



Public Health Association
AUSTRALIA

**Public Health Association of Australia submission
on Review of Medicare Locals**

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Terms of Reference

The Australian Government has defined the terms of reference for the review as:

- the role of Medicare Locals and their performance against stated objectives;
- the performance of Medicare Locals in administering existing programmes, including after-hours;
- recognising general practice as the cornerstone of primary care in the functions and governance structures of Medicare Locals;
- ensuring Commonwealth funding supports clinical services rather than administration;
- assessing processes for determining market failure and service intervention, so existing clinical services are not disrupted or discouraged
- evaluating the practical interaction with Local Hospital Networks and health services, including boundaries
- tendering and contracting arrangements; and
- any other related matters

Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

The PHAA was integrally involved in the discussions and consultation around the development of Medicare Locals and their transition from Divisions of General Practice. The PHAA made an extensive submission to the Assistant Secretary Policy Development Branch, Primary and Ambulatory Care Division of the Department of Health and Ageing (as it was then) in November 2010 on the governance and functions of Medicare Locals. PHAA Primary Health Care Policy may be found at:

www.phaa.net.au/documents/111204_Primary%20Health%20Care%20Policy%20FINAL-with%20cover%20sheet.pdf

Role and performance

The role of Medicare Locals and their performance against stated objectives

The single most important aspect of considering the performance of Medicare Locals against their stated objectives is recognising the relatively nascent stage of each of the organisations – particularly those Medicare Locals that were in the third tranche of the implementation process. The PHAA considers that it is appropriate to recognise the work that has been done, the achievements to date – but to do so in the light not only of what has been achieved but what is in the planning and development phases of the organisations.

The PHAA is particularly interested in the role that Medicare Locals can play in population health planning and through this process determine the highest areas of need and work collaboratively with their communities and stakeholders to address this need. The information gained through careful population health planning is useful for example in facilitating the development of linkages (or pathways) into hospitals and for post hospital planning. In addition to this, we do not lose sight of the considerable potential Medicare Locals have for implementing programs and services aimed at prevention, early intervention and health promotion. It is the view of the PHAA that the Medicare Locals with which we have worked have been conscientious in setting up their systems to specifically deliver on the stated objectives. The PHAA has been involved in a series of forums to assist in understanding those objectives, share knowledge and determine the most effective ways of delivering on the objectives.

Administering existing programs

The performance of Medicare Locals in administering existing programmes, including after-hours;

The PHAA considers that such programs as ‘nursing in general practice’, ‘close the gap’, ‘immunisation’ and ‘mental health’ that were part of the Australian General Practice Network and before that the Australian Divisions of General Practice are vital in improving health outcomes, reducing the burden on the MBS and the PBS and minimising hospitalisation. Our association, through the Primary Health Special Interest Group and the Immunisation Special Interest Group (as well as through the role we play in running the national biennial Immunisation Conference) are conscious not only of the continuation of existing programs but also some improvements to the delivery of programs in many of the Medicare Locals.

The one area that we consider a weakness in the delivery of these programs is in the loss of the State Based Organisations. Their role in coordinating funding and action with the State governments seems to us to be an important gap that ought to be rectified – particularly as many of the responsibilities in these areas overlap with goals of those governments and liaison to ensure appropriate contribution of State governments could only be advantageous. As the Territories only deal with one Medicare Local the issue is not as significant.

The PHAA has only anecdotal information on the performance of Medicare Locals regarding after-hours service.

General Practice as a cornerstone

Recognising general practice as the cornerstone of primary care in the functions and governance structures of Medicare Locals;

The development of Medicare Locals beyond the Divisions of General Practice has been an evolutionarily process leading to stronger and stronger involvement of non-general practitioners on the Boards. The PHAA encouraged this process as part of the development of the Medicare Locals. We did not lose sight of the key role of general practitioners and it is our observation that the key role has been retained appropriately. However, it is important to note that the PHAA is not familiar with all Medicare Locals.

Commonwealth funding supporting clinical services

Ensuring Commonwealth funding supports clinical services rather than administration;

The PHAA is aware of a number of programs that are run through the Medicare Local Alliance and believe that the commitment to funding these programs is essential to maintaining the GP knowledge and understanding of the latest evidence in the delivery of clinical services. The programs include:

- Closing the Gap
- Veterans Care
- eHealth
- Immunisation
- Mental Health
- Nursing in General Practice
- Clinical Engagement and Cross-Sector Collaboration

In order to elaborate with some specific examples: Keeping nurses in general practice up to date allows more efficient delivery of medical care and ensuring that GPs and their staff are familiar with the latest version of the Immunisation Handbook, its policies and procedures reduces the risk of adverse incidents – supporting GPs to deliver healthier patients.

In addition to the coordination of professional development and best practice information the policy development process that the Medicare Local Alliance also ensures the latest evidence is applied in General Practice. An area that we consider that could be strengthened is the accountability and governance of Medicare Locals. Previously the Australian General Practice Network and the Australian Division of General Practice before that had a stronger governance role the shifting of the scope of the Australian Medicare Local Alliance and the loss of State Based Organisations may have resulted in weakness in the current model for effective monitoring and accountability. In addition to this the collaboratives that were used to disseminate and facilitate clinical practice change were effective tools for the Australian General Practice Network and the Australian Division of General Practice in the past, the PHAA would support a strengthening of this approach as this seems to have been lessened.

Market failure and disruption

Assessing processes for determining market failure and service intervention, so existing clinical services are not disrupted or discouraged

The Public Health Association has no comment on disruption or disincentives to current clinical services

Practical interaction with Local Hospital Networks

Evaluating the practical interaction with Local Hospital Networks and health services, including boundaries

Although the PHAA has its fundamental focus on a broad concept of primary health care that includes the prevention and population health planning, the association is integrally involved in relationship with Local Hospital Networks. The PHAA CEO, Michael Moore, is a member of the ACT Local Hospital Network and is the representative of Local Hospital Networks on the Medicare Local Alliance Clinical-Engagement-and-Cross-Sector-Collaboration (CECSC) Project Advisory Committee. In this capacity, as well as involvement with the ACT Medicare Local, he is aware of the development of “clinical pathways” projects and the efforts to implement more effective ways that ensure patient focus rather than having patients dealt with in silos, dropping between the cracks or not having the health literacy that will ensure the best and most efficient use of resources to deliver the best health outcomes.

Tendering and contracting arrangements

Tendering and contracting arrangements

The PHAA is not involved in the area of tendering or contract arrangements. However, should the government be considering following the model of GP Commissioning that is currently in progress in the United Kingdom, we would advise caution as there have been difficulties in this approach particularly for those GP services who are providers and commissioners of services.

Other related matters

Any other related matters

The PHAA notes what we believe have been considerable improvements in the engagement of the Medicare Locals and the Medicare Local Alliance in a range of ways. However, we also note that relatively short time that the Medicare Locals and the Alliance have had to get underway.

Considering the enthusiasm that they have applied to the role they have been assigned the PHAA believes that continued funding is fundamental to both better health outcomes and more efficient use of expenditure so that governments can rely on appropriate levels of prevention, primary care and hospital care.

Another Medicare Local objective that also needs to be given time to be strengthened and nurtured is the partnership and collaboration between State and Territory funded primary and community Health Services to effectively enable service integration, reduce duplication and improve health outcomes.

Conclusion

PHAA supports the broad directions and achievements of Medicare Locals and the Medicare Local Alliance. However, we are keen to ensure that population health planning remains a key tool to ensure the most effective use of resources in line with this submission. We are particularly keen that the following points are highlighted:

- Population Health planning remains a key objective of Medicare Locals and the Medicare Local Alliance
- Pathways continue to be developed by the Medicare Locals and through the Alliance to ensure that people are treated appropriately through the spectrum of prevention, primary care and hospital care for the most appropriate care delivered in the most cost effective manner
- General practice remains a fundamental element in working with other health professionals and health planners to deliver these services.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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Public Health Association of Australia
19 December 2013



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Declaration:

Please note that Helen Moore (National Principal Adviser – Immunisation at the AML Alliance) is married to Michael Moore CEO of the PHAA