

# Better Health, Together Forum

Friday 1 November 2019



**WA Primary  
Health Alliance**  
Better health, together

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

# **Primary care policy landscape and opportunities**

**Hal Swerissen**

# Outline

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The changing context

Two types of health problem

What has been done so far

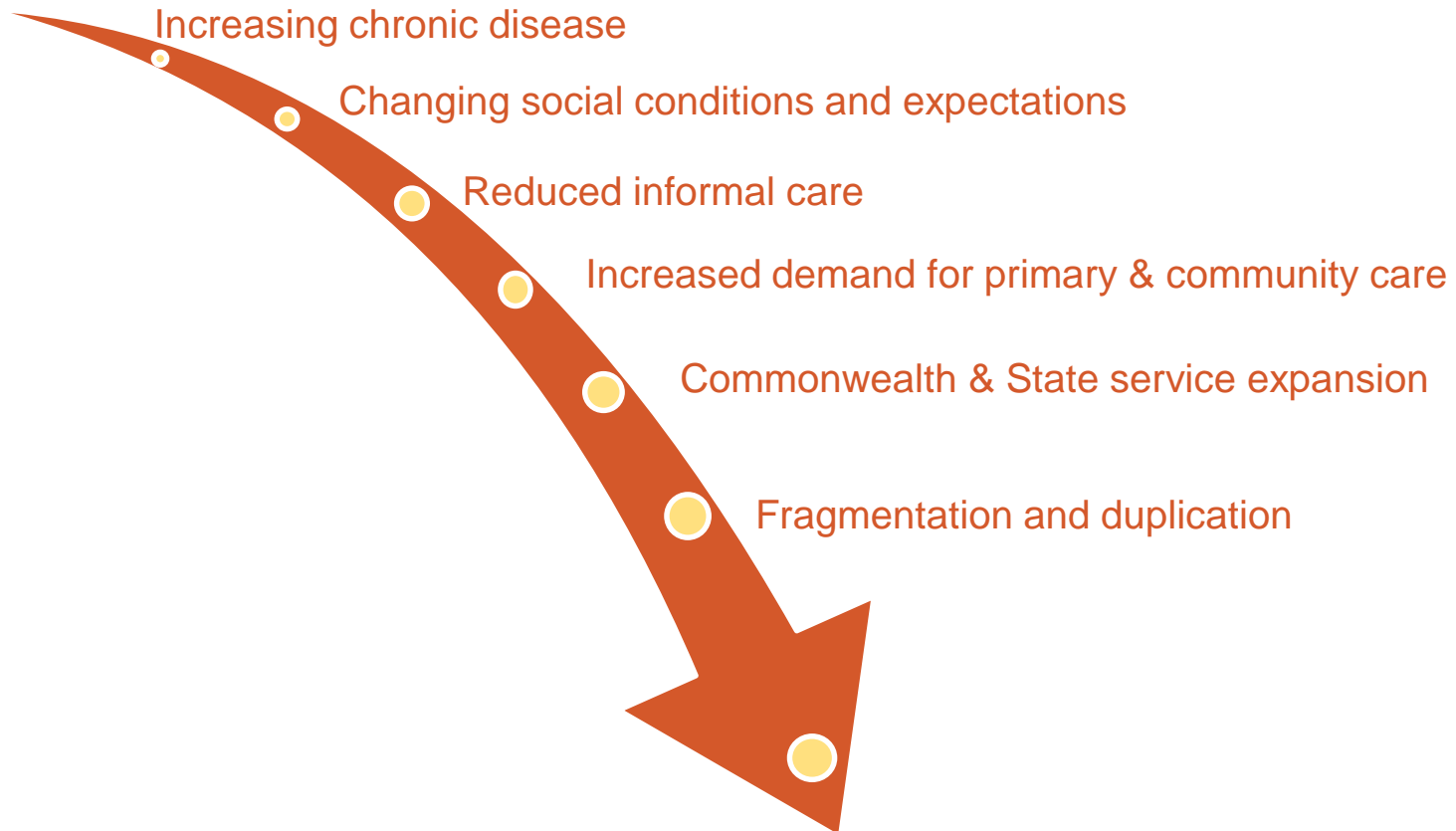
So where to from here

Integrated Health Groups

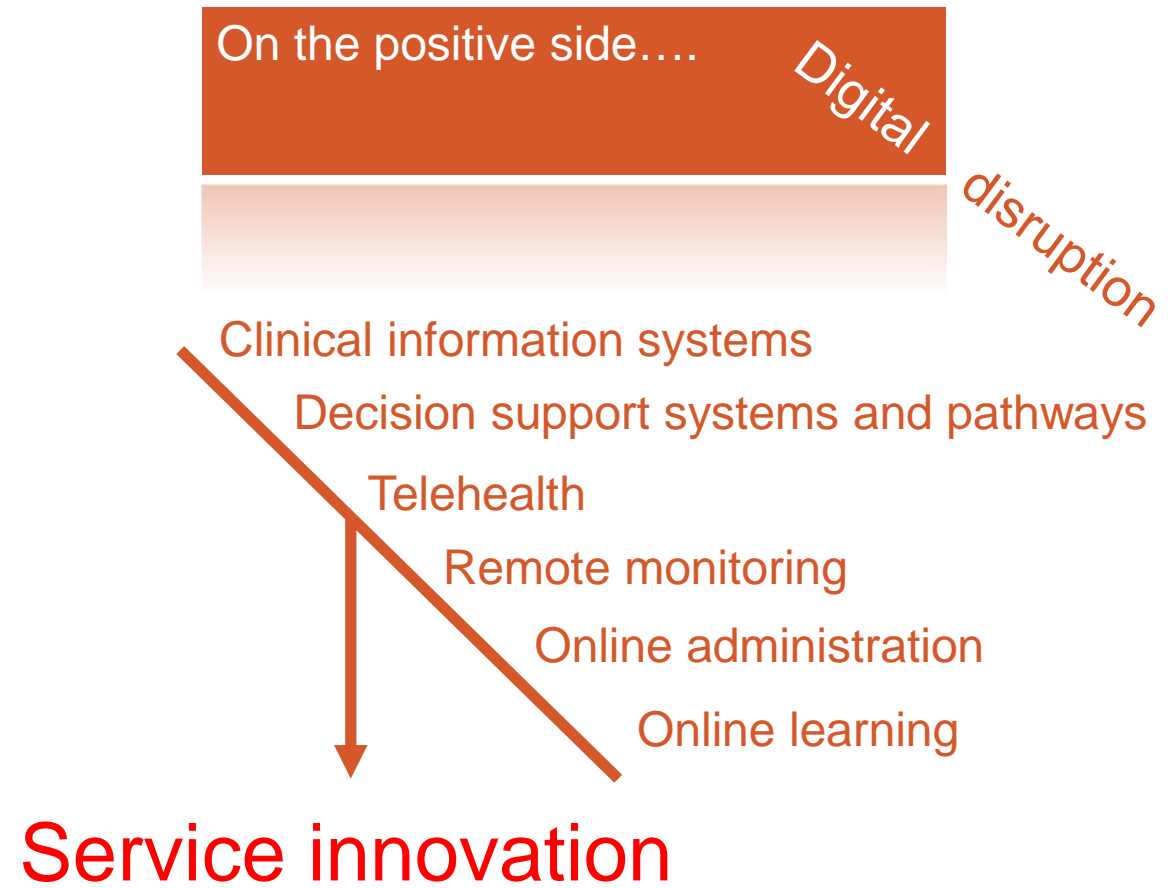
Theory is easy, action is hard

Questions & discussion





Poor outcomes, experience and costs



# Two types of health problems

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# There are other problems...

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Inequity

Access barriers

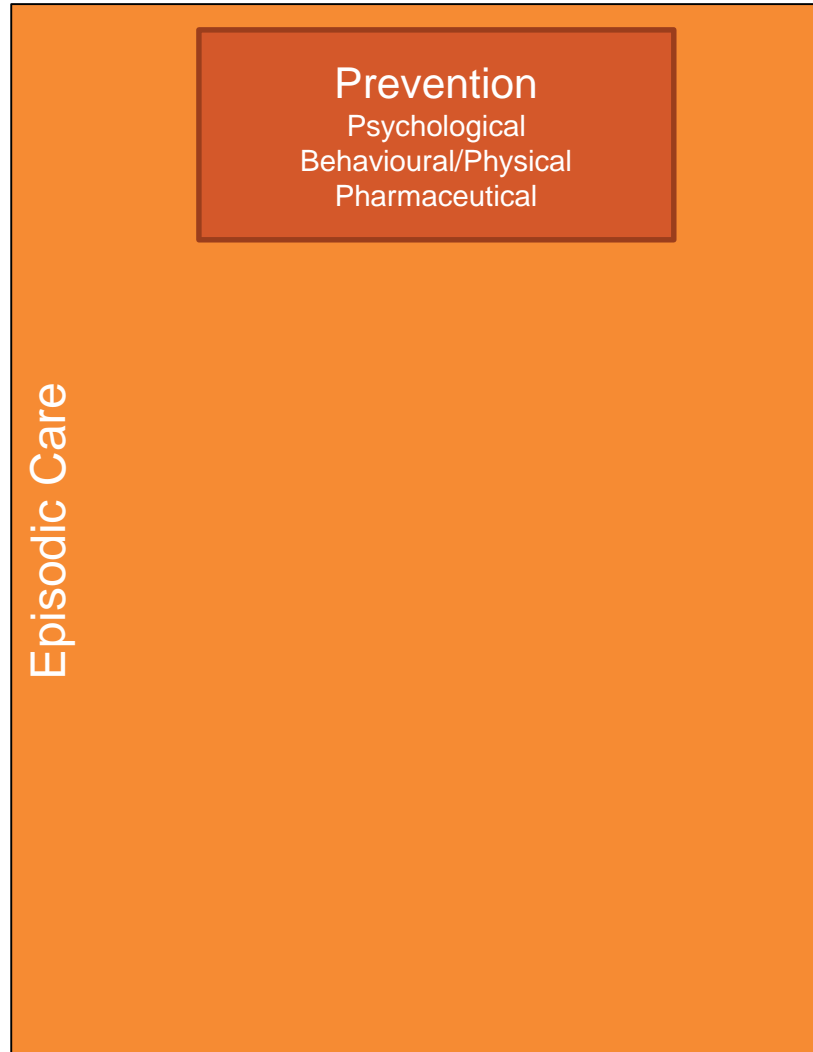
Sustainability

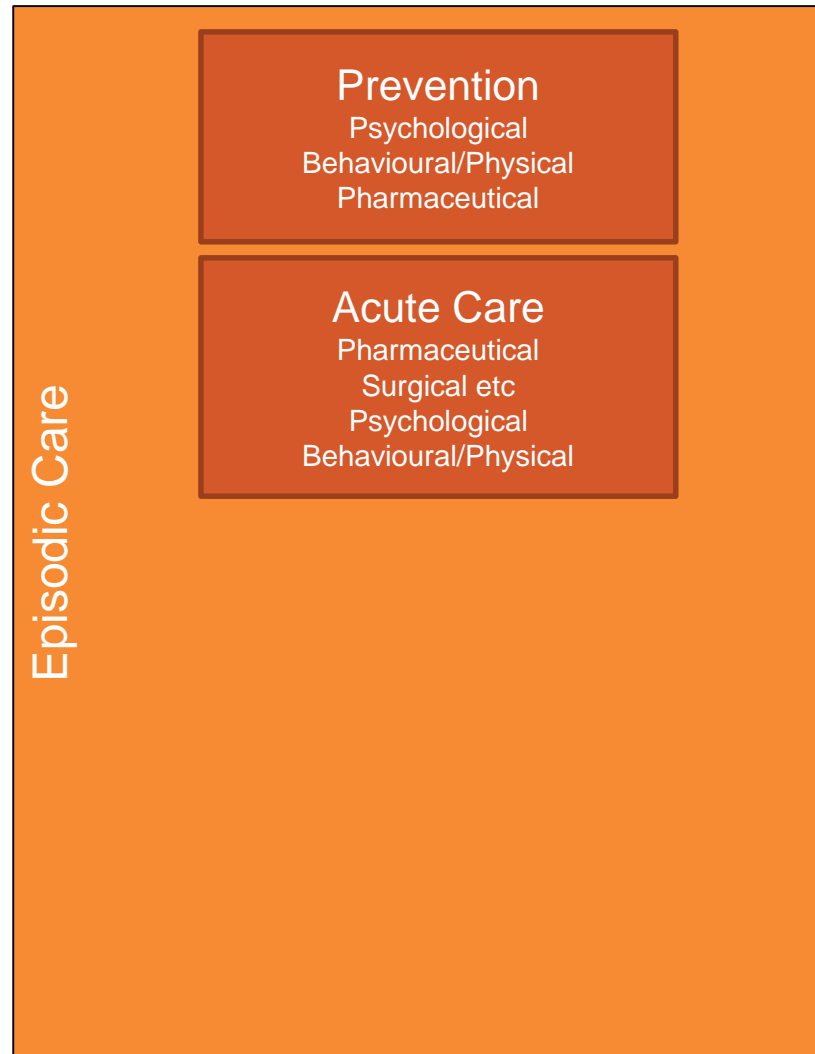
But the wicked problem 'du jour' is

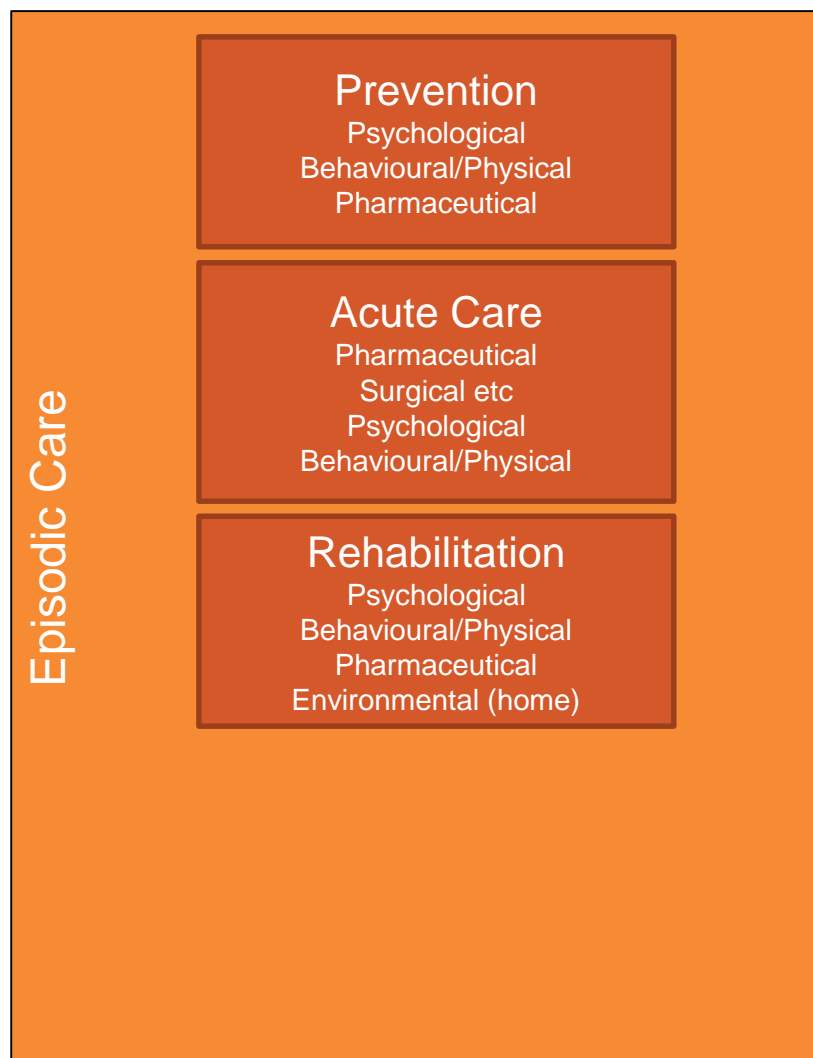
..... complex care and integration to prevent ....

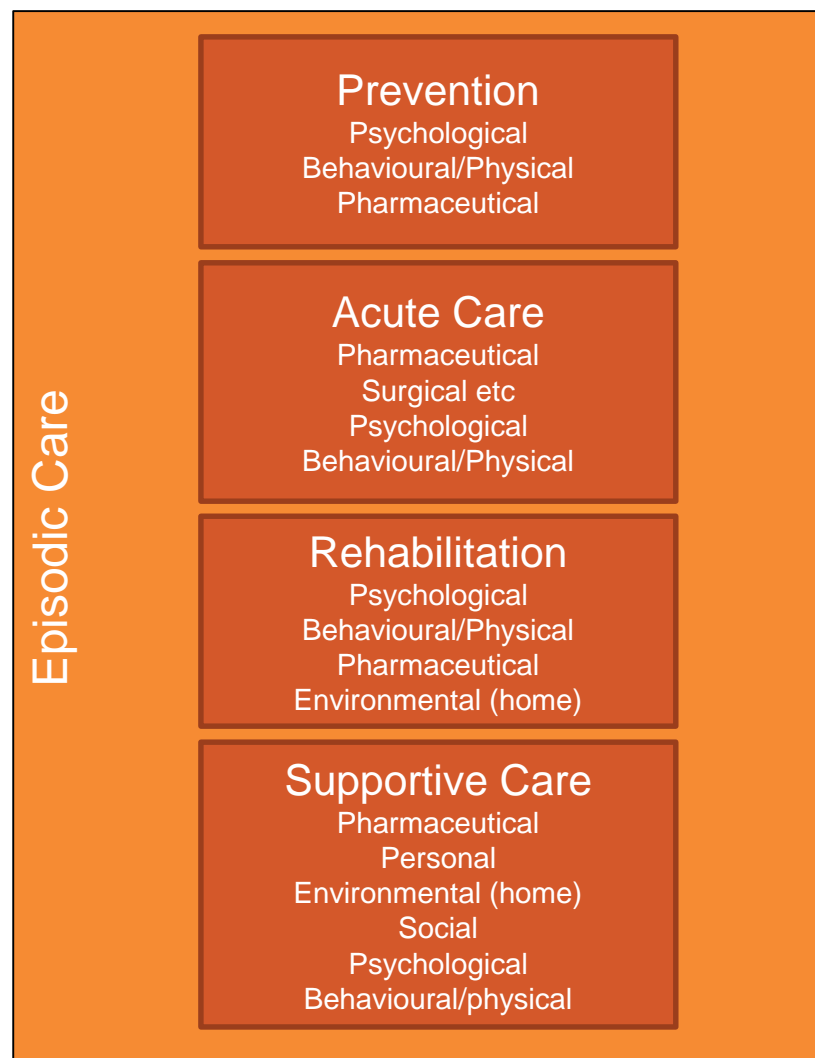
- high costs
- poor experience
- poor outcomes

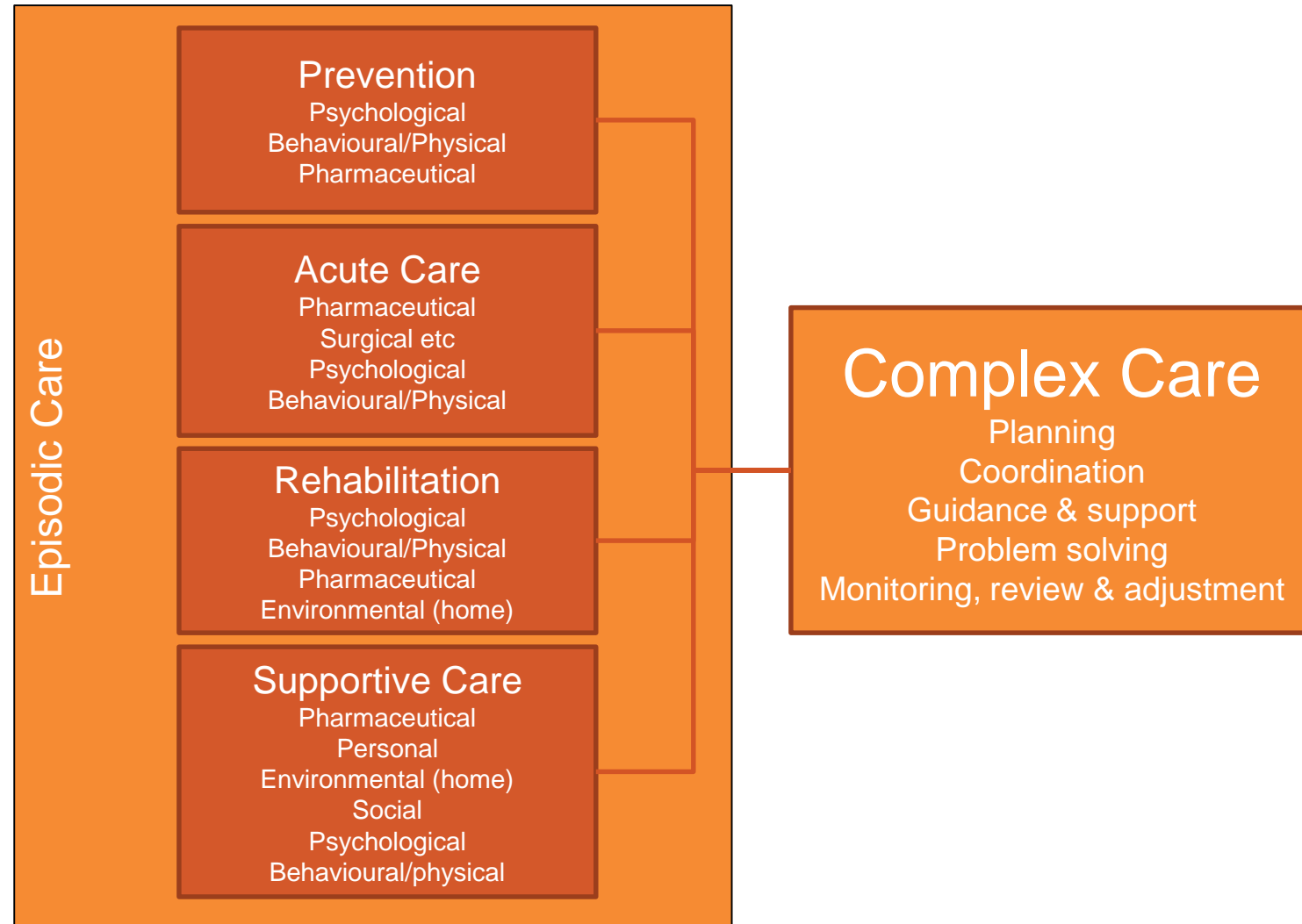


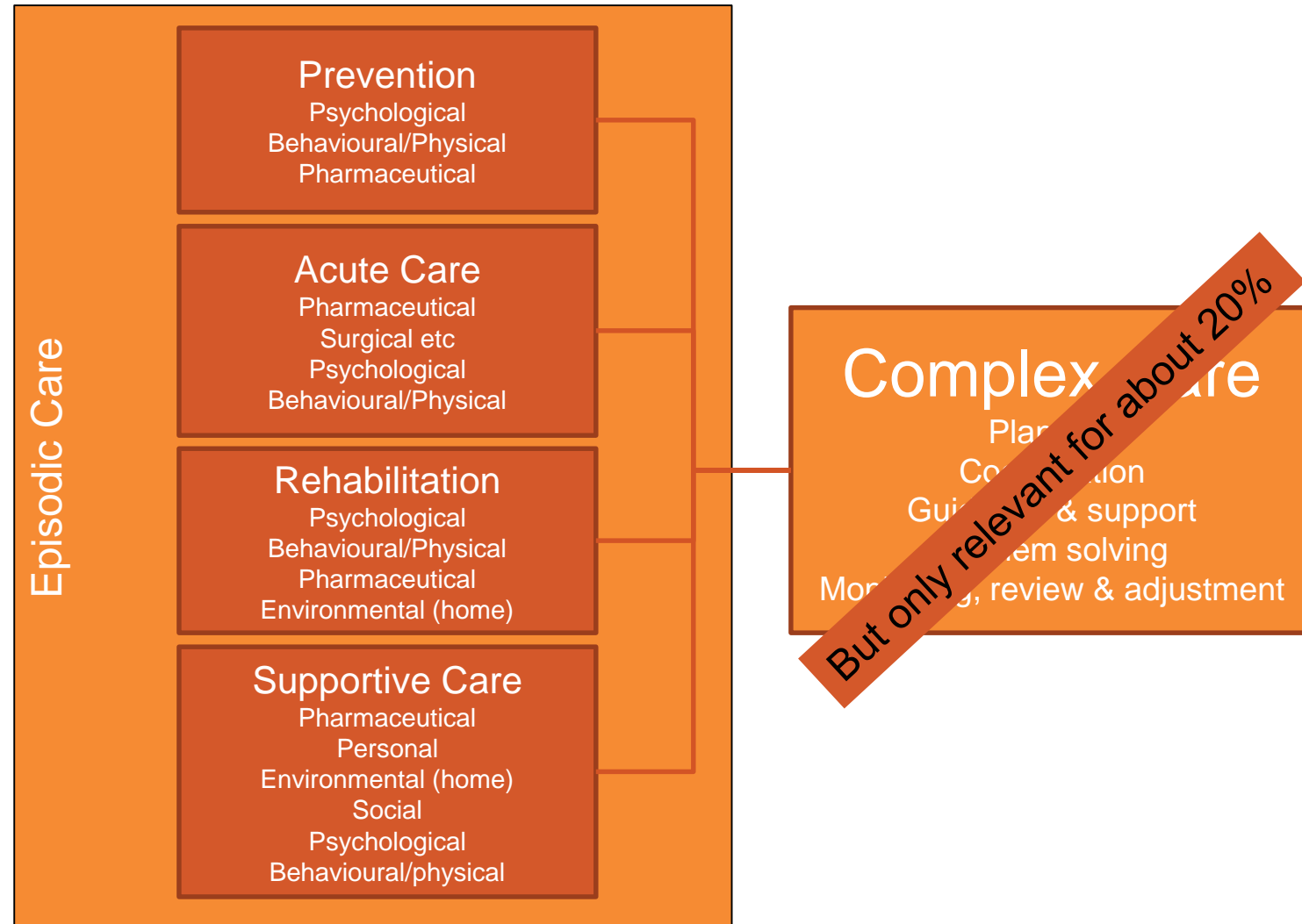


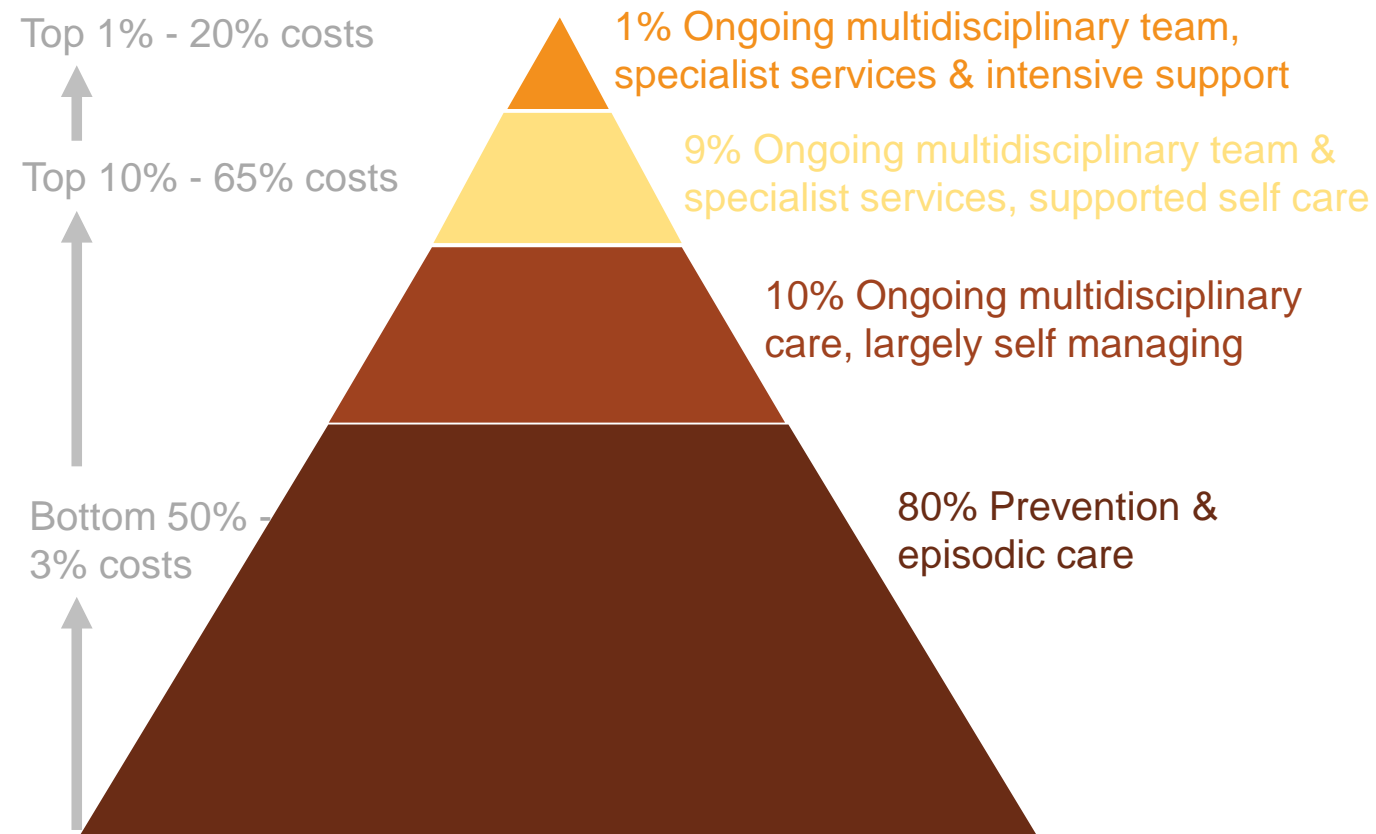


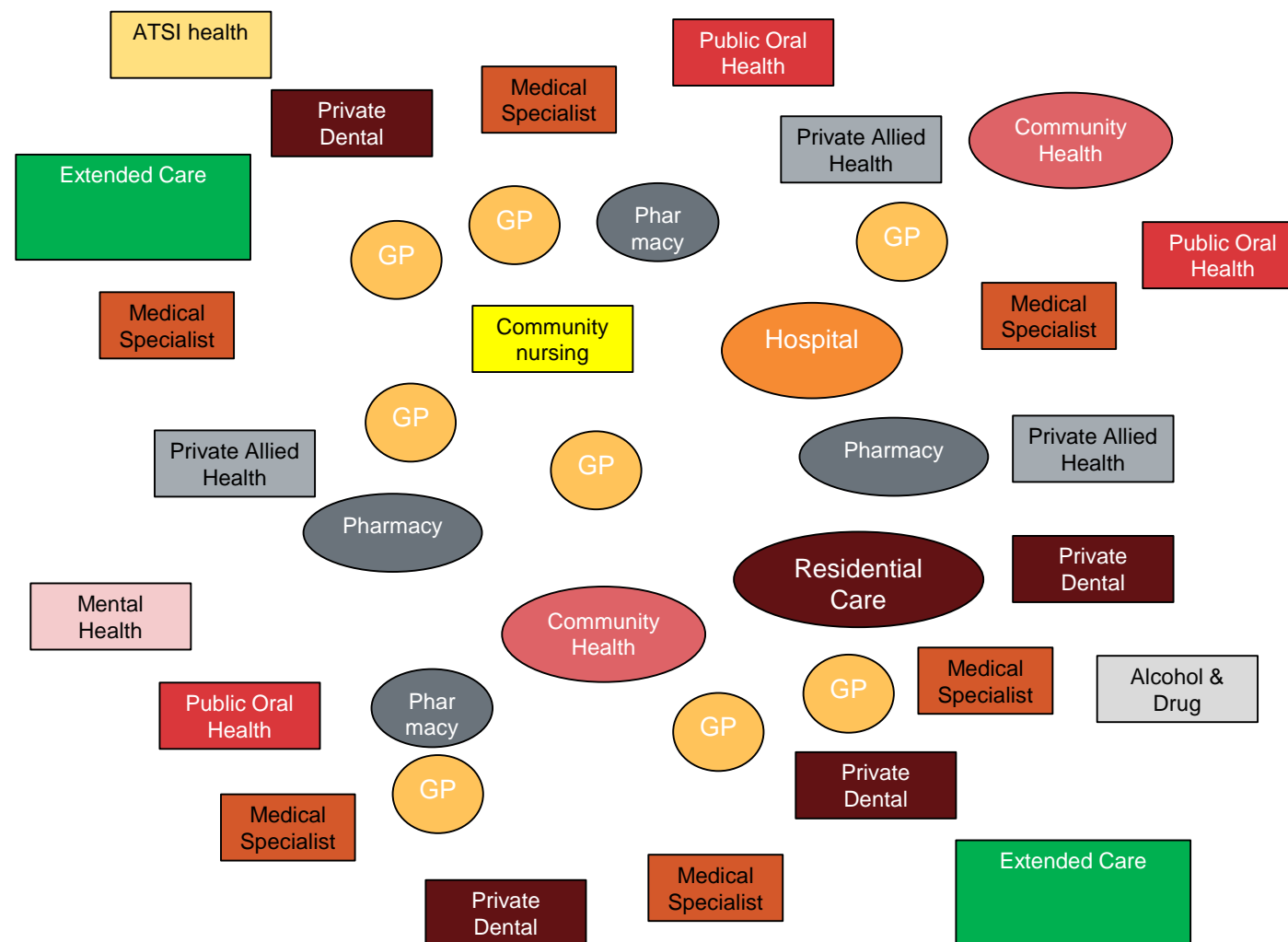




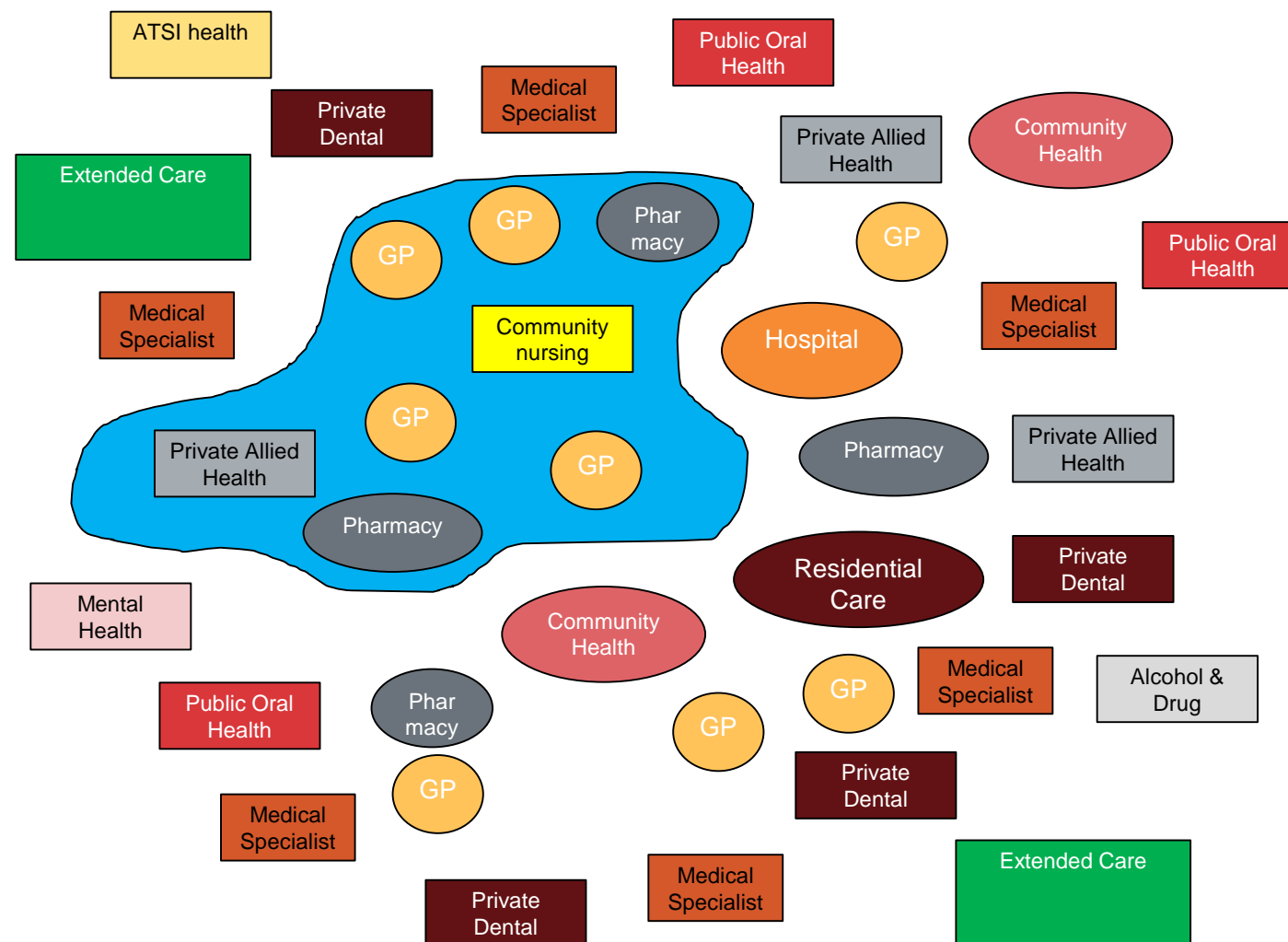


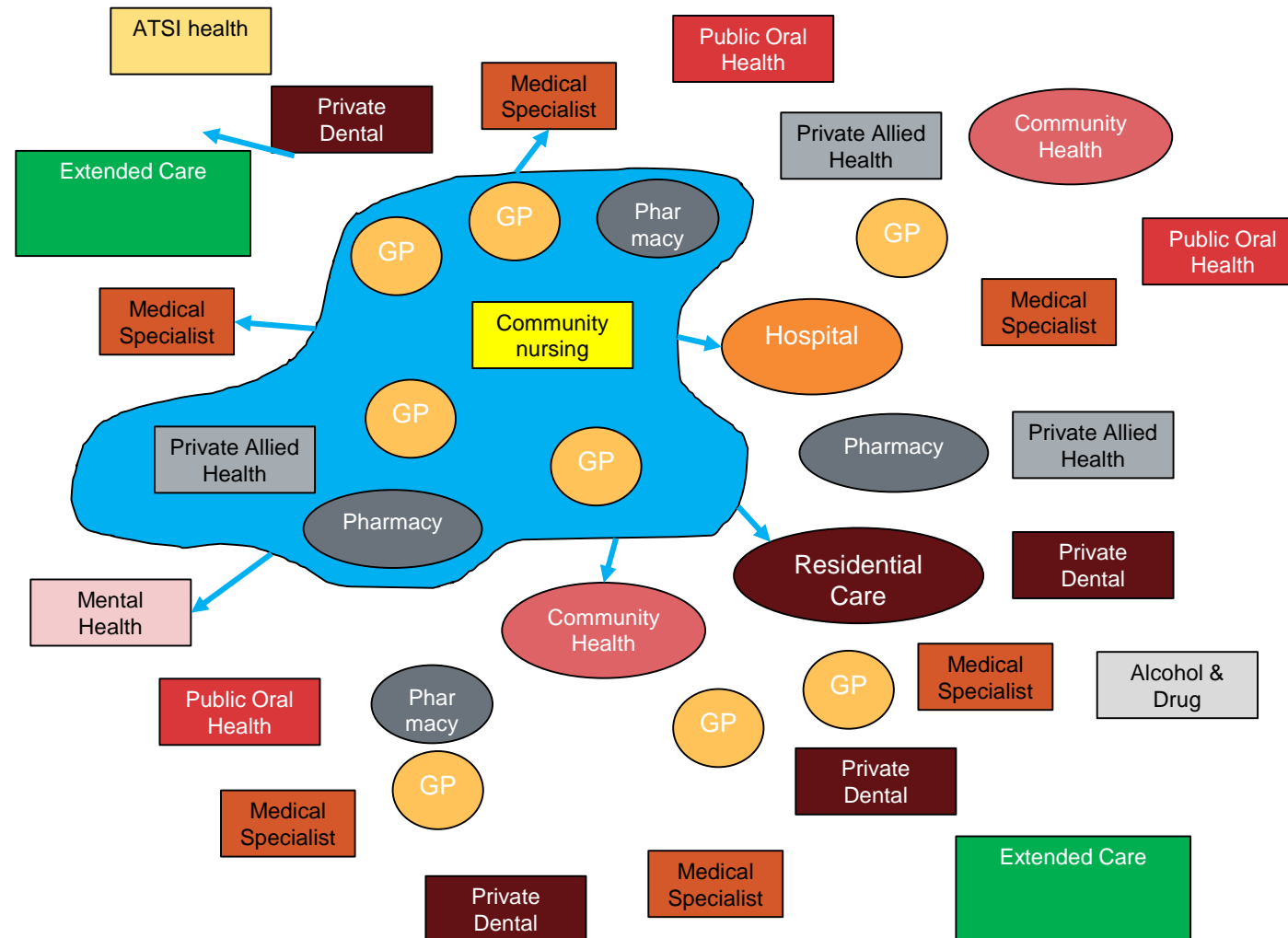


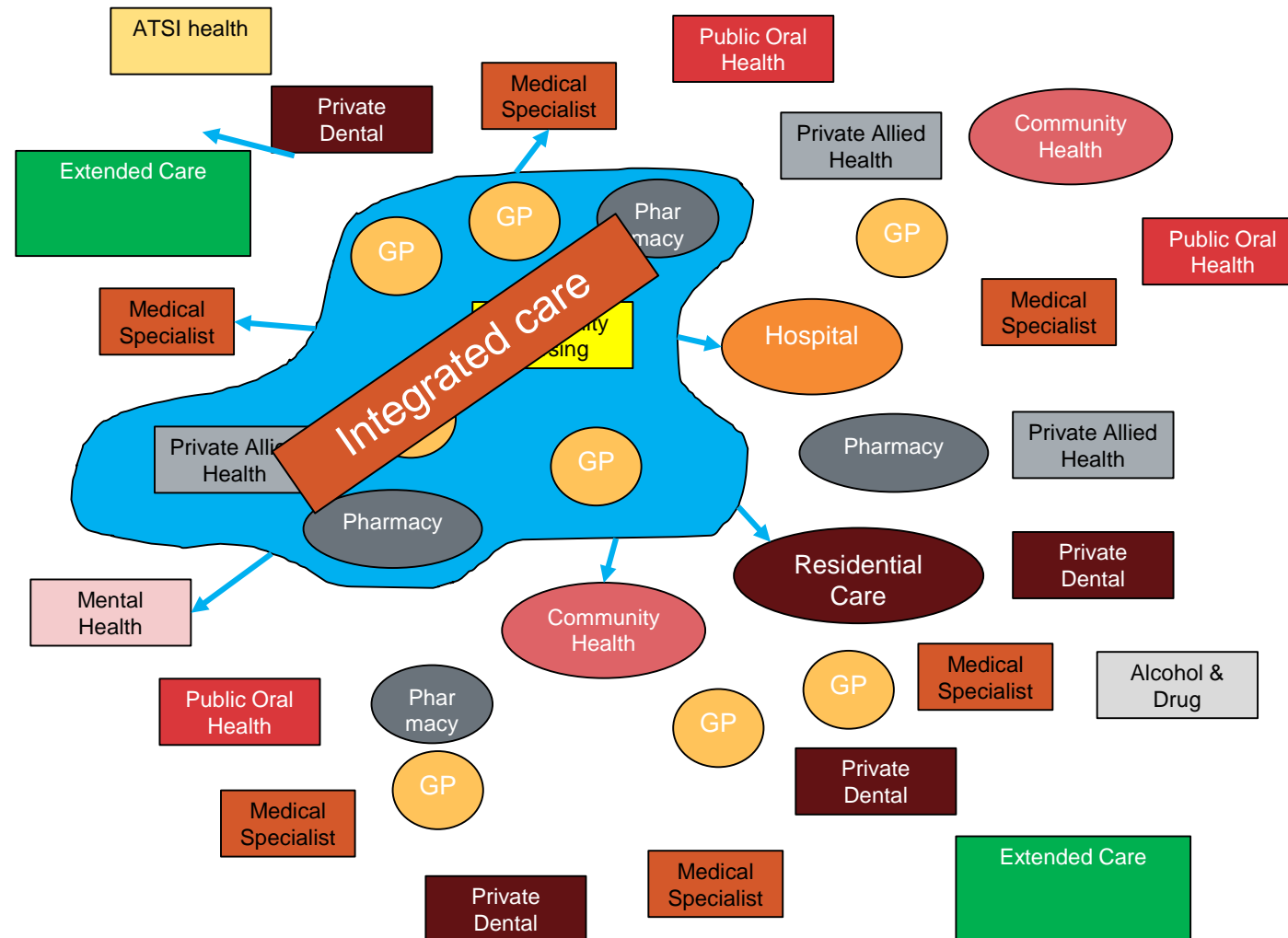


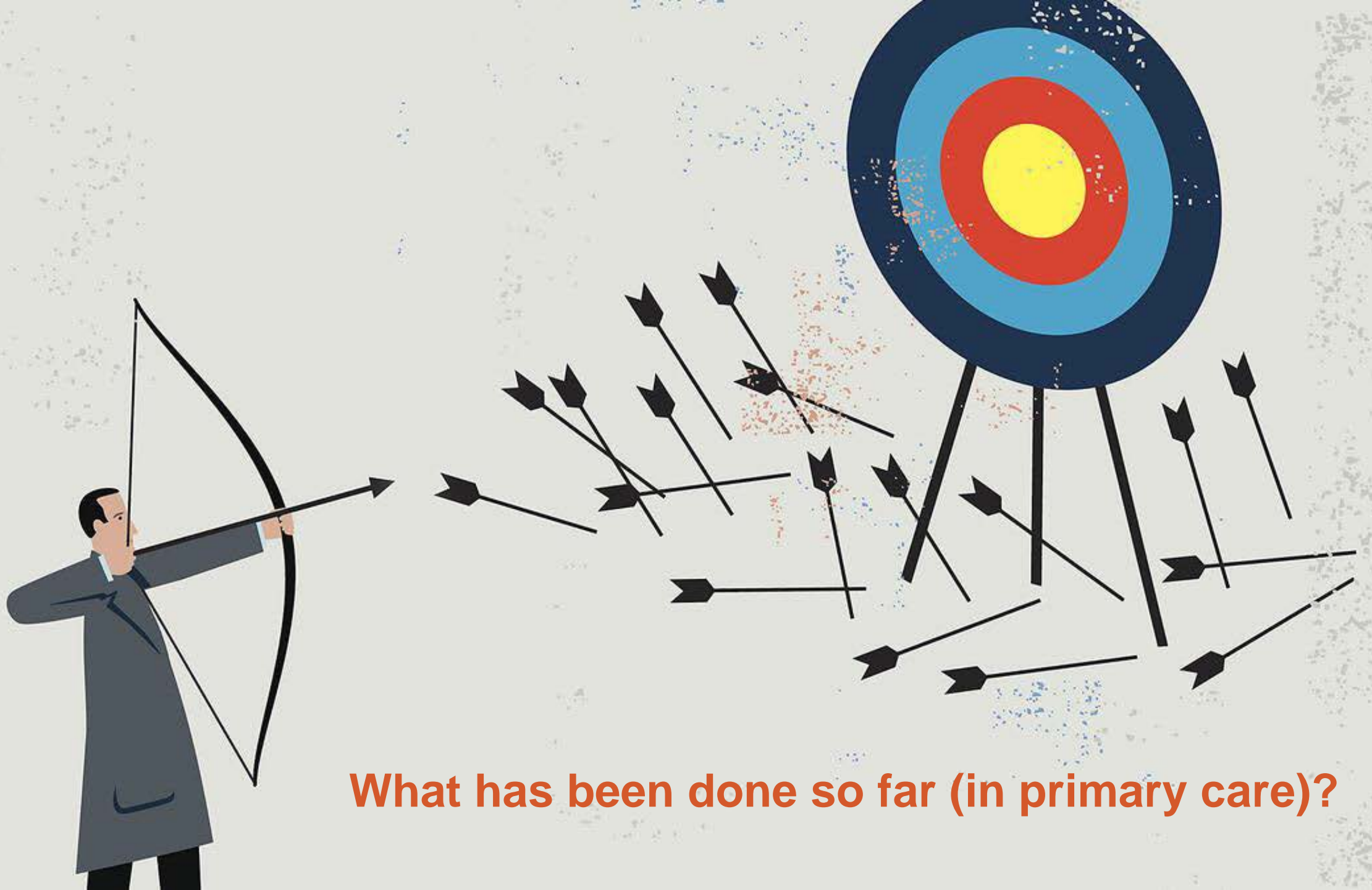




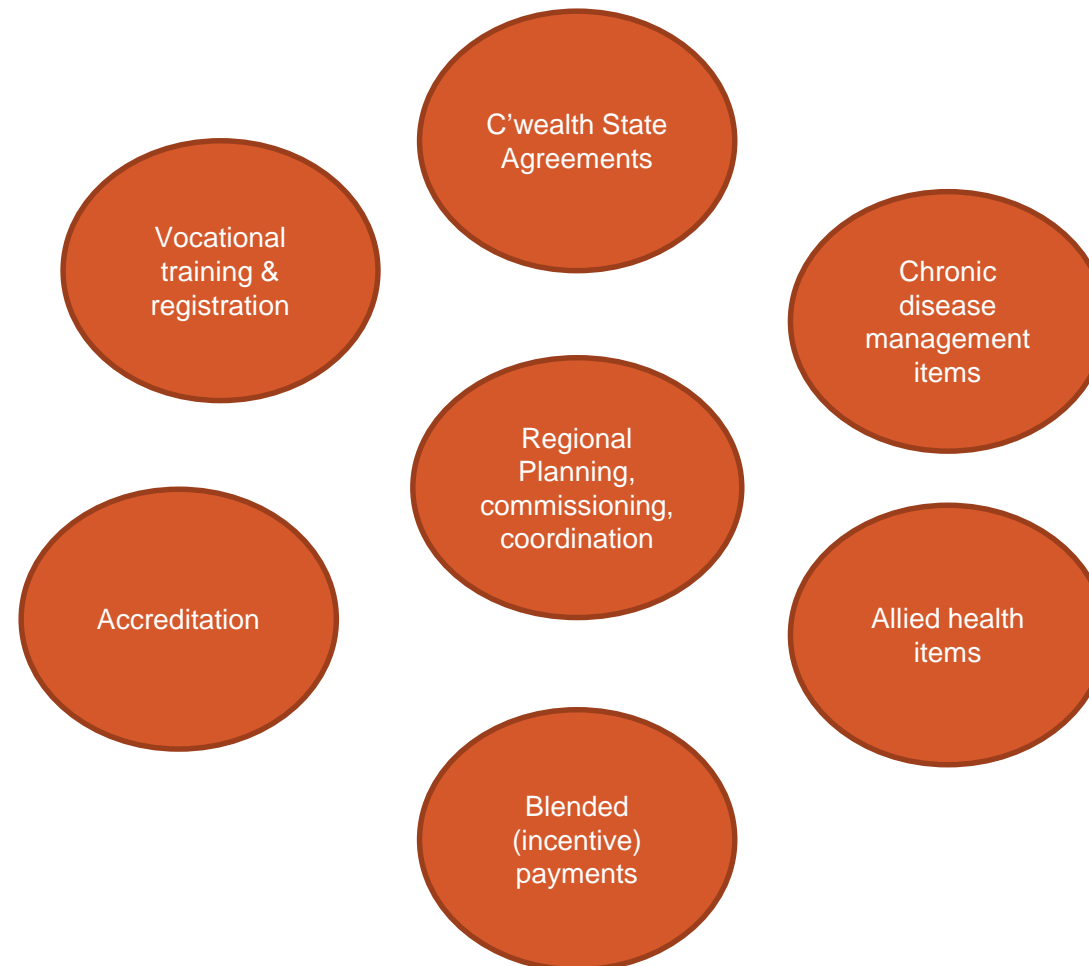




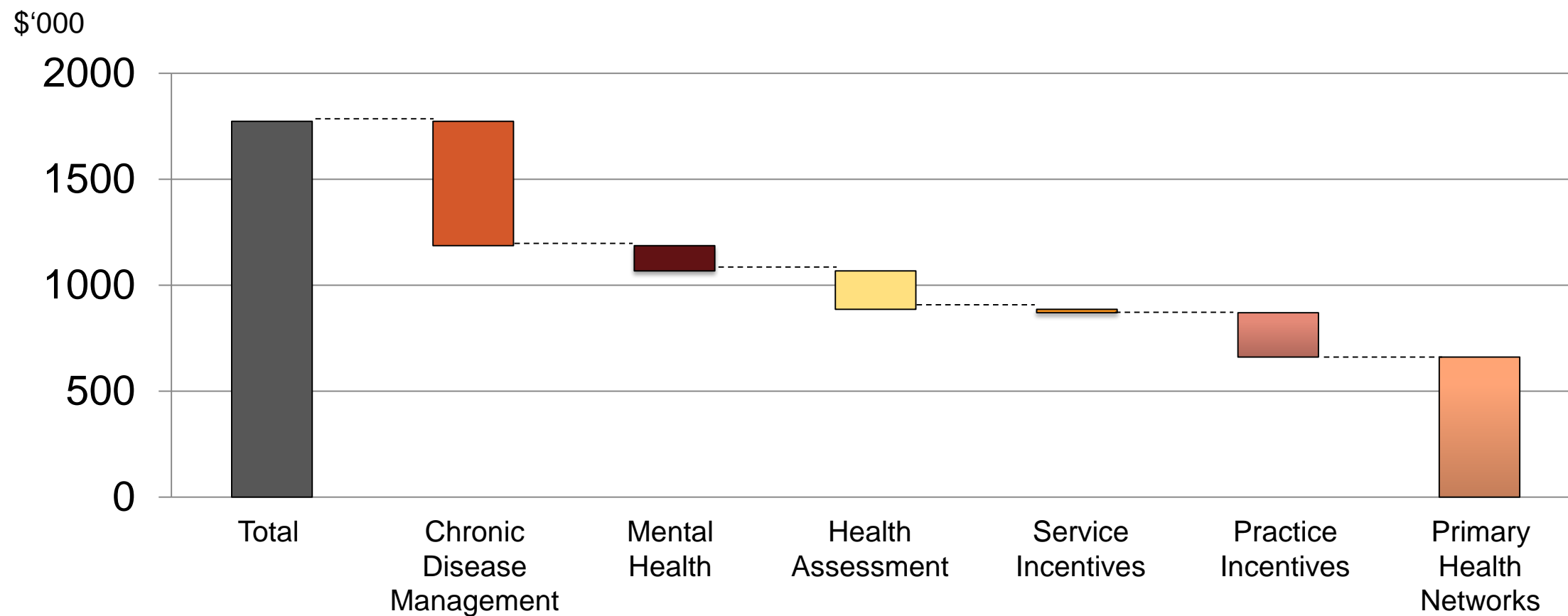




**What has been done so far (in primary care)?**



## We already spend over \$1.5 billion trying to fix the problem

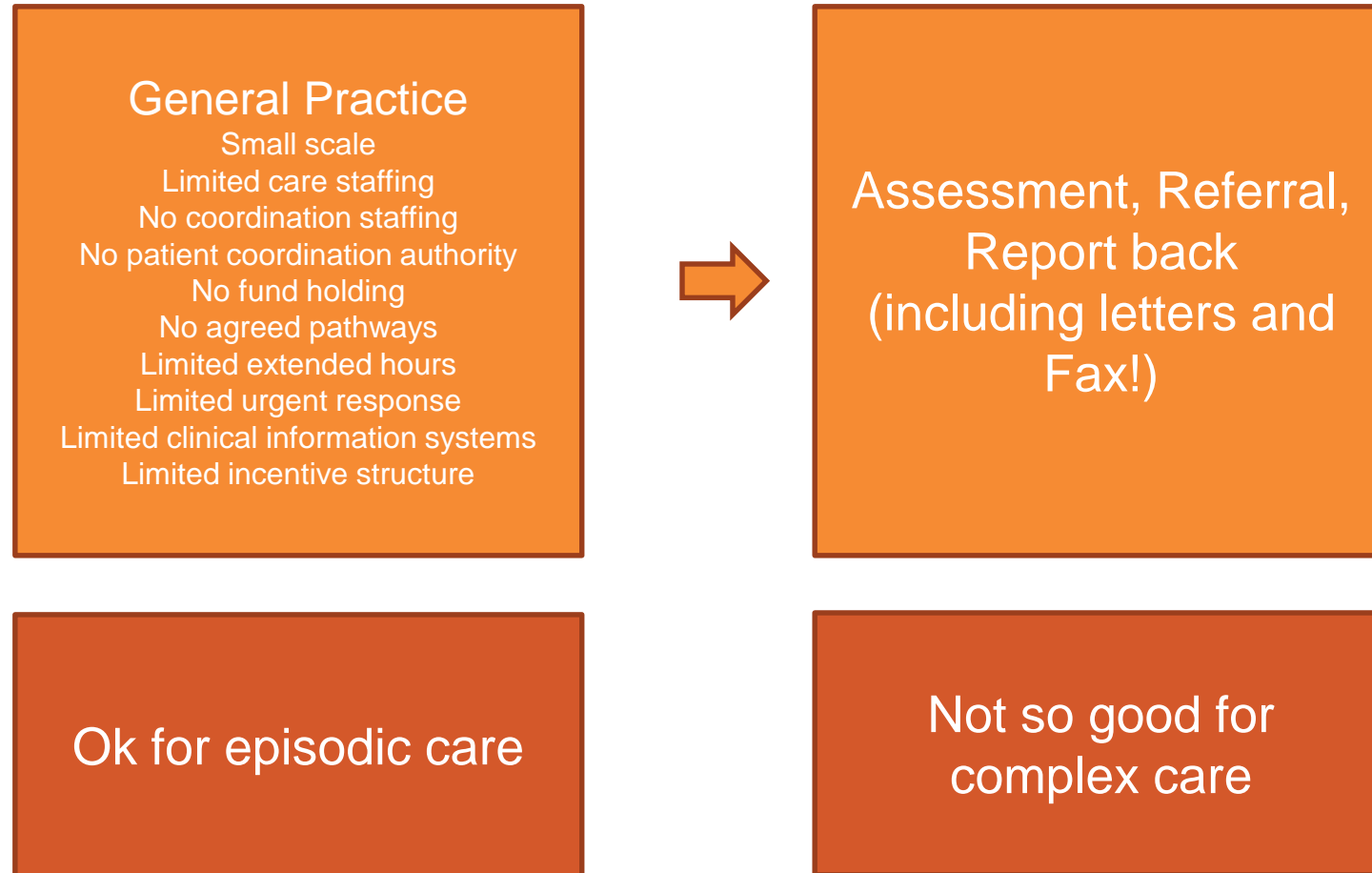


## A number of recent initiatives

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- Practice Incentives Program Quality Improvement – Eligible practices, 10 measures, \$5/SWPE, QI activities, PHNs
- Over 70s coordinated care agreements, CD coordination, virtual consultations and scripts
- Health Care Homes trial

# But .....





# So where to from here?



# Service delivery options for integration?

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## Traditional

### Corporate vertical integration

- Hospital expansion in primary & community care

### Corporate horizontal integration

- Extended care organisations
- Private corporations

## Emerging

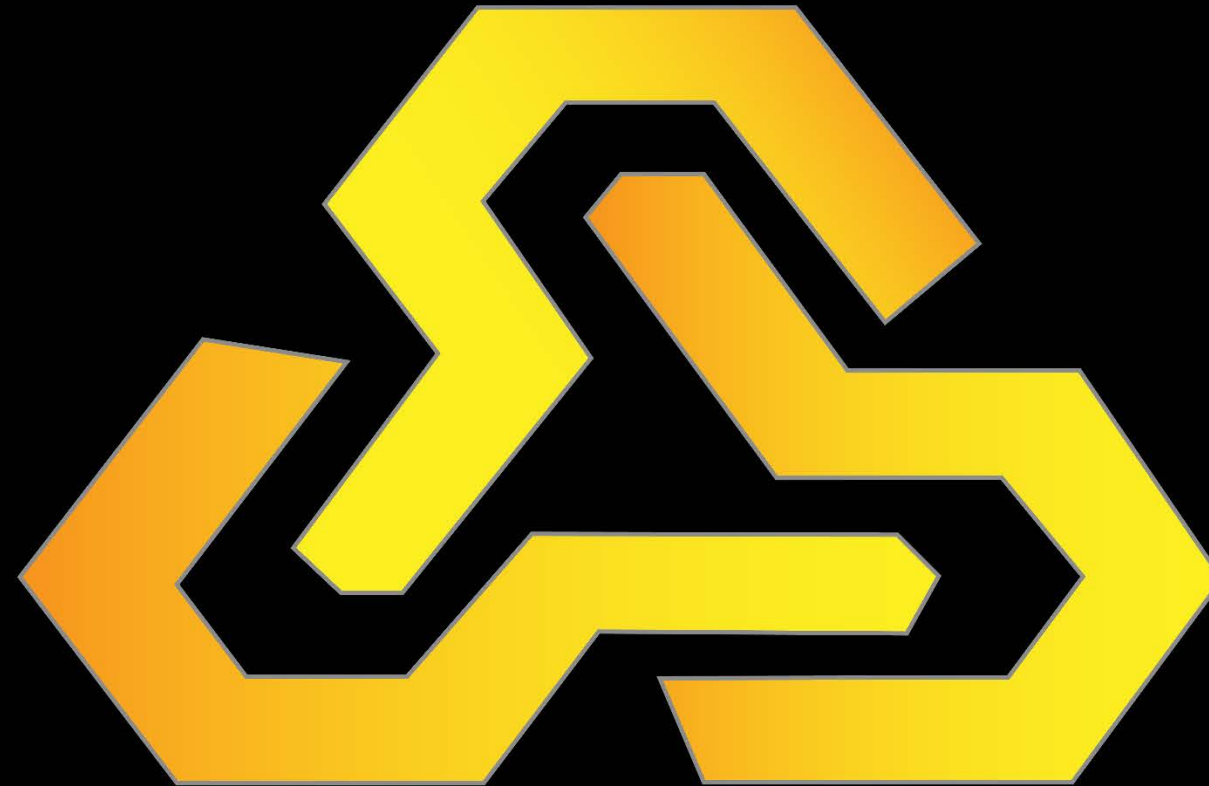
### Network integration

- Affiliated practices
- Cooperatives
- Consortia
- Partnerships
- Companies

- Enough scale for efficiency and effectiveness
- Sufficiently small for engagement, mutuality and trust
- Provider independence maintained
- Focused on prevention and complex care
- Focused on enhanced coordination
- Benefits for patients in better access, experience and outcomes
- Benefits for funders through reductions in avoidable high cost care
- Benefits to providers through funding incentives, clearer roles and responsibilities and better support

# Integrated Health Groups

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# Voluntary affiliation of independent practices and other organisations in Integrated Health Groups

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Populations of 30,000 plus

Prevention, acute care, rehabilitation, complex care

Core medical, Allied Health, Nursing, Pharmacy services

Coordination, Guidance, Information systems for team based care

Extended hours, home care and rapid response coverage

Enhanced shared infrastructure for screening, minor procedures and urgent care, telehealth

PHN auspice with formalised governance and management

Separate development, management and infrastructure funding

Commissioned funding for integrated service delivery for MH, CD, AOD, after hours, prevention etc

Medicare funding for complex care & prevention

Business support services

Recruitment, training, development services

# What should Integrated Health Groups achieve?

## For patients with complex conditions

- Proactive GP management plan and self management support
- Coordinated team care including nursing, pharmacy, allied health
- Coordination with specialist medical and hospital services
- Coordination with home care services
- Rapid urgent care at home and in clinic
- Extended hours coverage at home

### Better outcomes

- Improved patient experience: continuity, certainty, security
- Reductions in unplanned and unnecessary hospital admissions
- Improved outcomes and quality of life

## For patients with risk factors

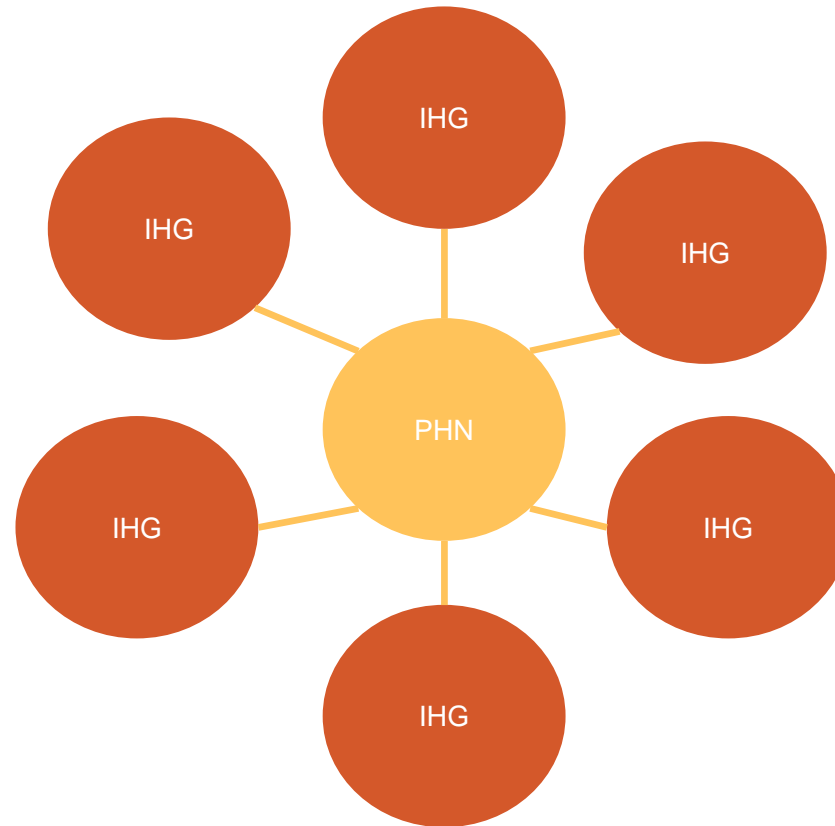
- Proactive GP management plan
- Self management support
- Coordinated prevention programs

### Better outcomes

- Reductions in risk factor prevalence
- Reductions in disease progression

## For practices (GP, AH, pharmacy)

- Greater efficiency and sustainability
- Improved recruitment, training and development
- Greater capacity to bid for service contracts
- Improved quality



31 PHNs, 2500 IHGs

Prevention  
Acute care  
Rehabilitation  
Supportive Care

Coordination  
Pathways  
Information Systems  
Digital platforms  
Physical  
infrastructure

Business support  
Capacity building

Governance  
Funding  
Reporting

# The evidence is still patchy, but ...

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Other countries are doing this

- US,
- NZ
- UK

Although Australia is lagging, many of the elements are in place

- PHNs
- Commissioned funding
- Medicare CDM funding
- PIP QI funding
- Health pathways
- Digital platforms

Many other industries are leveraging network models



# Theory is easy, action is harder



*"Prove it."*

Recognize the problem and build stakeholder commitment focused on better access, experience and outcomes for patients

Avoid piecemeal, ad hoc, local work arounds to dodge difficult issues

Develop and get agreement about a systemic approach to guide and test change

Apply the approach locally and collaborate to get broader State and Commonwealth commitment

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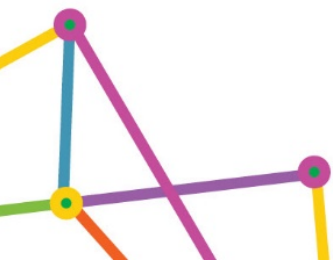


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# #BetterHealthTogether



Thank you

