AHHA response to the Review of after hours primary care policies and programs

Submission

20 April 2024

OUR VISION

The best possible healthcare system that supports a healthy Australia.

OUR PURPOSE

To drive collective action across the healthcare system for reform that improves the health and wellbeing of Australians.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Outcomes-focused
Evidence-based
Accessible
Equitable
Sustainable

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Introduction

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide feedback into the effectiveness and efficiency of Australia's after hours primary care system.

This submission builds on consultation undertaken with health system leaders in developing the blueprint for health reform towards outcomes-focused, value-based health care, and AHHA's operating model of continuously listening to and engaging with the experiences and evidence from our members and stakeholders, as we contribute to the evolution of our health system.

About AHHA

For more than 70 years, AHHA has been the national voice for public health care, maintaining its vision for an effective, innovative, and sustainable health system where all Australians have equitable access to health care of the highest standard when and where they need it.

As a national peak body, we are uniquely placed, in that we do not represent any one part of the health system. Rather, our membership spans the system in its entirety, including – public and on-for-profit, hospitals, PHNs, community and primary health care services.

Our research arm, the Deeble Institute for Health Policy Research, connection universities with a strength in health systems and services research, ensuring our work is underpinned by evidence.

In 2019, AHHA established the Australian Centre for Value-Based Health Care, recognising that a person's experience of health and health care is supported and enabled by a diverse range of entities, public and private, government and non-government. The Centre brings these stakeholders together around a common goal of improving the health outcomes that matter to people and their communities for the resources to achieve these outcomes, with consideration of their full care pathway.

Through these connections, we provide a national voice for universal high-quality health care. It is a voice that respects the evidence, expertise, and views of each component of the system while recognising the siloed views will not achieve the system Australians deserve.

AHHA response

Australia's healthcare system delivers some of the highest quality care in the world. The success of Australia's system is dependent on the strength of the primary care services that underpin it, as the first point of access for consumers. Yet mounting pressures, such as an ageing population and an increasing incidence of comorbidities, have seen the equity and accessibility of primary services challenged.

While this review focuses on after hours primary care, it must be recognised that its efficiency and effectiveness is impeded by the weakening of the primary care system as a whole. A consequence of this is the rise in avoidable presentations at Emergency Departments (EDs) as consumers experience difficulties in the navigation and affordability of primary care services[1]. As such, improving after hours primary care will be enabled by strengthening of the primary care system overall.

Ensuring the effective and sustainable implementation of after hours services requires sector-wide collaboration that promotes efficiencies that can be achieved through centralised national policies, services and infrastructure, with place-based approaches that build on local strengths and respond to community need.

Achieving this requires:

- A framework for **national monitoring and evaluation** of initiatives, capturing the outcomes achieved, as well as the processes and contextual factors on which those outcomes were dependent. This will be facilitated by a National Primary Health Care Minimum Dataset.
- **Virtual services to be integrated**, recognised and resourced as a model of care delivery for potentially all levels of care complexity in the after hours. HealthDirect is important as a platform that can efficiently support nationally consistent health promotion information and advisory services, with continued investment needed to ensure integration to enable an understanding of the local context for appropriate care navigation.
- Recognition that the capacity to provide after hours services will be influenced by the availability of a primary care **workforce** with the right skill mix and the capacity to work to their full scope of practice, including both professional and support staff. The former is being explored through the Scope of Practice Review that is underway. The latter requires the Jobs and Skills Council for the health sector, HumanAbility, prioritising activity based on areas of greatest need, with a focus on the support workforce for innovative models of care in regional, rural and remote areas.
- Collaboration should be fostered between commissioning services including PHNs, LHNs, and ACCHOs, to align or bundle a section of after hours **funding streams**, effectively coordinating resources and activity provision to the benefit of consumer navigation and access

These are expanded in the following sections.

Framework for national monitoring and evaluation

As identified within the Consultation Discussion Paper, both the funding of and responsibility for after hours primary care services are highly fragmented[2]. Simply, after hours services are largely funded through a combination of Medicare and consumer co-payments, the After Hours Practice Incentives Program for GPs, and PHN commissioning by the Federal Government, with State and Territory Governments responsible for oversight and funding of emergency services and Urgent Care Clinics[3]. Monitoring and evaluation of after hours care provision is impeded by this complexity and fragmentation. Where value is generated cannot be effectively identified.

Proactive investment in primary health care, including in after hours services, will be best supported by good data. Currently, consolidated primary healthcare data in Australia is poor. However, individual providers of primary health care often hold significant information on the services provided to patients, the conditions for which they are being treated and the progression of a patient's recovery or further deterioration of their condition. Consolidating this data could be facilitated ideally through the development of a primary healthcare national minimum dataset that provides common data standards and reporting frameworks.

The work of AIHW to develop a National Primary Health Care Data Collection (NPHCDC)[4] provides the opportunity to move our health system in a direction that can better inform our understanding of population health, patient journeys through the healthcare system and to focus on the outcomes that patients value most. These outcomes should be viewed comprehensively to include clinical, service, and patient reported outcomes and experience measures.

AHHA supports the development of a comprehensive NPHCDC, and in the medium to longer term, a national minimum dataset for primary health care. However, we also recognise that the environment in which primary health care is delivered requires an initially pragmatic approach to the scope of primary healthcare services from which data can be collected.

While the current status of AIHW's work to develop the data collection is published on its website,[5] it is unclear the expected timeframes for progress. AHHA supports the initial collection of primary healthcare data only from general practices, but there should be an explicit timeframe for the AIHW to expand coverage of the primary healthcare sector to include urgent care centres, specialists, pharmacy, allied health, dental, palliative care, community nursing, mental health, alcohol and other drugs, maternal and child health, as well as national services such as HealthDirect.

As the scope of primary healthcare services reported is broadened, the value of the NPHCDC will be enhanced. AIHW has the opportunity to articulate a plan to progressively move towards a more comprehensive dataset on primary health care through the collection of all data on care provided to patients outside of the hospital. Together with a more expansive understanding of individual's experience of healthcare through the collection of patient reported outcomes and experience measures, deeper insights will be available to inform how the healthcare system needs to be adapted to meet patient's needs and expectations.

Virtual, after hours primary care services

National efficiency with local integration

Telehealth and virtual care are broadly recognised for their capacity to extend the accessibility and availability of primary care provision, including in after hours settings.

HealthDirect holds an important role in the Australian healthcare system, providing a national virtual public health information service 24 hours a day. The national centralisation of this function creates efficiencies by reducing duplication of information infrastructure across States and Territories.

However, advice must also reflect local context, responding to local needs and integrating with local services in order to ensure appropriate care. This requires the mandate and adequate resourcing for both HealthDirect to maintain the infrastructure and for Primary Health Networks and Local Health Networks (or equivalent) to facilitate local contextualisation. The After Hours Primary Care Linkages Service[6] and the scaling of the After Hours GP Helpline provide examples of this integration objective. However, without a national framework for monitoring and evaluation (as noted above), the value generated relative to other strategies (and the process and contextual factors that contribute) is difficult to determine.

Appropriate resourcing for a breadth of complexity in the after hours

While the scale of virtual care has rapidly increased in response to demand for services during the COVID-19 pandemic, use of virtual care is not new. Rural and remote areas have long embraced virtual services as a necessity of geography. In addition, as health needs have evolved over time, many care services have transitioned from hospital to community settings.

In setting policy, it is important to recognise that the transition to virtual care provision is not necessarily related to a lower complexity of care needs. This perception risks the under-resourcing of complex care delivered via virtual means. Virtual care must be considered as a mechanism of care delivery, rather than an add-on for less complex care services.

Equitable digital access

It must also be noted that equitable access to and provision of virtual care remains a challenge. A significant number of Australians remain offline, disproportionately so vulnerable populations, including those in rural and remote areas, Aboriginal and Torres Strait Islander households, and those aged 75+[7,8]. In those who have the digital infrastructure and financial support to access virtual services, difficulties in the navigation of and ability to use digital technologies still pervades full engagement with virtual care delivery[9]. This must be addressed for the value of virtual care delivery to be fully realised for the delivery of after hours and other health services.

Workforce

The provision of high-quality health care is dependent upon the skills, knowledge, professionalism and wellbeing of the health workforce underpinning it. Ensuring an adequate supply of workforce is essential to providing the right care, in the right place, at the right time.

Health workforce shortages exist across many health professions, but are particularly pronounced in rural and remote areas, and present a significant challenge for health services already exposed to a range of complex operational and clinical challenges in providing after hours care. To appropriately meet the demands of communities, it is necessary for the workforce to have the both the right skill-mix, accounting for local need, and the capacity to work to their full scope of practice[10].

In achieving equitable access to after hours primary health care, it will be important to focus on both the professional and support/assistant workforce, particularly in regional, rural and remote regions. The healthcare and social assistance sector, being Australia's largest and fastest-growing industry, plays a crucial role in providing after-hours care and facilitating integration with health professionals in a range

of health services, including through virtual care. However, participation in this sector is declining due to various barriers, both at the individual and systemic levels. Therefore, there is a pressing need to prioritise attention within the vocational education and training (VET) sector.

The Australian Government has established Jobs and Skills Councils (JSC) under the National Skills Reform Agreement with the aim of fostering a more strategic approach in the VET sector. However, current resourcing seems to be primarily directed towards reviewing training packages based on when they were last reviewed, rather than prioritising a focus on areas of greatest need. As achieving workforce supply to provide after hours care, particularly in rural and remote regions, is increasingly dependent on innovative models of care, a strategic focus on the workforce that can support such models (including in the after hours) is needed. This approach not only enhances employment opportunities and community well-being but will also improve healthcare accessibility.

The JSC for the health sector, HumanAbility, has the potential to greatly benefit the health sector if they were to enable and support health services in a more timely manner to progress new and innovative models of care that address current and future challenges.

Coherent funding streams at the local level

In providing after hours care, services are often navigating multiple funding streams, each with their own unique reporting and contractual requirements. The viability of the after hours services are then dependent on maintaining concurrent funding streams, while being challenged to attract a secure workforce due to the instability and uncertainty of variable and often short-term funding contracts.

As the *National Health Reform Agreement Mid-Term Review* explores, demand for health services can both be anticipated and shaped through funding streams,

'*The next Agreement should take a proactive approach to shape demand and deliver higher value care by establishing shared incentives and payment streams that focus on early intervention in non-hospital settings and accelerate the adoption of agreed high value care pathways through the bundling of payments, use of technology and incentives.*' p.2[11]

To realise this, governance between commissioning services including PHNs, LHNs, and ACCHOs, is necessary that aligns or bundles after hours funding streams, effectively coordinating resources and activity provision to the benefit of consumer navigation and access. Identification of optimal care pathways for this process would be particularly beneficial in rural and remote areas where the provision of care is dependent on a small number of already stretched service providers[12,13].

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