



VACCHO

## VACCHO's Response to the Primary Health Care Advisory Group Discussion Paper and online survey

*Better outcomes for people with chronic and complex health conditions through primary health care*

**2 September 2015**

PHCAG discussion paper: [www.health.gov.au/internet/main/publishing.nsf/Content/primary-phcag-discussion](http://www.health.gov.au/internet/main/publishing.nsf/Content/primary-phcag-discussion)

[What aspects of the current primary health care system work well for people with chronic or complex health conditions?](#)

There must be recognition that Aboriginal people in Victoria with chronic or complex needs do require tailored and specific care through a health equity model, delivered within both Aboriginal and mainstream health organisations. Although there has been some changes to the MBS in recognition of these complex needs (specific MBS items for Aboriginal clients), there is no allowance for sustained, cost effective care, which leaves significant gaps in the continuity of care required by many Aboriginal people.

VACCHO recognises the positive impact that Aboriginal Community Controlled Health Organisations (ACCHOs) have on meeting the needs of people with chronic and complex health conditions, delivered through a culturally safe, holistic model. These services are supported through funding from State, Commonwealth and local governments and are essential for the continuation of closing the mortality and morbidity health gap for Aboriginal people in Victoria.

[What can be done to improve the primary health care system for people with chronic and complex health conditions in your area and nationally?](#)

To improve the primary health care system, VACCHO believes that we must pursue and achieve holistic, coordinated, integrated and sustainable services delivered through building the capacity of ACCHOs and supporting other local health providers in the delivery of culturally safe services.

This would require significant investment in recruitment and retention strategies in the Aboriginal health workforce.

VACCHO believe that the Commonwealth must prioritise ACCHOs to be the first choice for Aboriginal specific health funding where there is the population need and capacity of the service to deliver.

There must be recognition that the Aboriginal model of holistic healthcare (one that addresses all social determinants of health) is best practice, and be considered as the model for all primary health care settings.

In improving the primary health care system there needs to be significant investment in the contextualisation of health service data collected from primary health care organisations. Including increased coordination and integration of primary health care and hospital health information systems and datasets that improve continuity and quality of care.

Nationally, developing a suite of MBS items that are specific to the ongoing needs of people living with chronic and complex health conditions and not reducing those items that are sanctioned for Aboriginal people the primary health care system can continue to improve outcomes for people with chronic and complex health conditions.

As previously mentioned, improve integration and coordination between State and Commonwealth health funding, particularly hospital and primary health care settings

[What are the barriers that may be preventing primary health care clinicians from working at the top of their scope of practice?](#)

There are scope of practice issues for Aboriginal Health Workers/Practitioners because of the disparity of Commonwealth and State legislation.

There are very few incentives for Aboriginal Health Workers in Victoria to continue their education and professional development to become registered and continue registration as an Aboriginal Health Practitioner.

ACCHOs within regional and rural areas across Victoria continually struggle to attract General Practitioners, nurses and other allied health professionals which further increases the gap in managing people with complex and chronic conditions.

[Do you support patient enrolment with a health care home for people with chronic and complex health conditions and why/why not?](#)

VACCHO is supportive of the concept for patients to be enrolled within a “health care home” as it reflects on the service delivery model currently provided by Victorian ACCHOs. However we would prefer to develop a position statement after reviewing this suggested model in more detail and after consulting with the 27 Victorian ACCHOs that we represent in responding to this survey.

[Do you support team-based care for people with chronic and complex health conditions and why/why not?](#)

Team based care is the most appropriate model for supporting people with chronic diseases. It is most often culturally appropriate within Victorian Aboriginal communities, provides service continuity, is flexible to the changing health conditions and needs of the person, and is cost effective.

[What are the key aspects of effective coordinated patient care? In order of importance.](#)

1. Patient participation
2. Patient pathways
3. Care coordinators
4. Other - Culturally appropriate care across the patient journey, patient empowerment and engagement in the delivery of the services and their journey, building trust between service provider and patient.

[How can patient pathways be used to improve patient outcomes?](#)

While patient pathways provide a strong governance and accountability framework for the integration and delivery of appropriate services, they require full engagement by the patient. Empowering patients to better understand their health conditions and the role they can take in managing their own health needs is the critical element for delivering successful patient pathway outcomes.

[Are there other evidence-based approaches that could be used to improve the outcomes and care experiences of people with chronic and complex health conditions?](#)

It has been reported by the Heart Foundation, that GPs often do not have the time to refer to evidence based guidelines within a patient consultation and there is some evidence that in the management of heart disease only 30% of GPs follow recommended clinical guidelines. VACCHO recommends increasing either the consultation time or professional development opportunities for GPs to understand the importance for following evidence based (or best practice in the absence of evidence) treatment guidelines. This will immediately improve patient health outcomes.

[How might the technology described in Theme 2 of the Discussion Paper improve the way patients engage in and manage their own health care?](#)

While VACCHO would support the continued development of the My Health record system there is still considerable confusion among Aboriginal consumers as to how personal information is collected and protected and the degree of perceived difficulty of using the system effectively. More can be done to better promote this system in appropriate language and cultural context to increase consumer understanding and trust. Smart phone applications and technologies may be of interest to this consumer group but there will still need to be a broad range of modalities and resources made available to patients with chronic and complex conditions.

[What enablers are needed to support an increased use of the technology described in Theme 2 of the Discussion Paper to improve team based care for people with chronic and complex health conditions?](#)

Strengths-based community engagement and solutions for addressing technology solutions is recommended for Aboriginal people and communities in Victoria. Clear messaging regarding the use of technology and its value to the consumer is also required. VACCHO believes that the technology described in Theme 2 should however, never replace other communication modalities but would successfully compliment these if communities are initially and fully engaged.

[How could technology better support connections between primary and hospital care?](#)

Technology could better support connections between primary and hospital care through a more integrated technology solution. This would improve discharge planning, appropriate document transfer and post discharge from the hospital environment to the primary health care organisation.



### How could technology be used to improve patient outcomes?

VACCHO is implementing a telehealth project within all Victorian ACCHOs. We are encouraging GPs and Specialists in ACCHOs to use this technology with their patients and bulk bill for the MBS items. This will have a huge impact on the health outcomes of patients due to reduced travel times, reduced missed appointments and better utilisation of Aboriginal Health Workers' time.

Technology could be better used by improving utilisation of SMS technology through patient information recall systems to notify patients via SMS and other electronic modalities. This is not only for patient appointment reminders but for patients to receive health promotional messaging, treatment prompts and results etc.

VACCHO believes that by allowing for integrated discharge communications between all service providers to ensure patients' hospital discharge or specialist information is sent to the primary health care provider in a timely manner, this would improve patient outcomes.

### Reflecting on Theme 3 of the Discussion Paper, is it important to measure and report patient health outcomes and why/why not?

ACCHOs within Victoria currently collect and transmit data (nKPI and OCHRE Streams data) to the Australian Government's Department of Health. VACCHO has implemented a Health Information Strategy and has invited all Victorian ACCHOs to participate through the signing of a Health Information Agreement with VACCHO. De-identified/aggregated service and record data will be collected from our Member services, analysed and reported back for service improvement, planning and delivery. All Victorian ACCHOs will be funded to participate in the development of clinical CQI activities and this provides an opportunity to further identify and collect appropriate datasets that measure service delivery and health outcomes.

### How could measurement and reporting of patient health outcomes be achieved?

Victorian ACCHOs already provide considerable service and health data to the Australian Government's Department of Health. It would require considerable consultation and engagement across this sector before agreeing to a specific minimum dataset for the health outcomes of Aboriginal people with chronic and complex conditions. Currently this would add a significant burden to Victorian ACCHOs. VACCHO would be happy to engage in discussion and consultation to explore how the data that will be collected from our services through to us could be of benefit (and with express consent from each ACCHO).

### To what extent should health care providers be accountable for their patients' health outcomes?

The Victorian ACCHOs provide exceptional health care and other services to their Aboriginal clients. ACCHOs are already held accountable to provide quality services via accreditation across all required accreditation bodies. Individuals make decisions regarding their health and how they wish to manage their health conditions. As long as health system gaps are addressed so that individuals have access to timely, high quality and integrated services they need, and all service providers are engaged to the highest possible standards (evidence-led and best practice) required to deliver these services and support patients', then patient health outcomes will improve.

### How could health care provider accountability for their patients' health outcomes be achieved?

Victorian ACCHOs have a high standard of care and accountability as health services through multiple accreditations, compliances and reporting, cultural safety, holistic care and CQI. VACCHO would hope that the same standards are met by mainstream health service providers and are held accountable through funding providers. VACCHO has provided examples in this survey for how a more integrated system would benefit Aboriginal people in Victoria (telehealth consultations, more flexible MBS items, clinical systems' integration, addressing social determinants of health, community driven solutions, empowering individuals, health care equity and cultural safety across all services).

VACCHO encourage the continued and increased funding of ACCHOs and the mainstream sector to ensure that integrated, high quality and timely services are delivered to people with chronic and complex conditions throughout their lives and appropriately adjusted to meet their changing health needs.

### Theme 4 of the Discussion Paper discusses different payment mechanisms. How should primary health care payment models support a connected care system?

1. Salaried professionals
2. Fee for service
3. Capitated payments
4. Other - Flexible funding models that meet the changing health needs across the continuum of peoples' lives

In order for VACCHO to comprehensively answer this question we would require further consultation with ACCHOs and a health economist. Without deep exploration of the suggested funding models and mechanisms in detail it is difficult to identify the best option for the ACCHO sector.

VACCHO oppose supporting a pay-for-performance funding model as this could financially disadvantage those ACCHOs or other primary health care providers that service large numbers of people with chronic and/or complex health needs and other complex social issues (housing, employment, family violence, AOD). A pay-for-performance model would also significantly disadvantage those ACCHOs who have recruitment and retention issues with health professionals in rural and regional areas.

The funding models proposed need to meet the changing health and social needs of people with these conditions so that where more or intense services are needed they are provided through capitated or case payments and where less intensity is required a fee for service model is used. Funding models that support salaried health professionals as the mainstay of a primary health care service are essential for ensuring continuity of high quality care.

#### [Should primary health care payments be linked to achievement of specific goals associated with the provision of care and why/why not?](#)

As previously mentioned, VACCHO do not support a pay-for-performance funding model as this could financially disadvantage those ACCHOs or other primary health care providers. In isolation and without implementing strengths-based community engagement programs, recognition for holistic models of care and by not addressing all social determinants of health, this model would have a high failure rate and would threaten the viability of most primary health care services.

VACCHO would appreciate further information and consultation in relation to the development of proposed funding models for the primary health care sector.

#### [What role could Private Health Insurance have in managing or assisting in managing people with chronic and complex health conditions in primary health care?](#)

While VACCHO recognises the value of private health insurance providers, in particular for those that invest in their own Foundations that support health research and the implementation of best practice health care models, we are not clear of the role this Advisory Group sees Private Health Insurance sector having in the development of the primary health care system going forward. VACCHO would like further information in relation to this suggestion.

#### [Do you have anything you would like to add on any of the themes raised in the Discussion Paper?](#)

VACCHO thanks the Primary Health Care Advisory Group for the invitation to respond to the issues raised in the Discussion Paper and for the opportunity to provide specific information in relation to Aboriginal people in Victoria and Victorian ACCHOs. We would like more detailed information and further consultation in relation to a number of the themes raised (funding models, data collection/reporting, role of private health insurers and the role of ACCHOs for the continued delivery of high quality holistic health care services) and look forward to any future engagement processes that arise.

#### **For further information, contact:**

Louise Lyons, Director PHRU [louisel@vaccho.org.au](mailto:louisel@vaccho.org.au)

or

Dana Pyne, Senior Policy Officer [danap@vaccho.org.au](mailto:danap@vaccho.org.au)

or 03 9411 9411