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AMA submission to the Department of Health – Australia's Primary Health Care 10 Year Plan 2022-2023 Consultation Draft

Via consultation hub and email: **primaryhealthcarereform@health.gov.au**

AMA response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care

The AMA welcomes the proposed introduction of universal voluntary patient enrolment (VPE) as this is a fundamental building block for a high performing primary care system[i]. It provides a framework that supports high quality continuous longitudinal care for patients by formalising a linkage between patients and their nominated GP/general practice. Greater continuity of care delivers lower mortality rates, fewer hospital admissions, less use of emergency departments and fewer referrals for non-GP specialist care[ii].

Linking VPE to MBS telehealth and chronic disease management (CDM) will prevent fragmentation of patient care and facilitate appropriately targeted and clinically relevant health care. It will ensure that patients known to the practice will have enhanced and safe access, as an adjunct to their face-to-face care, to technology-based consultations and virtual care solutions. It will also better support value-based care by ensuring high value services funded through the MBS to support preventive health and CDM are better linked to a patient's usual GP as intended by current, but insufficient, MBS arrangements.

VPE should provide a more accurate basis upon which to determine the size of a practice's patient population, which can be used to support quality improvement activities and ensure that practices have an accurate picture of their patient population to support the delivery of targeted services and better patient outcomes. In time VPE could also provide the basis for supplementary funding mechanisms such as practice incentives.

Stream 1 needs to be more definitive than it currently is regarding linking MBS telehealth to VPE. Permanent telehealth items that support both video and phone consultations must be introduced as part of the funding package that both encourages patients to enrol with their GP/practice and supports their continuity of care. Providing also, a catalyst for practices supported through practice incentives, to embed video consultations as part of their service offering.

AMA response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration

Data linkage and software interoperability is key to fully realising the potential of technology in streamlining the collection and sharing of data to guide, inform and reward quality patient care. Interoperability is crucial to reducing system inefficiencies, administrative burdens and enabling enhanced communication between care team members and across health sectors. The proposal to accelerate improvements to digital infrastructure to better support interoperability, secure messaging and My Health Record (MHR) functionality reflects AMA advocacy and is strongly supported.

The AMA supports retention of the Practice Incentive Program Quality Improvement incentive and would consider it an appropriate vehicle for incentivising the use of PREMs and PROMs provided practices are also supported with access to tools for collecting and analysing PREM and PROM data. Practices should have access to funded evidence-based options for this in the year following the introduction of VPE.

Since the cessation of funding for the Bettering the Evaluation and Care of Health (BEACH) and the Australian Primary Healthcare Institute, the AMA has highlighted the need for research that is specific to general practice and primary care. We support the establishment of a centre of excellence but note it is vital that practicing health professionals have input to any data analyses to ensure findings are contextualised. Findings must be used to guide improvements in care and care delivery, and not used punitively. Primary health practitioners should have ready and free access to data analyses to support quality improvement and innovations in care.

The AMA strongly supports the development of incentives, particularly Service Incentive Payments (SIPs), to encourage clinical coding to facilitate quality data and increased population of the My Health Record to enhance its value to patient care. This should be a prioritised and modified over time as enhancements to clinical software are made to facilitate streamlined uploading.

AMA response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine

The AMA acknowledges that the approach for harnessing advances in health care technologies and precision medicine is an appropriate way forward. Certainly, currently practising practitioners will need to be supported with understanding the benefits of and upskilling on emerging technologies.

As outlined in the AMA position statement on Genetic Testing and Genomics in Medicine, equitable and efficient access to safe, evidence-based, genetic and genomic testing services is vital but will require appropriate infrastructure and a genomic literate workforce.

In addition, the ethical, economic and social issues associated with genetic and genomic testing must be addressed to remove any barriers and disincentives and allow equitable access to these services.

It will be vital that patient rights and genomic information are safeguarded. Unless required by law, there should be no compulsion or coercion of any person to undertake a genetic test. Individuals' genetic information must be protected and never shared or utilised without specific and informed consent. It is essential that genetic discrimination is prohibited. Individuals must be protected against any risk of their genetic or genomic information being used for example, by insurance companies to deny insurance coverage or impose higher premiums, or to deny access to an insurance payment or medical care.

As the use of genomics becomes more prominent for targeting and tailoring patient care there will need to be strong regulatory provisions to ensure:

- patients provide specific and informed consent;
- patient genomic information is protected and stored securely; and
- patient genomic information is not used to a patient's detriment – genetic discrimination must be prohibited and a patient's genetic status should never limit their access to medical care.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform

Savings to the MBS from linking usual GP MBS items to VPE must be reinvested back into general practice. Introducing a wound care consumables scheme should be a priority in the short term to support the delivery of optimal wound care and reduce the $3 billion per annum cost impact to the health system of chronic wounds. This is only one component of what is required for a comprehensive wound management program which will need to involve education and incentives for the upskilling of GPs and their practices nurses in optimal wound care, access to health assessment items for wound assessments and the development of an appropriate referral pathway to ensure care can be stepped up and readily accessed when needed.

Having advocated for new SIPs to encourage clinical coding and GP interaction with the MHR, the AMA welcomes SIPs being used to reward quality bundles of care, providing the SIP:

- does not jeopardise patient access to MBS rebates for services in the bundle; and
- is an additional payment to reward the provision of quality care.

The AMA supports a blended funding model that retains fee-for-service (FFS) as the predominant funding source but provides for a greater proportion of funding from supplementary sources to better support GPs and practices with caring for and improving the health outcomes of their patient population.

The AMA supports rewarding improvement in outcomes provided the outcome is one which the GP or general practice can directly impact. Outcome indicators must be appropriately designed

as there is a real danger of improving a measured or rewarded parameter while unrewarded ones are ignored with no overall improvement to the quality of care or patient outcomes. Incorporating outcome indicators into new SIPs or PIPs should only ever support attainment of an additional tier of payment within an incentive.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care

The AMA has called for the uncapping of the Workforce Incentive Program (WIP) to better support practices in building their multidisciplinary care teams and developing the capacity to provide a broader range of services to support patient health care and wellbeing. Any boost to the WIP practice stream must involve:

- indexing payments to ensure the incentive remains an effective support for employing practice nurses and allied health providers,
- removing the 5000 SWPE limit on accessible incentives, and
- removing the cap on the maximum incentive payable.

Adequate funding of the WIP is crucial to supporting practices in building their health care team under a medical home model and to ensuring for example that a practice with 10 full time equivalent (FTE) GPs is proportionally as well resourced as a practice with 5 FTE GPs.

While the AMA supports multidisciplinary team care, in any shared-care arrangement it is critical that the patient's nominated GP remains a key partner and is actively involved to ensure care is holistic and best practice. Maternity care is one aspect where there has been a trend of excluding medical practitioners (GPs, GP obstetricians and obstetricians) from care models and undermining best practice care. As outlined in our General Practitioners in Maternity Care position statement this trend must be reversed. Strengthening and supporting the role GPs across the continuum of maternity care will deliver better outcomes for mothers and babies and ensure equity of access to high quality care.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector

The AMA welcomes the strong focus on closing the gap for Aboriginal and Torres Strait Islander peoples and for enhancing Aboriginal Community Controlled Health Services (ACCHS) capacity to meet the needs of their community. We support the linkages between this Plan, the National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Health Workforce Strategic framework. Transitioning more primary care funding to ACCHS over time, based on service capacity, reflects what the Aboriginal community controlled sector has long been calling for. The AMA also supports greater investment in mainstream primary health services to deliver culturally safe trauma informed care and we are pleased to see this reflected in the Plan.

The AMA recognises the importance of strengthening continuous quality improvement and, to inform it, supports the ongoing evaluation of primary care at a service delivery and area level.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas

Innovative approaches to support sustainable and improved access to primary care in rural areas experiencing market failure are welcome. However, to ensure proposed solutions such as community-controlled health services are not established in competition to existing general practices agreed indicators for identifying areas experiencing market failure will need to be developed.

The AMA supports funding and system development to enable the capacity and service provision of general practice to be enhanced, including through collaborative care initiatives and pooled funding arrangements with Local Health Networks (LHNs) and other state/territory/commonwealth funded organisations. This kind of innovative approach to funding will support care delivery through the most cost-effective setting, primary care, and reduce the need for more expensive hospital care down the track.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes

The AMA welcomes the enhanced focus on improving outcomes for populations groups at risk of poorer access and outcomes.

AMA response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care

The AMA supports the development of advice and support mechanisms to activate and engage patients in their own care planning. This would include the assessment and support of a patient's health literacy and levels of activation.

This will empower patients to understand their risk factors, condition, treatment and management options. This knowledge will help to objectively inform patients' outcome expectations and encourage them to take action that results in the best health outcomes for them.

Funding to support health monitoring needs to not only support patient access to health monitoring technologies but also the work of the GP Health Care Team in monitoring patient indicators and following-up with patients when there is reason for concern.

To support the empowerment of patients in their health care, general practices will need resourced access to validated tools, integrated into their clinical software, for health literacy and patient activation assessment, behaviour guidance, and improvement monitoring. PHNs for example could be resourced to work with practices and software providers to make such tools available to practices with their use funded via incentive payments. Funding must also support GP or team care interventions with the patient aimed at improving activation levels.

AMA response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning

Joint planning and collaborative commissioning are fundamental to a one health system approach to patient care that responds to both local and national health care priorities. Building more collaborative relationships between PHNs, LHNs and general practice is critical to improving the transition of patients between primary and tertiary care. Innovative models for funding integrated care in out-of-hospital settings must align with agreed Health Pathways, and neither must be developed without key clinical input, including from GPs.

The AMA is cautious when it comes to proposals for bundled payments as their effectiveness is highly dependent on appropriate resourcing and subject to unintended consequences such as "cherry picking" patients to reduce the financial risk of atypical care requirements. Measuring and benchmarking outcomes for patients treated and practitioners providing care under a bundled payment will be essential to identify best performing models and assist evidence based incremental improvements.

Provided there is robust consultation with GPs, the AMA supports integrating primary care services into local and state emergency preparedness and response arrangements, with facilitation by PHNs. Local community GPs must be involved in future disaster and emergency planning to ensure primary health is accessible, coordinated and ready for any natural or man-made disaster or emergency health situation. A one system focus to health care is key here to ensure seamless and immediate provision of quality primary health care for victims of disaster and in the aftermath, regardless of the site of care.

AMA response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works

The AMA is pleased to see the 10 Year Plan propose creating an Australian National Institute for Primary Health Care Translational Research as this aligns with the AMA's call in its Delivering Better Care for Patients: The AMA 10-Year Framework for Primary Care Reform for the reinstatement of the Australian Primary Healthcare Institute.

The AMA has previously called more of NHMRC funding to be allocated to general practice and primary care research, and called for a dedicated stream of funding for general practice research in the order of 8 per cent of its grants budget.

As we advised the Primary Health Reform Steering Group, Government must commit funding to projects that may not deliver results in the short term. Evaluation periods of two years, for example, often do not allow enough time for the benefits of innovation to fully emerge, particularly by the time, training and recruitment are taken into account. Withdrawal of project funding too early ensures benefits are never realised and can lead to the learnings being lost. It is reassuring that the Plan looks to adapt projects where appropriate and ensure the documentation and dissemination of lessons learned.

AMA response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership

The AMA supports the actions outlined for cross-sectoral leadership.

To ensure the widest audience possible any program of presentations must be recorded, promoted and available on demand. For medical and health professionals, viewing such presentations should be recognised as a CPD activity.

To embed more collaborative ways of providing care, funding arrangements must support practice level collaborative activities, including participation in daily team huddles and team care planning or review sessions.

Additional comments on the draft plan (1000 word limit)

The AMA welcomes the opportunity to respond to Australia's Primary Health Care 10 Year Plan Consultation Draft, much of which aligns with our *Delivering Better Care for Patients: The AMA 10 Year Framework for Primary Care Reform*. Primary care reform and greater investment in general practice will be essential if Australia is to continue to have a world class health system capable of meeting the challenges of a population that is growing, ageing, and developing more complex health needs as the incidence of chronic disease and mental ill-health continues to increase. Funding reform must further strengthen the cornerstone of primary care, general practice, to enable tailored care that is more pro-active and preventative, targeted and value based, and delivered in an integrated and coordinated fashion.

One crucial aspect missing from the draft plan is the need to address the fundamental imbalance of GP consultation items under the MBS. The current item structure incentivises and rewards shorter consultations and high-volume throughput. Quality care takes time and the current structure of consultation items does not support GPs when they need to spend more time with the patient on preventive health matters as well as on chronic and complex conditions. As highlighted in our Vision for Australia's Health, in 2017-18, 7 per cent of all hospitalisations, accounting for 3 million bed days, were due to 22 preventable conditions that could be managed by General Practice. Throughout the pandemic GPs have needed to spend time with patients addressing their concerns about COVID-19 and vaccination. Time spent in this way builds patient trust in and rapport with their GP which is essential to the provision of quality care. MBS

consultation items need to be restructured to remove the current remuneration bias and to better support quality care.

As part of enabling future-focussed health care it is vital that practices are better supported with clinical software that delivers the functionality required to support digital health solutions that facilitate single points of data collection, auto-population of data and seamless information transfer. Licensing provisions regulated by the Australian Digital Health Agency should be implemented to ensure this.

The Minister for Health in a letter to the Australian Digital Health Agency Board stated that the Government is committed to developing and delivering effective digital technologies and services to improve the health and wellbeing of all Australians. To deliver on this commitment general practices need clinical software that conforms to their clinical workflows and is easy to use. Software providers should be required to adhere to a minimum set of standards and licensing requirements that provide for:

- systems interoperability,
- key data connections across platforms enabling single entry updates – for example if a GP records an immunisation in their clinical record it is automatically fed to the Australian Immunisation Register (AIR) and the MHR,
- embedded standardised clinical terminologies such as SNOMED CT® AU1 and the Australian Medicines Terminology (AMT),
- integrated access to systems such as MHR, the AIR, Prescription Exchange Services and any future pathology and diagnostic imaging exchanges services, and
- streamlined data transfers and record replication when switching software provider.

Practices, through incentives such as the PIP eHealth Incentive (aka ePIP), must primarily be supported with adopting best technology (ie that which is fit-for-purpose), rather than for the administrative burden that comes with using technology that is not.

The AMA looks forward to providing further input to the specific policy developments and financing arrangements that will enable the implementation and achievement of the goals and objectives outlined in the 10 year plan.

9 NOVEMBER 2021

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[ii] Sandvik H, Hetlevik Ø, Blinkenberg J, Hunskaar S. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care: a registry-based observational study in Norway. British Journal of General Practice 4 October 2021; BJGP.2021.0340. doi**:** 10.3399/BJGP.2021.0340