WAPHA
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

Comprehensive Primary Care:

What Patient Centred Medical Home models mean for Australian primary health care

WA Primary Health Alliance
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Acknowledgements

WAPHA acknowledges and pays respect to the traditional owners and elders of this country and recognise the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

WAPHA acknowledges WentWest PHN and North Western Melbourne PHN and the following publications:

- Transforming Primary Care: The Patient Centred Medical Home in Western Sydney
- The Health Care Home: What it Means for Australian Primary Health Care

Australian Government

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Introduction

WA Primary Health Alliance (WAPHA) is committed to advocating and supporting innovation in primary care through Comprehensive Primary Care principles and their development.

WAPHA delivers a range of valuable support services to general practices across WA.

WAPHA works with key partners on shared health priority areas to improve equity and health outcomes for the State's diverse communities.

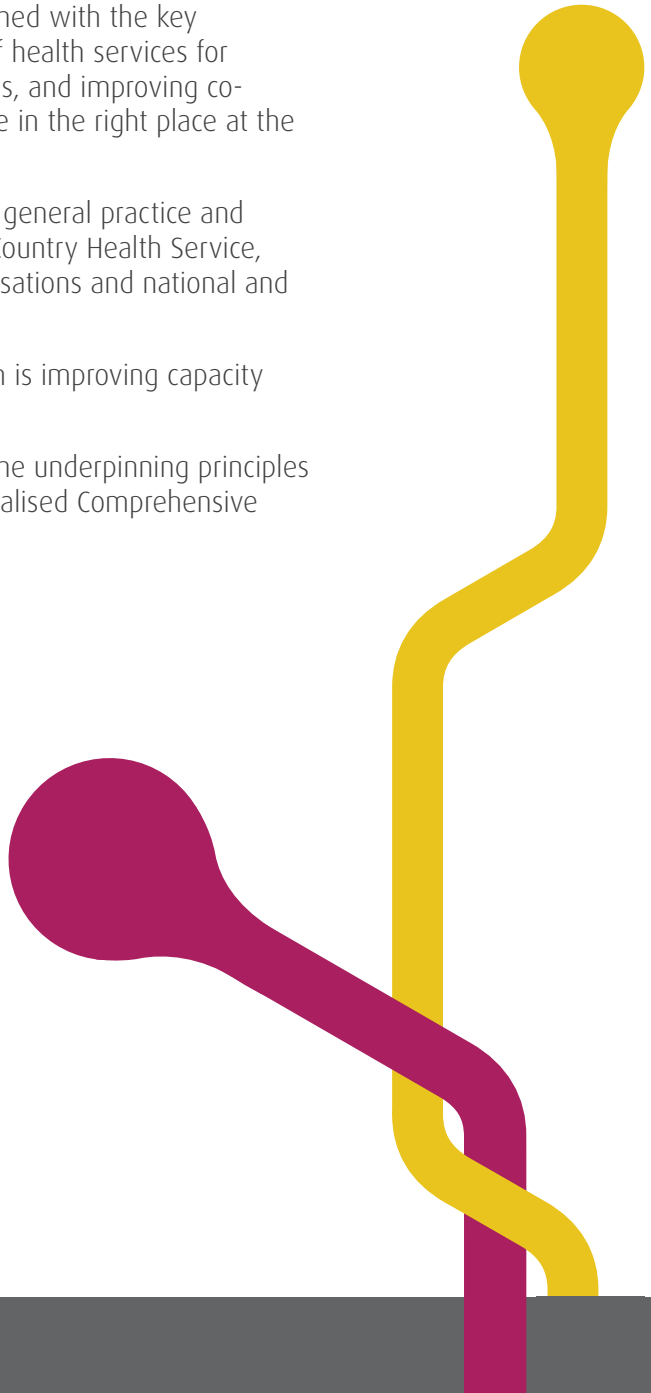
From July 1 2015, WAPHA took on the role of operating the three Western Australian Primary Health Networks (PHNs) - Perth North, Perth South and Country WA.

PHNs are a Federal Government health initiative, established with the key objective of increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving co-ordination of care to ensure patients receive the right care in the right place at the right time.

WAPHA has developed strong working relationships with general practice and allied health leaders, the WA Area Health Services – WA Country Health Service, health sector peak bodies, consumers, community organisations and national and international experts in primary care.

At the heart of this whole-of-system integration approach is improving capacity and capability in primary care and general practice.

WAPHA is focused on supporting practices to deliver on the underpinning principles of the Patient Centred Medical Home (PCMH) within a localised Comprehensive Primary Care model.



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A Case For Change

Primary care will have at its heart active collaboration between healthcare professionals and the people they care for. This patient-focused approach will require collaboration between professionals and strong team working, both within and across organisational boundaries.

Learning to Work as Teams, Primary Care Workforce Commission, UK 2015

Australia's health needs, particularly those in specific areas of Western Australia, continue to change across a diverse socio-economic landscape. The case for high performing primary care has never been stronger – as repeatedly articulated in international literature and practice. There is now a growing collection of Australian reports that have looked closely at the challenges and possible solutions that could be led by primary health care organisations and general practices working in partnership to evolve and transform the way health care is delivered.

Transforming health care will require sustained efforts at all levels of the health system, but what is clear is that there is significant long term international evidence that the way in which primary care development takes place really does matter.

Concepts for the future of primary care

TODAY	FUTURE
Treating Sickness/Episodic	Managing Populations
Fragmented Care	Collaborative Care
Speciality Driven	Primary Care Driven
Isolated Patient Files	Integrated Electronic Records
Utilisation Management	Evidence-Based Medicine
Fee for Service	Shared Risk/Reward
Payment for Volume	Payment for Value
Adversarial Payer-Provider Relations	Cooperative Payer-Provider Relations
"Everyone for Themselves"	Joint Contracting

Bodenheimer, T et al Annals of Family Medicine Vol 12 Number 2 March/April 2014

Challenges currently facing the Australian health care system include the rising burden of chronic disease, an ageing population, increasing costs of providing health care, health inequity and poor alignment of funding and incentives.

A range of opportunities and solutions are currently being explored across the sector, including innovative funding models that break down existing barriers to improved care, risk stratification, integrated care and patient centred medical home based models of primary care.

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The Patient Centred Medical Home Model

The principles of a Patient Centred Medical Home (PCMH) were developed in the US in anticipation of the very same challenges we are facing in Australia today.

These principles are universal; they also reflect longstanding principles of quality general practice by colleges in Australia, the UK and elsewhere.

Many of these elements exist in our health system today. WAPHA's role is to comprehensively strengthen these principles and elements in close partnership with general practice, primary care and the broader health system.

The quality general practice of the future will continue to see its primary purpose as the provision of general practitioner led, patient centred, continuing, comprehensive, co-ordinated whole person care to individuals and families in their communities.

A Quality General Practice of the Future (Source: RACGP 2012)

FEATURE	DEFINITION
Patient-Centred	**Supports patients and families** to manage and organise their care and participate as **fully informed partners** in health system transformation at the **practice, community, and policy** levels.
Comprehensive	**A team of care providers** is wholly accountable for patient's **physical and mental health** care needs - includes prevention and wellness, acute care, chronic care.
Coordinated	Ensures care is **organised across all elements** of broader health care system, including specialty care, hospitals, home health care, community services and supports, and public health.
Accessible	Delivers **consumer-friendly services** with shorter wait-times, extended hours, 24/7 electronic or telephone access, and strong communication through health IT innovations.
Committed to quality and safety	Demonstrates commitment to quality improvement through use of **health IT** and other tools to ensure patients and families make informed decisions.

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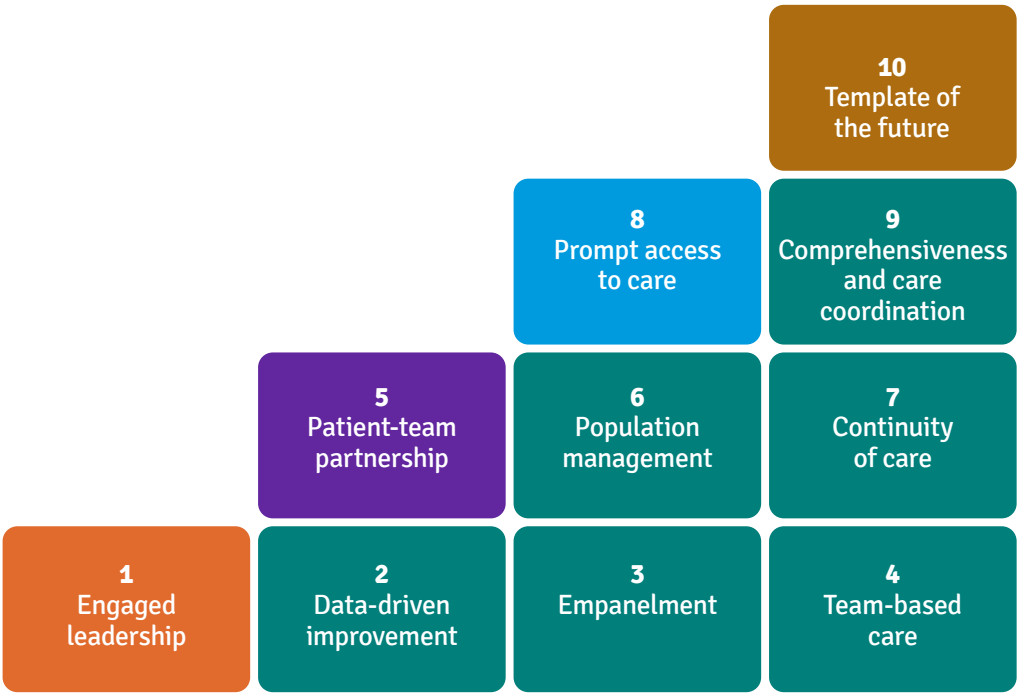
The 10 Building Blocks

The '10 building blocks of high-performing health care' is a conceptual model described by Bodenheimer et al. It identifies and describes the essential elements of primary care that facilitate exemplary performance. WAPHA, working closely with its general practice leaders and leveraging off international learnings, has used this as a framework to plan and implement its approach to PCMH.



Block 1: Engaged leadership – creating a practice-wide vision with concrete goals and objectives. GP leaders are fully engaged in the process of change.

Block 2: Data-driven improvement – using computer-based technology, general practice data systems to track clinical, operational and patients experience metrics to monitor progress towards achievement of goals and objectives.

Block 3: Empanelment [patient registration] – linking each patient to a general practice care team and primary care clinician to strengthen relationships and enable continuity of care.

Block 4: Team-based care – general practices organise teams to share responsibility for the health of their patients according to their needs.

Block 5: The patient-team partnership – recognition of the expertise that the patient brings, as well as the evidence base and clinical judgment of the clinician and team. Patients are engaged in shared decision-making.

Block 6: Population management – general practices are encouraged to understand the needs of their whole patient base. This assists in ensuring the care team can identify opportunities for health improvement on an ongoing basis.

Block 7: Continuity of care – general practices taking continuous responsibility for their patients. This is associated with improved preventative and chronic care, greater patient and clinician experience, and lower costs.

Block 8: Prompt access to care – general practices measure and control demands on their time and services, and build capacity while also enhancing teams, and ensure patients receive care when it's needed.

Block 9: Comprehensiveness and care coordination – when patient needs go beyond the general practice team's level of comprehensiveness, care coordination is required with other members of the "medical neighbourhood".

Block 10: Template of the future – requires payment reform that does not reward primary care simply for in-person clinician visits. Moving from "volume to value" needs to be properly defined and implemented.

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Transforming Primary Care

WAPHA is working at varying levels across the WA primary care landscape with a long-term and sustainable focus. There is an enormous intensity of effort required to transform primary care to a PCMH based model, and this cannot be underestimated.

International evidence suggests that implementing the 10 Building Blocks within general practice is a significant investment that requires a long-term approach. Examples of using the Building Blocks as enablers to transition practices to a PCMH model include:

Building Block 1:

Engaged Leadership

High performing practices have leaders fully engaged in the process of change. Even natural leaders learn the science of how to facilitate organisational transformation. High-performing practices have leadership at all levels of the organisation. GPs, practice nurses, practice managers, receptionists, allied health team members and other staff take on the mantle of changing how they and their colleagues do their work. Some engage patients in leadership roles calling upon them as experts in the health care experience to identify priorities for improvement. Leaders create concrete, measurable goals and objectives such as the percentage of patients with diabetes who have glycated haemoglobin (HbA1c) levels greater than 9% will decrease from 20% to 10% by a specified date.

Building Block 2:

Data Driven Improvement

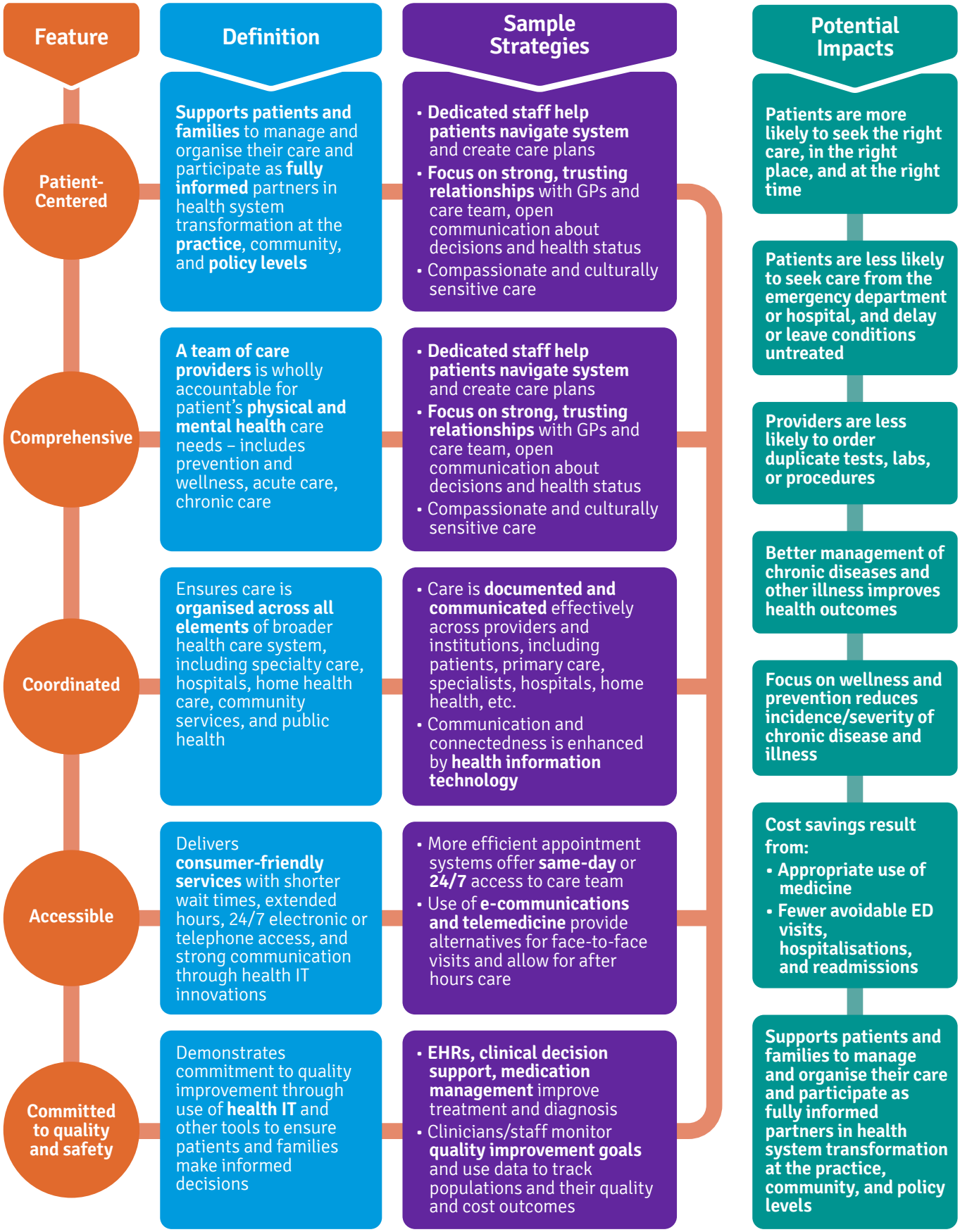
Dr Paul Grundy MD, referred to as the 'Godfather' of the Medical Home, often talks about the PCMH being a 'home for the data'. Successful PCMH practices are very focused on data-driven improvement by using their practice management software and the chosen Clinical Audit Tool to fully understand and continuously plan the needs of their patient population. The practice team collaborates around how they can most effectively respond to what the data tells them. Capability is extended and enhanced by installing linked e-health records and shared care planning tools that make vital patient information available to team members not physically based at the practice.

Building Block 4:

Team Based Care

Some Australian general practices are leading the way in the integration of allied health professions such as clinical pharmacists into their general practices as a team member. In practices where a practice pharmacist is included as part of the practice team, the pharmacist actively participates in some of the most fundamental preventative interventions; identifying target patients, reviewing medication regimes, providing patient advice and options education, and reporting outcomes. Early signs and preliminary evaluation are demonstrating the effectiveness of enhancing the practice team with these skills.

Why the Medical Home Works: A Framework



Patient Centred Primary Care Collaboratives (2013)

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Measuring Outcomes

Measuring outcomes from WAPHA's investment in the development of the Comprehensive Primary Care model within WA general practice is an important consideration. This needs to consider the impact of both the WA PHNs' traditional approach to supporting general practice and also their responsibility as PHNs being broader than general practice alone. In the context of Comprehensive Primary Care, WAPHA has adopted the Quadruple Aim Framework founded in the work by the Institute for Healthcare Improvement, Triple Aim, and complemented by Bodenheimer and Sinky's revised approach: *From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider.*

Defining the Quadruple Aim

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What Can We Do?

PCMH based models of care have broad support from policy makers (refer the Federal Government's Healthier Medicare package) and growing support from providers (led by the RACGP). While the evidence base around the potential impacts of PCMH based models of care is unclear and untested in Australia, it is imperative that Primary Health Networks across Australia engage in the discussion, development and application of evidence.

WAPHA and the WA PHNs are committed to developing and enhancing the PCMH model within the WA context. WAPHA has established valuable engagement with several PHNs across Australia which are also working towards the transitioning of practices to the PCMH model of care. WAPHA is working collaboratively with the RACGP, WAGPET and the WA Department of Health to progress the Comprehensive Primary Care model locally.

WAPHA and the WA PHNs are now working towards implementing the PCMH principles that underpin the Comprehensive Primary Care model through:

- Our approach to general practice engagement and support;
- Building the capacity of the primary healthcare sector;
- Promoting patient-centred models and a health literacy-based approach to care;
- Promoting technology-based solutions, including MyHealthRecord and secure shared messaging;
- The collection, collation and reporting of clinical data;

WAPHA and the WA PHNs are well positioned to continue to support general practice to establish the foundations upon which Comprehensive Primary Care can be implemented in WA.

We will be inviting GPs in specific geographic areas identified as having high proportions of patients with chronic, complex and co-occurring conditions ("Hot Spots") to further develop our thinking about the Comprehensive Primary Care model, and to consider how WAPHA and the WA PHNs can continue to progress the concept and contribute to the evidence base around how this model can add value in Australia and, more specifically, in WA.

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