Health Care Homes

Patient-centred 'medical home' models in primary care have been demonstrated to:

- Improve health outcomes and patient satisfaction, at a lower cost
- Improve continuity of care, preventive measures and reduce hospital admissions
- Improve access to required services, including preventive screening and chronic disease management
- Reduce or eliminate racial and ethnic disparities in healthcare access and quality.

The introduction of a Health Care Home model in Australia provides an opportunity to deliver better coordinated primary healthcare and adopt a more holistic view of meeting individuals' healthcare needs.

The Australian Government is trialing a Health Care Home model for people with chronic health conditions, through 200 practices across 10 Primary Health Network (PHN) regions. The model being trialed is characterised by:

- Voluntary patient enrolment with a general practice or Aboriginal Medical Service, with nomination of a preferred clinician (usually their GP)
- The preferred clinician leading a team, including nurses, care coordinators, specialists and allied health professionals
- Flexible service delivery supported, including in - hours support via telephone, email or video conferencing, as well as open scheduling, expanded hours and e-access.

A key feature of the model is the payment approach:

- Bundled payments, instead of fee-for-service, have been established with 3 payment tiers reflecting the patient's level of complexity and need.
- All general practice health care costs associated with the patient's chronic condition previously funded through the MBS is funded through the bundled payment.
- Fee-for-service MBS payments can still be accessed for care not related to the patient's chronic condition, as well as specialist, allied health professional, diagnostic and imaging services.
- Patients can also be charged out-of-pocket costs beyond the bundled payment.

General practices and Aboriginal Medical Services also receive a one-off upfront grant of $10,000 to support the practice changes to implement the model.

In the Australian context, in addition to various small-scale trial programs, 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:

- Achieving and evaluating 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.
- 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.
- Comprehensiveness and flexibility is needed with scope extended beyond primary clinical care and preventive and health promotion activity, to also provide assistance to access care (e.g. through transport, childcare, medication subsidies).
- Data-driven improvements need to be supported through monitoring clinical performance, and benchmarking through national and jurisdictional key performance indicators. The primary healthcare national minimum data set being developed by AIHW will support this as proxy indicators are counter-productive.
- Appropriate funding is required. Rolling in some related items from the MBS is unlikely to be sufficient to drive meaningful change in the system. Funding needs to explicitly incorporate non-general practitioner primary healthcare services when needed (beyond the limits of the MBS disease program) and be weighted for remoteness.
- A population health approach is needed, with all patients having access to the Health Care Home model, not just those with chronic conditions.
- Findings and outcomes from the evaluation of the pilots must be published swiftly to inform further reform and investment and support the change in focus from volume to value.
- Purposeful collaboration with state and territory governments is necessary, and should include opportunities to pool funding, particularly to address preventable hospitalisations and to promote innovative models of care.

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Released November 2018