



REFORMING PRIMARY CARE

Effective management of chronic disease

Effective. Accessible. Affordable.

Our primary care system is not currently meeting the needs of the one in five Australians living with multiple chronic diseases. The Greens will reform the system to better facilitate longer term, coordinated patient care and provide patients with access to treatment from allied health professionals.

For patients suffering chronic conditions, visiting the doctor when they feel unwell - or worse, ending up in hospital – is often too late.

The Green will reform the system and inject **\$4.3 billion in new funding over four years** to ensure the Medicare system is best equipped to manage the rise in chronic disease. We'll provide ready access to allied health professionals by bringing them into Medicare. Together, these reforms will improve the lives of the millions of Australians with multiple chronic diseases, and relieve strain from the health system.

> A PRIMARY CARE SYSTEM THAT MEETS YOUR NEEDS

To ensure our health system better meets the needs of the millions of Australians living with chronic disease **the Greens will:**

- **Invest \$1.5 billion in new funding** over four years, on top of reinvesting existing money, to reorganise the current GP payment system, with \$1000 payments available to GP practices per enrolled patients to compensate doctors for their high quality chronic disease care¹.
- **Invest \$2.8 billion to give patients access to allied health professionals** through Primary Health Networks.
- **Invest \$11.9 million** for the development of nationwide standards and models of care for the treatment of chronic disease.
- Improve data collection across the primary health system so that patient outcomes can be better monitored and assessed.

Properly managing complex chronic conditions requires a new level of coordination. We will facilitate this by:

- Bolstering the role of Primary Health Networks (PHNs), to give them primary responsibility for commissioning and improving chronic disease management services, and measuring outcomes.

¹ Costings based on an assumption of 1 million enrolled patients per year from Year 2.

- Task PHNs with negotiating performance benchmarks with health providers in their region.
- Developing a national framework for chronic disease identification and treatment, including patient risk profiles, performance targets and detailed care pathways.

Together these reforms will ensure our system is geared to meet the modern needs of Australian patients.

> A CHRONIC NEED FOR REFORM

Our current primary care system is designed through Medicare incentives to be responsive when we fall suddenly ill or have an accident. But what if the disease cannot be easily cured like chronic heart problems or diabetes?

About half of all Australians have a chronic disease and one in five have multiple.² To be effectively controlled, chronic diseases require lifestyle change and close monitoring over time, and often require input from a team of health professionals. A system which better responds to chronic disease would improve the lives of millions of Australians, and in the long term save the health budget millions in unnecessary hospital presentations.

> BETTER INCENTIVES, BETTER OUTCOMES

Medicare is the cornerstone of Australia's health system. But it's not currently meeting the needs of those with chronic disease. Successive governments have attempted to address the problem – resulting in around \$1 billion spent annually through a range of programs and payments available to doctors to fill some of the gaps in the traditional "fee-for-service" model. But the evidence shows they have not made significant progress on the way chronic diseases are managed.³

Rather than pick away at Medicare, the Greens will introduce 'blended payments'. Fee-for-service will be maintained where

² Australian Institute of Health and Welfare (AIHW)
<http://www.aihw.gov.au/media-release-detail/?id=60129552034>

³ "Chronic Failure in Primary Care", Grattan Institute 2016.

appropriate, with payments added to compensate GPs for the time they spend on chronic disease management and providing consistent and effective care over time.

The new payments for effective management of chronic disease would replace, in a staged process, the Practice Incentives Program (PIP), Service Incentive Payments (SIPs), MBS Health Assessments and chronic disease management items. This would be done in consultation with GPs, allowing time to transition. Over time, approximately \$1 billion currently spent annually on these payments will be redirected into the new system.⁴

> REWARDING TEAM WORK

Managing chronic conditions usually requires a team of health professionals. For instance, a GP, a specialist, a nurse and a pharmacist might all be involved in helping someone manage their diabetes.

As a patient, going from one service provider to the other can be difficult and confusing, and service providers often see a patient without access to all the necessary background regarding their treatment plan. Better coordination is needed. GPs know their patients' histories and act as gatekeepers to other parts of the health system through their ability to write prescriptions and referrals.

> MEASURING SUCCESS

We'll introduce a framework to measure what matters – individual patient outcomes and regional performance. Practitioners will be rewarded for the quality of care they deliver.

> ACCESSING ALLIED HEALTH

The Greens want to see GPs continuing at the heart of the primary care system. Patients with chronic diseases also need access to other health professionals like physiotherapists, psychologists and nutritionists. But despite their role, most allied health practitioners have little to no access to Medicare payments, meaning patients must pay or rely on overpriced health insurance to subsidise the cost of a visit.

This is counter-productive when a visit to an allied health practitioner is avoided due to cost, resulting in a visit to a doctor or hospital that is potentially much more expensive to the health system.

We'll invest \$2.8 billion over four years, directed through PHNs to make payments over \$750 per enrolled patient, to provide access to allied health professionals.

Case Study: Monica

Monica is 53 and has just been diagnosed with type 2 diabetes. Our reforms to primary care mean that Monica can be enrolled with her local GP, who discusses the implications of her condition in detail with her, and is responsible for assisting Monica to maintain a healthy lifestyle and manage her condition.

Monica's disease has been caught early and her prognosis is good. She and her doctor commit to a plan to watch her diet, lose weight and monitor glucose. According to her risk profile and care plan, she will benefit from some initial education from a trained diabetes educator – which is available at no cost to Monica.

As patients with diabetes often experience foot complications and are 15 times more likely to face amputation, Monica's plan also includes regular consultations with a podiatrist. Her GP facilitates both at no cost to Monica. Given her condition, it is also critical that Monica consults an eye specialist, which the GP includes in her management plan.

Monica's doctor follows up on her progress with regular visits. The practice nurse helps her by measuring and monitoring her blood sugar level. The doctor is rewarded for maintaining the relationship with Monica, and also for Monica's health outcomes.

> HEALTHIER PEOPLE, HEALTHIER SYSTEM

Better management of chronic disease is not only good for patients; it's good for the health system. The rise of chronic disease will account for a major share of increased health spending in the next decades. The Greens are committed to a modern and well-funded health system which allows everybody access to the latest medicines and treatments.

The cost of preventable hospital admissions is in the billions of dollars per year. Not every hospitalisation that could be prevented will be prevented, but the Grattan Institute conservatively estimates that at least \$322 million per year could be saved with better ongoing care.⁵ If done properly, investment in service coordination and chronic disease management should actually save the health budget money which we can re-invest in the most cutting-edge new treatments that all Australians want.

> REAL COMMITMENT TO REFORM

We will commit **\$4.3 billion in new money** to ensure Medicare continues to meet the needs of Australian patients.

The government has announced it's rushed 'Health Care Homes' trial with a total lack of detail or resourcing. The time for trials is over and only the Greens have committed to adequate funding for a primary care system that meets the needs of Australians.

⁴ Ibid

⁵ Ibid