

Positioning primary health care at the centre of health systems – how far have we come through health reform

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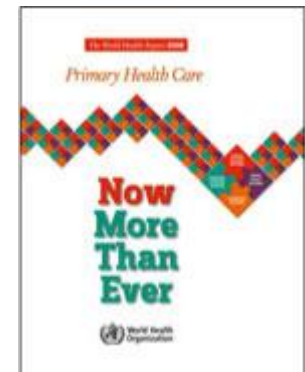
A personal view of health reform

Countries with strong primary care systems:

- Have lower overall costs
- Generally have healthier populations

(Starfeld 2008)

- WHO focus upon PHC as a fundamental for all countries rich and poor



Overview

- 3 countries, 3 health systems
- Health reform:
 - Drivers of health reform
 - Reform snapshot
 - Primary health care in health reform
- Health reform from the inside
- How far have we come with health reform?

Local context...



Feature	United Kingdom	New Zealand	Australia
Life Expect. (Yrs at birth)	M: 78.6; F: 82.6	M: 79.1; F: 82.8	M: 79.5; F: 84.0
Population	62.3M	4.4M	22.3M
Governance	Unitary state	Unitary state	Federation
Health Ex – US\$ per capita	3,433 (2010)	3,022 (2010)	3,670 (2009)
% of GDP	936	10.1	9.1
PHC	Capitation	Mixed Payment	FFS Mixed Payment

Health reform...

- What are the drivers of health reform?
- What have been the major health reforms?
- Primary health care in health reform
- The view of health reform from the inside - how far have we come?

Drivers of health reform

- Health care systems face changing demands
 - Ageing population
 - Chronic conditions
 - Patient expectations – short stay, home care etc
- Financial pressures
 - Health care consuming increasing proportions of GDP
 - Projections suggest unsustainable growth pressure
 - New technology driving health inflation
- Political
 - Acute care waiting lists
 - Emergency Department pressure
 - Accessing GP's – particularity afterhours services
 - Inequities
 - Reducing bureaucracy
 - The need to make savings

My health reform timeline and snapshot

UK 1980's and 1990's

- Managerialism
- Internal Market
- GP Fundholding
- NHS Trusts
- Patient Charter



PC Groups → PC Trusts
Payment by Results

Health and Wellbeing Boards
Clinical Commissioning Groups
Joint Strategic Needs Assessment

NZ Late 1990's - late 2000's

- Health Funding Authority
- Independent Practitioner Association
- Ministry of Health
- District Health Boards
- PHOs
- National Health goals and targets



New Directions



Australia from late 2000's

- NPHC Strategy
- National Health and Hospitals Network Agreement (2010)
- National Health Reform Agreement (2011)



United Kingdom

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New Zealand

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New Directions

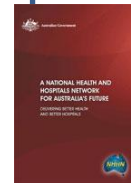
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Australia

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Medicare Locals
Local hospital networks
National Health Performance Authority
Independent Hospital Pricing Authority
National Primary Health Care Strategic Framework

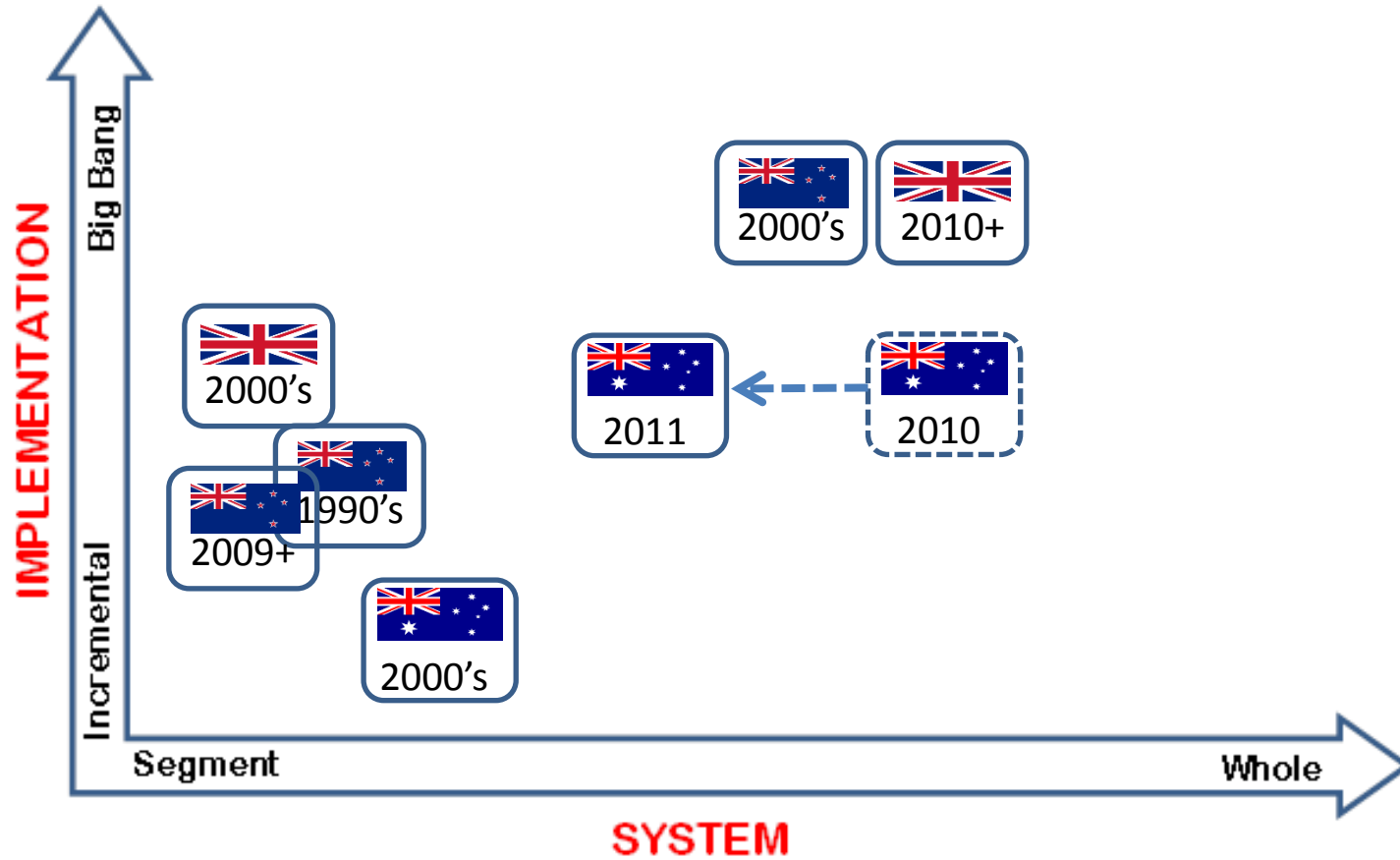
Primary health care in health reform

- Attempts to realise benefits offered through primary health care reform have been approached differently across reforming countries
- Existing structures, governance arrangements and political persuasions have shaped the characteristics of primary health care reform – not all reforms are transferable and relevant across country borders
- Clear policy intent across countries that primary health care reform is pivotal to achieving an equitable, efficient and sustainable health care system

Health reform from the inside

- Scope of health reforms
- The politics of health reform
- Population Health
- Acute care and primary health care
- Organisation and reorganisation
- Changing the care setting
- Payment systems
- Performance and accountability

Scope of health reform



The politics of health reform

- Political cycles
- Fiscal pressure (the power of Treasury!)
- Stakeholder interest
- Hospital waiting lists
- Position of acute care services
- Afterhours GP access

Population health

- Needs assessment and population health planning – lessons for Medicare Locals
- UK joint needs assessment highlight the importance of cross sector collaboration and the potential to think in the social determinants of health space.
- The NZ evidence highlighted the need to work to ensure capacity and capability in this area.
- Early signs are positive from Medicare Locals but still considerable work to be done.

Acute Care & PHC

- Continued dominance of acute care system
- Role and importance of hospitals
- Primary care as adjunct to secondary care
- Multidisciplinary / team based care approaches in primary care – specialisation in secondary care
- Lack of ‘selling’ of primary care as centre of health system

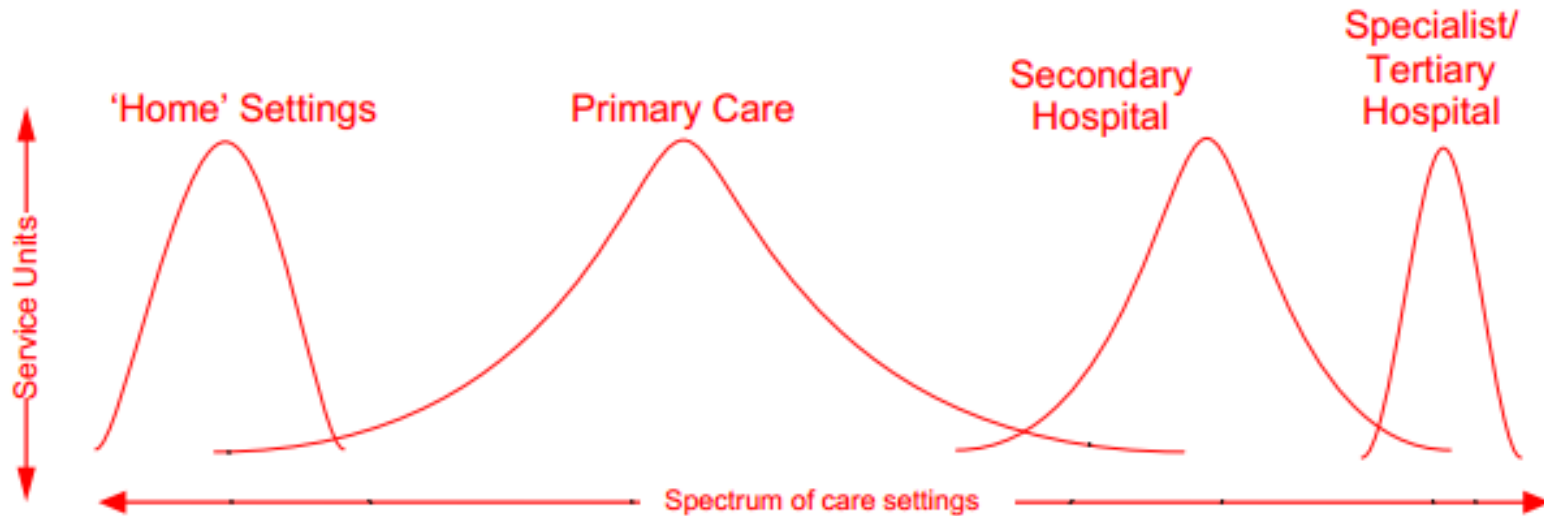
Organisation and reorganisation

- New organisations through health reform
- Emphasis on 'local' decision-making and broader primary health care
- Cyclical rebadging and rebranding – similar functions!

Lessons

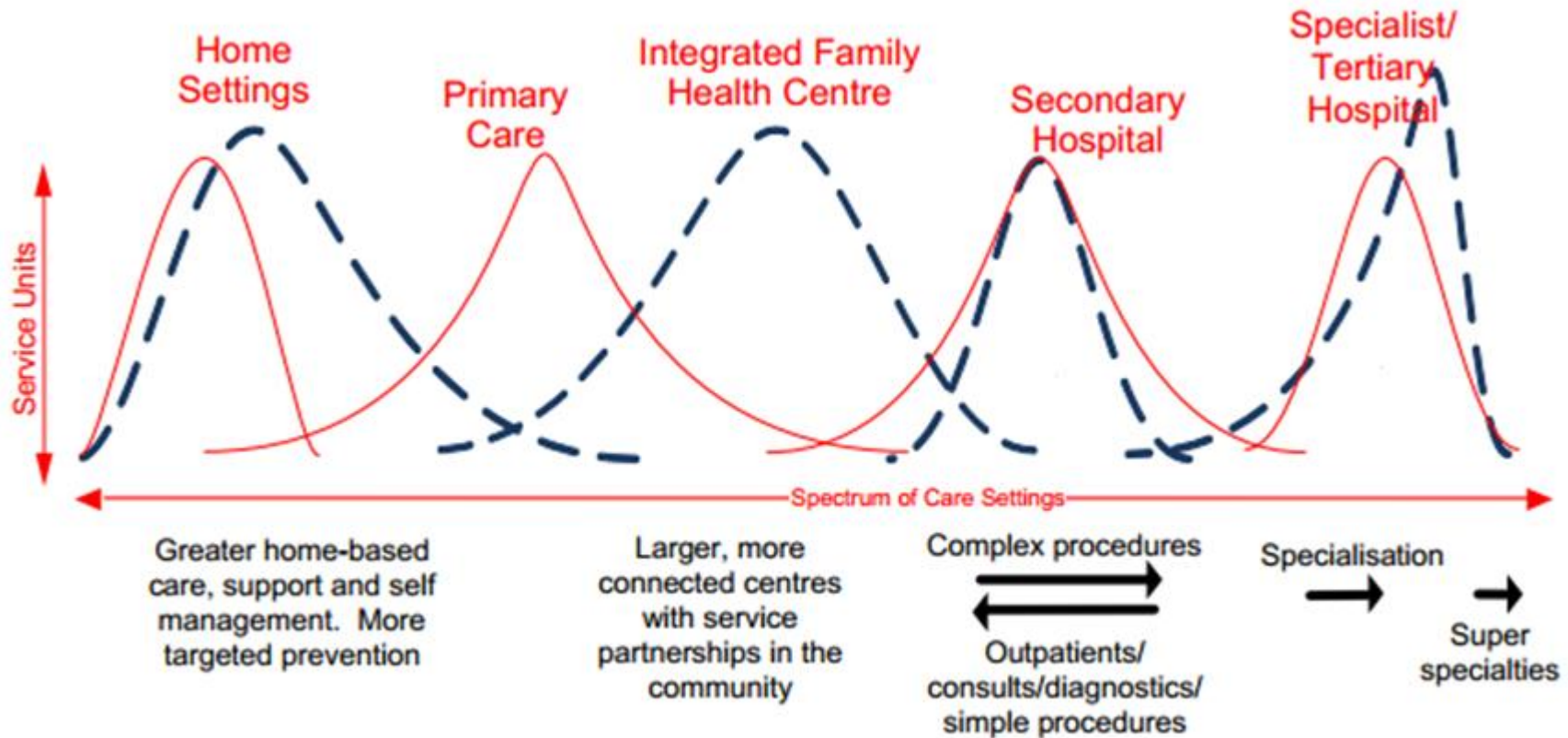
- Need to retain expertise – UK experience on commissioning is a prime example
- Change for change sake is de-stabbling to the system

Changing the care setting



Source: National Health Board Trends in Service Design and New Models of Care
(<http://www.nationalhealthboard.govt.nz>)

to...



Payment systems

- Many reform activities have focused on controlling hospital costs
- Primary health care is not scrutinised as much as acute care
- Mixed funding models in primary health care are needed to achieve policy outcomes

Performance and accountability

Drivers

- Local representation
- Clinical engagement
- Increased recognition of opportunity costs
- Rise of consumerism and community awareness
- Fiscal tightening
- Outcomes focussed and managing outputs

Results

- Use of targets / performance indicators / measures
- Media interest
- League tables – importance of incentives

Conclusions: How far have we come?

- Acute focus unlikely to change in medium term
- Continued blurring of boundaries between sectors
- There is a will to change and work collaboratively from the various sectors
- Evidence on the impact of reform is required to continue the momentum
- We are moving to a primary care focussed system – it just takes time!

