

Report to GPLWB Members – Issue One

29/09/2009

The Board of GPLinks is keen to hear your opinion. Now is the time to voice your opinion to your colleagues, GPLWB, the RACGP, the AMA or your local Member of Parliament, as the Commonwealth is yet to respond to the Commission's report. Please feel free to provide any comment or concerns to GPLWB at info@gplinks.org.au Dr Paul Neeskens paul.neeskens@bigpond.com or Shane Dawson sdawson@gplinks.org.au

In summary this small selection outlines:

- Commonwealth responsibility for ALL community based health services
- Primary care performance targets and payments
- Patient to Practice enrolment for targeted groups – young families, Aborigines and Torres Strait Islanders, and those with chronic and complex conditions, as means to access grant funded multidisciplinary care
- Divisions of General Practice extending their support and co-ordination role beyond General Practice to include other primary health care services
- Extending PBS and MBS access to nurses and other health professionals
- A patient held electronic health record

Some glimpses of the National Health and Hospitals Reform Commission Report

Released 27 July 2009

The report is wide ranging and covers many issues including a National approach to health, Primary Care, Hospitals, Aged Care, Quality, Training, Access and Equity and e-Health agenda. Its time frame is 10-20 years. It also includes a recommendation for a National dental scheme, "Denticare".

Below is a selection of the 123 recommendations of the report that may be relevant to the day to day business of general practice.

You are encouraged to go to <http://www.nhhrc.org.au/internet/nhhrc> and review the executive summary (20 pages), the summary of the recommendations (22 pages) and, if you dare, the full report (299 pages).

The NHHRC recommends

16. To better integrate and strengthen primary health care, the Commonwealth should assume responsibility for all primary health care policy and funding. (ie full responsibility for the policy and public funding of primary health care services. This includes all existing community health, public dental services, family and child health services, and alcohol and drug treatment services that are currently funded by state, territory and local governments.)

17. In its expanded role, the Commonwealth should encourage and actively foster the widespread establishment of Comprehensive Primary Health Care Centers and Services. We suggest this could be achieved through a range of mechanisms including initial fixed establishment grants on a competitive and targeted basis. By 2015, we should have a comprehensive primary health care system that is underpinned by a national policy and funding framework with services evolving in parallel. (**Comprehensive Primary Health Care Centres and**

Services is about providing a 'one-stop shop' approach so that patients can get access to an expanded range of services (for example, pathology, imaging, community nursing, allied health), with better coordinated referrals and networks of services (including good linkages with specialists, mental health services, family and child health services, community care and aged care services) at more convenient times through extended opening hours.)

18. Young families, Aboriginal and Torres Strait Islander people, and people with chronic and complex conditions (including people with a disability or a long-term mental illness) have the option of enrolling with a single primary health care service to strengthen the continuity, coordination and range of multidisciplinary care available to meet their health needs and deliver optimal outcomes. This would be the enrolled family or patient's principal 'health care home'. To support this, we propose that

- there will be grant funding to support multidisciplinary services and care coordination for that service tied to levels of enrolment of young families and people with chronic and complex conditions;
- there will be payments to reward good performance in outcomes, including quality and timeliness of care, for the enrolled population; and
- over the longer term, payments will be developed that bundle the cost of packages of primary health care over a course of care or period of time, supplementing fee-based payments for episodic care.

19. Embedding a strong focus on quality and health outcomes across all primary health care services. This requires the development of sound patient outcomes data for primary health care. We also want to see the development of performance payments for prevention, timeliness and quality care.

21. Service coordination and population health planning priorities should be enhanced at the local level through the establishment of Primary Health Care Organisations, evolving from or replacing the existing Divisions of General Practice. These organisations will need to:

- have appropriate governance to reflect the diversity of clinicians and services forming comprehensive primary health care;
- be of an appropriate size to provide efficient and effective coordination (say, approximately 250,000 to 500,000 population depending on health need, geography and natural catchment); and
- meet required criteria and goals to receive ongoing Commonwealth funding support.

99. To improve access to care and reflect current and evolving clinical practice, we recommend that:

- Medicare rebates should apply to relevant diagnostic services and specialist medical services ordered or referred by nurse practitioners and other health professionals having regard to defined scopes of practice determined by recognised health professional certification bodies;
- Pharmaceutical Benefits Scheme subsidies (or, where more appropriate, support for access to subsidised pharmaceuticals under section 100 of the National Health Act 1953) should apply to pharmaceuticals prescribed from approved formularies by nurse practitioners and other registered health professionals according to defined scopes of practice;
- where there is appropriate evidence, specified procedural items on the Medicare Benefits Schedule should be able to be billed by a medical practitioner for work performed by a competent health professional, credentialled for defined scopes of practice; and
- the Medicare Benefits Schedule should apply to specified activities performed by a nurse practitioner, midwife or other competent health professional, credentialled for defined

scopes of practice, and where collaborative team models of care with a general practitioner, specialist or obstetrician are demonstrated.

115. By 2012, every Australian should be able to:

- have a personal electronic health record that will at all times be owned and controlled by that person;
 - approve designated health care providers and carers to have authorised access to some or all of their personal electronic health record; and
 - choose their personal electronic health record provider.
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