What is the problem we are trying to solve?

- Australia’s health system has strengths but...
  - Declining levels of health workforce
  - Increasing levels of chronic disease
  - Ongoing inequity
  ...means it is over-stretched

- Divided responsibility for different parts of the health system is inefficient:
  - Cost shifting and the blame game

- Current system is complex, fragmented, too focused on costly acute care:
  - Existing format is **NOT SUSTAINABLE**
Need to re-orient towards primary health care

- Primary health care is a clear indicator for success in population health outcomes
- “Many studies... show that areas with better primary care have better health outcomes, including total mortality rates, heart disease mortality rates and infant mortality and earlier detection of cancers....The opposite is the case for higher specialist supply, which is associated with worse outcomes.” Barbara Starfield
- “Hospital-centrism carries a considerable cost in terms of unnecessary medicalisation and iatrogenesis, and compromises the human and social dimensions of health” WHO
Change is coming:
Need to keep up reform momentum

- “Even if you are on the right track, you’ll get run over if you just sit there.”

  – Will Rogers
Environment

- Highly volatile
- Advocacy groups gone fishin’
- Greater ability to engage in what is the goal, rather than just achieving the goal
- High level of access to all sides of politics
- Engagement on key initiatives eg. diabetes, practice nurse incentive, after hours
Gillard government

- Fully committed to health reform
- Different style: empowered Ministers
- Focus: service delivery
  - How is this going to make a difference for the community?
  - What are people going to see and feel?
New priorities

- Regional and rural equity
- Mental health
- Aged care
- Dental
- Maximise use of broadband: eHealth, telehealth, internet, etc
Reform announcements - PHC

- Single funder for PHC
- New National Health & Hospitals Network (NHHN) with LHNs and PHCOs
- PHCOs to evolve from GPNs
- PHCOs to be fully established by July 2012, first round (15-25) established by July 2011
Reform announcements- PHC

- COAG outcomes:
  - Being interpreted differently by all parties
- Long-term vision is good
- But roadmap to get there is unclear
- Only certainty is that what is currently proposed will need to change further
Reform announcements - PHC

- First group of PHCOs will build on and evolve from the Divisions of General Practice Network
- Where possible, the remaining PHCOs will build on those Divisions that have the capacity to take on the roles and functions expected of the new organisations
- Over the next two years, funding provided to PHCOs will replace the contribution made by the Commonwealth to the current Divisions of General Practice program
Where to from here

- Release of public discussion paper on roles/functions and governance
- Government seeking feedback on
  - What PHCOs will do
  - What they will look like
  - How they will interact with the local community
- Includes legal structure, internal governance, membership, clinical governance
- Healthy Communities Reports (structure)
Where to from here (cont)

- Proposed boundaries of PHCOs to be released late October/early November
  - Subject to further discussion with stakeholders and States and Territories prior to COAG meeting
- Work under way on criteria for RFT
  - Query timing of its release
So what will PHCOs do?

- Retain and build on functions currently undertaken by GPNs including practice and innovative program delivery support
- Overall aim of improving support to providers through broader holistic focus on primary health care, improving patients’ access to services, improving coordination and integration of care, making it easier for patients to navigate the system
So what will PHCOs do?

- Undertake local health planning, identify gaps in services, opportunities for better targeting of services to respond to those gaps
- Support coordination and integration of PHC services transferred from States to Commonwealth
- Quality and safety
- Health promotion & preventive health programs
- LHN interface (vital)
- Collaborate on workforce planning & education
So what do we know about PHCOs?

- PHCO role to start small and build over time
- Initial focus on linking and joining
- Followed by new programs: after hours GP services, flexible funding pool for aged care access, allied health component of diabetes program, mental health, suicide prevention
- Move towards block funding for greater flexibility and responsiveness at local level
RFT criteria

- Commitment to participation in national health reform agenda
- High quality engagement with general practice
- Demonstrated commitment to engagement with other providers of PHC
- Ability to build on achievements of current GPN program
RFT criteria

- Identification of future strong clinical governance and leadership mechanisms
- Demonstrated business planning capacity
- Local workforce planning capacity
- Ability to link with teaching and research
- Commitment to common branding and marketing
RFT criteria

- Demonstrated effectiveness in engaging with consumers and the community more broadly
- Ability to build capacity to collect and manage data
- Commitment to and readiness to participate in eHealth initiatives
- Demonstrated dependability and high quality performance
RFT criteria

- Commitment to broader governance and membership models with timeframes for transitioning
- Transition plan to 2011 & 2012
Roles for AGPN and SBOs

- Support transition planning & establishment of PHCOs including broader stakeholder engagement
- Ensure GPN involvement across the country
- Develop tools and templates (KPMG checklist)
- Consistent branding and marketing
- Consistent standards and performance
- Support capacity & skills development
- Identify with you “quick wins” on the ground
Future proofing

- Change is inevitable - and ongoing/constant
- Lessons from international evidence - and now from us:
  - “Do and not be done to”
- “Every time there is change there is opportunity. If you look at it as an opportunity, it will be.” - Dr Mike Allan