Australian Divisions of General Practice

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Promoting community health and wellbeing through Divisions of General Practice and primary health care teams

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Overview

The Australian health policy climate is one of change - and of opportunity if we get some key investments right.

There is interest at the highest level by the Council of Australian Governments (COAG) in health systems reform and practical solutions to making the system function more effectively.

Spearheaded by the Productivity Commission's review, there is also interest by all governments in solutions to the myriad of current challenges facing the health workforce.

Developments such as the *National Chronic Disease Strategy*, the *Lifescripts Initiative* and the National Obesity Taskforce recognise the burden of chronic disease and lifestyle risk factors in the community and the need to take a coordinated and comprehensive approach across the continuum of care to alleviate its impact.

Underpinning all these developments is one irrefutable fact: ***a robust primary care system is vital to an effective and viable health system overall***.

Health care systems which rely more on primary health care and general practice than on specialist and hospital care will deliver improved population health outcomes, improved equity, access, continuity of care and lower costs (*Starfield, 1998 & Health Evidence Network, 2004*).

The Australian Divisions of General Practice (ADGP) recently released a *Primary Health Care Position Statement* (Appendix 1). The *Statement* suggests that there are two vital ingredients to a better primary health care system: multidisciplinary teams with GPs as essential members and a high performing Divisions of General Practice Network.

The general practice setting reflects a diverse workforce operating in a range of practice configurations and community settings, and in clinical roles that span the full spectrum of care. General practice with its key elements of first contact, comprehensiveness, continuity and coordination of patient care is central to the primary health care system.

Contemporary general practice in Australia is supported by the Divisions of General Practice Network. The Network is a unique infrastructure that links GPs with each other and the rest of the health system and brings together Australian Government, state and territory programs for integrated service delivery.

The Network provides a practical and immediately accessible solution to a number of pervasive problems in the health system. No other organisation can access and link GPs, other health professionals and the community in the way that Divisions do.

No other organisation can bridge Commonwealth and state/territory systems at a local level the way Divisions do.

Divisions have capacity and experience to independently hold funds to deliver integrated locally responsive services to communities in partnership with their member practices – a powerful means of overcoming the Commonwealth-State divide so endemic in our health system.

Divisions and their member practices are well placed to take a lead role in protecting and promoting the health of the communities they serve. Divisions are the natural agency to be tasked with this role.

ADGP is the national peak body representing the Divisions of General Practice Network. The Network links 95 per cent of GPs across Australia and facilitates and drives change in the primary health care sector. The Network comprises eight state-based organisations (SBOs) and 118 Divisions of General Practice.

The *Primary Health Care Position Statement* (Appendix 1) provides the overall framework for our 2006-2007 Federal Budget submission.

Summary of recommendations

a) A wellness agenda

ADGP supports a wellness agenda for primary health care. *Lifescripts* should be at the heart of this agenda. There are some early gains from *Lifescripts*, but greater traction would be possible if general practices had support, time and capacity to implement more universally. A continuation of *Lifescripts* supported by a new preventive health check item number that would utilise practice nurses As well as further incentives to attract nurses into general practice would achieve such results. Specific components of the agenda would be:

- **additional support and training for *Lifescripts*** through the Divisions of General Practice Network and additional resources targeting Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds
- a **new preventive health check item number** for the general population under Medicare utilising practice nurses
- for **obesity to be included as a 'chronic condition'** suitable for treatment under the Enhanced Primary Care Chronic Disease Medicare Item Numbers
- **expansion of the Practice Nurse Practice Incentive Program** to all practices in Australia.

b) Building and strengthening primary health care teams

ADGP recommends a range of measures to build, strengthen and sustain primary health care teams. These would involve boosts to information management and technology capacity and capability, infrastructure and Medicare-based incentives. These include:

- the **expansion of the Divisions of General Practice Information Management Strategy** to include the following services:
  - a national provider directory
  - a national emergency alert system
  - a national electronic decision support service.
- funding to support **a national practice amalgamation, co-location and expansion scheme** that would offer:
  - incentives to encourage amalgamation between GP practices
  - incentives to encourage various models of co-location or collaboration between general practices and allied health providers
  - infrastructure grants to practices to provide capacity to house practice nurses and other members of the practice team
  - the provision of education, training and support for amalgamating or collaborating practices by the Divisions of General Practice Network.
- funding to **remunerate allied health professionals for their participation in multidisciplinary health care planning and case conferencing** led by the GP.
- funding to the Divisions network to promote multidisciplinary health care teams and to provide **education, training and support for GPs and allied health professionals team work** and the implementation of multidisciplinary health care teams.

c) Mental health

ADGP recommends urgent action by governments to address the health inequities and social and economic impact of mental health through primary mental health care initiatives including:

- **expansion of funding available for the *Better Outcomes in Mental Health Care Initiative***, including allocation of the additional substantial funds to Divisions of General Practice to continue and expand existing access to psychological services
- **a Commonwealth-State collaboration to cost-share the introduction of 'Community Co-ordinators'** employed locally through the Divisions Network to assist GP practices to provide support to consumers recently discharged to general practice with access to community services such as housing, supported accommodation and other services such as supported return to work, school or vocational education.

d) Indigenous health

ADGP recommends the following strategies for partnerships between the Divisions Network and the Aboriginal community controlled health sector to build better systems of primary health care for indigenous communities:

- support for the development of **increased linkages between Divisions of General Practice and Aboriginal Community Controlled Health Services (ACCHSs),** building on current established and successful models, to build the capacity of ACCHSs including increased practice accreditation for ACCHSs
- **national roll-out of cultural awareness training for mainstream primary health care providers** through Divisions of General Practice
- the introduction of a **scholarship scheme to support the training and placement of Aboriginal Health Workers** in multidisciplinary primary health care teams
- development of a **national scheme to provide appropriately trained Aboriginal Health Workers with access to the Medicare items currently available to practice nurses**.

e) A focus on child and family health

ADGP recommends **national implementation of the successful *EveryFamily* program** - a public health approach to promoting children's wellbeing under a government, business and community coalition.

1 Introduction

1.1 ADGP and the Divisions Network

The Australian Divisions of General Practice (ADGP) is one of the largest representative voices for general practice in Australia.

It is the peak national body of the divisions of general practice, comprising 118 Divisions across Australia, as well as the eight state-based bodies (SBOs). Approximately 95 per cent of GPs are members of a local division of general practice.

Divisions are an integral component of the Australian Government's general practice strategy. They play a major part in implementing policy, supporting general practice and managing health programs at a local level. Divisions have been responsible for progressing many of the current developments in Australian general practice.

Divisional programs and activities include a focus on preventive health care, managing chronic disease, promoting good practice and providing training in key population health areas such as mental health, aged health care, drug and alcohol and adolescent health.

Through divisions, ADGP provides an important local health infrastructure that enables primary care services to be planned and delivered at the local and regional level.

The Divisions Network is focused on supporting high quality, evidence-based primary health care and integrating health services. The Network engages the local community and enhances communication between the Australian Government and general practice.

Divisions assist GPs and other health professionals to work together, improve communication between GPs, hospitals and other health and community services, and provide educational opportunities for GPs and practice teams.

Divisions work closely with other primary health care providers including allied health professionals and practice nurses. As a result, ADGP has contact with the majority of GPs and a substantial proportion of the primary health care workforce in Australia.

At the state level, state-based bodies are instrumental in integrating and linking national initiatives with state systems of care.

Through ADGP, GPs participate in key health sector decision-making and advisory bodies—having direct input into policy and programs across areas such as general practice financing, GP workforce and training, clinical practice and practice management.

1.2 The contemporary general practice setting

General practice has four main roles within the health system:

- it is usually the first point of contact for people seeking help
- it provides the gateway to the rest of the system
- it acts as an ongoing provider and coordinator of care
- it provides an ideal opportunity to implement disease prevention and health promotion strategies.

There is a clear ongoing increase in female GPs in the workforce (driven by a majority pool in the graduate and registrar numbers). Younger GPs are also increasingly seeking part-time employment. Distribution of GPs and services remain an issue for workforce planning and is a particular consideration for rural and remote communities where the overall composition of health workforce servicing these areas remains of concern. (DOHA, 2005)

The proportion of patients new to GP practices is increasing, indicative of increased mobility in the Australian population but also carrying implications for continuity of care. Patients are increasingly making appointments for prescriptions, referrals, tests or investigations and are less likely to visit GPs with symptoms and complaints, or specific diseases. This may suggest increasing long-term management of chronic diseases.

At least one chronic health problem is managed in 40 per cent of all GP encounters. Hypertension is the most frequently managed chronic problem, followed by depression, then diabetes, lipid disorders and osteoarthritis. Together these account for almost half of all chronic problems managed. There is a growing burden of disease associated with common risk factors, and there is increasing evidence of the link between mental health and physical health outcomes.

The profile of general practice in Australia is changing. The shift is away from the solo practitioner, episodic opportunistic care, one-way referral processes and fee-for-service financing to a greater focus on integration and shared care, prevention and early intervention, structured chronic disease management, multidisciplinary primary care teams and blended payments that remunerate quality care.

1.3 Key health system changes and drivers

Health costs have been driven up by our ageing population, higher levels of chronic illness, changing patterns of disease, the need for more proactive care, medical technology and rising community expectations.

The interface between primary and tertiary care sectors is also a factor: cost and workforce pressures in the tertiary system impact on the capacity and responsiveness of the primary care system.

A change in professional roles and attitudes to work and in the way we fund and organise the delivery of health services is also apparent.

Health inequalities, workforce issues, the current policy agenda of governments and the Commonwealth-State 'divide', complex and continually changing health care arrangements, and the experience of other countries all combine to suggest that Australia needs a fresh look at how we organise and deliver care.

There are a number of major policy and system developments underway, supported by the Australian Government, which bode well for better investment in the health of the community and a strengthened primary health care system.

The Lifestyle Prescriptions and National Primary Care Collaborative initiatives under the Government's *Focus on Prevention* Package are enhancing the health promotion and prevention role of primary care professionals. This acknowledges that GPs are often the first port of call for people seeking information about their health and are ideally placed to advise and assist people achieve a healthy balance in their lifestyles.

The introduction of Medicare item numbers for chronic disease management, allied health and practice nurses is strengthening the primary health care team by promoting, remunerating, and enhancing practice that takes a coordinated, planned and multidisciplinary approach to care.

The Australian Health Ministers' National Chronic Disease Strategy, with a strong primary health care focus, recognises the need for nationally agreed, coordinated action to respond to the growing impact of chronic disease.

The Productivity Commission inquiry into the health workforce on behalf of COAG, action by state governments, and renewed calls for a focus on prevention, early detection and intervention, all acknowledge the need for systemic reform of Australian health care.

There is interest at the highest level by the Council of Australian Governments (COAG) in health systems reform and practical solutions to making the system function more effectively.

Most recently, the Australian Government's *Response to the Review of the Divisions Network* set out these priorities for strengthening primary health care:

- making care more accessible
- focusing on prevention and early intervention
- encouraging better chronic disease management
- supporting integration and multidisciplinary care
- building the evidence base for effective, quality primary health care
- using technology to support best practice
- recognising and respecting the variety of practice styles.

These threads must be drawn together into a coherent primary health care policy supported by serious investment in a coordinated systemic primary health care implementation strategy.

1.4 Our vision for primary health care

ADGP recently launched a *Primary Health Care Position Statement* outlining the role of general practice and the divisions in primary health care reform (Appendix 1). It is accompanied by a *Monograph* which scopes the evidence (Appendix 2).

The *Statement* has a key principle: ***a strong and well resourced primary health care system is vital to a robust and viable health system overall***.

The *Statement* also has some irrefutable underpinnings:

- primary health care **must be comprehensive** and take into account social determinants of health, health inequalities, health promotion and care of the sick as well as community development, working with other sectors and population health approaches
- general practice has a pivotal role to play in primary health care
- multidisciplinary teams with GPs as essential members deliver quality health outcomes
- the Divisions Network is a national regional infrastructure with established relationships with GPs, practices, community organisations, practice nurses and allied health providers – the people best positioned to achieve primary health care reform and to serve as the foundation of a robust primary health care system.

The *Statement* sets out the following key underpinnings to a robust primary health care system:

- A **comprehensive approach to primary health care** that includes health promotion, illness prevention, treatment and care of the sick, community development, advocacy, rehabilitation, population health approaches and inter-sectoral action.
- A **wellness oriented, primary health care system with general practice in a pivotal role**.
- **Multidisciplinary teams, with GPs as essential members**, as the main access point for population health initiatives, community development activities and clinical encounters.
- A **partnership approach** to setting the primary health care agenda.
- Service integration supported by **effective e-health and information technology/ information management systems**.
- A **cohesive network** of Divisions of General Practice as the key to a better primary health care system.
- Divisions of General Practice as **preferred providers** of regional primary health care service planning, delivery, brokerage and fundholding.
- Change in **nine areas of primary health care**:
  - ***access*** – to ensure equitable, affordable and comprehensive care
  - ***workforce*** – to build, sustain and support the primary health care workforce
  - ***integration*** – to ensure an efficient and effective primary health care system
  - ***chronic disease management and prevention*** – for better prevention and management

- ***multidisciplinary teams/networks of health service providers*** – to ensure high quality, coordinated care
- ***population health and health promotion*** – to ensure wellness is integral to primary health care delivery
- ***community/consumer participation*** – to provide a community voice in health policy and planning at all levels
- ***quality and safety*** – to ensure evidence based, standards-driven primary health care delivery
- ***Indigenous health*** – to promote culturally appropriate, accessible multidisciplinary care.

2 Priority areas for the 2006-2007 Federal Budget

Strengthening the primary health care system will help respond to the many challenges facing the overall health system.

A robust and viable primary health care system also delivers good value for taxpayers by taking the pressure off the expensive hospital system, as well as assisting better outcomes for patients and the community. General practice has a pivotal role in primary health care.

But there is a need for primary health care to become more multidisciplinary. These principles are central to ADGP's *Primary Health Care Position Statement.*

In accord with our *Statement,* the focus of our 2006-2007 Federal Budget Submission is on measures designed to extend the role of general practice to encompass the delivery of comprehensive, effective and multidisciplinary primary health care, and the vital incentives and infrastructure required to support such a role. It has four broad themes:

- the need to reorient the system towards wellness by taking a systemic focus on health promotion and prevention
- the need to support multidisciplinary care with measures that overcome the structural and systemic barriers to team-based care
- the need to address ongoing areas of health inequity in high need areas such as mental health and indigenous health
- the need for primary health care intervention early in life through a greater focus on the health and wellbeing of children.

2.1 A wellness agenda

Lifestyle behaviours such as smoking, physical inactivity and risky alcohol use make up the largest group of preventable risk factors for death and disease in Australia.

Lifestyle risk factors are responsible for 50 per cent of the preventable morbidity associated with the top 10 chronic diseases affecting people in Australia. Moreover, multiple risk factors will substantively increase the patient's risk of developing chronic illnesses and reduce overall well-being and functional capacity through life.

The case for prevention and a wellness orientation in our primary health care system is strong. GPs and other members of the practice team such as nurses are well placed to help the community view lifestyle risk factors as significant health issues to be taken seriously.

ADGP supports a wellness agenda for primary health care. *Lifescripts* should be at the heart of this agenda. There are some early gains from *Lifescripts*, but greater traction would be possible if GPs had support, time and capacity to implement and fully embed these in practice. A continuation of *Lifescripts* supported by a new preventive health check item number that utilise practice nurses and further incentives to attract nurses into general practice would achieve such results.

2.1.1 Expanding *Lifescripts* – the Lifestyle Prescription Program

The Australian Government's 2003-04 *Focus on Prevention Package* made the first ever national investment in assisting general practices to include lifestyle prescription advice in their consultations. Under this package, GPs are provided with *Lifescripts* resources and tools to support their consultations in five lifestyle risk factors for chronic disease areas (smoking, nutrition, alcohol, physical activity and weight management).

Lifescripts has been well received by the Divisions network - over 60 per cent of Divisions are interested in implementing the program. However, limited capacity has hampered the Divisions of General Practice from adequately embedding this approach to more fully prevent chronic disease.

Continued support for the implementation of *Lifescripts* for a further two years will ensure the national approach to promoting healthy lifestyles becomes embedded in general practice and Divisional programs. National coordination through the ADGP and SBOs will ensure a consistent approach and additional support for Divisional and practice capacity will assist practices to incorporate the structured approach to prevention that is required. This would include incorporating *Lifescripts* into all medical software systems that are used in general practice.

Chronic diseases disproportionately affect Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds. Equally, there is strong evidence that depression and social isolation are as much a risk factor for chronic disease as smoking. Specific supplementary *Lifescripts* resources for these communities and for self-management of depression should be developed.

ADGP recommends the continuation and expansion of *Lifescripts* – the Lifestyle Prescription Program over two (2) years to include support and training for *Lifescripts* through the Divisions of General Practice Network and additional resources targeting Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse backgrounds.

2.1.2 Introduction of a preventative health check item under Medicare

Recent government initiatives in Australia are supporting general practice to deliver health care through a variety of means and personnel. These initiatives have included expanding the roles of nurses in general practice. One of the key factors that influences general practice in the employment and utilisation of a nurse is the financial implications to the practice.

ADGP strongly supports additional measures that promote a wider role for nurses in general practice such as the introduction of additional MBS item numbers for practice nurses which support improved health outcomes for the community, achieves sustainable business practices and, importantly, makes a systemic contribution to a wellness orientation in the general practice setting.

In light of the obesity epidemic, it is vital that we accelerate prevention strategies in general practice. Approximately 56 per cent of Australian adults and 27 per cent of children are overweight or obese, and the rates are increasing (Catford, 2003).

Obesity is not just about health. Obesity influences absenteeism and prevents workers from staying in the workforce due to the strong correlation between obesity and chronic diseases and injury. This is particularly relevant in view of Australia's ageing population and the current debate about enabling mature age workers who want to continue to work, to do so (AIHW, 2005).

ADGP supports the introduction of new Medicare item numbers for practice nurses to conduct preventative health checks.

A new preventative health check item number could include an approved list of procedures that would be undertaken by practice nurses at the direction of the GP for both males and females such as:

- falls screening in the elderly
- screening for patients who smoke and quit smoking advice
- measurement of Body Mass Index for patients who appear overweight or obese
- history of alcohol use and brief intervention for those patients with identified potentially hazardous drinking levels.

These preventative procedures are recommended by the RACGP in *Guidelines for preventative activities for general practice*, and are endorsed by the National Health and Medical Research Council (NHMRC). The procedures selected are those that are suitable to be undertaken by a practice nurse.

ADGP recommends the introduction of a new preventative health check item number for the general population under Medicare which utilises practice nurses and including obesity as a 'chronic condition' suitable for treatment under the Enhanced Primary Care Chronic Disease Medicare Item Numbers.

2.1.3 Expansion of the Practice Nurse Practice Incentive Program

ADGP endorses the Practice Nurse Practice Incentive Payment (PIP) that provides support to general practices in regional, rural, remote and urban areas of workforce shortage. However, the greatest benefit to the community would be achieved by the expansion of this incentive to all practices in Australia.

Studies have indicated that nurses can bring a number of benefits to a practice. These include improved health outcomes in chronic disease (Wagner et al, 1996) , assistance in primary-acute care integration, better coordination of care, increased workforce capacity, the provision of practical and professional support to GPs, and an enhancement in the range of services available to people attending general practice (Watts I, et al 2004).

The Australian Government Department of Health and Ageing recently funded a national evaluation of the 2001 Nursing in General Practice Initiative, that included an evaluation of the success of the practice nurse PIP. The evaluation demonstrated that in the period from

February 2002 to February 2004 there was an increase of approximately 30 per cent of nurses working in general practices eligible for the practice nurse PIP and a 23.4 per cent increase in nursing sessions available in these eligible practices (Healthcare Management Advisors, 2005). The findings of the study indicated that the incentive payment was a strong driver for GPs in the employment of a nurse or the extension of nursing hours at the practice.

The evaluation of the 2001 Nursing in General Practice Initiative undertaken by Healthcare Management Advisors concluded that a practice nurse can improve a practice's ability to meet the primary care need to their community. Greater uptake of nurses in all general practices would extend this benefit to communities across Australia.

ADGP believes that all practices should be encouraged through the PIP to employ or have access to a general practice nurse to increase consumer access to primary care services and to promote safety and quality in patient care.

ADGP recommends the expansion of the Practice Nurse Practice Incentive Program to all practices in Australia.

2.2 Building and strengthening primary health care teams

Supporting general practice to play a key role in the delivery of comprehensive and effective primary care will require vital incentives and infrastructure to build and strengthen primary health care teams to deliver better health outcomes.

Information management and technology to underpin the development and delivery of care plans, practice systems development and sharing of information and knowledge to support continuity of care and clinical best practice is required.

Better coordination and integration of the health workforce and better galvanisation of systems to address complex care needs and assess risk factors are also required.

Mechanisms are needed to enable collaborative working within and between individual general practices and other providers.

2.2.1 National E-health reform – continuing to build information management and technology capacity for Divisions

Divisions of General Practice are well positioned to improve health care provision through support of information management and information and communication technologies (IM & ICT).

A national approach to the collection, aggregation and dissemination of primary health care information provides a robust platform to meet primary health care planning and consistency in raising the bar for general practice quality and efficiency of service.

In general practice the focus on the better management of information can assist in promoting improved clinical, patient and practice outcomes. Improved information management can enhance the doctor-patient relationship and support the efficiency of practices.

Better integration of available services across the primary health care sector through support of general practice requires inter-sectoral and cross-jurisdictional partnerships. Evidence suggests that health quality and safety outcomes would be most effectively improved through an integrated health system underpinned by IM & ICT reforms across the health sector. The Divisions are ideally placed and already working towards this goal.

The Australian Government has recently announced funding of $7 million over four years to support a Divisions of General Practice Information Management Strategy. The Strategy includes:

- Regional Health Information consultants embedded in the Divisions of General Practice Network across Australia to support implementation and change
- a Virtual Private Network (VPN) to provide a secure repository for shared information and knowledge
- data extraction tools to enable relevant practice and clinical information to be accessed securely and easily.

These welcome measures provide an unprecedented platform to further support communication between Divisions, GPs and other providers. Additional services that will improve patient safety and quality outcomes, yield benefits for GPs and other providers and improve the readiness of general practice to respond to national health crises as a result of being supported by a comprehensive and connected communications framework are now possible and can be established relatively quickly.

Divisions and state governments continue to work in developing comprehensive and up-to date directories in terms of services available. The VPN can support the evolution of National Provider Directories for local use by GPs and be interoperable with clinical desktop software. Up-to-date provider directories offer a powerful means of supporting a national emergency alert system for general practice. With the establishment of national protocols for usage, the development of a mechanism to “push” critical clinical communications through to the GP clinical desktop via the VPN could be tested and evolved. Critical Drug Recalls, Dangerous Drug Interactions, and epidemic/pandemic warnings are examples of use.

The application of evidence-based guidelines and their integration to help support GPs in their analysis of a patient’s clinical needs and care decisions is a rapidly developing area. Web service capacity to deploy the latest electronic guideline into integrated software is a tangible benefit to the health sector. The RACGP Redbook, and other Guidelines in electronic form for asthma, CVD, diabetes, and depression are urgent targets for national deployment for GP and patient benefit.

ADGP recommends the expansion of the Divisions of General Practice Information Management Strategy to include the following services:

- **a national provider directory**
- **a national emergency alert system**
- **a national electronic decision support service.**

2.2.2 Incentives for practice amalgamation, co-location and expansion

General practice is ideally placed as a setting for multidisciplinary, team-based approaches to chronic disease care. Increasingly, incentives are being put in place to promote this style of practice, such as new team care arrangements under the Chronic Disease Management items introduced under the Enhanced Primary Care Program in July this year.

In addition to best practice clinical approaches to care, the way in which a practice is structured and organised to deliver care can also contribute to quality of care and health outcomes. In particular, practices that involve team work and linkages with other providers can expect a number of outcomes which include improved job satisfaction for GPs and staff, more positive patient assessment of care received from the practice, and quality evidence-based clinical care (CPGIS, 2005).

In addition to these drivers, a number of other factors also point to the benefit of change to the way practices are configured. These include changing workforce demographics, with greater numbers of female GPs and younger GPs restricting their working hours; the shortage of locums which makes it difficult for doctors to take time off for recreation leave or attend professional development activities; and poor business viability for smaller practices due to higher fixed costs for staff time.

Through economies of scale larger practices, for example, can frequently offer patients a higher standard of care by virtue of having doctors with a wide range of skills and being able to afford better technical resources. In addition, they are often more efficient and profitable as businesses. Practice amalgamation also offers doctors more flexibility in their professional and personal lives.

The Australian Government has in the past investigated the feasibility, effectiveness and sustainability of practice co-location through the *GP Links Program*. This program provided incentives for smaller practices to come together to create efficient medium-sized practices. The Government also funded a pilot to investigate models of collaboration in areas such as after-hours care, linkages with allied health professionals, sharing of resources, group purchasing, accounting, and centralised practice management. Virtual amalgamation is seen as an alternative model for rural and remote areas and other situations where practice collocation is not viable.

ADGP supports a model of primary health care that recognises that holistic primary health care is delivered by a diversity of health professionals and other primary care providers with GPs as essential members of the team. It supports a model of health care provided by multidisciplinary teams of primary health care practitioners, often based within the same care service. Team based approaches based on the mix of clinical skills required for optimal individual patient care ensure high quality, coordinated care especially for chronic disease management by providing access to a wide range of primary health care services available in the general practice setting. In addition, multidisciplinary teams provide collegiate and other support to team members.

However, a number of structural impediments prevent practices organising themselves in these ways. Practices need to be supported to develop team roles, information systems and business development capacity to achieve evidence-based care, and to develop a team climate and linkages with other services to ensure that patients can access the services they need over time.

One of the key barriers for many general practices to be able to employ a practice nurse is the availability of space within the practice to accommodate another clinician. Nurses like other clinicians require a private area in which to provide treatment and other health services to consumers.

The provision of an infrastructure grant to support practices to undertake renovation or extension to their practice to create a suitable clinical area to accommodate a nurse and/or other members of the practice team, would enhance the ability of many practices who do not currently employ a nurse or affiliations with allied health providers, to be able to provide this service to their community.

In addition, the provision of two tiers of practice amalgamation grants - one for amalgamation of GP practices and one for co-location of general practices with other allied health professionals - would contribute a number of benefits to the viability of general practice, and to growth in primary health care teams including:

- a financially sustainable and professionally satisfying practice
- best practice chronic disease care through more accessible and affordable multidisciplinary allied health professionals
- collegiate support from team members, including GPs, allied health professionals and other health service providers working together as a team
- smoother information flow between providers through efficient and secure e-health data transfer processes
- better linkage of solo practices with each other and with other health providers.

Models of collaboration could involve physical co-location, virtual amalgamation or other models of collaboration

ADGP recommends funding be made available to support a national practice amalgamation, co-location and expansion scheme that offers:

- **incentives to encourage amalgamation between GP practices**
- **incentives to encourage various models of co-location or collaboration between general practices and allied health providers**
- **infrastructure grants to practices to allow expansion to house the expanded practice team including practice nurses**
- **the provision of education, training and support for amalgamating or collaborating practices by the Divisions of General Practice Network.**

2.2.3 Building on the Medicare Plus Allied Health Initiative

The Divisions Network supports a definition of comprehensive primary health care which recognises that holistic primary health care is delivered by a diversity of health professionals and other primary care providers trained in various fields.

Primary health care is the ideal setting for preventing and managing chronic disease at the individual and population levels. Multidisciplinary teams with GPs as essential team members are the foundation of effective primary health care. They have been shown to improve health outcomes, particularly for those with chronic disease. To ensure effective primary health care teams the system must further develop allied health MBS items and expand support for allied health roles within the primary health care team.

The Enhanced Primary Care (EPC) Medicare items introduced in November 1999 aimed to promote a more integrated approach to the care of people with chronic conditions and complex care needs. This involved multidisciplinary care planning teams for people with chronic conditions and complex care needs.

The Medicare items remunerate medical practitioners for their role in team-care multidisciplinary care planning. However, other members of the multidisciplinary care planning team are not remunerated for their time and input. Appropriate remuneration for all members of a multidisciplinary health care team will support and sustain team-based care with GPs as essential members and encourage appropriately trained professionals to work together in the way that best uses their complementary skills sets for better patient outcomes.

The evaluation of the EPC program reported that several organisations believed that there was a great deal still to be done to enable collaboration between GPs and allied health providers at the local level and recommended the development of further strategies to enhance the linkages between general practitioners, allied health professionals and other service providers.

ADGP recommends that:

- **Funding be made available to remunerate allied health professionals for their participation in multidisciplinary health care planning and case conferencing led by the GP.**
- **Funding be made available to the Divisions network to promote multidisciplinary health care teams and to provide ongoing interdisciplinary education, training and support for GPs and allied health professionals in the implementation of multidisciplinary health care teams.**

2.3 Mental Health

Good mental health is a community priority and one of the greatest challenges facing our health system. The Divisions Network has nominated mental health as the top priority to advance under ADGP's *Primary Health Care Position Statement*.

Poor mental health affects individuals, families, relationships, workforce participation and has an enormous impact of quality of life and community economic burden. Yet mental health disorders and problems are common. Almost 1 in 5 of the adult population has a mental disorder, and the prevalence of mental health problems in children and adolescents is 14 per cent.

As mental health disorders typically start among teenagers and young people, they are now a significant threat to the social and economic prospects of our country. Of all disability costs in Australia, 27 per cent are due to mental health problems. Depression is now the most disabling illness in our community. Less than 30 per cent of people with mental health problems receiving disability payments participate in the workforce, compared to 50 per cent in other countries (ABS, 2003).

Untreated mental disorders deny our young people of their capacity to complete education, start work and form families. In 15-34 year olds, 60 per cent of disability costs are due to mental health problems. Three quarters of mental illnesses begin between the ages of 15 and 25 years (Mathers et al 1999). In addition, patterns of suicide are changing dramatically reflecting increasing rates among those in the peak workforce ages of 25 to 44 years (ABS, 2000). Many of these deaths can be directly attributed to untreated depression and associated drug and alcohol problems.

Numerous reports have highlighted the deficits in mental health service delivery. Most recently, *Not For Service* released by the Mental Health Council of Australia in conjunction with the Brain and Mind Research Institute and the Human Rights and Equal Opportunity Commission is a stark reminder of experiences of care and of the need for reform in service delivery systems.

The landmark *Duty to Care* report from Western Australia documents the higher incidence of physical disease in those with mental health disorders or illnesses and of the importance of more effective discharge into general practice for monitoring of the physical health of consumers and relapse prevention (Coghlan R et al, 2001).

While many people with mental health problems go without treatment, 75 per cent of those who do seek help see their GP first. Everyday, GPs deal with people with mental health problems and, in many cases, these patients have complex, co-occurring conditions such as chronic physical illness or substance misuse problems.

GPs have struggled without support in this area for many years. The Australian Government's *Better Outcomes in Mental Health Care* Initiative is a promising primary mental health care program, but it requires consolidation. It is primary care-led with Divisions of General Practice as lead local agencies supporting its development and implementation and the Divisions network as the infrastructure through which key components such as education and training, allied health services and peer support have been implemented.

However, the initiative is experiencing extreme pressure as a result of capped funding for access to allied psychological services run by Divisions.

Australia's current mental health policy, written in 1992, places little emphasis on the general practice setting. The development of a new national mental health policy is underway and it is vital that it includes the general practice setting as a cornerstone. Action to improve the mental health system cannot be taken forward without engaging general practice in reform partnerships. Similarly, mental health reform needs to support GPs with better access to specialist services, to work outside the realm of traditional practice and alongside youth services and youth health networks, and to better access community services to support mental health consumers who have been discharged into general practice from the specialist care sector to reconnect with workplaces, education, families and communities.

ADGP recommends:

- **Expansion of funding available for the *Better Outcomes in Mental Health Care Initiative* including allocation of the additional substantial funds to Divisions of General Practice to continue and expand existing access to psychological services.**
- **A Commonwealth-State collaboration to cost-share the introduction of 'Community Co-ordinators' employed locally through the Divisions network to assist GP practices to support to consumers recently discharged to general practice with access to community services such as housing, supported accommodation, and other services such as supported return to work, school or vocational education.**

2.4 Indigenous Health

The life expectancy of Indigenous Australians is still 20 years lower than non-Indigenous Australians. Diabetes, hypertension, infections, low birth-weight, obesity, emotional distress, suicide and mental illness are also more common (ABS, 1999). Indigenous people are also disadvantaged in education, employment, income and housing —further increasing their risk of ill health (AIHW, 2004). Primary health care that provides affordable, timely access to multidisciplinary care is the main way of addressing the many and chronic health conditions experienced by Indigenous Australians.

General practice and ACCHSs are the main mechanisms for the delivery of comprehensive primary health care to the Aboriginal (Indigenous) community.

Comprehensive primary health care is the model being used by the Aboriginal community controlled sector to address the health inequalities which continue to affect Indigenous communities. The Commonwealth sponsored Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report No. 1. *National Strategies for Improving Indigenous Health and Health Care,* released in 2004 and the Commonwealth and State/Territory Government sponsored *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003* both recognised the pivotal role of comprehensive primary health care in improving the health of the Indigenous community.

The recent Western Australian Aboriginal Child Health Survey reveals some profound findings regarding the social and emotional wellbeing and physical health of Aboriginal children and young people. An estimated 26 per cent of Aboriginal children aged 4 to 11 years are at high risk of clinically significant emotional and behavioural problems, compared with 17 per cent of children in the non-Aboriginal population for the same age group. One of the key directions of the Australian Health Ministers' Advisory Council's endorsed *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009 is* 'Strengthening Aboriginal Community Controlled Health Services'.

GPs are a valued member of the multidisciplinary teams in ACCHSs, contributing to team-based care and participating in clinical governance.

The improvement of the health status of Aboriginal communities is a priority at all levels of the health system. ADGP, via its network of local Divisions of General Practice and associated links to general practice, is able to support the building of the capacity of ACCHSs around Australia, in order to provide comprehensive primary health care delivery.

ADGP recommends:

- **Support for the development of increased linkages between Divisions of General Practice and ACCHSs, building on current established and successful models, to build the capacity of ACCHSs including practice accreditation for ACCHSs.**
- **National roll-out of cultural awareness training for mainstream primary health care providers, including Divisions of General Practice staff.**
- **The introduction of a scholarship scheme to support the training and placement of Aboriginal Health Workers in multidisciplinary primary health care teams.**
- **Development of a national scheme to provide appropriately trained Aboriginal Health Workers with access to the Medicare items currently available to practice nurses.**

2.5 A focus on child and family health

The experiences children have early in life can impact on their health, wellbeing, education, work and social potential both in present and later life. Childhood is a critical time to promote good health and development and is crucial to determining the future health and wellbeing of our nation (NPHP, 2005).

Investing in a population-based approach to children's health provides high returns and positive outcomes for children, their families, governments and the community. Overseas experience shows that investment in programs focusing on children's health and parental support has resulted in significant benefits enjoyed long after the investments were made and the cost incurred (ibid, 2005).

GPs are the most common first point of professional contact for parents experiencing behavioural difficulties with their young children, are a trusted source of advice for parents and are where families at risk often turn to for help.

Equally, Divisions are well placed to support GPs and primary care teams in this area to integrate general practice with maternity, specialist and community services for children and families, particularly those at risk. This will assist to the systems involved in child and maternal health become more responsive to the needs of children and families.

EveryFamily is a population health trial funded by *beyondblue: the national depression initiative* that has involved general practice, Divisions and a range of other sectors and providers delivering intensive parenting support services based on the Triple P positive parenting program. The priority areas addressed by *EveryFamily* include developing prevention and early intervention approaches and better training for service providers.

Among other things, *EveryFamily* aims to reduce the prevalence of common emotional and behavioural problems in children, increase parents' confidence and competence in their parenting role, decrease the prevalence of parenting distress (depression, anxiety and stress) associated with parenting and refine pathways to different levels of mental health care for children (Sanders et al, 2005).

The cumulative strength of evidence concerning the efficacy of the Triple P system of intervention is substantial. The project has demonstrated its value as a vehicle for improving a range of risk factors linked to mental health problems in both children and parents.

EveryFamily is an extremely cost effective way of 'inoculating' children against a broad range of conditions such as depression that have wide ranging impact on their future health, education and workforce participation. It is more than comparable to the investment made by the Australian Government in immunising children against specific diseases.

To achieve a 5 per cent, 10 per cent and 15 per cent reduction at a population level in child behavioural and emotional problems, the respective parent participation rates required in Triple P are 33 per cent, 66 per cent and 99 per cent. For children, this translates into fewer conduct problems and less anxiety and should reduce vulnerability to depression and other mental health problems in adolescence and adulthood. For parents, when they are less coercive, inconsistent and more confident with their children they have less marital conflict, and are less stressed and depressed (ibid, 2005).

ADGP recommends:

- **The national implementation of the successful *EveryFamily* program – a public health approach to promoting children's wellbeing under a government, business and community coalition.**

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