

Key Priority Areas

Key Priority Area 1: Improving access and reducing inequity

Key Direction for Change

Primary health care is delivered through an integrated service system which provides more uniform quality care across the country, actively addressing service gaps and the needs of specific population subgroups.

Ensuring that all Australians can access health care that is suitable for their particular needs and circumstances at the time they need it, is one of the major challenges facing our primary health care system in the 21st century.

While many Australians experience good access to primary health care services, there are a range of areas and populations facing significant service gaps. These include people in rural and remote Australia, people with mental illness and Indigenous Australians. In addition, currently there is a significant disparity in the level of access to after hours primary health care across Australia.

The Australian Government will take full funding responsibility for all primary health care services, enabling the Government to draw services together so that they are better integrated, better coordinated and more responsive to the needs of all Australians. Changes in funding

arrangements will further strengthen the delivery of care in the community, making it easier for Australians to access the services they need in the most appropriate care setting.

The Australian Government will also invest in a number of reform initiatives aimed at reducing inequity and delivering substantial and sustainable improvements in the availability of primary health care services, including access to GP care and support when required.

These will complement initiatives already introduced by the Government, such as the response to the *Report on the Audit of Health Workforce in Rural and Regional Australia*, announced as part of the 2009-10 Budget. This included a \$134.4 million package to improve rural and remote workforce shortages and better target existing incentives, through the provision of additional financial and non-financial support for rural doctors.



Actions – how the Government will implement this reform

The Australian Government will invest in the following reforms that are aimed at delivering substantial and sustainable improvements in the availability of primary health care services and reducing inequity:

Improving access to after hours primary health care

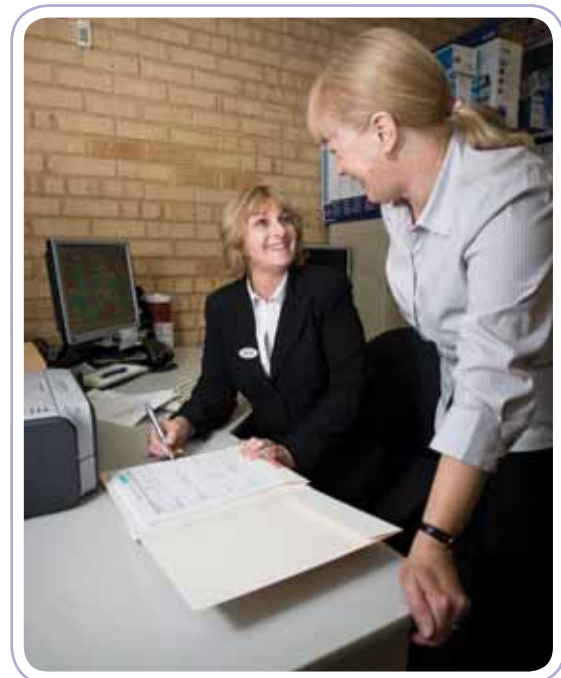
The Australian Government will improve access to after hours care across Australia. An additional \$126.3 million investment over four years will be made in establishing a national after hours telephone-based General Practice medical advice and diagnostic service, and providing funding to each of the newly established Medicare Locals to ensure the availability of local face-to-face after hours GP services across their region from 2013-14.

Anyone needing to see a GP at night or on the weekend, when their usual practice is closed, will be able to contact their local GP practice and have their call automatically put through to the National Health Call Centre Network, staffed by qualified health professionals. A nurse in the first instance, and then a GP if required, will assess the patient's needs and provide appropriate advice and options. If needed, the GP will arrange for the patient to be seen by a local GP.

Medicare Locals will work with local GPs and other health professionals to ensure face-to-face after hours services are available in their region. These could include, for example, after hours clinics and GP on-call services.

Improving access to primary health care services for older Australians

The Australian Government will invest \$98.6 million over five years to improve older Australians' access to GPs and primary health care services through the provision of increased incentives and flexible funding arrangements. Increased financial incentives will support GPs to provide more services in aged care residential facilities. Medicare Locals will be provided with flexible funding to address gaps in primary health care service provision to better support older Australians, whether living independently or in an aged care home.



Improving access to primary health care for people with a mental illness

The Australian Government has committed to taking responsibility for primary mental health services for people with mild to moderate common disorders, such as anxiety and depression, including those currently provided by the states. The Government has also signalled its intention to provide greater policy and funding leadership for specialist community mental health services for people with severe mental illness over time.

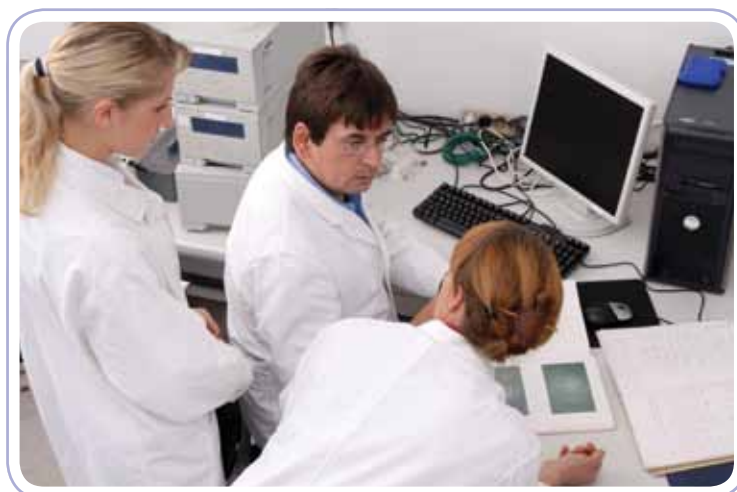
As a first step, the Australian Government will provide \$58.5 million over four years for more flexible individual care packages supporting clinical and non-clinical care for up to 25,000 people with severe mental illness living in the community. The Government will also invest new funding of \$13 million for more mental health nurses to provide services in the community and support clinical care for people with severe mental illness. Better primary mental health care will also be available to young people with, or at risk of, mental illness through new investment of \$78.8 million over four years in up to 30 new youth-friendly mental services, and to provide extra funding for the existing 30 headspace sites.

Improving Aboriginal and Torres Strait Islander peoples' access to primary health care

The following initiatives under the 'Closing the Gap' initiative will deliver health improvements, define core services, implement quality improvement initiatives and develop a sustainable model of service delivery for Indigenous Australians.

- *Indigenous Chronic Disease Package (\$805.5 million over four years)*

This Package is part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. This Package provides targeted prevention activities to reduce the burden of chronic disease in Aboriginal and Torres Strait Islander peoples. It will also improve access to primary health care focussed on the detection and ongoing management of chronic disease, as well as essential follow-up care by specialists and allied health professionals.



- *Closing the Gap in the Northern Territory (\$131.1 million over three years)*

The Australian Government's continued efforts and substantial funding for the expansion of primary health care services in the Northern Territory will contribute to closing the gap in this jurisdiction in partnership with the Northern Territory Aboriginal Forum.

- *National Partnership Agreement on Indigenous Early Childhood Development (\$564 million over six years)*

The National Partnership Agreement commits \$564 million over six years from 2008-09 to support Indigenous early childhood development. Under this agreement

the Department of Health and Ageing contributes \$107 million under Element 2 to increase access to antenatal care, pre-pregnancy and teenage sexual and reproductive health services, and \$90.3 million under Element 3 for New Directions Mothers and Babies Services, whilst state and territory Governments contribute \$75 million over the life of this national partnership.

What this means for patients

Primary health care reforms are aimed at improving the availability of services and reducing inequities, including for people needing after hours care, older Australians, people in rural and remote areas and Aboriginal and Torres Strait Islander people.

To reduce health inequities, the Australian Government will invest in a number of reform initiatives aimed at delivering substantial and sustainable improvements in the availability of primary health care services.



Key Priority Area 2: Better management of chronic conditions

Key Direction for Change

Improved continuity and coordination of care, particularly for those with chronic disease, including through a comprehensive national approach to chronic disease management, tailored and delivered locally.

Chronic disease is estimated to be responsible for more than 80 per cent of the burden of disease and injury suffered by Australians.

More than half of all GP consultations are with people with a chronic condition.

Of the estimated 731,000 potentially preventable hospital admissions in 2007-08, around 32 per cent of these were related to complications from diabetes.

Better management of chronic disease is essential to reduce the burden on hospital care.

To respond to the rapidly rising incidence of chronic disease, the Australian Government will transform the way patients with chronic disease are treated, beginning with Australians with diabetes. As part of delivering the National Health and Hospitals Network, the Australian Government will invest \$449.2 million over four years to transform the way Australians with diabetes are treated.

This initiative is a key element of the Australian Government's health reform agenda and a direct response to the priority areas identified in the Draft National Primary Health Care Strategy and the work of the National Health and Hospitals Reform Commission.

Actions – how the Government will implement this reform

Under these new arrangements, patients diagnosed with diabetes will have the option of enrolling with a GP practice of their choice to receive high quality coordinated care and help them access a range of additional services (such as a dietician or podiatrist). Enrolled patients will be assisted to maintain and improve their health, with GP practices for the first time being rewarded for meeting performance benchmarks.



The patients' GP practice will:

- become responsible for managing their care, including by developing personalised care plans;
- help organise access to the additional services they need, such as care from a dietician or podiatrist as set out in their personalised care plan; and
- be paid, in part, on the basis of their performance in keeping their patients healthy and out of hospital.

This means a single practice will be responsible for ensuring that patients who choose to enrol are able to access services from a wide range of health professionals. Practices will be able to use the new arrangements and government funding flexibly to coordinate the full range of services that patients need. Importantly, patients will continue to be able to see a GP of their choosing, for example, if they are on holiday in a different city.

The diabetes initiative will include a performance framework under which practices will be rewarded if their patients' health improves. GPs will be paid to help patients manage their condition over time, and ensure they can access the kind of care they need.

The new arrangements for coordinated care for patients with diabetes will reduce the costs associated with managing the complications of diabetes and of unnecessary hospital admissions.

The Australian Government recognises this is a new direction in primary health care and will work closely with the professions and consumers on the development of the implementation details.

The Government may move over time to include other chronic diseases in these arrangements, where this is clinically appropriate, and as early evidence from this initiative becomes available.

What this means for patients

A new approach to management of chronic disease, starting with diabetes, will benefit patients by ensuring that:

- their GP is supported to manage their condition and keep them healthy over time, rather than just treating the presenting symptoms;
- they have access to the services they need to manage their condition; and
- their care, which will often involve multiple health professionals, is coordinated to meet their needs.

Under the coordinated care for patients with diabetes initiative, it is expected that:

- more than 4,300 General Practices, covering around 60 per cent of all general practices, will sign-on to the program by 2012-13, its first year of operation; and
- approximately 260,000 patients with diabetes will be voluntarily enrolled in a personalised care program by 2013-14.

Key Priority Area 3: Increasing the focus on prevention

Key Direction for Change

Strengthen the existing framework for promotion, prevention and early intervention in primary health care, to encourage more systematic approaches, with regular recall and follow-up, coordinated and integrated with other preventive activities, including a focus on improving health literacy, within local communities.

General practice and other primary health care are the frontline of Australia's health system. More than 85 per cent of Australians see a GP at least once a year. Medicare subsidises more than 110 million visits to GPs each year. This makes the primary health care setting a key environment for delivering primary and secondary prevention measures.

Actions – how the Government will implement this reform

There are a number of key initiatives and building blocks that will increase the focus on prevention and strengthen the capacity of primary health care to undertake preventive care. These include:

Establishing a National Partnership on Preventive Health with the states and territories

Under the National Partnership Agreement, the Australian Government is making available \$872.1 million over six years for a range of initiatives targeting the lifestyle risk factors of chronic disease. This is the largest single commitment to health promotion by an Australian government.

A key element of the National Partnership Agreement on Preventive Health is the establishment of the Australian National Preventive Health Agency. The Australian National Preventive Health Agency, once established, will support the Australian



Government and Australian Health Ministers with evidence-based policy, manage social marketing activities targeting obesity and tobacco consumption, and provide national leadership in research and surveillance.

Taking full policy and funding responsibility for primary health care, including primary and secondary prevention programs

As part of the National Health and Hospitals Network Agreement, the Australian Government will take full funding and policy responsibility for primary and secondary prevention programs for early intervention and care coordination that focus on the management of patients with chronic disease in the community.

By December 2010 the Australian Government will undertake further work with states and territories to determine their respective responsibilities in regard to health promotion and population health programs, including preventive health.

Establishing primary health care organisations (Medicare Locals)

The Australian Government is funding the establishment of a network of primary health care organisations (Medicare Locals) across Australia (\$290.5 million over four years). It is envisaged that Medicare Locals will play a key role in delivering health promotion and preventive health programs targeted at risk factors in communities. They will be supported in this role by the Australian National Preventive Health Agency, once established, which will develop and disseminate national guidelines and standards.

Medicare Locals provide the platform that will allow better planning and delivery of prevention programs to the community.

Building the capacity of the primary health care workforce

To build greater capacity to undertake preventive health in the primary health care setting, the Australian Government is making major investments to boost the primary health care workforce, including reforming support for, and funding of, nurse positions in general practice.

From 2011-12 the Government will introduce a new Practice Nurse Incentives program to expand and enhance the role of practice nurses (\$390.3 million over four years). This initiative will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

Developing Healthy Communities Reports

A Healthy Communities Report will be developed for each Medicare Local's local area, as part of the performance and accountability arrangements built into the new National Health and Hospitals Network. This Report will cover:

- preventive health risk factors and other measures of community health and wellbeing;
- access to GP services and out of hours GP care; and
- the extent to which the health system is working in a coordinated way.

Enhancing tobacco control

Recognising that smoking is a major cause of poor health in Australia, particularly among disadvantaged groups, including Indigenous people, the Australian Government is taking specific action to reduce tobacco consumption.

The Government will legislate to restrict or prohibit the use of tobacco industry logos, colours, brand imagery or promotional text on tobacco product packaging, other than brand names and product names, in a standard colour, font style and position.

In addition, the Government will invest \$27.8 million over four years (2010-11 to 2013-14), in an anti-smoking campaign that will target and aim to reduce the high smoking rates among people in high-need and highly disadvantaged groups who are hard to reach through mainstream advertising.

To reduce smoking rates and discourage young people from taking up smoking, the Government has implemented a 25 per cent increase in tobacco excise, above normal CPI adjustments, with the proceeds to be spent on health and hospitals (\$5 billion over four years).

High rates of Indigenous smoking are being addressed under the Indigenous Health National Partnership, with \$161 million over four years available to tackle chronic disease risk factors, including smoking.

A complementary Indigenous Tobacco Control Initiative, with commitment of \$14.5 million over four years from 2008-09, is researching

effective anti-tobacco strategies in Indigenous communities, trialing and evaluating innovative community projects and offering smoking cessation training to staff working in Indigenous health.

Australian Health Survey

In a partnership arrangement with the Department of Health and Ageing and the National Heart Foundation of Australia, the Australian Bureau of Statistics will undertake the Australian Health Survey, which will be the most comprehensive study of the health of Australians ever undertaken.

Collectively the measures outlined above will put in place the framework to build preventive care into the system at the primary health care level.

What this means for patients

General practice and primary health care professionals will be supported to implement approaches to health risk reduction and management across local communities. A greater focus on prevention and a more systematic approach to preventive care will help to ensure that Australians are supported to maintain optimum health.

The Australian Government will support and strengthen the capacity of primary health care to undertake preventive care, through:

- establishing the Australian National Preventive Health Agency;
- funding primary and secondary prevention programs for chronic disease;
- improved coordination and targeting of prevention activities through Medicare Locals;
- primary health care workforce initiatives;
- improved accountability through Healthy Communities Reports; and
- measures to reduce tobacco consumption through changes to packaging and campaign activity.

Key Priority Area 4: Improving quality, safety, performance and accountability

Key Direction for Change

Establish a strong framework for quality and safety in primary health care, based on improved information and quality assurance systems to support measurement, feedback and quality improvement for providers, and greater transparency for consumers and funders.

The Australian Government will use its position as the majority funder of health and hospital services in Australia to impose strong national standards for primary health care performance. These national standards will clearly reflect the high expectations that all Australians have of their health and hospital services. As part of its national leadership role, the Australian Government will insist on higher national performance standards, more consistently applied across the country, with new targets backed up by explicit financial rewards and penalties.

Underpinning quality and safety, and primary health care policy more broadly, the Australian Government will maintain its commitment to primary health care research, both through funding for research capacity, and through the use of research-based evidence to inform policy and practice.

Actions – how the Government will implement this reform

The Australian Government, in conjunction with states and territories, will establish a strong framework for safety and quality in health care, including:

Developing a new performance and accountability framework for the National Health and Hospitals Network

The Network will have a new performance and accountability framework, which will include:

- national performance indicators already agreed through COAG in the 2008 National Healthcare Agreement (NHA) to report on national trends and the performance of all jurisdictions; and
- national clinical quality and safety standards developed by the Australian Commission on Safety and Quality in Health Care.



Creating new national governance functions for the health care system, including the establishment of a new National Performance Authority (NPA)

The NPA will be established from 1 July 2011 as an independent Commonwealth statutory authority, covered by a legislative charter which sets out the functions for the NPA and arrangements to secure its continued independence.

The NPA will monitor the performance of primary health care organisations (Medicare Locals) against agreed performance measures and standards to identify high performing organisations and to facilitate sharing of innovative and effective practices. The NPA's reports will allow comparative analysis across jurisdictions to identify best practice.

Reporting to the public through Healthy Communities Reports

The Government will develop a Healthy Communities Report for each Medicare Local's catchment area. This report will include, on a nationally consistent basis, local and regional area information covering:

- preventive health risk factors and other measures of community health and wellbeing;
- access to GP services and out of hours GP care; and
- the extent to which the health system is working in a coordinated way, for example, through the number of avoidable hospital admissions, and trends in this information over time.

The Government will work with GP and other

primary health care stakeholder groups and the National Preventive Health Agency to develop the Report structure.

At the local level these changes will involve a move to a more performance based focus, with a greater emphasis on improved patient outcomes. Continuing investment in quality improvement through peer-based learning and support will assist general practices to better utilise their data to improve their patients' outcomes.

Overall, nationally consistent and independent performance monitoring at the local level will:

- identify high performing general practice and other primary health care services;
- facilitate sharing of effective and innovative practices; and
- incorporate strong national service standards and financial performance standards to increase accountability and drive improved patient outcomes.

Continuing the role of the COAG Reform Council (CRC)

The role of the independent CRC will be continued, with the following functions:

- providing clear, transparent and regular public reporting on all jurisdictions' performance;
- providing an independent assessment of whether predetermined performance benchmarks have been achieved prior to reward payments being made; and
- advising COAG on changes that might be made to improve performance reporting against the NHA performance indicators.

Expanding the role of the Australian Commission on Safety and Quality in Health Care (ACSQHC)

The existing governance and funding arrangements of the ACSQHC will continue. It is intended that the role of the ACSQHC will expand, subject to detailed agreement on the scope and financial implications by Health Ministers.

The ACSQHC will develop new national clinical standards and strengthened clinical governance

that will support clinicians to lead the drive towards continuous improvement in quality and safeguarding high standards of care.

What this means for patients

Based on national standards for primary health care performance and Healthy Communities Reports at the Medicare Local level, Australians will be able to access transparent and nationally comparable performance data and information on health services.

As majority funder of health and hospital services, the Australian Government will require strong national standards and transparent reporting.

A combination of enhanced data collection and reporting and local initiatives will provide clinicians with rich information to reflect on their own practice and drive continuous quality improvement.



Moving to our 21st Century Primary Health Care System

The reforms being introduced by the Australian Government will transform what is currently a disparate collection of interdependent primary health care services into a more cohesive system, providing the opportunity to improve cost-effectiveness and drive evidence-based clinical practice.

Underpinning the Strategy are new governance arrangements for the health system under the National Health and Hospitals Network, which will drive improved health outcomes for the community. Taking full policy and funding responsibility for primary health care means that the Australian Government will be able to draw services together so that they are better integrated, better coordinated and more responsive to consumer's needs. Patients will find it easier to navigate the system.

Producing this level of change is significant and will require support and engagement across all levels of government, the private sector, the community and health professionals.

The Strategy recognises that these changes will take time - that new systems and infrastructure take time to implement and inevitably evolve over time - and that health professionals need support to develop new skills and new ways of working together. A key principle is to ensure that the quality and safety of our services is maintained throughout.

The implementation of the Strategy will include challenges: for health professionals and health care organisations to adopt new ways of working; for governments to develop new approaches, including to service delivery and aspects of funding; and for consumers to influence and engage with change.

The Strategy provides a sound basis for more detailed planning as the Australian Government takes on full responsibility for primary health care funding and policy. The key initiatives outlined will collectively drive major change across the system. Together, these changes will ensure a strong and effective primary health care system, underpinning a National Health and Hospitals Network for Australia's future.



