Melbourne Primary Care Network

phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Healthcare Homes

A different way to pay?

MPCN acknowledges the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.


AUSTRALIAN HEALTH CARE REFORM:
CHALLENGES, OPPORTUNITIES
AND THE ROLE OF PHNs
FEBRUARY 2016

Primary Care Model Elements

(McKinsey & Company)

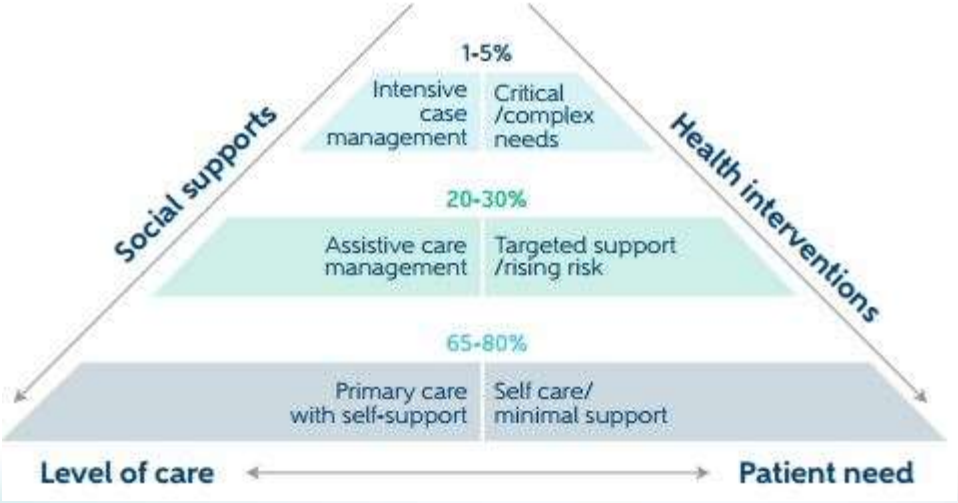
Rethinking payment systems for chronic disease management

- With the rising prevalence of complex patients with multimorbidity, it is important to develop models which are flexible and patient-centric rather than highly specified or disease focused.

- Compared with the UK, where performance based payments to general practitioners comprise approximately 25 per cent of GP payments, Australian general practice incentive payments (PIPs and SIPs) comprise only about 5 per cent of total payments to general practitioners.

Risk stratification

- Risk-stratification provides a mechanism to understand different patient groups and respond with an appropriate and targeted level of care to reduce their primary and secondary risks, and minimise disease progression.



Risk stratification

- In the acute space, emergent local models focussing on ‘cashing out’ activity based hospital funding for the top 1 – 3% of the triangle – attempting to move care back into the community supported by key infrastructure and workforce.
- New (improved) relationships between acute and primary care – communication and systems change.

Risk stratification

- For the primary care sector (at least in the first instance) a higher focus on cohorts in the ‘rising risk’ category in order to improve outcomes / with potential to defer and / or compress chronic disease.
- Healthcare Homes.

Healthcare Homes

- AKA Patient / Person Centred Medical Homes.
- Patient centred, physician guided, cost efficient and aimed at achieving agreed long term health goals.
- Aims to provide tailored and coordinated health care via a multidisciplinary care team using health data, disease management, and appropriate payment structures to encourage and reward best practice.

Healthcare Homes

- Medical home models have been found to lead to a number of benefits including increased access to appropriate care and decreased use of inappropriate services, improved access to preventative medicine, improved patient experience and reduced costs of care (RACGP).

- Commonly accepted features:
  - Patient and family centred
  - Comprehensive
  - Coordinated
  - Accessible
  - Quality and safety

Patient / consumer participation
Enrolment
High accessibility
Shared records
Data / metrics (Bio and Proms)

Data and Metrics

- High necessity to define and systematise quality data collection.
- International examples such as the UK QOF and USA HEDIS data sets are used to drive improvements in the quality of care, target improvements in population health, and monitor performance of health care providers.

Tight budgets

- Some initial promising results from some US Accountable Care Organisations demonstrating initial cost savings.
- Not a good record in the Australian context, mostly linked to limiting factors – data, funding reform, lack of enrolment.
- BUT, potential now to drive a much more integrated agenda via regional funds pooling, and aligned interests between Commonwealth and State / Territory Governments.

Quadruple Aim

Thankyou

For the opportunity!