Primary Health Care in Australia and China – now and in the future

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Primary Health Care

• General agreement that primary health care is the basis of effective health care delivery
• WHO 2008 report “Primary health care now more than ever”
• Massive investment by governments, WHO and World Bank
• Barbara Starfield’s evidence – questions now are why and how
Primary Heath Care- Australia and China

- Primary health care systems are context dependent
- Development shaped by historical background, health problems, characteristics of the health system and societal beliefs
- Differences and commonalities in the core dimensions of PHC
Overview

• What – Australian context, complexity

• Why – evidence and core dimensions of PHC

• How – University context

• In the future - collaboration
Australian Context
What should Primary Health Care Do?

• Primary health care should include the following processes:
  – Promoting health
  – Preventing illness
  – Caring for the sick (curative, rehabilitative and palliative care)
  – Advocacy (for patients and families in and beyond the health sector)
  – Community development

• These processes then drive the services that are provided within Primary Health Care
What is it -Australian definition – APHCRI

Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems in a way that gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.

Primary Health Care Reform in Australia: Report to Support Australia’s First National Primary Health Care Strategy (September 2009)
What do GPs in Australia do – BEACH study (Bettering the Evaluation of Care of Health)

• 2011-2012- data from 98,400 patient encounters, 984 randomly selected GPs
• 154 problems managed per 100 encounters
• 71%pracitce in a major city
• 63% work in a practice that teaches students s/registrars
• Chronic problems 36%, new 26%
• Most common – respiratory 20%; unspecified 19%; musculoskeletal, cardiovascular, skin (all 17%)
• Most common single problem was hypertension at 9.1 per 100 encounters

WHY does/do our current systems need primary heath care focus?

• Tsunami of chronic disease
• Ageing population
• Expanding range of technologically complex, acute care interventions which are increasingly costly
• Workforce shortages
• Increasing consumer expectation/demand
• Health inequalities.
Commonly identified issues for Primary Health Care Reform in Australia

- Encourage better chronic disease management
- Support integration & multidisciplinary care
- Making care more accessible
- Improve the focus on prevention and early intervention
- Use technology to support best practice
- Build the evidence base for effective quality primary health care
Common proposals for primary health care reform internationally

– Patient enrolment
– Enhanced access
– Multidisciplinary teams
– Enhanced information technology
– Funding systems
<table>
<thead>
<tr>
<th>Key element</th>
<th>Clinical rationale</th>
<th>Assessment of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rostered patients</td>
<td>Closer doctor-patient relationship leading to enhanced continuity of care, itself a key component in quality of care</td>
<td>Insufficient evidence to judge</td>
</tr>
<tr>
<td>Enhanced access (on call, tele-triage)</td>
<td>Increased continuity of care through decreased use of ERs, walk-in clinics</td>
<td>Fair evidence against</td>
</tr>
<tr>
<td>Multidisciplinary teams (nurse practitioners)</td>
<td>Increased preventive care and health promotion counseling from the nurse practitioners; redistribution of workload allows physicians to concentrate attention where skills are most needed</td>
<td>Good evidence to support</td>
</tr>
<tr>
<td>Enhanced information technology</td>
<td>Enhances coordination of care between multiple providers; reduces chance of medical error</td>
<td>Fair evidence to support</td>
</tr>
<tr>
<td>Non fee-for-service physician payment (capitation plus)</td>
<td>Decreased volume incentives will lead to more appropriate care delivery</td>
<td>Conflicting evidence; no conclusions</td>
</tr>
</tbody>
</table>

Beyond Starfield – describing the complexity and evaluating the evidence of what works

• Paradox- individual outcomes vs population.

• Complexity of primary care as a multidimensional system
The Paradox of Primary Health Care

The paradox is that compared with specialty care or with systems dominated by specialty care, primary care is associated with the following:

1. Apparently poorer quality care for individual diseases,

2. Similar functional health status at lower cost for people with chronic disease,

3. Better quality, better health, greater equity, and lower cost for whole people and populations.

Core dimensions of a primary care system (Adapted from Kringos DS, Berma WG, et al. The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Serv Res. 2010 Mar 13;10:65.)

Structure
- governance
- economic conditions
- workforce development

Process
- Access
- Continuity of care
- Coordination of care
- Comprehensiveness of care

Outcomes
- Quality of care
- Efficiency of care
- Equity in health
Where do Universities fit in?

- Departments of General Practice - 30+ years - 3 pillars of education, research and service
- Community based teaching, integration of undergraduate and post graduate
- Rural Clinical schools – impacts on services, workforce capacity and quality
- New paradigms of medical education – longitudinal integrated clerkships
Research

• High prevalence chronic disease – e.g. asthma, COPD, diabetes, hypertension, mental health – in terms of management and systems

• Focus increasingly on organisation, delivery and financing of care and issues of access and equity

• Networks of primary health care researchers
Australian Primary Health Care Research Institute - Mission and Aims

• APHCRI’s mission is to “provide national leadership in improving the quality and effectiveness of primary health care through the conduct of high quality priority-driven research and the support and promotion of best practice”

• APHCRI has three aims:
  – To strengthen the knowledge base of primary health care by conducting and supporting research;
  – To facilitate the uptake of research evidence in primary health care policy and practice;
  – To enhance research capacity in primary health care through strategic partnerships with other relevant national and international groups
APHCRI – a virtual institute

• “Hub and Spoke” model with the Hub being based at the ANU, and the Spokes being programs of research undertaken around the nation commissioned by the Institute’s Research Advisory Board. The Hub and Spokes together form the Institute and meet the Institute’s mission and goals
Opportunities for Academic collaboration

Primary Care based medical education

-curricula
-new models of teaching and learning in diverse settings
-faculty development
-Interprofessional teaching and learning
THE BEGA OUTPOST

- 40 General Practitioners
- 2 GP Obstetricians, 7 GP Anaesthetists
- 5 General Surgeons
- 3 Orthopaedic Surgeons
- 1 General Physician
- Visiting Renal, Cardiology, ENT x 3, Ophth x 2, Paeds, Rheum/Imm, Derm, Psych, ECHO, MRI
- Faster access to CT, ultrasound, ECHO
Research - opportunity for bi national studies in these areas

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• The Centre of Excellence for research in accessible and equitable primary health service provision in rural and remote Australia
• Centre of Research Excellence in Primary Health Care Microsystems
• The Centre of Excellence for Indigenous primary care intervention research in chronic disease
• The CRE for Urban Aboriginal Child Health
• The CRE for the Prevention of Chronic Conditions in rural and remote high risk populations
• The Centre for Research Excellence in the Finance and Economics of Primary Care
• The Centre of Research Excellence in Primary Oral Health Care
• The Centre for Obesity Management and Prevention Research Excellence in Primary Health Care