

Fund Holding and Divisions - Now or Never

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Framework

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- Definition
- Divisions Review and Senate Inquiry
- Evidence so far
 - National – Coordinated Care Trials
 - National – After Hours Models
 - State - Shared Care Obstetrics
 - Local - Care of Gay Men
- Population Health
- Next Steps



Fund holding Definition

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- Specified resources – agreed prospectively
- Defined period
- Range of services for specified group
- Introduced flexibility



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REMOVE THE NAME -

Emotive phrase

QLAF

Quality Linked Access Funds



Divisions Review 2003

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- Primary Health Care
 - tailor strategy to meet local and regional health needs and priority
- Core Responsibilities
 - population health including reduction in inequalities
- Indigenous Health
 - best practice models of Divisions working in partnership with Aboriginal Community Controlled Organisations



Senate Inquiry

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- Need to explore funding options other than fee-for-service
- “particularly those relating to enhancement and extension of the current blended payment arrangements”



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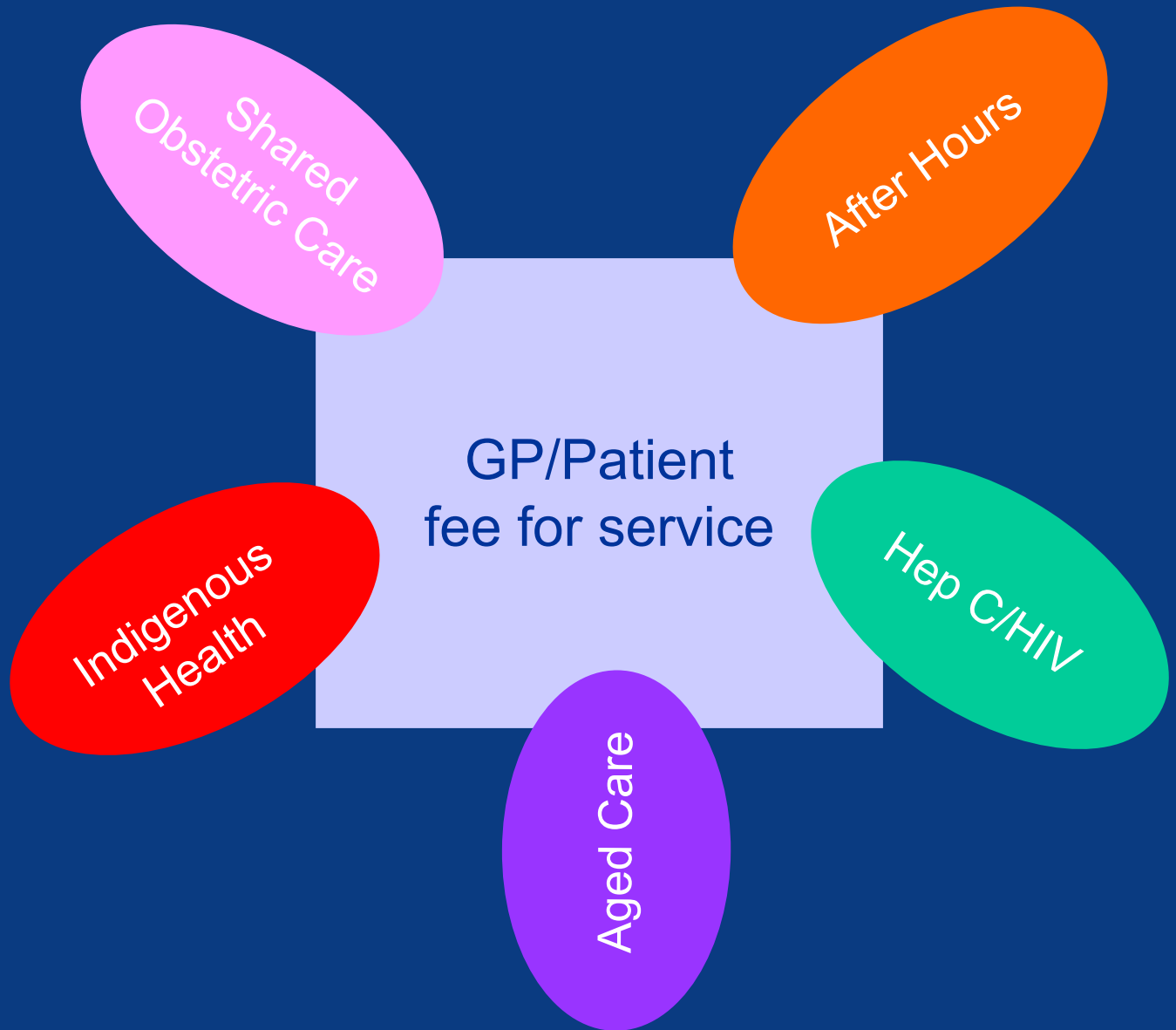
Funding - \$65.7 Million

“Stressed Health Care System”
Part of the Solution...

Collective Division and general practice
influence within quality and access
framework



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Evidence so far in Australia

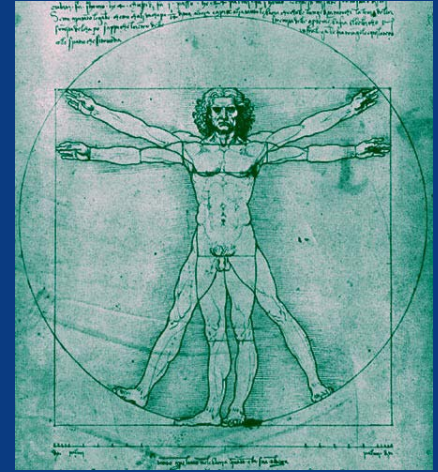
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PAST

- Coordinated Care Trials
- Indigenous Health Trials
- After Hours Trial

FUTURE

- Two Mainstream Trials
- Three Indigenous Health Trials





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Coordinated Care Trials – Past Review

- Qualitative evidence of improved patient well being
- Chosen initiative outside existing funding structures
- Chosen organisation – appropriate skill base
- Linkage with Stakeholders – problematic
- Local Community Debate
- Monitoring and evaluation

» Beilby J and Pekarksy B MJA 2002; 176:321-325.



Chronic Disease Care – New Trial

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- Team Health Care II CCT
 - GP coordinator
 - Practice – coordination point
 - EPC underpinning
 - Timely access to specialists
 - Community Health Nurse partnership
 - Timely use of funds pool





Indigenous Health

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- Trial employed care coordinators
- GPs – care coordinators with Aboriginal Health Workers and Nurses
- Expand primary health care programs targeting diabetes, asthma and heart disease
- Cash out potential



After Hours Models

- Local solutions – flexibility
- Simple model – that all accept
- Outer Urban areas
- Prospective modelling – Affordable under current after hours rebates
- Maitland Success Story - 1 → 4





Community Costs per patient pregnancy

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Service Provisions	Shared Care		Traditional Care	
	TQEH	WCH	TQEH	WCH
Professional attendances	394	462	313	440
GP antenatal attendances#	93	96	5	17
Diagnostic procedures	0	*	*	0
Diagnostic Imaging/radiology+	220	99	38	72
Total Community costs per Patient Pregnancy (excluding pathology)	707	657	356	529

these data inc. antenatal item no. 16500 & management of labour & delivery

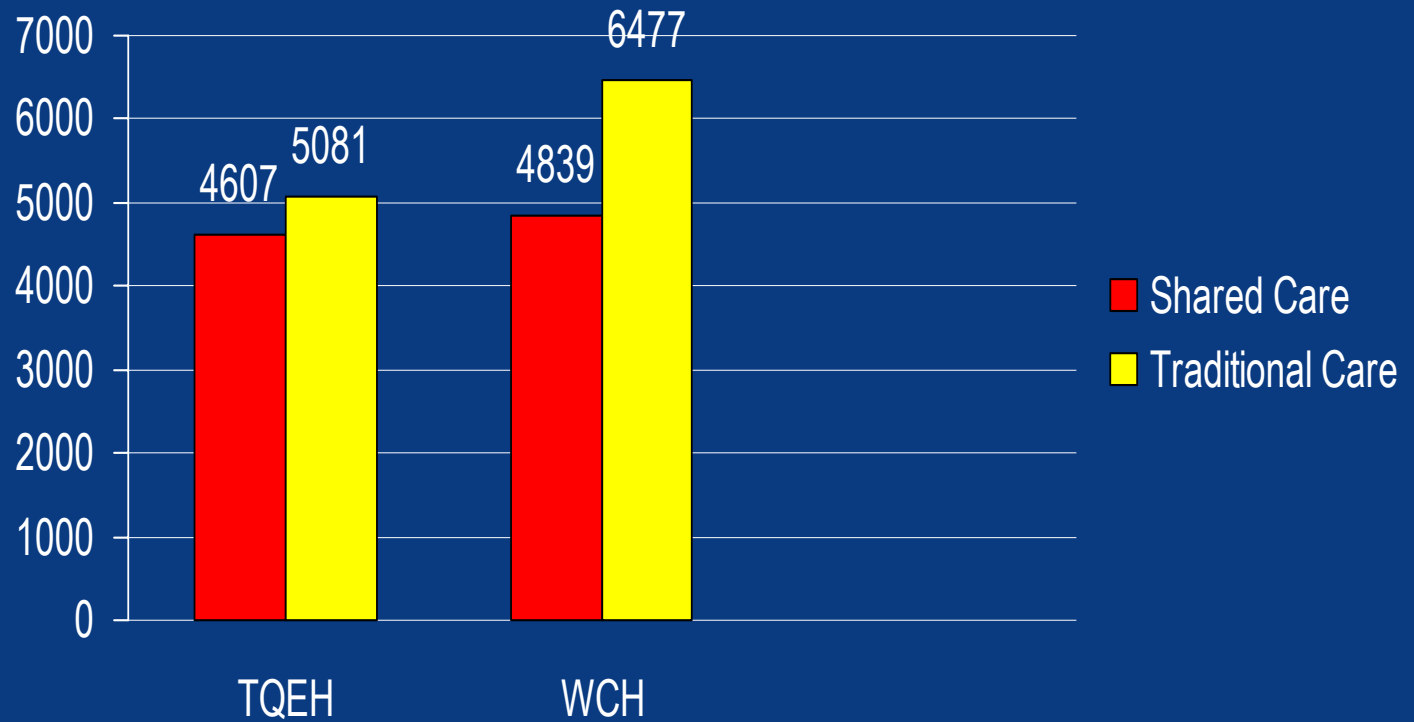
* indicates less than one dollar

+ obstetric codes only



Total Cost Per Patient Pregnancy

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The Care &
Prevention
Programme

The Care & Prevention Programme

- Provides integrated care for people with HIV and people who may be at increased risk
- Focus on homosexually-active men
- GPs & specialists fee-for-service, coordinators and other service providers funded
- Commenced Jan 1998 at ACEDGP
- Participants recruited during routine GP care



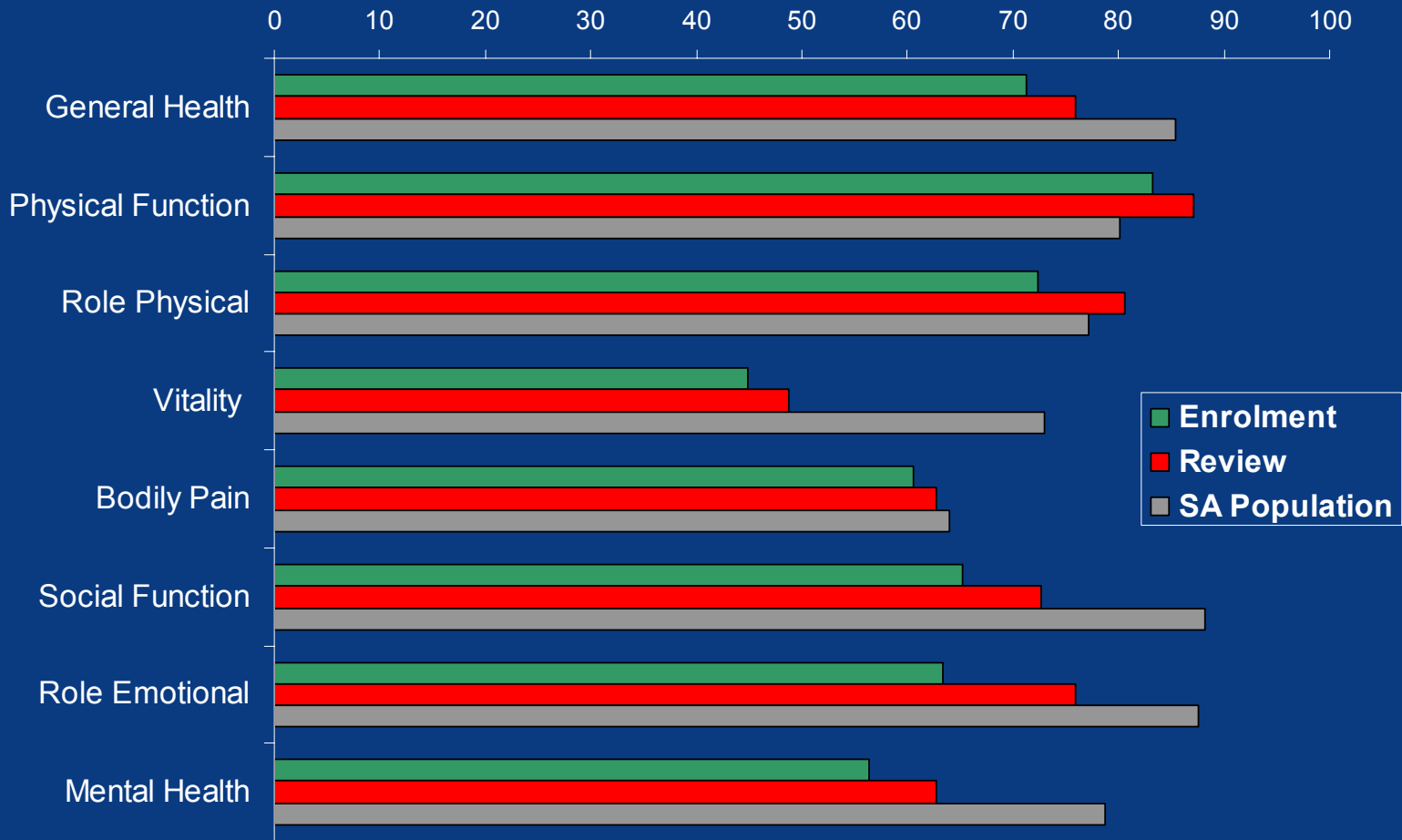


The Care and Prevention Programme

Quality of Life: mean sf36 scores, enrolment vs 1st review

(365 participants reviewed, paired analysis)

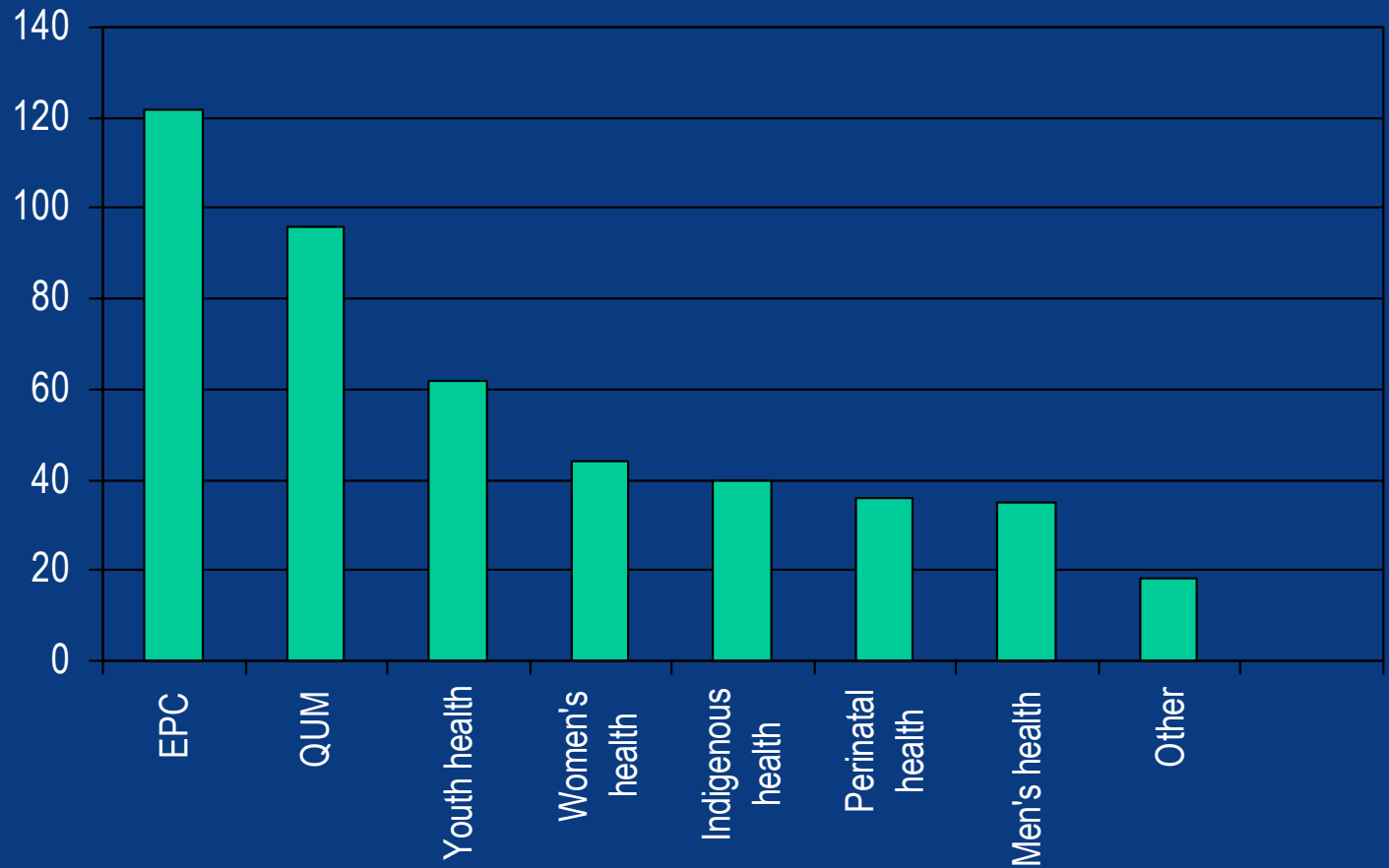
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Divisions Review - Population Health Activities

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Summary

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- Have the debate but build an evidence base
- Major shift and focus
- Impose additional risk – start at the margins
- Mature Governance and prospective analyses
- Partnerships with appropriate skills
- Aim at improving health and addressing health inequalities not efficiency

