

Mr David Malone

CEO, Australian Physiotherapy Association



takingaction Divisions of General Practice Network Forum 2004



Engaging the Broader Primary Health Care Sector

David Malone

CEO, Australian Physiotherapy Association

Engaging the broader primary health care sector

- Challenging task for Divisions
- Essential if the broad objective, or Vision, of a Division is to “address the primary health care needs of Australians”
- Less critical if the Vision is constrained to supporting GPs and general practices

Should Divisions strive for the broader Vision?

- Yes. Divisions have the best strategic fit and a unique existing network to undertake this challenging task
- Australian communities strongly support this broader role for Divisions
- For many Divisions the decision has already been made

Defining the “broader primary care sector”

- Registered health professionals; community based; providing evidence-based interventions as primary contact practitioners

To what extent does the primary health care sector exist beyond GPs and general practices?

- 13 Million patient visits to community-based physiotherapists p.a.
 - 10 Million are not referred from doctors
- 22 Million patient visits to dentists p.a. (PHIAC figures only)
- 2.1 Million patient visits to psychologists and podiatrists p.a. (PHIAC figures only)
- 89 Million patient visits to GPs in 2003/4 year (HIC)

Issues to consider

- Does the role of Divisions need be restricted to programs involving a GP?
- Can Divisions fulfill their own ambitious objectives if the scope of activity is narrow (GP-centric) primary care?
- Can Divisions meet the expectations of local communities if the scope of activity is narrowly focused?
- Can Divisions meet the expectations of Governments if the scope of activity is narrowly-focused?

What can be done to improve engagement between Divisions and the broader sector?

- Structural changes
 - Governance changes
 - Nomenclature changes
 - Regulation changes: e.g. membership criteria

Flow-on opportunities

- Improved communication and engagement across the sector
- Less fragmentation of interests across the sector
- Opportunities for improved information and analysis on consumer needs and outcomes
- Possibilities to pool existing funds from diverse programs
- Possibilities to secure novel funding for new models of multidisciplinary service delivery

Challenges

- Absence of a national primary health care policy
- Funding
- Equity on the 'fee for service' issue
- Change management
- Quality assurance across the Divisions network