

Response ID ANON-HTJ2-ZA26-U

Submitted to Consultation Draft - Primary Health Care 10 Year Plan
Submitted on 2021-11-07 14:41:16

Introduction

1 What is your name?

Name:
Jennifer Reath

2 What is your email address?

Email:
J.Reath@westernsydney.edu.au

3 Are you responding as an individual or on behalf of an organisation?

Organisation

4 What is your organisation type?

University/education/research institute

5 What is your organisation name?

Organisation:
Department of General Practice, School of Medicine, Western Sydney University

6 Do you consent to being named as having provided a submission to this consultation process?

Yes

7 Do you consent to your submission being published on the consultation hub?

Yes

8 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

Response:

The Quality Equity and Systems Transformation in Primary Health Care (QUEST PHC) team at Western Sydney University (WSU) is currently already working to establish evidence and explore the views of stakeholders (consumers and primary health care providers) on patient-reported outcomes (PROMS) and patient-reported experience measures (PREMS) in primary health. The further development and validation of these measures should be a priority as they are important not just in telehealth and virtual care options, but in primary health care in general. It is critical that they are evidence-based, relevant and feasible in order to be implemented by health care providers and hence to improve health care.

The data currently submitted by general practices to their local PHNs for PIP QI are meeting only minimum quality standards and there is a lack of consistency across PHNs in data content, variability in the quality of the data collected and also in the quality improvement outcomes achieved through this process. Urgent reform is needed in PIP QI, investment made in training and support via PHNs. This requires to be reworded more substantially in the 10-year plan. There is a need for a set of universally agreed comprehensive high-quality indicators and measures if the Australian Government is to continue to invest in the collection of data to achieve high-quality primary health care.

9 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

stream 1: action Area B:

10 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

stream 1: Action area C:

11 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

stream 2: Action area A:

We support voluntary patient registration (VPR) as a means of providing improved health care and agree that VPR needs to be financially supported with funding approaches informed by evidence and supported by ongoing evaluation of outcomes. We absolutely agree that current SIP and PIP indicators focused mainly on structures and processes and more outcome indicators (including PREMs, PROMs and clinical measures) are needed to provide more tangible benefits for primary health care patients. All action areas described in Stream 2 require research to provide evidence, test interventions and develop implementation and evaluation strategies.

12 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

stream 2: Action area B:

We agree the voluntary patient registration (VPR) is the platform to provide team based care. We also agree that funding reform is required to support team based care including funding of allied health care providers for contribution to team based care planning. Critically it is important that funding reform in this area is supported by development and implementation of team-based care quality indicators and measures. This requires an agreed set of indicators that are evidence-based, relevant and feasible in order to be implementable to improve care delivery.

13 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

stream 2: Action area C:

14 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

stream 2: Action area D:

15 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

stream 2: Action area E:

16 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

stream 2: Action area F:

The diverse needs, differences in lived experience and culture appropriateness of culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander peoples should be included in the indicators and measures of high-quality primary health care. This requires an agreed set of indicators that are evidence-based, relevant and feasible in order to be implementable to improve care delivery.

17 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

stream 3: Action area A:

18 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

stream 3: Action area B:

19 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

stream 3: Action area C:

20 Please provide any additional comments you have on the draft plan (1000 word limit)

Additional comments:

It is great to see (in Section 2) that the 10-year plan has adopted the recommendation of the Steering Group to use the Quadruple Aim framework to provide overarching aims for the plan. We agree with all the enablers of the plan, particularly about people and funding reform. Patient-reported experience and outcome measures (PREMs and PROMs) will empower patients to have a voice and be engaged in their own care. Funding reform to better incentivise high-quality patient-centred care primary health care in Australia is critical but requires evidence-based, relevant and feasible indicators and measures agreed across primary health care stakeholders.

The QUEST PHC (Quality Equity and Systems Transformation in Primary Health Care) project, funded by Digital Health Cooperative Research Centre (Digital Health CRC), is a collaboration between Western Sydney University with eight PHNs across Australia. The project has developed a suite of evidence-based indicators and measures of high-quality general practice in the Australian context which aligned with the Quadruple Aim and include measures of 'structures', 'processes' and 'outcomes' according to the Donabedian framework. We will be exploring PREMs and PROMs with consumers to establish appropriate measures for the Australian primary health context. We will also be consulting with Aboriginal and Torres Strait Islander Health and

Justice Health sectors to ensure that the tool will address is broadly applicable across Australian primary health.