

The Role of Partnerships in Delivering Primary Health Care across Queensland

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Queensland Government

Queensland **Health**

Analytic Framework

- What are we trying to achieve together?
- What options are there for us to do that and where?
- What needs to change in the system to make that achievable?
- Which recommendations from any of the taskforce/commission reports are consistent with that?

Some Pre-Conditions

- Evidence that it will improve outcomes over existing model
- Affordable
- Sustainable
- Flexible for different community size and needs
- Utilise different clinical groups skills appropriately, efficiently, and to most effect
- Rewarding to all participants

Context

- The Primary Health Care scene is already changing.
- Many different models already exist including within general practice.
- Much of the change is not by policy direction but driven through necessity, professional interest, commercial interest and patient/consumer demand.

Our aim is to **establish**, or where appropriate, **build on existing** local collaborations in primary health care to:

- Improve the integration of service planning
- Enhance service coordination
- Deliver primary and community health services through innovative models
- Drive genuine change within and between service providers

Response to the National Primary Health Care Strategy

- A National Primary Health Care Strategy must provide a policy platform commitment to recurrent funding for initiatives which target system reform and the prevention and management of chronic and complex conditions.

National Primary Health Care Strategy - Preconditions

- National Primary Health Care Strategy must be supported by real funding growth across this sector.
- Is a largely medical model of primary health care sustainable or desirable?
- Queensland Health supports the need for a broader definition of the services and providers which comprise the primary health care sector.
- General practice will remain the core.

NHHRC response

- Commonwealth assume responsibility for PHC policy and funding.
- Support for Primary Health Care Centres

BUT STRUCTURE SHOULDN'T DEFINE FUNCTION

- Partnership and planning needs to come before infrastructure. **MANY POSSIBLE MODELS**

- Conditional support patient enrolment with a single primary health care service.
- DOESN'T NECESSARILY MEAN SINGLE GP
- Incentives for multidisciplinary clinical services and care coordination.
- Incentives for improved health outcomes
- Move towards 'bundling' of total cost of patient care.

- RESTRUCTURING PAYMENT SYSTEM TO REWARD COMPLEXITY – PAY FOR PERFORMANCE SECONDARY

- In-principle we support service coordination and health planning at a local level through regional structures.

- Regional structures (likely networks or advanced partnerships) need authority and a mandate, for service delivery to be taken seriously.

Partnershiping

- Sophisticated partnerships of the future may have the capacity to plan, broker funding, purchase and provide primary health care services.
- The increasing role of regional partnerships in providing governance of the primary health care sector is certainly an option being discussed at a national level.

Where to from Here?

- Do we have the evidence to support benefits of change?
- Do we have the information systems to plan and guide better coordinated care and brokering?
- Do we have the best mix of funding approaches to support a different approach?
- To what extent should public funding subsidies facilitate or constrain models?