

Avant submissions on the Primary Health Care Advisory Group Discussion Paper

OVERALL

What aspects of the current primary health care system work well for people with chronic or complex health conditions?

General practice is a wide and varied speciality with a broad knowledge base.

A strong and well-supported primary health care sector (with general practice at the core) forms the basis of all highly functioning, effective, and cost effective health systems.

Australia has an advanced primary health care system. The pivotal, central, and gatekeeper function of GPs in our health system has been foundational in the development of strong GP-patient relationship which is often continuous and provides longitudinal and lifetime care.

For patients with chronic disease, retaining these fundamental elements of the system is crucial. Retaining the current capacity to respond to acute care is also important and provides flexibility of access.

What is the most serious gap in the primary health care system currently provided to people with chronic or complex health conditions?

b) Nationally?

Avant agrees with the discussion paper and literature which states that the current Medicare system favours the provision of episodic care, but does not support complex, multidisciplinary, patient centred care. Gaps and problems in the provision of primary health care may also lead to reduced quality and safety, as well as increased medicolegal risk. These gaps include:

- In many cases, fragmentation and lack of continuity of care
- Poor or inefficient communication mechanisms between providers, including between GPs, allied health, specialists, and hospitals
- The lack of central and coordinated management in some cases
- Funding models of chronic disease which use ambiguous, complex, or impractical item numbers that are open to misuse (intentional or inadvertent), and may actually impede rather than support the provision of good quality care. In our experience, audits of the existing chronic disease item numbers are a source of claims and increase medicolegal risk.

What can be done to improve the primary health care system for people with chronic or complex health conditions:

b) Nationally?

Avant believes that reform which is clinician led, collaborative, and inclusive of stakeholder views, which aims to reduce gaps in care, and which adequately supports GPs in the primary health care sector will go a long way to achieving the vision statement outlined in the discussion paper. Reform must work to improve the provision of safe, effective, and cost effective care by:

- Encouraging continuity of care and effective follow up of patients
- Improving and encouraging meaningful use of electronic health resources and technology, such as clinical decision support, and seamless and secure communication between providers (and patients)
- Support the coordination of transition of patients with chronic disease in their journey through the different parts of the health system
- Encourage and support data driven quality improvement
- Encourage and support transformation into a model which utilises GP led and coordinated team based care

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

In any discussion about scope of practice, the actual “scope” of the practice in question needs to be well defined. In our experience, medicolegal problems arise when the scope of practice is either not defined, blurred, or when it is pushed to its limits and exceeded. It is advisable that the terms experience and training, rather than “scope”, be used in this context.

GPs should be encouraged and supported to lead high functioning teams in which all members are highly trained and perform tasks that utilise this training and experience. High functioning teams is one of the fundamental principles used in the development of the triple and quadruple aim of health care in overseas models: enhancing patient experience; improving population health; reducing costs; and improving provider satisfaction.

Barriers that prevent primary health care clinicians from utilising their experience and training in their practice teams include:

- Medicolegal concerns about scope, training and credentialing, as well as lack of training in establishing highly functioning teams
- The current Medicare system generally only funds general practice for the provision of face to face care, which thereby impedes the delegation of tasks to other non-clinician team members

- Current regulatory and Medicare requirement requires that GPs personally complete various orders and requisitions for what are otherwise well defined and guideline driven tests and referrals. When combined with funding that requires face to face consultation, delegation of tasks to other GP led team members is impeded

THEME 1, EFFECTIVE AND APPROPRIATE PATIENT CARE

Do you support patient enrolment with a health care home for people with chronic or complex health conditions?

Patient enrolment involves the patient agreeing to see on an ongoing basis the health provider/s of their choice.

Yes

Why do you say that?

Avant supports patient enrolment with a health care home for people with chronic complex health conditions.

Avant acknowledges evidence around the Patient Centred Medical Home (PCMH) literature which universally highlights that patient enrolment (or “empanelment”) is the fundamental principle required to achieve high quality care that is safe, effective and cost effective.

Avant also acknowledges that patient enrolment is fundamental to the Integrative Care Trials currently run by the NSW Ministry of Health.

Without enrolment, high functioning teams, data driven quality improvement, and outcome focused models are simply not possible. Furthermore, patient enrolment will improve safety and reduce medicolegal risk by reducing fragmentation, encourage continuity of care, strengthen doctor patient relationships, and encourage the provision of care given to a well defined patient cohort.

However, it is also important to note that maintaining access for patients with episodic care that is medically necessary should not be impeded by patient enrolment.

Do you support team-based care for people with chronic or complex health conditions?

Team based care is the provision of comprehensive health services to individuals, families, and/or their communities by at least two health professionals who work collaboratively along with patients, family caregivers, and community service providers on shared goals within and across settings to achieve care that is safe, effective, patient-centred, timely, efficient, and equitable.

Yes

Why do you say that?

As stated above, GPs should be encouraged and supported to lead high functioning teams in which all members are highly trained and perform tasks that utilise this training and experience.

High functioning teams is one of the fundamental principles used in the development of the triple and quadruple aim of health care in overseas models: enhancing patient experience; improving population health; reducing costs; and improving provider satisfaction.

How can patient pathways be used to improve patient outcomes?

Patient pathways are nationally or regionally standardised, evidence-based multidisciplinary management plans which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for a patient group.

Avant acknowledges the development and use of patient health pathways that are regionally focused.

However, we believe that such pathways should guide but not prescribe care to be given to patients with chronic disease.

We advise caution in the development of these pathways in terms of the language used and the level of detail they advise. Like guidelines, pathways should not become a simple “tick-box” exercise, as they need to be adapted to individual patients by clinicians using clinical judgement.

Pathways risk becoming prescriptive and a “default standard”, and can lead to an increase in medicolegal risk when clinicians choose (often for good reason) to not follow them. Furthermore, pathways should not add to the administrative burden of general practice.

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

As mentioned above, there is an extensive amount of overseas literature in the development of PCMH models of care that have improved outcomes and improved patient experience as their aim.

Whilst not all of this literature is directly applicable to the Australian health system, there may be important messages and principles of the models developed by bodies such as the US Institute of Health Improvement (IHI) which can be applied in Australia.

We note that the vision statement and guiding principles in the discussion paper are well aligned to the PCMH model used in countries like the USA.

THEME 2, INCREASED USE OF TECHNOLOGY

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

In principle, Avant supports initiatives that improve patient engagement with their health care.

However, to improve safety and reduce medicolegal risk, any technology based development needs to encourage appropriate sharing of information between health care providers involved in the care of the patient, whilst maintaining security and working within privacy principles.

Technology developments need to also work seamlessly and integrate with existing systems to avoid duplication, waste, reduce risk, and encourage their meaningful use.

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 or complex health conditions?

Technology based solutions and communications need to be adequately supported to have effective multidisciplinary team based care and patient engagement.

Educational and financial investment in IT infrastructure, both nationally and at a local practice level, are required.

Intensive collaboration with clinicians at all levels is required to further develop and enable meaningful use of technology.

Caution is required to ensure that technology developments should not add to the administrative burden of clinicians, and remain patient and clinician centric.

How could technology better support connections between primary and hospital care?

Poor communication of relevant health information is a common cause of harm to patients and a source of medicolegal risk. Technology which allows secure, timely, and seamless communication between all parts of the health system will improve safety.

How could technology be used to improve patient outcomes?

One of the fundamental principles of achieving good outcomes is being able to define, and measure, good outcomes.

As evidence from overseas models has shown, data and data driven improvement are fundamental to achieving good outcomes.

Technology that works seamlessly, in real time, which has input from various sources, and which is integrated and embedded in clinical software has the capability

of driving real change in care, improving outcomes, improving safety, and reducing medicolegal risk.

In contrast, our experience shows that technology which is not well designed and not intuitive, and which encourages non meaningful use can increase medicolegal risk and be counterproductive to the goals of care.

THEME 3, HOW DO WE KNOW WE ARE ACHIEVING OUTCOMES?

Reflecting on Theme 3 of the Discussion Paper, is it important to measure and report patient health outcomes?

Yes

Why do you say that?

Avant supports measures which assist doctors to achieve good patient outcomes, as long as these measures do not increase medicolegal risk and are used in an educative and non-punitive way.

However, the definition and measurement of these outcomes requires collaboration which must involve patients and their doctors. Furthermore, defining the metrics used to measure outcomes, as well as paying attention to the various sources and quality of data which input into these outcomes is crucial.

This is very difficult in the Australian primary health care system which is not closed, in which care can be fragmented, and which does not have a highly sophisticated and integrated IT system.

Caution is required to ensure that any attempt at measurement and reporting of health outcomes does not impact on the doctor patient relationship, and does not impose an administrative burden on clinicians.

Do you have anything you would like to add on any of the themes raised in the Discussion Paper?

As Australia's leading medical defence organisation with over 64,000 members (consisting of medical and allied health practitioners and students), Avant welcomes the opportunity to respond to the consultation paper. Avant acknowledges the broad principles and discussion outlined in the paper.

However, we caution that any change to Australia's primary health care system should only be done after extensive consultation and collaboration with all stakeholders. It should also remain focused on achieving true reform that assists and supports GPs to deliver care which enhances the patient experience, improves the quality and safety of the care provided, improves the cost effectiveness of that care, whilst at the same time improving work satisfaction and care of the provider.

Reform not achieved in this way risks alienating the profession and risks increasing burnout and dissatisfaction, which may in turn have a negative effect on patient outcomes.

Avant believes that any payment model should reward the provision of good quality care, data driven quality improvement, team based care, meaningful use of technology, and an improvement in quality and safety. Any change to the current funding arrangements should be done only after wide and inclusive consultation with the profession.

We understand that the discussion paper focuses on broad principles. As specific models are developed we would appreciate the opportunity to be consulted so that we can ascertain the level of medicolegal risk inherent in these models.

Avant would welcome any opportunity to remain involved in any future (second round) consultation.

Avant contact details

Should you have any further queries in relation to this submission, please contact:

Dr Walid Jammal

Senior Medical Advisor - Advocacy

Telephone: 02 8199 9556

Email: DrWalid.Jammal@avant.org.au

3 September 2015