

Professor John Dwyer

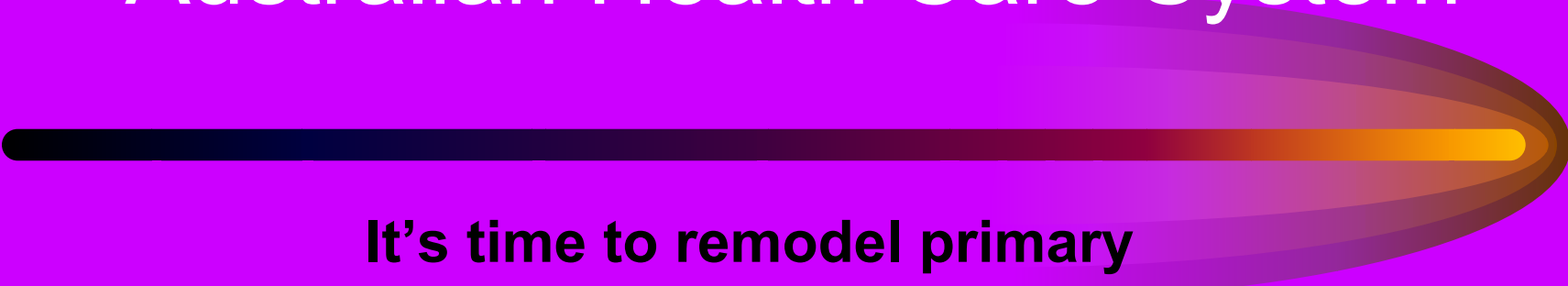
Chair, Australian Health Care Reform Alliance



takingaction Divisions of General Practice Network Forum 2004



Radical Action: Taking a fresh look at the Australian Health Care System



**It's time to remodel primary
health care in Australia**

**Australian Divisions of General
Practice**

Network Forum 2004

Professor John Dwyer

AHCRA

SOLUTIONS



- Workforce
- New models for primary care
- Single source of healthcare funding

THE PROBLEM



- Health promotion and care in Australia increasingly dysfunctional.
- Current Governments have inherited a system that can no longer meet the needs of contemporary Australia.
- No plan on the table to solve work force crisis.
- 60% of Australians have declared health care reform their major domestic agenda & 75% prefer services to tax cuts.
- Health professionals & informed consumers understand that jurisdictional inefficiencies related to different State & Federal health responsibilities provided the major barrier to necessary reforms.

PROBLEMS FACING THE AUSTRALIAN HEALTHCARE SYSTEM



- **Work force not available or funded to provide Australians with advances in preventing illness.**
- **Work force inadequate for models of care.**
- **Numerous “hot spots” & obvious inequalities continue (mental health, indigenous health, disability support, dental care etc).**

PROBLEMS FACING THE AUSTRALIAN HEALTHCARE SYSTEM



- **Ideological**
- **Federal Government moving away from concept of universal insurance funded by tax dollars.**
- **Increasingly “user pays more” approach acceptable.**
- **Safety net for Government’s definition of poorer Australians. As anticipated benefitting wealthier Australians and Specialists.**

PROBLEMS FACING THE AUSTRALIAN HEALTHCARE SYSTEM



- **Government has abandoned attempts to have Medicare rebates to GP's approximate a "work value" \$ figure.**
- **Bulk billing rates falling. Average GP asking for a co-payment of \$13.50.**
- **Government & Senate Enquiry should have stepped back to ask what contemporary Australia needs from its primary care system.**

PROBLEMS FACING THE AUSTRALIAN HEALTHCARE SYSTEM



- **Effective health promotion.**
- **Care of sicker patients in the community not hospitals.**

WHAT DO AUSTRALIANS WANT & NEED FROM THEIR NATIONAL HEALTH SCHEME?



- A scheme whereby we ensure each other with tax dollars so that quality health care is available in a timely manner, determined by an individuals need not personal financial resources.
- Not a “two tiered” system.
- Increasingly socio-economics determine health outcomes.
- Quality & quantity of life expected.

WHAT DO AUSTRALIANS WANT & NEED FROM THEIR NATIONAL HEALTH SCHEME?



- **Unacceptable that poorer Australians in cities die five times more frequently of preventable causes than do richer Australians.**
- **Discrimination even worse for white Australians in rural areas (8 x).**
- **Much worse for Indigenous population (20 x).**

INSUFFICIENT ATTENTION TO HEALTH PROMOTION



- Education takes time.
- Most at risk need most time with GP.
- In reality, consultation time shortest for most in need.
- Epidemic of obesity.
- Half the diabetics in Australia are undiagnosed.
- Australians spend more than a billion dollars per year on efforts to neutralise an unhealthy lifestyle.
- Prevention very cost effective.

PROBLEMS WITH OUR MODELS OF CARE



- **Poor integration of hospital, community & primary care services.**
- **Dual funding models the major barrier to integration**
- **Goal of caring for sicker patients in the community unrealisable.**
- **Research shows that 60% of geriatric admissions to hospitals may have been prevented by intervention in the three weeks before admission**

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- **Hospitals struggling to meet the legitimate demands of the ever more, ever sicker patients who knock on their doors each year are trying to extend their care programs into the broader community.**
- **They realise that currently it is impossible for the majority of General Practitioners to care for the sick in community facilities or in their own homes.**

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- **By training and vocation GPs, with nursing and Allied Health support, are perfectly capable of looking after in the community many they now send to hospital.**
- **The barrier preventing us from moving to a better model of primary care is clearly the entrenched “fee for service” mechanism used to purchase GP services.**

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- **Without change, we will**
 - **have ever poorer outcomes for poorer Australians and**
 - **have no chance of diminishing the enormous pressure currently experienced by our hospital system.**

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- **Imagine a scenario where Dr Jack Smith, GP, goes to work in the morning as part of a network of GPs in his area that is administered by a Board composed of peers.**
- **The network has a contract for specified services with an Area Health Service.**
- **Jack knows that he will be getting a payment at the beginning of each month that is at least the equal of that previously paid by the Commonwealth for consultations with individual patients.**

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- He will spend time in the community supervising the work of community teams caring for his patients and he'll be making house calls to sick patients who would otherwise require hospitalisation.
- Most importantly he won't be worried whether he has seen enough patient's today to pay for his practice overheads.

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- His self esteem is high and he is confident his patient outcomes will meet best practice standards and thus earn him a promised bonus for superior performance.
- This experiment is possible because State and Federal Governments have agreed to pool the historical funding provided to a given geographic area to make this trial possible.

REMODELLING PRIMARY HEALTHCARE IN AUSTRALIA



- Patients in Jack's practice are registered and asked to consider seriously their obligations to pursuing the Healthcare plan designed for them.
- A unitary source of funding is the essential ingredient required to integrate our health care system and remove presently insurmountable dysfunction.



ANY

QUESTIONS?