



ACN

**Submission to the Royal Australian College
of General Practitioners' *Vision for a
sustainable health system* consultation
paper**

Australian College of Nursing

Submission to the consultation paper *Vision for a sustainable health system*

The Australian College of Nursing (ACN) welcomes the opportunity to provide comment on the Royal Australian College of General Practitioners' (RACGP) *Vision for a sustainable health system* consultation paper (the consultation paper). ACN is a national professional organisation for nurse leaders that contributes to health care through nursing leadership. ACN is an authorised higher education provider and registered training organisation and the Australian member of the International Council of Nurses. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties.

The first section of ACN's submission entitled *General comments* discusses (1) guiding principles for reform of Australia's primary health care (PHC) system, (2) the importance of an all-of-PHC system view in system reform and (3) the need for an evidence-base to inform PHC reform. Section two addresses each of the RACGP's nine proposed areas of PHC funding reform.

General comments

ACN acknowledges that PHC is delivered by a broad range of health professionals in a variety of settings. The RACGP's consultation paper does not capture the broad range of health services that contribute to PHC but focuses only on general practice as a setting in which PHC is delivered.

Guiding Principles for reform of Australia's PHC system

ACN believes that the overarching principle guiding the design of health care delivery should be that any system of care must first and foremost benefit the patient, support quality of care and equity in access to quality care. ACN agrees with the RACGP that Australia's current model of funding PHC needs reform and commends the RACGP for initiating a national conversation about this issue. ACN shares the RACGP's view that the current funding model for general practice focuses too much on diseases and processes. In ACN's view the current funding model also perpetuates the siloes that exist between general practice and other PHC services and helps to drive fragmentation of service delivery in PHC. ACN believes that funding models for PHC should be designed to support a system of care that has the patient's health concerns at its centre. With this in mind, ACN considers that any proposal for funding reform should clearly demonstrate how innovative models of funding support better coordination and integration between general practice and the wide-range of other health and social care services. Further, any new PHC funding model must effectively address the challenges posed by the high incidence in Australia's population of health conditions that necessitate the delivery of ongoing care. The management of chronic conditions requires a funding model that fully supports:

- delivery of care by multi-disciplinary teams;
- involvement of patients and their support persons as equal partners in decision-making; and
- patients' and their support persons' acquisition of self-care knowledge and skills.

Any new funding models should also support the primary health care sector to be responsive to unacceptable levels of inequality in access to quality care.

All of PHC system view

The RACGP's consultation paper provides a succinct picture of the general practice setting, with important suggestions for the direction of reform. However, ACN considers the consultation paper to be unduly weighted towards the role of general practitioners (GPs). For this reason, the discussion in the consultation paper inadequately supports the

contribution of many other PHC professionals to the delivery of holistic patient care as part of the practice team. For example, in general practice allied health professionals and nurses play critical roles in the delivery of comprehensive care to patients. Nurses in particular provide services across all points of the PHC service spectrum, including illness prevention, health promotion, assessment, treatment, coordination, evaluation, and advocacy. Any funding model should provide systematic support for the wide ranging contribution nurses make to patient care in the general practice setting.

Many providers of PHC services are not located in general practices. ACN believes that the consultation paper's scope and content must be expanded to adequately reflect the PHC system in its entirety. PHC providers who sit outside general practice are critical to the PHC system's effective and efficient functioning. For example, cancer screening, drug and alcohol rehabilitation, family planning and dental and eye health are all examples of services that play essential roles in the comprehensive primary health care of individuals and populations. These services often interact with general practice in the provision and coordination of care; yet the consultation paper fails to acknowledge these providers and their relationships with general practice. This issue is especially significant in view of the aforementioned service siloes that exist in the PHC system. ACN believes that any proposal for reform of PHC funding must clearly articulate how the reform will support better coordination and integration between general practice and other health and social care services.

An all-of-PHC system review of funding and service delivery systems

ACN acknowledges the technical and political difficulties associated with proposing any large scale health reform. Thus ACN appreciates the confines within which the RACGP worked in developing its consultation paper. However, ACN believes that any reform of PHC should be (1) evidence based, (2) consider the PHC system in its entirety and (3) encompass not just funding models but also care delivery systems if reform is to be meaningful and sustainable.

Evidence-base

ACN believes that any health financing and service delivery reform must be informed by a sound evidence-base. A foundational component to any reform effort would be constructing a map of the PHC system to gain an overview over the entire PHC system and its contributing services. A systematic map of the PHC system should involve the full charting of the sector's financial, administrative and service delivery arrangements. Also documented should be the roles and responsibilities of all tiers of government, private health insurers, and all relevant government and non-government providers of health and social services. The PHC map would provide a picture not only of current service gaps but also of duplications and other inefficiencies. Baseline data from such a systematically derived map would support a well-informed national conversation about the reforms needed to PHC financing and delivery to overcome the system's current and future challenges.

In view of the importance of an evidence-base to the formulation of effective reform, ACN has reservations regarding the RACGP's proposal to redirect funding from the Practice Incentive Payments (PIP) and Service Incentive Payments (SIP) programs. ACN is concerned that the consultation paper provides no evidence to support the RACGP's claim that the programs are ineffective and inefficient. ACN believes that a review of the PIPs and SIPs programs should be undertaken to first determine their efficiency and effectiveness. Or if any existing evaluation data are available, that these should be released for review before any funding is redirected. By fully evaluating the current arrangements, government and others will be able to draw on lessons regarding what has, and what has not, worked well. Undertaking this exercise will help minimise the potential for effective measures within the PIPs and SIPs to be lost, and likewise for errors to be repeated.

Further, ACN believes that it is essential that any program funding should be accounted for in terms of patient and community benefit. In this regard, proposed targets, indicators (preferably outcomes-focused where appropriate) and

methods of measurement would significantly enhance the conversation about any reform of PHC funding and service delivery.

Comments to the nine components of the proposed funding model

The following section provides comment on each of the proposed funding model's nine components presented in the consultation paper.

Voluntary patient enrolment

ACN supports patient enrolment in general because empirical evidence demonstrates that enrolment is related to increased patient satisfaction, improved patient health outcomes, and reduced costs (Kalucy et al. 2009). When paired with capitation funding, patient enrolment has also been shown to promote the delivery of illness prevention and population health activities by the GP and other practice staff (Kalucy et al. 2009).

ACN further agrees with the RACGP's position that any patient enrolment system must be voluntary which is essential to ensuring that patient choice is maintained. Flexibility in choice of GP and/or practice is important in terms of:

- enabling patients to gain a second opinion (where desired and/or necessary);
- attending a practice which provides a service more suitable to a patient's needs;
- allowing easier access for people who may be away from their usual practice; and
- promoting competition amongst providers.

An important feature of any system of voluntary patient enrolment must be the inclusion of a facility for the seamless transfer of patient information between practices at no cost to the patient. Further, any proposals for the introduction of voluntary patient enrolment should include a discussion of accountability measures. These measures should reflect the performance of the general practice as a health service provider overall and as a provider of care to individual patients. For example, performance indicators could identify whether voluntary patient enrolment, and the money provided for it, is achieving the benefits known to be associated with it. Possible indicators may be: greater practice-level data generation and patient retention (Australian Primary Healthcare Association 2015), increased population health planning and implementation (Kalucy et al. 2009), and improved patient experience (Oliver- Baxter et al. 2015).

Comprehensiveness of service

ACN supports the idea of GPs and general practice-based teams providing a wide range of services appropriate to primary care needs in the community. However, ACN is concerned that in the absence of an overall effectively coordinated PHC system, there is potential for service duplication. For example, state-funded services are providing cervical cancer screening, mental health or men's health services. In an ill-coordinated PHC system these services may be duplicated under a funding model where the Federal Government provides incentives to GPs and practices to expand service offerings. ACN would like to see greater consideration of how coordination and collaboration within the entire PHC system would be promoted under the funding model proposed by the RACGP. In fact, a greater community benefit may be obtained by using such funds for the coordination of existing services, rather than incentivising additional ones.

Health service integration

The consultation paper describes health service integration as 'the timely and accurate flow of patient health information between healthcare providers and sectors' (p.17). ACN considers this description to reflect coordination rather than integration as, coordination between providers does not equal integration. Coordination involves separate health care

providers aligning their service provision to meet patients' needs. Integration, by contrast, involves shared service planning and action toward common goals including coordination, communication, joint decision making, shared authority, and joint responsibility for outcomes (Lindeke & Block 1998). Thus, integration involves a multi-disciplinary team working to 'wrap' care around a patient to holistically address their needs using a tailored and seamless care pathway (Nicholson, Jackson & Marley 2014).

Health service integration is an objective of many health reform processes because the successful integration of services has been shown to improve patient outcomes, experiences, and satisfaction, whilst being cost-effective (Oliver Baxter et al. 2013). ACN would support a funding and service delivery model that promotes integration in PHC and the superior outcomes that integration yields for patients. However, the achievement of true integration would require a more wide-ranging review and reform process than that proposed in the consultation paper. In ACN's view payments to a general practice in support of measures that promote integration amongst all practice staff and affiliated health care professionals and supported by appropriate models of care, would be a step in the right direction.

Practice nursing

Over 60% of general practices employ nurses and the number of nurses in general practice has been increasing steadily over the last decade or so. These facts are testament to the important contribution nurses make to the delivery of primary care through general practices. Research has shown that this contribution goes well beyond assisting GPs and includes the roles of patient carer, organiser, quality controller and improvement agent, problem solver and agent of connectivity (Phillips et al. 2009). ACN supports an increase in funding to support the employment of more nurses in general practice to benefit patient care. However, ACN believes that the funding should include provisions that ensure adequate support for nurses' professional development and career progression. Such provisions may support postgraduate studies, attendance at workshops, seminars or conferences, and participation in research opportunities, such as in partnership with universities. There is concern that the PHC setting may experience a shortage in the supply of nurses with the relevant education and experience to work in this setting. The provision of funds to support nurses in general practice to undertake professional development and facilitate their career progression would attract committed and educationally well prepared nurses to this setting. Further, funding could be sought to develop new and/or expanded roles for nurses in general practice that fully utilise nurses' scope of practice, such as nurse clinics. Such roles would benefit practices and their patients by increasing not only the range of services available but also the practices' effectiveness. Nurse clinics have also been shown to improve nurses' job satisfaction and lower the rates of turnover, an important benefit in times of a looming supply shortage for nurses in general practice (Whiteford, White & Stephenson 2013).

Teaching

The teaching and supervision of new and early career health professionals is essential to the sustainability of any health care system but is even more important if a sector anticipates growth and expansion. This is the case in PHC because a stark need exists for the health system to be reoriented towards community-based delivery of health care. ACN agrees that it is highly important that GPs and general practices are adequately funded to provide teaching and supervision to new and early career clinicians, which takes into account the coordination, administration, infrastructure, and opportunity costs associated with the activity.

Further, ACN would like to emphasise the need to support places in general practice for newly registered nurses and nurses seeking to transition from tertiary care or aged care to the primary care setting. As with attracting doctors to PHC, the sector faces competitive pressures in attracting nurses particularly from the tertiary sector because tertiary sector nurses have greater opportunity for specialisation and career progression. A stronger general practice sector that is responsive to health care needs in the community it serves requires highly skilled and motivated nurses committed to

PHC. One way of attracting nurses into general practice is to make available places for newly registered nurses and nurses seeking to transition from tertiary care or aged care to general practice.

The funding for nurses' transitional support should encompass ensuring their mentor has the infrastructure, resources, and allocated time to undertake these activities. Funds could also be used to up-skill mentors through relevant professional development opportunities so they are able to provide the professional support required. Well prepared mentors who conduct well-structured transition programs with relevant content would result in nurses acquiring greater aptitude and capability during their transition period.

Electronic information and communication technology

Information technology (IT), eHealth and other electronic communication infrastructure are crucial components of any general practice. ACN supports the need for continued investment in practice IT, eHealth, and associated infrastructure. ACN emphasises the importance of training and supporting all general practice team members in using this technology. Practice nurses, whose diverse roles require the extensive use of electronic information and communication systems should be a particular focus of consultation and training in IT related initiatives.

Research

Research initiatives are critical to the continued development and success of PHC. ACN would like to emphasise the importance of supporting all relevant health professionals to participate in research activities related to PHC. This approach which would also accord with the multi-disciplinary team-based model of care that general practices aspire to. Specifically, ACN proposes that a proportion of the funding be allocated to the development, implementation, and evaluation of models of care suitable for the multi-disciplinary team approach used in PHC. Further, funds should be allocated for research that explores new or expanded roles for nurses in general practice (including the role of specialist nurses, such as mental health nurses, and nurse practitioners). ACN proposes that funding be provided not just for research activities but also for projects that seek improvements in quality and safety.

Complexity loading

ACN supports the concept of complexity loading for practices based on criteria such as socio-economic status, rurality, the practice population's burden-of-disease, Aboriginal and Torres Strait Islander status, and age of the patient population the practice serves. Practices who serve populations with a high prevalence of complex health and social needs will find it difficult to sustain a successful business under the current funding model. ACN would also encourage the consideration of how nurses may also be recruited to general practice and retained in areas of high need and the kind of rewards best suited to support nurses' recruitment and retention.

Indexation

ACN believes in a fair and equitable health system that is underpinned by the principle of 'access to care according to need, not ability to pay'. In this regard, ACN agrees that full CPI indexation on MBS rebates should be implemented. The failure to do so is likely to result in increased gap payments, which in turn is likely to lead to inequity in access to care for people with low incomes.

Summary

ACN welcomes the opportunity to comment on the RACGP's *Vision for a sustainable health system* consultation paper, and commends the RACGP for attempting to stimulate a national conversation on much needed health financing reform. However, ACN believes that any discussion about PHC reform should reflect the PHC system in its entirety, draw on evidence and consider not just financing but also service delivery. Reform should also seek to reorient the health system

towards a stronger primary health care sector where community-based care delivery, illness prevention, health promotion, and addressing the social determinants of health are front and centre. Well integrated multi-disciplinary teams are a key foundation to community-based delivery of health care from both inside and outside general practice. Nurses are fundamental to health care delivery in PHC and thus have an important contribution to make to PHC reform and reorientation.

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