Some PHN challenges and futures: aspirations and levers

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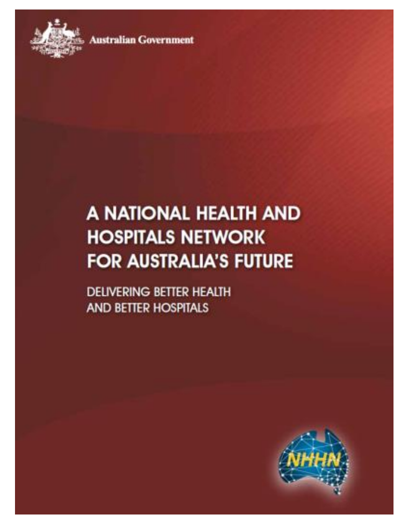
Aspirations

General world trend: Going local, decentralisation (Toth 2021)

The Medicare Local aspiration



Medicare Locals will be responsible for better integrated care, making it easier for patients to navigate the local health care system (2010)

BEHAVIOUR
Organisations
Professionals
Communities
People

Culture/ values (often through other, education)

Feedback

Information provision

Financial incentives, taxes, setting up markets

Provision of new services

Governance:

Organisation structure (+ workforce roles, new skills)

Regulation:

laws, rules system targets

Rhetoric

Marketing

Consumer engagement,empowerment& co-design

Aspirations

General world trend: Going local, decentralisation (Toth 2021)

The Medicare Local aspiration

Medicare Locals will be responsible for better integrated care, making it easier for patients to navigate the local health care system. For example, they will:

- Work with local health care professionals to **ensure services cooperate and collaborate** with each other so that patients can easily and conveniently access the full range of services they need.
- Identify groups of people missing out on GP and primary health care, or services that a local area needs, and better target services to respond to these gaps.
- Facilitate allied health care services and other support for people with chronic conditions, as identified in personalised care plans prepared by GPs.
- Support the delivery of targeted Australian Government programs, such as immunisation, after hours services and mental health.
- Work with Local Hospital Networks to assist with patients' transition out of hospital, and where relevant into aged care.
- Deliver health promotion and preventive health programs targeted to risk factors in communities in cooperation with the Australian National Preventive Health Agency, once it is established.

Australian Government (2010). A National Health and Hospitals Network for Australia's Future – Delivering better health and better hospitals. Canberra, p64.

Aspirations

The PHN aspiration

The solution proffered is that a small number of regional entities is required to link up the parts of the health system to allow it to operate more effectively and efficiently. Such entities must focus on improving patient outcomes through collaboratively working with health professionals and services to integrate and facilitate a seamless patient experience.

Horvath, J. (2014). Review of Medicare Locals: report to the Minister for Health. Canberra, Department of Health, p9.

The Australian Government is committed to rebuilding the primary health care system through efficient and innovative models of funding and delivery of health and medical services to improve the coordination of patient care. Primary Health Networks (PHNs) are being established to lead this change through:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving **coordination of care** to ensure patients receive the right care in the right place at the right time.

Driven by a set of national priorities and locally assessed needs, PHNs will work directly with General Practitioners (GPs), other primary health care providers, secondary health care providers and hospitals to improve and better coordinate care across the local health system for patients requiring care from multiple providers. As a result patients will have improved access to a range of health care providers.

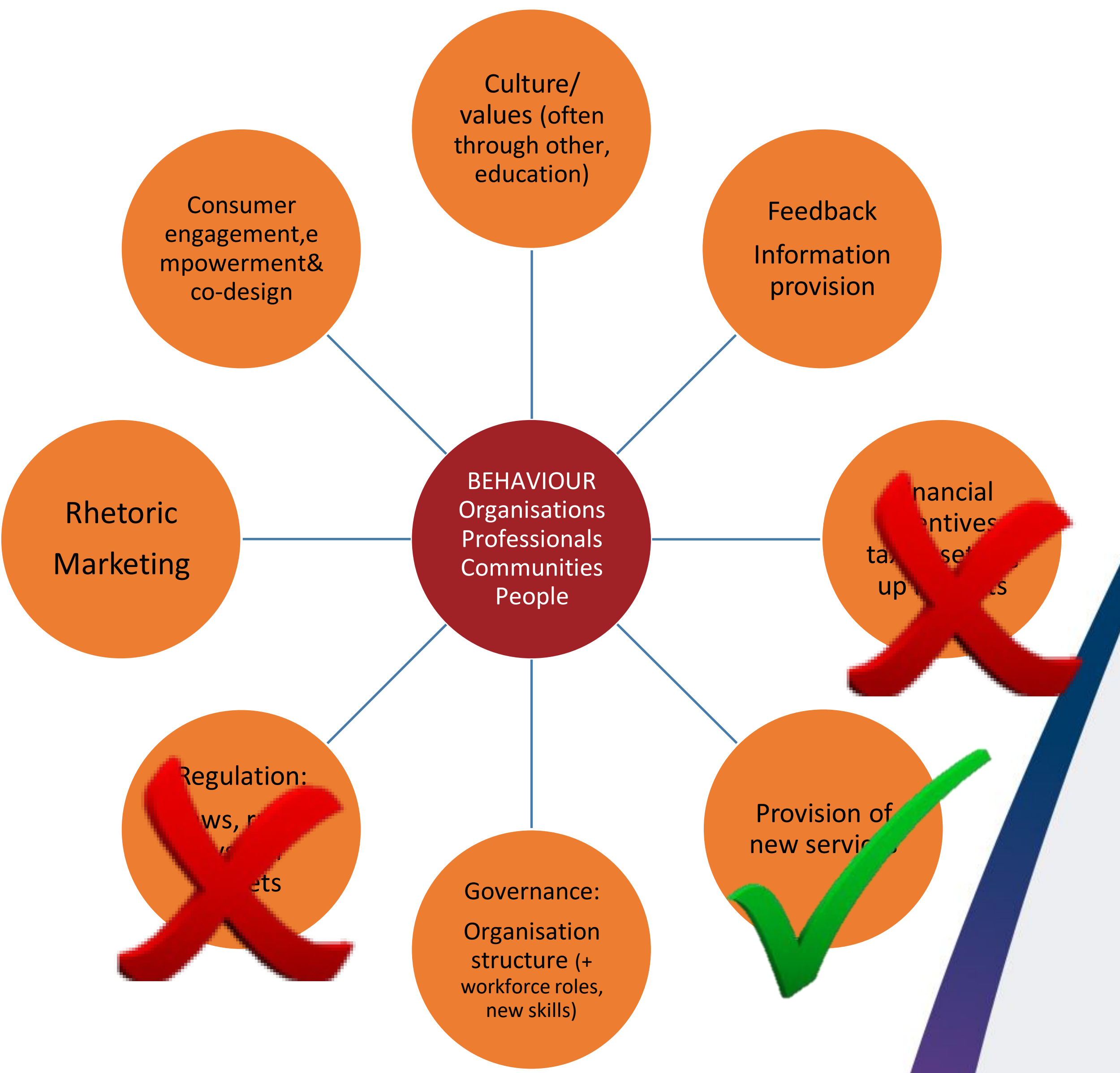
Primary Health Networks Programme: Invitation to Apply for Funding (2014)

Aspirations

The Medicare Local and PHN aspiration

Coordination is one of the most fraudulent words of politics and administration. It dresses neutrally to disguise what nakedly is pure political form. Coordination is a political process by which the coordinated are made to change their value positions, their policy conceptions and their behaviour to conform to the conceptions and expectations of the coordinator

Peres, L. M. (1974). The politics of industrial policy. Industrial Australia, 1975-2000: preparing for change (Proceedings of the 40th Summer School, Australian Institute of Political Science). Australian Institute of Political Science. Sydney, Australia and New Zealand Book Co.: pp151-2.



The aspiration challenges

Commissioning at EMPHN is driven by five key principles:

1.Needs base

Drawn from an analysis of quantifiable data and consumer experience, the needs base is informed by identified gaps in local service provision and recognises that responses should involve co-design with consumers and local service providers.

2.Evidence base

We base our decisions on the best available evidence. We also contribute to the wider evidence base through rigorous evaluation and ongoing collection of data and program analysis.

3.Strengthening local networks

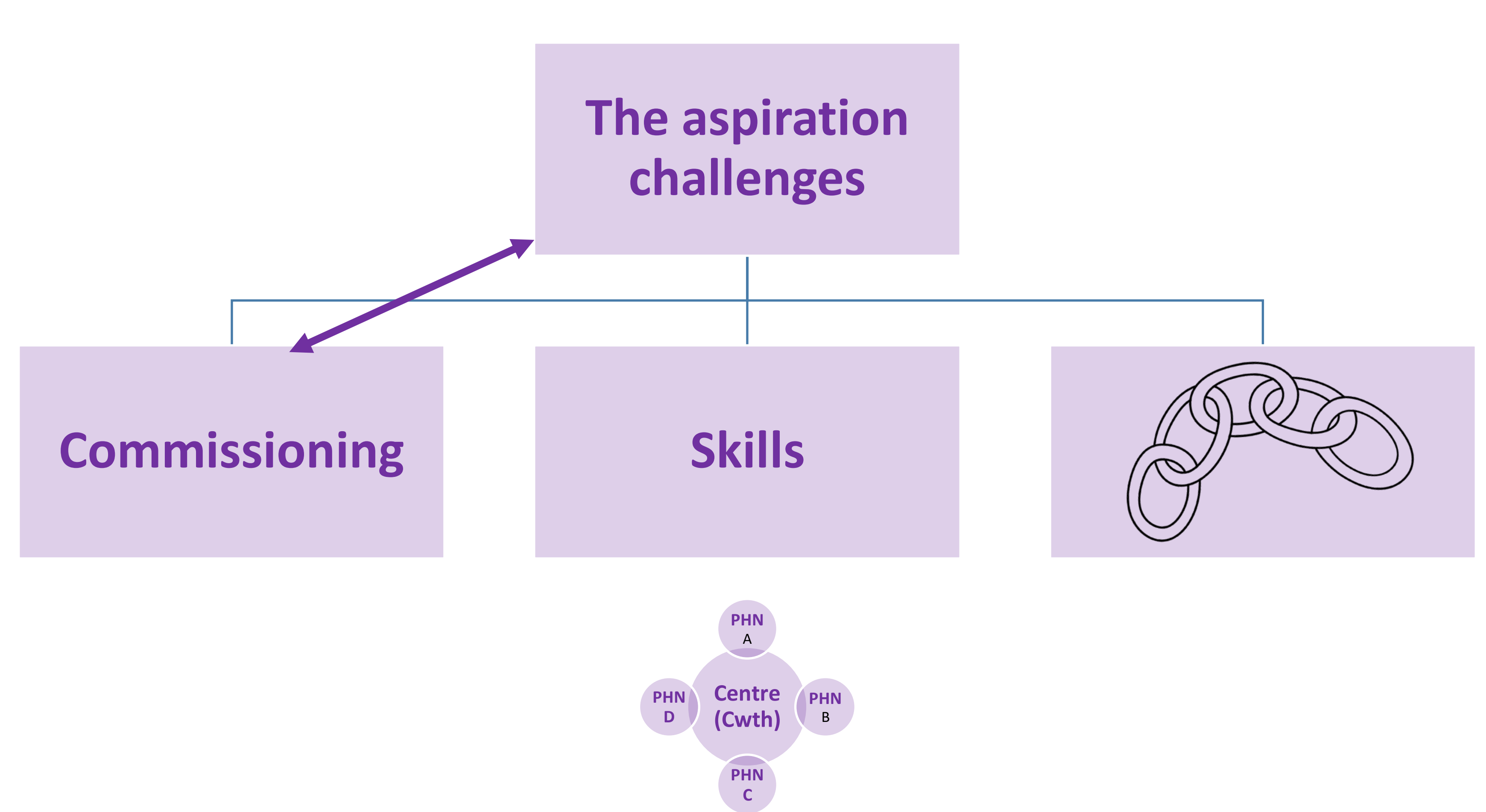
Through trusted and collaborative partnerships, we aim to maintain and build the capabilities of local primary care providers to provide integrated and flexible responses to consumers and carers with complex needs.

4.Probity and value

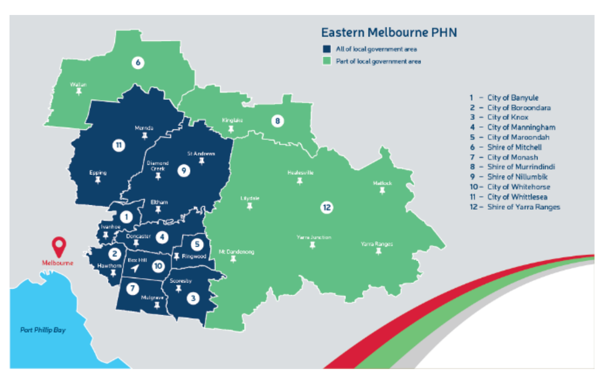
Rigorous contract design, monitoring and evaluation of commissioned projects, alongside transparent procurement and contract processes ensure the best outcomes for consumers as well as value for money.

5.Cultural diversity

Acknowledges the need to provide inclusive and culturally safe services for CALD and Aboriginal and Torres Strait Islander communities, including the recognition that the experiences of trauma and loss have intergenerational effects and the need to enable self-determination by Aboriginal and Torres Strait Islander communities.


The aspiration challenges
Commissioning
Skills
PHN
A
PHN
D
Centre
(Cwth)
PHN
B
PHN
C

The funding-aspiration gap challenge
aka the proportion challenge



Population 2019: 1.6M
Spend 2019: $48.2M

Spend per population 2019: $29.71

Hospitals: $3,625 per cap
GPs: $2,620
Community health: $394

TOTAL: $7,925

PHN = 0.3%

The commissioning challenge

- The proportion challenge
- The flexibility challenge
- Funding language/mindset
- Clarity about what/why we fund
- Measuring value for money

- (still) micro management
- Minimum data set specification vs what needed

- Once-off/short-term funding (ours and theirs):
  - Pilot project

Vs

  - Change management project

- Clarity of role
  - Duplicate/overlap
  - Fix problem vs ameliorate problem

Where next????

- Aged care
- Allied health (care plans)
- Bulk billing clinics