Health Care Homes

In March 2016, the Australian Government announced that it would conduct a two year trial of 'health care homes', to provide a coordinated approach to care for people with chronic disease. This would be rolled out from 1 July 2017 across 7 regions, subsequently amended to 10 Primary Health Network (PHN) regions, and include 200 practices and 65,000 patients who would be voluntarily enrolled in the program.

This announcement drew on the recommendations of the 2015 Primary Health Care Advisory Group report, and builds on work led by a number of PHNs which has been influenced by similar developments in the provision of primary health care internationally. Leading health organisations including the AHHA, the Royal Australian College of General Practitioners, Consumers Health Forum and the George Institute have supported development of health care homes, and there has been support from all political parties as well as the states and territories, albeit with some varied views on funding levels, and roles and responsibilities of various stakeholders and professional groups.

In the Australian context, in addition to various small-scale trial programs already underway, much can be learned from the approach to primary health adopted by Aboriginal Community-Controlled Health Organisations, and through the Department of Veterans' Affairs Coordinated Veterans Care program.

AHHA POSITION:

- The rising prevalence of risk factors for chronic disease, multiple chronic and complex conditions requires a concerted focus on achieving better integrated care across the preventive, community, primary, acute, aged and disability care sectors. Better coordination of patient care leads to better health outcomes and greater system efficiencies.
- Achieving and evaluating these improved patient outcomes and system efficiencies will take both time and investment, and will challenge existing models of care. This should not compromise the commitment to integrated care.
- To achieve a difference in health outcomes, the focus needs to be informed by and tailored to the needs of individuals.
- The health care home model must be flexible, and delivered according to local needs and local system capacity, including the flexible use of local healthcare professionals. PHNs have a key role in leading this work in partnership with Clinical Councils and general practice.
- Better primary health data and greater use of the My Health Record are needed to support the design, implementation and evaluation throughout implementation. A purpose-built national minimum data set is required – the use of proxy indicators and data that is not fit for purpose is counter-productive.
- Phase 1 of implementation must include sites that will test the delivery of integrated care from a representative broad range of settings in which Australians live. Introducing the 'opt-out' model for the My Health Record in these areas should be considered.
- It should be informed by recent comparable experiences of trialing integrated care such as with the Coordinated Veterans' Care program, service delivery by Aboriginal Medical Services and the Diabetes Care Project.
- The Commonwealth Government must commit to a rapid but thorough evaluation of the pilots with clear recommendations for broader implementation and investment to support change in focus from volume to value.
- For Health Care Homes to make a difference to health outcomes, they require appropriate funding. The initial commitment by the Commonwealth Government and the proposal to roll in some related items from the Medicare Benefits Schedule is unlikely to be sufficient to drive meaningful change in the system.
- Purposeful collaboration with state and territory governments will also be necessary, as foreshadowed by the Council of Australian Governments (COAG) Heads of Agreement of 1 April 2016. This should include opportunities to consider pooling of funding, particularly to address preventable hospitalisations and to promote innovative models of care.

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