



POPULATION HEALTH

AHHA PRIMARY HEALTH NETWORK DISCUSSION PAPER SERIES: PAPER FOUR

INTRODUCTION

In April 2015 the Commonwealth Health Minister, the Honourable Sussan Ley, announced the establishment of 31 new Primary Health Networks that will “*reshape the delivery of primary health care across the nation*”¹. Primary Health Networks (PHNs) are to be ‘outcome focussed’ on improving frontline services and ensuring better integrated care between primary and acute care services. Specifically the Minister stated that the Government seeks to “*ensure Australians are able to access the right care, in the right place, at the right time and Primary Health Care Networks form a core part of our plan*”².

In improving the delivery of local primary health care services, Minister Ley noted that the Government has set Primary Health Networks six priority areas for targeted work in:

- mental health;
- Aboriginal & Torres Strait Islander health;
- population health;
- health workforce;
- eHealth; and,
- aged care.

To facilitate discussion of the key challenges and opportunities arising from the establishment and operations of PHNs, this series of discussion papers published by the Australian Healthcare and Hospitals Association (AHHA) considers a combination of the critical success factors for PHNs and explores each of the priority areas in the context of organised primary health care in Australia.

The PHN program has the potential to make a significant positive difference in health outcomes for all Australians. This paper, **PHN Discussion Paper #4 - Population Health**, considers this topic in the context of organised primary health care in Australia and identifies key issues for exploration and resolution.

¹ Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

² Media Release “New Primary Health Networks to deliver better local care” Minister for Health (11/4/15)

POPULATION HEALTH

The term population health refers to *“the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services”*.³

In adopting a population health approach to health policy, planning and programming *“the overall goal of a population health approach is to maintain and improve the health of the entire population and to reduce inequalities in health between population groups”*⁴.

Given that *“Australia’s health system is large, fragmented and complex”*⁵ and that *“no single organisation has full responsibility for health, and in many areas responsibilities overlap”*⁶, the responsibility and accountability for population health is shared across governments, health care providers and non-government organisations.

Furthermore, it is acknowledged that within the Australian population there are groups who experience poorer health outcomes than the general population due to a range of environmental and socio-economic factors. These groups include:

- Aboriginal and Torres Strait Islander people;
- people in rural and remote areas;
- socio-economically disadvantaged people;
- veterans;
- prisoners; and,
- overseas born people⁷.

In theory, adopting a population health approach *“focuses on inter-related conditions and factors that influence the health of populations over the life course, identifies systemic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations”*⁸.

³ Toward a Lexicon of Population Health - J.Dunn and M.Hayes (1999)

⁴ Health Canada – Taking Action on Population Health (1998)

⁵ Productivity Commission Research Paper: Efficiency in Health (2015)

⁶ Productivity Commission Research Paper: Efficiency in Health (2015)

⁷ Australian Institute of Health and Welfare – Population Health (2015)

⁸ Toward a Lexicon of Population Health - J.Dunn and M.Hayes (1999)

In practice, when seeking to apply a population health approach in the context of organised primary health care in Australia, firstly through Divisions of General Practice and then Medicare Locals, it has proven challenging - *“it is evident to date that realising a broader concept of primary health care, with a strong focus on population health and planning has been difficult to achieve in general practice settings, despite the wide range of reforms around funding, financial incentives and delivery system changes.”*⁹

Notwithstanding this, given our current experience of increasing chronic disease burden and rising health costs, population health based approaches that seek to enhance the overall health of the population and sub-groups within the population; incorporate disease prevention and health promotion; and, tackle the determinants of health across and beyond the health system, are seen as an effective solution.

PRIMARY HEALTH CARE AND POPULATION HEALTH

The expansive and systemic nature of population health approaches within the primary health care sector is well represented in the RACGP’s Population Health Strategic Framework¹⁰. Notwithstanding the Framework’s understandable general practice centrality, with a focus on *“strengthening and extending general practice involvement in population health at national, state, division and practice levels in Australia”*¹¹, the key areas of the Framework are equally applicable across all participants in the primary health care sector.

These key areas, adapted to consider population health across the primary health care sector, are as follows:

- **Organisational structures and roles** – developing organisational structures and systems to enable primary care providers to identify and undertake effective population health activities and interventions, and to facilitate collaboration with outside services and professionals
- **Communication** – including community awareness, patient education and communication between population health agencies and primary care providers
- **Information management/information technology** – developing population health data collection, dissemination and analysis, and relevant service provider tools and guidelines for information management and decision support
- **Workforce planning, education and training** – developing materials to improve access by primary care providers to education, training and quality assurance programs; and increasing understanding and skills in relation to the population health role of primary care providers, patient risk assessment and effective interventions

⁹ Medicare Locals and the Performance Regime in Primary Health Care – A.Gable and M.Foster (2013)

¹⁰ The RACGP Curriculum for Australian General Practice 2011

¹¹ The RACGP Curriculum for Australian General Practice 2011

- **Financial systems** – implementing appropriate incentives and payment systems to support the engagement of primary care providers in effective population health activities
- **Partnership and referral mechanisms** – developing and implementing organisational supports to facilitate effective collaboration between primary care providers and others working in a population health context, and
- **Evaluation and research** – participating in research and evaluating alternative models of primary care organisation, funding and integration.

The holistic view of population health outlined above, that interconnects primary care practices, infrastructure, workforce, data, technologies, and relationships is the perspective that Primary Health Networks (PHNs) will need to bring to their operations as they strive to meet their objectives.

PRIMARY HEALTH NETWORKS AND POPULATION HEALTH

With respect to population health, Primary Health Networks will *“undertake regional needs assessments and conduct service planning for their regions, in collaboration with Local Hospital Networks and State and Territory Governments. With support from Clinical Councils and Community Advisory Committees, PHNs will seek to develop local strategies to improve the operation of the health care system for patients and facilitate effective primary health care provision, to reduce avoidable hospital presentations and admissions within the PHN catchment area”*¹².

It is anticipated that PHNs will adopt a similar approach to this function as was required of Medicare Locals, that is: *“Medicare Locals also have responsibility for: population health planning and needs assessment for their regions, identifying gaps in primary health care services, and developing and implementing strategies, in collaboration with communities, population groups and service providers that address these service gaps”*¹³.

In practice, directed by Medicare Local Accreditation Standard #6 – Analysis & Planning, Medicare Locals adopted *“a planned approach to service delivery informed by adequate and appropriate research, analysis and consultation”*¹⁴. This required Medicare Locals to: (a) understand the health of their catchment population; (b) identify health needs and gaps in services at the local level; (c) examine opportunities for better targeting of services; and, (d) establish formal and informal linkages with the acute and aged care sectors, and other services in the primary health care sector.

¹² 2014/15 Department of Health Portfolio Budget Statement - Outcome Five Primary Health Care

¹³ Standing Council on Health: National Primary Health Care Strategic Framework (2013)

¹⁴ Medicare Local Accreditation Standards; A Quality Framework for Medicare Locals (2013)

Central to this approach were the Comprehensive Needs Analysis¹⁵ (CNAs) that were conducted by Medicare Locals, in consultation with key stakeholders, to inform Population Health Plans in their catchments. The Medicare Local experience in population health planning revealed the following issues, which remain relevant for PHNs:

1. Data

Challenges with regard to sourcing accurate, timely, useful and verifiable health data in Australia are well recognised - *“Currently the health information landscape is characterised by discrete islands of information with significant barriers to the effective sharing of information between health care participants. It also poses challenges when trying to understand and report on what is really happening to support population health surveillance and guide policy, service planning, innovation and clinical and operational decision-making”*¹⁶. The primary care sector is not immune to this situation noting that *“the primary health care sector does not have access to significant data to inform decision-making”*¹⁷.

It is in this context that PHNs will be seeking to source and analyse data to understand local needs, plan and deliver services, and measure overall performance. In consulting with the primary care sector, and building on the experience of Medicare Locals, the AHHA found that *“There is a role for PHNs in developing and implementing technologies including data collection and reporting platforms to support an enhanced evidence base for primary care, as well as improved communication and patient care. These bottom-up initiatives may deliver more useful, relevant information than top-down national performance reporting agencies are able to achieve”*¹⁸.

Furthermore, AHHA recommended that *“work commenced by a number of MLs on building data collection, warehousing and reporting platforms which integrate highly granular primary care, hospitals and population data using statistical linkage methodologies should continue, with appropriate funding, supported by data sharing agreements, and with methodologies shared across the PHN network”*¹⁹.

A useful example of this is the POLAR collaboration in Victoria. This collaboration saw relevant data shared across 17 Medicare Locals, as well as Victorian community health services, local governments, hospitals, Ambulance Victoria, and the Victorian Government Department of Health.

¹⁵ For example, the ACT Medicare Local states - “the main objectives of the CAN are to work in partnership with the community and consumers, GPs, and other health professionals and other stakeholders to: Assess the health status of the population and identify the key health issues/needs and problems for the ACT; Identify the population groups or localities most affected and identify the social determinants at play and/or the health inequities present; and, Identify gaps in programs and services and opportunities to improve coordination and collaboration and the responsiveness of care

¹⁶ Australian Health Ministers' Conference - National eHealth Strategy (2008)

¹⁷ Review of Medicare Locals – Report to the Minister of Health and Minister for Sport – Prof. John Horvath (2014)

¹⁸ AHHA Primary Health Care: Opportunities and Challenges Communique – Sept 2014

¹⁹ AHHA Primary Health Care: Opportunities and Challenges Communique – Sept 2014

This approach was dependent on cooperation amongst data custodians to overcome traditional barriers to data access and to build a resource that provided value to multiple actors in the health sector. In large part, its value was built on the strategic relationships developed amongst the data contributors, and the return of analysed data to contributors to facilitate their own business requirements.

It is worth noting the value of longitudinal data in assessing both individual and community needs. The My Health Record (individual electronic health record) potentially offers a useful source of longitudinal data - *“the eHealth agenda will have the potential to harness practice information resources and improve service planning thereby contributing to a more robust primary health care data set”*²⁰ – however, how this might work in practice remains to be seen.

Given this, the challenge remains for PHNs to source accurate, timely, useful and verifiable health data in efficient and effective ways.

2. Performance Reporting

A key challenge in the population health approaches is to provide an evidence base that links investments and interventions to health outcomes - *“the need for accountability argues strongly for the inclusion of outcome and distributional considerations if a population health approach is to be useful in guiding policymaking regarding resource allocation across determinants and sectors. Without such a framework, advocacy and financial incentives for individual determinants can proceed independently of their impact”*²¹.

The National Health Performance Authority (NHPA) provides comparative information about the performance of local health care organisations across Australia. Informing the assessment of the performance of Medicare Locals, the NHPA produced Healthy Communities reports. It is anticipated that this will also be the case for PHNs.

The value of the Healthy Communities reports is seen in *“being able to identify and readily target determinants that improve performance in these areas, given they are likely to involve a complex combination of clinical (at the practice level), social (at the community level) and structural (at the political and systems levels) factors”*²². Notwithstanding this, major challenges include the scope and timeliness of reported data and *“the complexity of unravelling these factors and uncertainty about where to credit and target accountability”*.

²⁰ Review of Medicare Locals – Report to the Minister of Health and Minister for Sport – Prof. John Horvath (2014)

²¹ American Journal of Public Health: Models for Population Health – What is Population Health (2003)

²² Medicare Locals and the Performance Regime in Primary Health Care – A. Gable and M. Foster (2013)

In practice, the Medicare Local experience has shown that, given the large number of determinants and variables at play in any community with regards to population health outcomes, attributing causality to an individual organisation or initiative presents a challenge. PHN performance will be assessed using a PHN Performance Framework. This framework will *“outline the arrangements for monitoring, assessing and reporting on the performance of PHNs”*²³. Given this, it is imperative that the PHN Performance Framework adequately addresses the issues of causality and attribution when assessing a PHN’s impact on population health outcomes.

3. Addressing the Determinants of Health

As mentioned previously, population health takes account of all factors influencing health and well-being. More often than not, many of these factors reside outside of the control of not only PHNs, but also other players in the health sector. This was a recognised issue for Medicare Locals - *“Many of the challenges are related to determinants of health which extend into the social and structural domains and which the Medicare Locals will have to grapple with if they are to address key performance indicators around equity and effectiveness”*²⁴.

A major component of the remedy to this situation is collaboration within and across the health care sector – *“sustainable change requires partnerships and action by individuals and families, communities, the non-government sector and governments”*²⁵. Such collaboration sees the *“development of stronger partnerships between primary health care clinicians and other local community services, which traditionally have a focus on a broader concept of health and non-health determinants”*²⁶. This approach in practice proved challenging for some Medicare Locals, given the combination of disparate levels of available skills, resources and support, as well as local environmental factors, that impacted performance. It will be incumbent on both Commonwealth and state/territory governments, in partnership with PHNs and the private sector, to address this complexity.

4. Resource Allocations

PHNs will be required to *“analyse the health needs of their population through formal planning processes to enable better targeting of available resources and services”*²⁷. In this context, the finite levels of resources available to meet identified needs will present challenges for each PHN.

²³ Department of Health website – accessed June 2015

²⁴ Medicare Locals and the Performance Regime in Primary Health Care – A.Gable and M.Foster (2013)

²⁵ Mitchell Institute - Chronic Diseases in Australia: Blueprint for Preventative Action – Sharon Wilcox (2015)

²⁶ Medicare Locals and the Performance Regime in Primary Health Care – A.Gable and M.Foster (2013)

²⁷ Department of Health – Primary Health Networks Grant Programme Guidelines (2014)

In the case of Medicare Locals' population health planning activities, it was well understood that *"Medicare Locals will not be able to meet all identified needs"*²⁸. It was also noted that population health planning was about making informed choices about priorities, with the resulting challenge being acknowledged as *"determining what a Medicare Local will not do is as important as determining what it will do"*²⁹.

To address this challenge, Medicare Locals put in place transparent approaches to prioritisation based on delivering the best possible health outcomes for their communities. This required:

- the collection of both qualitative and quantitative data regarding needs, services and gaps;
- processes to analyse data and prioritise needs;
- consideration of alternative options available to address priorities; and,
- all of this conducted with significant stakeholder engagement and expectations management.

It will be important for PHNs to build on the experience and capabilities developed by Medicare Locals in population health data collection, reporting and planning activities.

CONCLUSION

Given that no one organisation (public, private or NGO) has overall responsibility for health improvement, *"the importance of a population health perspective is that it forces review of health outcomes in a population across determinants"*³⁰.

This expansive and inclusive approach to health, incorporating cause and effect factors across health and non-health drivers, requires a systems thinking approach to health and well-being in Australian communities.

With a mandate to improve the efficiency, effectiveness and outcomes of local health systems, PHNs are well placed to affect meaningful positive change in their communities. To this end, a PHN's ability to adopt and apply population health based planning and programming to organised primary health care in their communities will determine their success, or otherwise.

²⁸ Medicare Local Accreditation Standards; A Quality Framework for Medicare Locals (2013)

²⁹ Medicare Local Accreditation Standards; A Quality Framework for Medicare Locals (2013)

³⁰ American Journal of Public Health: Models for Population Health – What is Population Health (2003)

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