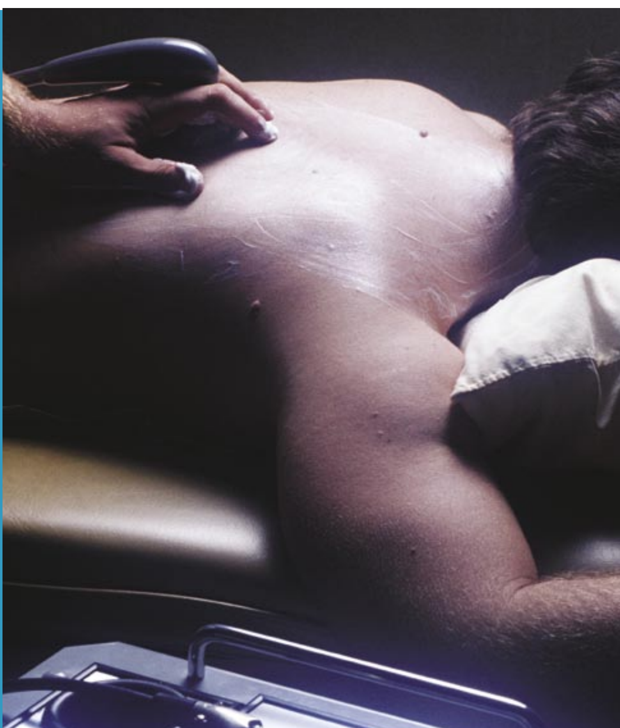
Access to high quality, affordable care based on need is a fundamental right of all Australians. General practice, as the hub of primary health care, is the principal means of providing this care. GPs also act as entry points to multidisciplinary care teams and other parts of the health system.

Medicare, Australia's universal health insurance scheme, provides community access to health care. Equal access to services is essential to equity in health care. Cultural awareness within primary health care settings coupled with greater community ownership can increase access to care for those most in need. Divisions already support access to general practice through activities which maintain a high quality, educated, safe, aware and adequately staffed multidisciplinary workforce.

It is essential to improve access to comprehensive primary health care services which enhance, maintain and restore people's health.

It is essential to improve access to comprehensive primary health care services which enhance, maintain and restore people's health. To achieve this, the primary health care system must:

- expand PIP subsidies and support for practice nurses to all practices across Australia
- promote an advanced clinical role for nurses working under the direction of a GP by introducing MBS items for team based services such as:
  - monitoring and clinical management
  - health screening and health promotion services
  - chronic disease management
  - follow-up home visits for aged care and those with management plans
- expand the *More Allied Health Services* (MAHS) program, the allied health MBS items, and other programs such as *Better Outcomes in Mental Health Care*, which offer additional allied health referral pathways
- introduce evidence-based e-health initiatives such as video conferencing and online patient self management and health education
- consolidate and continue supporting government workforce and rural programs which promote multidisciplinary health care such as the *More Specialist Outreach Assistance Program* (MSOAP) and rural locum relief programs
- pool Commonwealth and state/territory funds to give residents of aged care facilities better access to GPs and other health providers to avoid unnecessary hospitalisation



- expand divisional fundholding for improved access to services according to local need and develop pooled Commonwealth-state funding models for primary health care
- implement and expand *Round the Clock Medicare* and other programs that support access to after hours services for groups with high health needs
- review Medicare to better align with primary health care, rather than acute primary care
- educate and train GPs to provide 'youth friendly' services to improve young people's access to GPs
- provide cultural awareness training and education to make general practice more accessible to Indigenous and other culturally and linguistically diverse groups.

2 Workforce

Effective delivery of primary health care depends on an adequate and sustainable workforce. The Divisions Network is well placed to develop recruitment and retention strategies for the primary health care team and to work with existing agencies such as Rural Workforce Agencies (RWAs) to support and advance primary health care workforce capacity.

The Divisions Network recognises that comprehensive primary health care requires collaboration between general practice and other health care providers. Efforts to develop the primary health care workforce must therefore target GPs and other members of the primary health care team.

To ensure a sustainable workforce that can adequately deliver effective, high quality and continuous care, the system must:

- maintain and expand programs such as the *Prevocational General Practice Placement Program* and John Flynn Scholarship Scheme which promote general practice as a fulfilling career
- feature incentives that support more equitable distribution of the primary health care workforce
- develop compulsory general practice placements/rotations for interns
- promote general practice team models of care to increase professional support and morale
- employ and provide clinical training and cultural support for appropriately qualified and placed International Medical Graduates (IMGs) in areas of workforce need
- simplify and streamline national criteria used by different levels of governments and programs to identify areas of workforce need
- include relevant data collection and monitoring to inform communities and government of local needs for improved workforce planning
- endorse and expand other models of primary health care so that resources can be directed to areas of greatest need
- develop flexible, modular health professional training schemes that offer attractive career structures, which encourage people to join and stay in the health workforce
- develop a national medical workforce policy which includes systematic, structured and integrated workforce planning and support for multidisciplinary care
- provide for indexation of the MBS and other payments
- support workforce development in Indigenous health
- promote practice nursing as a fulfilling and well paid career path for registered nurses
- work with the Health Professionals Council of Australia to explore training opportunities and placements in primary health care for allied health professionals
- work with national nursing bodies to explore training opportunities and placements in primary health care settings to promote general practice nursing to the nursing community.

A sustainable workforce that can adequately deliver effective, high quality and continuous care.

3 Integration

Genuine, functional integration is critical to an efficient and effective primary health care system. Comprehensive primary health care relies on robust relationships between general practice, other health services and the government/non-government sectors. It also relies on coordinated delivery of Australian Government, state and territory programs. As general practice and GPs are involved with other health and community service providers, divisions are ideally placed to support and develop such collaborative relationships at the local level.

Comprehensive primary health care relies on robust relationships between general practice, other health services and the government/non-government sectors.

To achieve service integration and viable general practices, underpinned by effective information technology and information management systems, the primary health care system must:

- feature functional, workable clinical software
- capture accurate and timely clinical information through electronic systems
- develop a networked information technology structure where patient records are available to all health professionals involved in their care while preserving patient privacy
- assist practices to adopt secure messaging systems to allow electronic communications with the broader health sector
- support innovation and interoperability of data between software systems for easy information transfer between providers, standard information technology health classifications, and a one-stop-shop general practice information technology system for integrated business, financial and clinical information management
- develop joint models of engagement between divisions and Aboriginal Community Controlled Health Services (ACCHS), through the Memorandum of Understanding between ADGP and the National Aboriginal Community Controlled Health Organisation (NACCHO)
- expand the role of divisions in managing pooled funds for integration of services within communities to allocate health resources according to local need
- expand GP Liaison Officer positions within the Divisions Network to support up skilling, education and training in information management
- foster integrated care systems at state level.

4 Chronic disease management and prevention

Currently, seven out of ten general practice consultations are chronic-disease related and require complex management[3]. With an ageing population, this figure is likely to rise. Early intervention and team based approaches can deliver better health outcomes within the community. Proactive management of chronic disease can allow people to avoid serious complications and hospital treatment. To prevent and lessen the impact of chronic disease the primary health care system needs population level health promotion strategies based on lifestyle risk factors such as smoking, nutrition, alcohol, exercise and depression/social isolation.

Primary health care is the ideal setting for preventing and managing chronic disease at the individual and population levels. To ensure this, the primary health care system must include:

- effective and coordinated general practice teams to provide multidisciplinary health care for people with chronic disease
- a strong role for practice nurses and other allied health professionals in patient education for self-management
- Chronic Disease Management (CDM) item numbers and increased access to allied health support to help patients obtain the best in customised, evidence based primary health care
- GP and practice education about new chronic disease and best practice clinical intervention to assist in better patient management
- community involvement in health promotion activities to prevent chronic disease, that include links with other primary health care providers
- collection of relevant data to identify and target appropriate population health activities
- packages of care which address the multiple factors involved in chronic disease
- expanded GP registrar training to include modules on CDM and team work.

[3] Veale B. 2003. Meeting the challenge of chronic illness in general practice. *Medical Journal of Australia* 179 (5):247–249

5 Multidisciplinary teams in general practice and networks of health service providers

While a team-based approach may be less imperative for acute consultation work undertaken by GPs, multidisciplinary teams are fundamental to primary health care and have been shown to improve health outcomes, particularly for those with chronic disease[4] [5]. Divisions have a major role in supporting effective, multidisciplinary service provider teams that are built and maintained at the service delivery level. These teams involve GPs, practice nurses, allied health, psychologists, Aboriginal Health Workers, pharmacists, carers and consumers. Preparation for multidisciplinary team work must begin at the undergraduate stage of training and continue through the whole professional lifecycle.

Multidisciplinary teams with GPs as essential team members are the foundation of effective primary health care. To ensure effective teams, the primary health care system must:

- feature whole-of-practice approaches to education, training and peer support
- include interdisciplinary and multidisciplinary education and training at all levels of the health professional lifecycle and throughout the career lifespan, including modules on team work in GP registrar programs
- provide a practice infrastructure payment to support team based care, such as providing consulting rooms for other members of the team
- resource divisions to provide training to general practice in communication and team working skills
- further develop allied health MBS items and expand support for allied health roles within the primary health care team
- introduce new MBS items, including preventive health checks, that can be performed by the team
- adequately resource divisions for key integration positions such as GP Liaison Officers
- promote ongoing national collaboration through a National Primary Health Care Coalition comprised of ADGP, the Health Professionals Council of Australia, the Australian Practice Nursing Association, and the Consumers' Health Forum.

[4] Sibbald B, Luarant M, Scott T 2002 'Changing task profiles' in Saltman A, Rico A & Boerma W (Eds) *Primary Care in the Driver's Seat? Organisational reform in European Primary Care.*

[5] Renders C, Valk G, Griffin S, Wagner E, Eijk J, Assendelft W 2001. *Interventions to improve the management of diabetes mellitus in primary care, outpatient and community settings.* Cochrane Database Syst Rev.(1):CD001481.

6 Population health and health promotion

Health promotion is an integral part of primary health care. It requires a national approach adapted to local population needs and consistent with the principles of the Jakarta Declaration[6] on health promotion. For longer-term success, health promotion needs to be evidence based, adequately resourced, and supported at individual and population levels through partnerships between relevant agencies. Appropriate assessment and evaluation of the impact of health promotion on health outcomes and improved disease management are also critical.

The primary health care system should be wellness oriented with mechanisms to build capacity for health promotion, illness prevention and early intervention at individual and population levels. To achieve this, the system must:

- develop and implement MBS item numbers for evidence based preventative health checks through general practice teams
- maintain and expand public policies and programs that support healthy choices and strengthen preventive approaches
- be supported by information management systems that can collect and analyse regional health data
- resource the Divisions Network to continue in the national coordination role for immunisation
- systematically introduce lifestyle education and motivational strategies into the general practice setting, with good self-help tools monitored by the GP and division
- expand the Divisions Network's role in population health programs through primary health care teams
- develop primary health care strategies to address key population health priorities such as child, youth and Indigenous health
- increase the evidence base linking prevention activities to health outcomes.

[6] The Fourth International Conference on Health Promotion 1997. *Jakarta Declaration on Leading Health Promotion into the 21st Century* <www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf>

7 Community and consumer participation

Quality primary health care requires individual and community empowerment. It also requires consumers and communities to be engaged at the individual care, health services and health systems level. Divisions support a primary health care model that is patient-centred and patient-driven and that involves consumers in decision making and governance at all levels.

Divisions know their local communities and engage with consumers and the community to help promote the health of the community and provide a community voice on local health priorities.

Community engagement is vital in comprehensive primary health care. While representation is one approach, divisions also use other effective strategies to connect with their local consumers and community. If we are to achieve a greater focus on wellness within our community, consumers of health care need to know that general practice services are designed to empower them to take and active role in their care, and not be merely recipients of care. To build community capacity to create supportive, resilient and healthy environments, the primary health care system must:

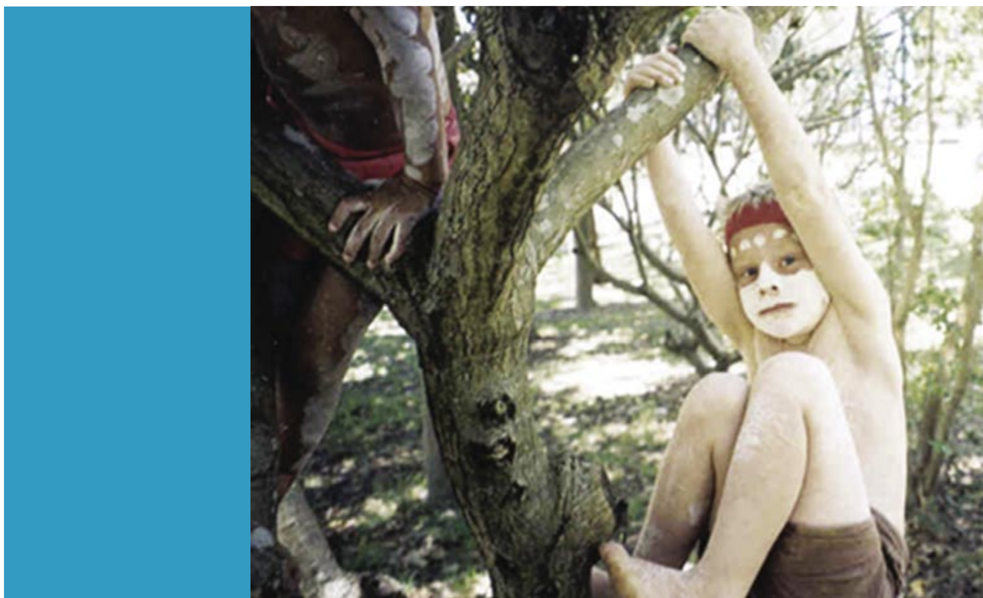
- support divisions to build integrated systems for consumer and community involvement
- ensure consumer input to health service development, planning and delivery through processes such as accreditation
- explore consumer and community participation in divisional governance through representation on divisional boards, or as associate members
- train divisional staff and health providers to work with consumers, carers and community groups
- involve consumers and carers in multidisciplinary training programs for health professionals
- develop and implement policy and programs which assist consumers to be well informed, health literate and actively involved in health decisions through public access to the medical literature and valid/informed consent processes.

8 Quality and safety

Primary health care needs to operate within a pragmatic, outcomes focused, quality service framework. Everyone deserves health care that is evidence based and provided by practitioners who are accountable to their own patients and the broader community. The Divisions Network supports primary health care teams that provide evidence-based, high quality services.

Primary health care services must be safe and of high quality. To ensure this, the primary health care system must:

- develop national, quality standards of competency and training for all members of the general practice team, whether trained in Australia or overseas
- provide accessible mechanisms for reporting adverse incidents
- provide realistic practice accreditation standards that maintain quality, are achievable, and inclusive of non-mainstream primary health care services
- research which standards of care have most impact on patient outcomes
- develop performance indicators and accreditation systems for continual improvement of the Divisions Network and other primary health care providers.



9 Indigenous health

Comprehensive primary health care is the model being used by the Aboriginal Community Controlled sector to address the health inequalities which continue to affect Indigenous communities. GPs are a valued member of the multidisciplinary teams in Aboriginal Community Controlled Health Services (ACCHS), contributing to team-based care and participating in clinical governance.

The life expectancy of Indigenous Australians is still 20 years lower than non-Indigenous Australians. Diabetes, hypertension, infections, low birth-weight, obesity, emotional distress, suicide and mental illness are also more common[7]. Indigenous people are also disadvantaged in education, employment, income and housing—further increasing their risk of ill health[8]. Primary health care that provides affordable, timely access to multidisciplinary care packages is the main way of addressing the many and chronic health conditions experienced by Indigenous Australians.

To enhance Indigenous health in Australia, the primary health care system must:

- expand ACCHS to take a stronger public health and intersectoral approach to help address the social determinants of health
- strengthen the ACCHS model of primary health care
- use models of best practice to define and promote culturally sensitive and safe 'mainstream' general practice
- increase the level of general practice accreditation in ACCHS to the national benchmark
- train and employ Aboriginal Health Workers as essential members of multidisciplinary teams
- develop a national framework to improve engagement and clarify roles between Divisions and ACCHS
- work with ACCHS to establish effective prevention and outreach programs that improve access to screening and early detection
- develop intersectoral policies to address the broader issues in Indigenous health
- develop specific workforce strategies to increase access to culturally appropriate care such as enabling registered Aboriginal Health Workers to access appropriate MBS item numbers and including public health workers as part of the team.

[7] Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW) 1999. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, 1999*. ABS & AIHW joint publication Cat. no. 4704.0.

[8] Australian Institute of Health and Welfare (AIHW) 2004 *Australia's Health 2004*, Canberra: AIHW.

Patients and GPs: a journey through the new system

Within the new primary health care system, divisions will play a key role in assisting patients to access packages of multidisciplinary care that can prevent and manage chronic disease. These packages will be managed by GPs as central members of multidisciplinary teams, so that patients:

- are consulted and help shape models of care
- continue to receive core, ongoing clinical management from their GP, who will be the entry point to coordinated multidisciplinary care in the primary health care setting
- have easy, timely and affordable access to the multidisciplinary health professionals required for their care
- move through the different parts of the health system in a more coordinated and seamless way
- receive health education from team members to:
  - help them set goals, solve problems and self-manage
  - better navigate and understand the different parts of the system
- experience effective transfer of relevant patient information through e-health, smart cards and timely, accurate data flow between providers
- through divisions, link into other community based activities which help address broader social aspects of health and wellbeing
- receive recall and reminder prompts to help them engage in preventive/proactive approaches.

In this system and through such packages, GPs will:

- retain the central clinical role in patient management
- support smoother information flow between providers through efficient and secure e-health data transfer processes
- experience business advantages for practices through:
  - using non-GP clinical team members for routine clinical/health education work
  - adopting improved practice management processes which use non-clinical practice team members, integrated technology and computerised records
- use technology to access current evidence based, best practice decision support tools
- provide patients with best practice chronic disease care through robust referral pathways to accessible and affordable multidisciplinary allied health professionals
- receive collegiate support from practice team members with whom they can regularly review and plan comprehensive multidisciplinary patient care
- contribute to quality data collection and analysis which can be used for continuous quality improvement and targeted delivery of relevant health services
- contribute to a financially sustainable and professionally satisfying workplace supported by Divisions.

Summary

The key components of the future primary health care system are multidisciplinary teams with GPs as essential members. These teams must be supplied from an adequate workforce, integrated through technology and e-health, and supported by relevant research, data and evidence for quality processes. They must be underpinned by funding methods that allow equitable access and target those most in need.

Fee for service is the cornerstone of this model of care. Fundholding, as described in Appendix A of this *Statement,* is also part of this model of care and will combine with fee for service to deliver a better package of overall care for consumers through an expanded system of blended payments.

With the general practice setting at the centre and a cohesive network of divisions linking the relevant components of the primary health care sector, the health system can move towards actively promoting wellness — that is promoting healthy individuals, healthy families and healthy communities through a focus on access, equity, community empowerment and ownership, and personal responsibility.

APPENDIX A:
Key definitions and concepts

General practice

The term 'general practice' refers to the general practice setting. Individual clinicians are referred to as 'GPs'.

The definition of general practice used in this framework is based on The Royal Australian College of General Practitioners description[9]:

> *General practice is part of the Australian health care system and operates predominantly through private medical practices, which provide universal unreferred access to whole person medical care for individuals, families and communities. General practice care means comprehensive, coordinated and continuing medical care drawing on biomedical, psychological, social and environmental understandings of health.*
>
> *A general practitioner is a registered medical practitioner who is qualified and competent for general practice in Australia. A general practitioner:*
>
> - *has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care; and*
> - *maintains professional competence for general practice.*

GPs play a significant part in illness prevention and also have a key role in treating acute medical presentations, both within and beyond the primary care sector.

Although comprehensive primary health care is delivered through a variety of health and community sectors, the general practice setting is central to primary health care. Increasingly, the focus in general practice is on integration and shared care, health promotion and education, prevention and early intervention, structured chronic disease management, multidisciplinary primary care teams, and blended payments that remunerate quality care. This, together with the fact that well over 80 per cent of the population see their GPs in any one year, makes general practice an ideal setting for improving primary health care through health promotion activities as well as opportunistic and managed clinical intervention.

Fundholding

ADGP supports fundholding by divisions as a mechanism for providing primary health care. A useful definition of fundholding in this sense is:

> *A framework that consolidates regional fund allocations, under a single point of management, for a defined period of time, with clearly defined service areas and target population groups, to improve the availability of, or access to, primary health care resources[10].*

In this context, fundholding refers to targeted resource management at a broader population level rather than at an individual practice level, to improve service provision and quality of care while GPs continue to operate in a fee-for-service environment. 'Cashing out' of Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) is not within the scope of this model of funding.

Divisions already fundhold in certain situations, such as the *More Allied Health Services* (MAHS), *Better Outcomes in Mental Health Care* and *Aged Care Panels* initiatives. In both cases, Divisional

[9] Royal Australian College of General Practitioners (RACGP) website <www.racgp.org.au> Last accessed October 2005.

[10] Queensland Divisions Network's March 2004 Position Statement on Fundholding and Targeted Resource Management.

fundholding enables increased access to necessary services without interfering with normal Medicare arrangements.

Used effectively and supported by an appropriate funding pool, quality data, a clearly defined population and identified needs, fundholding allows Divisions and general practice to work together to improve the quality of health care through more effective use of health resources which can better provide local solutions for local problems. Although research in this area is limited, recent evidence in Australia indicates that fundholding improves patient wellbeing and leads to significant changes in service mix, which may in turn produce longer-term health gains.[11]

Fee for service

This is a model of GP payment based on 'a set fee for a set service'. Under the Australian Government's Medicare Benefits Schedule, the set service is a clinically relevant professional service (ie rendered by a medical practitioner) described by a Medicare item number, service description and stipulated fee level. (The latter indicates what the Government considers a reasonable fee level for the service.) A rebate is available for the patient under the Schedule which is expressed as a percentage of the fee level. Medical practitioners can set their fee levels according to the Schedule, either at the rebate or fee level, but are not mandated to do so.

Blended payments

A blended payment is a model of payment that includes both fee for service and other funding arrangements for the provision of other service defined by the Australian Government such as Service and Practice Incentive Payments (SIPS and PIPs).

Primary health care

The Divisions Network supports a definition of comprehensive primary health care that can be used as a platform for both service delivery and policy. The definition is based on that developed by the Australian Primary Health Care Research Institute (APHCRI)[12] which in turn draws upon World Health Organization (WHO) sources:

> *Primary health care is socially appropriate, universally accessible, scientifically sound, first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control and; involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, advocacy and rehabilitation.*

This definition is based on the understanding that **providing** primary level clinical care is fundamental to primary health care and that such care is delivered through service organisations operating within systems. It recognises that holistic primary health care is delivered by a diversity of health professionals and other primary care providers trained in various fields, as well as by multidisciplinary teams of primary health care practitioners, often based within the same care service. By including the concept of partnership, the definition also highlights the need for greater integration at national and other levels between the primary, secondary, acute and tertiary sectors. Comprehensive care also captures the ideals of wellness and a unified system (see table below)[13].

[11] Beilby J and Pekarsky B, 2002. Fundholding: learning from the past and looking to the future. *The Medical Journal of Australia* 176 (7): 321–325.

[12] Australian Primary Health Care Research Institute (APHCRI). <www.anu.edu.au/aphcri/index.php> Last accessed October 2005.

[13] General Practice Divisions Victoria 2005. The need for a national primary health care policy. Policy Issues paper no. 22.

Differences between selectice and comprehensive primary health care

	Comprehensive primary health care	Selective primary health care	Medical model
View of health	Positive wellbeing	Absence of disease	Absence of disease
Locus of control over health	Communities and individuals	Health professionals	Medical practitioners
Major focus	Health through equity and community empowerment	Health through medical interventions	Disease eradication through medical interventions
Health care providers	Multidisciplinary teams	Doctors plus other health professionals	Doctors
Strategies for health	Multi-sectoral collaboration	Medical interventions	Medical interventions

The definition includes public health promotion as a major function of primary health care (Ottawa Charter[14]) and draws on the tenets of the Jakarta[6] and Alma Ata[15] declarations through:

- focusing on the systemic achievement of equity in health '…to increase health expectancy, and…narrow the gap in health expectancy between countries and groups'
- promoting real and significant consumer and community participation in the governance of primary health care services
- including a focus on population health
- embracing the four key planks of primary health care service delivery—promotive, preventative, curative and rehabilitative.

By incorporating community development, the definition also acknowledges the need to address socio-economic determinants of health which have a significant impact on an individual's health status[16]. These determinants, which cut across more than just the health sector, are inherent in the primary health care approach and require coordinated efforts at local, regional and national levels to bring the necessary sectors together.

[14] World Health Organization (WHO) 1986. *Ottawa Charter for Health Promotion*, WHO.

[15] World Health Organization (WHO) 1978. *Declaration of Alma Ata*, WHO.

[16] For summary of findings and bibliographies see WHO (2003), *Social Determinants of Health: The Solid Facts (2nd Edition)*, or Royal Australian College of General Practitioners (1999) *For Richer, For Poorer, In Sickness , In Health: The Socio-Economic Determinants of Health (3rd Edition)*, RACGP

APPENDIX B: Acronyms

ACCHS	Aboriginal Community Controlled Health Services
AHW	Aboriginal Health Worker
ADGP	Australian Divisions of General Practice
APNA	Australian Practice Nursing Association
APHCRI	Australian Primary Health Care Research Institute
BOMH	Better Outcomes in Mental Health
CDM	Chronic Disease Management
CHF	Consumers Health Forum
GP	general practitioner
GPLO	GP Liaison Officer
HPCA	Health Professionals Council of Australia
HMR	Home Medications Review
IMG	International Medical Graduate
JFSS	John Flynn Scholarship Scheme
PIP	Practice Incentives Payments
MBS	Medicare Benefits Schedule
MAHS	More Allied Health Services
MSOAP	More Specialist Outreach Assistance Program
NACCHO	National Aboriginal Community Controlled Health Organisation
PC	Primary Care
PGPPP	Prevocational General Practice Placement Program
PHC	Primary Health Care
RWA	Rural Workforce Agency
SBO	State-based organisation
SIP	Service Incentive Payment
WHO	World Health Organization

APPENDIX C: Contacts

Australian Divisions of General Practice

PO Box 4308
MANUKA ACT 2603
Telephone: 02 6228 0800
Facsimile: 02 6228 0899
Email: adgpreception@adgp.com.au
Website: www.adgp.com.au

ACT Division of General Practice

PO Box 3571
WESTON ACT 2611
Australia
Telephone: 02 6287 8099
Facsimile: 02 6287 8055
Email: reception@actdgp.asn.au
Website: http://www.actdgp.asn.au

Alliance of NSW Divisions

GPO Box 5433
SYDNEY NSW 2001
Australia
Telephone: 02 9239 2900
Facsimile: 02 9239 2999
Email: info@answd.com.au
Website: http://www.answd.com.au

General Practice and Primary Health Care Northern Territory

GPO Box 2562
DARWIN NT 0801
Australia
Telephone: 08 8982 1050
Facsimile: 08 8941 5579
Email: kathy.bell@gpphcnt.org.au
Website: http://www.gpphcnt.org.au

Queensland Divisions of General Practice

GPO Box 2546
BRISBANE QLD 4001
Australia
Telephone: 07 3105 8300
Facsimile: 07 3105 8301
Email: qdgp@qdgp.org.au
Website: http://www.qdgp.org.au

SA Divisions of General Practice

1st Floor
66 Greenhill Road
WAYVILLE SA 5034
Australia
Telephone: 08 8271 8988
Facsimile: 08 8271 8344
Email: sadi@sadi.org.au
Website: http://www.sadi.org.au

Tasmanian General Practice Divisions Limited

GPO Box 1827
HOBART TAS 7001
Australia
Telephone: 03 6224 1114
Facsimile: 03 6224 3384
Email: smale@tgpd.com.au
Website: http://www.tgpd.com.au

General Practice Divisions of Victoria

Level 1
458 Swanston Street
CARLTON VIC 3053
Australia
Telephone: 03 9341 5200
Facsimile: 03 9348 1375
Email: gpdv@gpdv.com.au
Website: http://www.gpdv.com.au

WA Divisions State Office

PO Box 4186
Myaree Business Centre
MYAREE WA 6960
Australia
Telephone: (08) 9319 0500
Facsimile: (08) 9339 8355
Email: annar@wadso.com.au

Australian Divisions of **General Practice** | ACN 082 812 146

25 National Circuit Forest ACT 2603 • PO Box 4308 Manuka ACT 2603
Telephone 02 6228 0800 • Facsimile 02 6228 0899 • www.adgp.com.au