

Outcome 5

PRIMARY CARE

Access to comprehensive, community-based health care, including through first point of call services for prevention, diagnosis and treatment of ill-health, and for ongoing management of chronic disease.

Outcome Strategy

Through Outcome 5, the Australian Government aims to provide Australians with access to cost-effective community-based primary care by: supporting a strong and well-trained, multidisciplinary team based primary care workforce; improving patient management of chronic disease; fostering a primary care system that focuses equally on prevention, diagnosis and treatment; and encouraging primary care professionals to deliver services aimed at identified health priorities.¹ Through the National Primary Health Care Strategy, the Australian Government will help to ensure a stronger primary health care system, providing more effective frontline care to families across Australia. This will occur during the course of the year.

Access to Primary Care and Chronic Disease Management

Australia's health care system faces challenges with a growing burden of chronic disease, an ageing population, and workforce pressures.² Chronic diseases place an enormous strain on the health system. Put together, smoking, obesity, harmful use of alcohol, physical inactivity, poor diet and the associated risk factors of high blood pressure and high blood cholesterol cause approximately 32 per cent of Australia's illnesses.³ To address these challenges in 2009-10, the Australian Government will continue to: work to develop a more effective coordinated and multidisciplinary approach; focus on patient self-management; and ensure that health resources are used efficiently. The Government will also focus priorities on the basis of patients' needs to achieve the best health outcomes.

The GP Super Clinics program is a key element in the Australian Government's strategy to build a stronger primary care system, including a greater focus on the management of chronic disease, health promotion and illness prevention. Through the GP Super Clinics program, the Department will support the delivery of well-integrated, multidisciplinary primary health care services, by continuing to work with funding recipients and liaising with key stakeholders including State and Territory Governments and the Divisions of General Practice. The GP Super Clinics will also provide better coordination between privately provided general practice, allied health services, and State and Territory Government funded services and enhance access to primary health care services in 31 local communities throughout Australia. All GP Super Clinics are expected to be commissioned by June 2010.

¹ For further discussion on the Government's workforce initiatives, refer to Outcomes 2, 3, 4, 6, 8 and 12 located within these Portfolio Budget Statements.

² *Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government.* Accessible at: <www.health.gov.au>.

³ *Australia: the Healthiest Country by 2020* – a discussion paper prepared by the National Preventative Health Taskforce. Accessible at: <www.preventativehealth.org.au>.

The Australian Government will introduce a range of initiatives to better meet the health needs of rural areas through a viable long-term rural and regional health workforce. Under the Health and Hospitals Fund package of measures, the Government will also provide funding for a range of primary care infrastructure in rural Australia and supporting rural hospitals.

Refer to discussions under Program 5.2: Primary Care Financing, Quality and Access for further information on these Government initiatives.⁴

Primary Care Innovation and Maternity Reform

The Australian Government for the first time is providing nurse practitioners with the capacity to deliver Medicare rebateable services, and Pharmaceutical Benefits Scheme (PBS) prescriptions for certain pharmaceuticals relevant to primary care and aged care. These arrangements will commence from November 2010 following the necessary legislative amendments.

The Australian Government, as part of its maternity care package to improve choice and access to maternity services for pregnant women and new mothers, aims to improve first point of call services for families across Australia by developing a strategic approach to primary health services. The Government will work with State and Territory Governments and other stakeholders to develop a national maternity service plan to ensure a more strategic approach to maternity services, particularly in rural areas. As part of developing a comprehensive plan and in response to the recent Maternity Services Review, the Government has committed to a package of measures to improve choice and access to maternity services for pregnant women and new mothers.⁵ The Government will deliver reforms to the Medicare Benefits Schedule (MBS) arrangements for midwives who provide maternity care. It will also promote a collaborative care approach to maternity care by involving all relevant health care professions.

Refer to discussions under Program 5.3: Primary Care Policy, Innovation and Research for further information on these Government initiatives.

A Strengthened Delivery Platform for an Expanded General Practice Training Program

The Australian Government aims to provide a well-trained, appropriately distributed general practice workforce. To achieve these aims the Government is creating a pathway for general practice training from junior doctor training through to vocational training arrangements. From 1 January 2010, the management of the Prevocational General Practice Placements program will come under the responsibility of General Practice Education and Training Ltd. This will bring general practice training for junior doctors together with the Australian General Practice Training program. In combination with new flexibilities within the program, this will improve the program to attract medical graduates to a career in general practice.

Refer to discussions under Program 5.1: Primary Care Education and Training for further information on these Government initiatives.

⁴ For further discussion on this Government initiative, refer to Outcomes 1, 3, 6, 10 and 12 in these Portfolio Budget Statements.

⁵ For further information on the Government's maternity initiatives refer to Outcomes 3 and 8 in these Portfolio Budget Statements.

Primary Care and Indigenous Health

The Australian Government will work through the Council of Australian Governments' (COAG) Indigenous Health National Partnership to improve access to primary health care and follow-up services, and provide targeted prevention activities to reduce the burden of chronic disease on Indigenous Australians. The partnership is a joint commitment by all governments in Australia to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

Refer to discussions under Programs 5.2: Primary Care Financing, Quality and Access, and 5.4: Primary Care Practice Incentives for further information on these Government initiatives.⁶

The Government's initiatives and broader health system reforms will help address current and future issues such as Australia's ageing health workforce, and the pressure placed on primary care by the increased incidence of chronic disease conditions in an ageing community. These contributing factors are leading to greater pressure on the health care system which presents challenges in implementing the initiatives under Outcome 5.

COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is responsible for National Specific Purpose payments, National Partnership payments to and through the states and territories, and general revenue assistance. The Treasury holds the appropriation for these items and reports the financial details accordingly. Further details can be found in Table 1.5.1 in Section 1. The non-financial performance of the corresponding programs remains the responsibility of the Department of Health and Ageing.

Outcome 5 is the responsibility of the Primary and Ambulatory Care Division, the Mental Health and Chronic Disease Division and the Medicare Benefits Division.

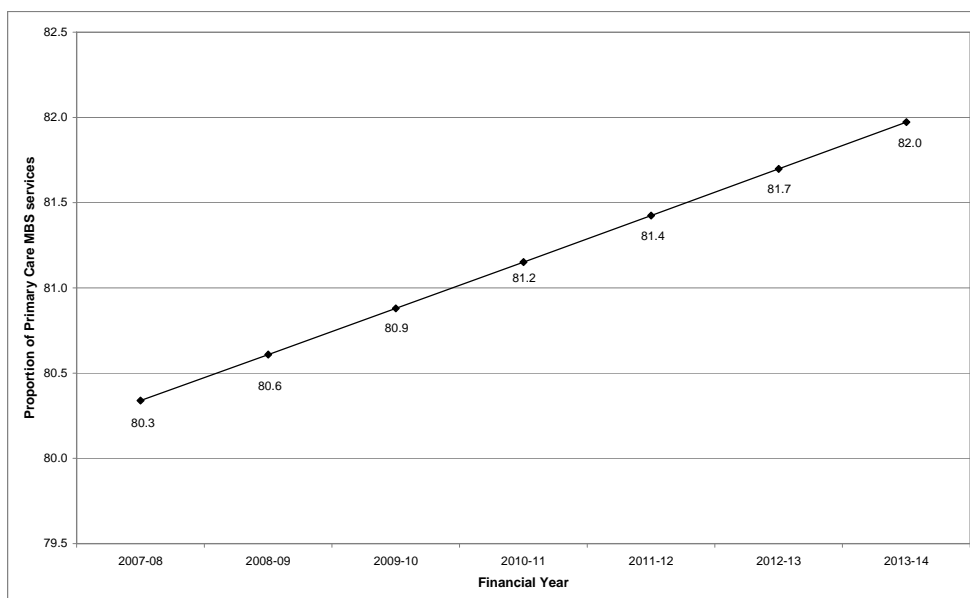
⁶ For further discussion on these Government initiatives, refer to the Outcome 8 chapter located later in these Portfolio Budget Statements.

Outcome 5 Trends

Trend Projection 5.1: Primary care MBS services provided by practices in the Practice Incentives program.

Trend 5.1 demonstrates the estimated proportion of primary care MBS services provided by practices participating in the Practice Incentives program, compared with the total primary care MBS services provided through all general practices in Australia. The proportion of primary care MBS services provided by practices in the program reflects the level of access to high quality care.

Figure 1: Estimated Proportion of Primary Care MBS Services Provided by Practices in the Practice Incentives Program



Source: Department of Health and Ageing estimated growth based on Practice Incentives program participation data, available from Medicare Australia.⁷

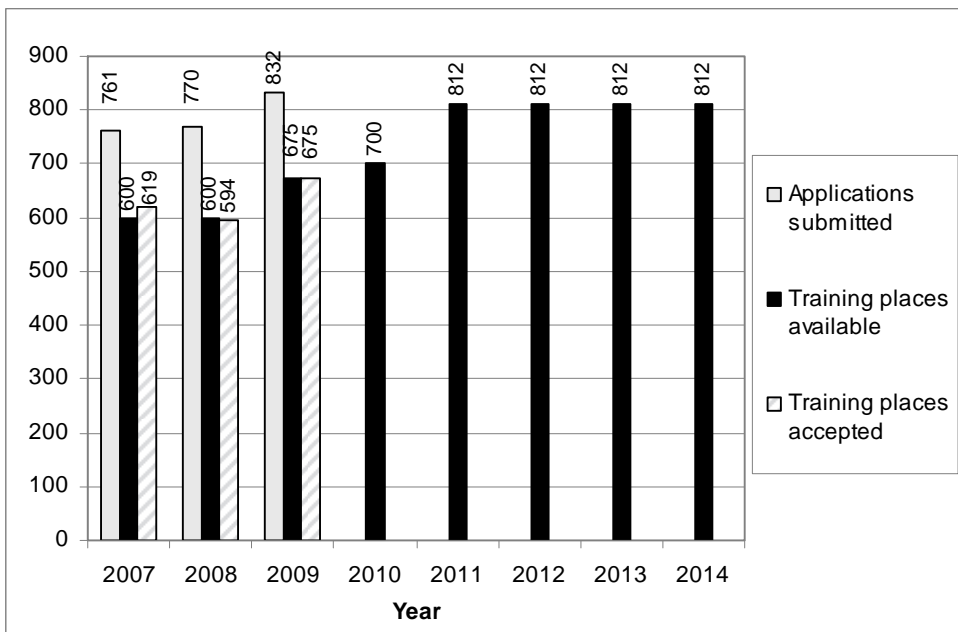
⁷ Accessible at <www.medicareaustralia.gov.au>.

Trend Projection 5.2: Estimated Expansion of the Australian General Practice Training Program.

Trend 5.2 demonstrates the expanding number of training places available through the Australian General Practice Training program, which will increase Australians' access to highly qualified general practitioners (GPs). The number of general practice training places is being incrementally increased from the previous program limit of 600 to an expanded limit of 812 places per annum from 2011.

The Government has recently increased the number of training places through two separate announcements. The first announcement provided an increase of 75 places in 2009 and 100 places in 2010. Following this and, as part of the COAG health workforce package in November 2008, the Government provided for an ongoing increase in the number of training places to 812 per annum from 2011.

Figure 2: Estimated Expansion of Training Places Available and Accepted



Source: *Australian General Practice Training program Selection Outcomes Report 2009*.

In addition, the Government offers additional training places through the Remote Vocational Training Scheme. Fifteen places have been provided each year over the period from 2007 to 2010, rising to 22 ongoing places from 2011. The Remote Vocational Training Scheme is designed to be delivered through a remote supervision model, allowing general practitioners in remote areas to remain in their practices, providing services to the community while undertaking training.

Outcome 5 Budgeted Expenses and Resources

Table 5.1 provides an overview of the total expenses for Outcome 5 by Program.

Table 5.1: Budgeted Expenses and Resources for Outcome 5

| | 2008-09 Estimated actual expenses \$'000 | 2009-10 Estimated expenses \$'000 |
|--|---|--|
| Program 5.1: Primary Care Education and Training | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 264,057 | 160,997 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 5,469 | 6,352 |
| Revenues from other sources (s31) | 95 | 101 |
| Unfunded expenses* | 96 | - |
| Subtotal for Program 5.1 | 269,717 | 167,450 |
| Program 5.2: Primary Care Financing, Quality and Access | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 319,561 | 369,551 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 25,343 | 29,435 |
| Revenues from other sources (s31) | 442 | 467 |
| Unfunded expenses* | 444 | - |
| Subtotal for Program 5.2 | 345,790 | 399,453 |
| Program 5.3: Primary Care Policy, Innovation and Research | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 25,603 | 32,826 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 3,804 | 4,419 |
| Revenues from other sources (s31) | 66 | 70 |
| Unfunded expenses* | 67 | - |
| Subtotal for Program 5.3 | 29,540 | 37,315 |
| Program 5.4: Primary Care Practice Incentives | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 309,236 | 293,163 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 2,122 | 2,464 |
| Revenues from other sources (s31) | 37 | 39 |
| Unfunded expenses* | 37 | - |
| Subtotal for Program 5.4 | 311,432 | 295,666 |

Table 5.1: Budgeted Expenses and Resources for Outcome 5 (cont.)

| | 2008-09 Estimated actual expenses \$'000 | 2009-10 Estimated expenses \$'000 |
|---|---|--|
| Outcome 5 totals by appropriation type: | | |
| Administered expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 918,457 | 856,537 |
| Departmental expenses | | |
| Ordinary annual services (Appropriation Bill No. 1) | 36,738 | 42,670 |
| Revenues from other sources (s31) | 640 | 677 |
| Unfunded expenses* | 644 | - |
| Total expenses for Outcome 5 | 956,479 | 899,884 |
| | | |
| | 2008-09 | 2009-10 |
| Average staffing level (number) | 275 | 298 |

Note: * Loss attributable to the effect of the decreased bond rate on employee entitlements.

Contributions to Outcome 5

Program 5.1: Primary Care Education and Training

Program Objective

Through this Program, the Australian Government aims to support the general practice workforce by increasing access to training for general practice vocational doctors. The Government will achieve this by: supporting high quality training for GP registrars; strengthening general practice education and training; and providing access to GP registrars throughout Australia. The Government has increased the numbers of GPs in training, introduced revisions to the delivery platform for training and created a comprehensive training pathway by transferring junior doctor general practice training into General Practice Education and Training Ltd (GPET)⁸ for its ongoing management and delivery. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

Key Strategic Directions

This Program aims to:

- provide high quality training for general practice registrars; and
- provide access to general practice registrars in all areas of Australia including rural, remote and outer metropolitan locations.

Major Activities

High Quality Training for GP Registrars

Expanding and Refining General Practice Training

The Government has expanded the number of training places available for general practice both through the Australian General Practice Training program and the Remote Vocational Training Scheme. The Australian General Practice Training program will expand from 600 new junior doctors commencing general practice training annually to 812 ongoing places from 2011 onwards. In addition, the Remote Vocational Training Scheme for remotely located general practitioners will be expanded from 15 to 22 places from 2011.

The Government has also expanded the Prevocational General Practice Placements program with a specific commitment to increase the number of junior doctors accessing general practice experience in New South Wales, the Australian Capital Territory and Tasmania. The program will be relocated to GPET for its ongoing delivery and management from 1 January 2010. This creates a pathway for general practice training for junior doctors and facilitates recognition of prior learning for participants who pursue a career in general practice.

The delivery platform for general practice training will be made more flexible for general practice registrars by streamlining current arrangements to better meet the needs of registrars as well as the workforce needs for Australia. In addition, the regional training platform will be reviewed and restructured to provide training through effective, regionally appropriate providers that will deliver comprehensive education and training in conjunction with regional health services and providers, and educational institutions.

⁸ For further discussion on GPET, refer to the GPET chapter located later in these Portfolio Budget Statements.

Underpinning the training platform are the revised incentive arrangements for general practice. These changes demonstrate the Government's long term commitment to a rural and regional workforce. From July 2010, registrars will be able to access the same incentive arrangements as GPs. These incentives will grow as more time is spent delivering services in rural and remote locations and are ongoing beyond the completion of training.

Strengthened General Practice Platform and More Training Places

The Australian General Practice Training program is delivered by GPET, which currently contracts with regional training providers to deliver education training and personal support for general practice registrars across Australia.

Registrars on the program provide general practice services to the community, helping more families access basic health services. General practices and communities that host general practice registrars on the program benefit, as registrars are able to provide general practice services to the local community while they are undertaking their training.

There will be a number of changes to the Australian General Practice Training program in 2009-10, which will produce savings through program and administrative efficiencies in the management and delivery of general practice vocational education and training. These changes improve the efficiency of the regional training provider network, simplify the rules of the Australian General Practice Training program, and transfer the management of the Prevocational General Practice Placements program to GPET.

Savings in the delivery of the Australian General Practice Training program will be achieved from 1 January 2010 by improving the structure and efficiency of the regional training provider network. The new regionalised training arrangements will preserve local knowledge and engagement with local health professionals and services, and ensure that there is improved capacity for registrars to be trained with appropriate regional support in all areas of Australia including rural and remote locations.

From 1 January 2010, the Australian General Practice Training program will offer simplified training arrangements to provide registrars with greater flexibility over their training arrangements and to further encourage doctors to choose general practice as a career. Through partnerships with GPET, regional training providers, registrars and other key stakeholders, the Department works to ensure that registrars continue to receive high quality training towards obtaining Fellowship of either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.

From 1 January 2010, the management of the Prevocational General Practice Placements program will become the responsibility of GPET, to bring general practice training for junior doctors together with the Australian General Practice Training program, improving the alignment between these programs and creating a comprehensive pathway for general practice training.

To support the primary care medical workforce, in 2009-10 the Government will provide an additional 75 new general practice training places in 2009 and an additional 25 new places in 2010 bringing the number of training places to 675 in 2009, and 700 in the 2010 academic year. As part of the Australian Government's contribution to the Health Workforce Partnership, through the COAG agreement announced on 29 November 2008, a further 212 ongoing training places from 2011 will be funded, producing a total of 812 training places in the Australian General Practice Training program from 2011 onwards. Over the next four years commencing in 2009-10, the Department will provide additional

support for registrars on the program to undertake more Indigenous health training posts. Registrars undertaking Indigenous health training posts provide vital general practice services to Indigenous communities and are better trained to meet the needs of Indigenous people in the future.

The Australian General Practice Training program is the main pathway towards gaining fellowship as a GP and to gain access to work as an unsupervised GP. Increasing the number of training places available on the program will increase the number of GPs entering the workforce in the future.

The Department, through the Remote Vocational Training Scheme, will provide flexible vocational training so that doctors in solo doctor towns and remote areas remain in their practice while undertaking training, limiting the impact on the community. The Department, through the Scheme, provides an alternative route to vocational recognition for remote practitioners. The aim of the Scheme is to offer an alternative route for doctors wishing to achieve vocational recognition by undertaking all of their training through remote supervision in a rural or remote location within Australia. The Government, through the Department, will increase the number of ongoing training places in the scheme from 15 in 2009 to 22 ongoing training places from 2011.

The Department will work with GPET and other key stakeholders to market and promote general practice as a career, with a view to increasing the number of medical graduates choosing it as a career.

Access to GP Registrars

Supporting the General Practice Workforce

The Australian Government, through the Prevocational General Practice Placements program, aims to support primary health care delivery by encouraging junior doctors to take up general practice as a career. The program offers voluntary, well-supervised and supported placements in outer metropolitan, regional, rural and remote areas for prevocational trainees in accredited training environments. Through this program, the Department will work to increase general practice numbers. Medical graduates who completed the program's placements (67 per cent of participants surveyed in 2007) indicated that the placement confirmed their intention to select general practice as a career choice.

By providing a quality training experience to junior doctors, the Department works to meet the Government's aim of encouraging graduates to select general practice as a career. An extra \$41.2 million funding has been allocated to the program in the 2009-10 Budget to allow an increase in placement numbers from 2009-10 to 2012-13.

Support for Rural and Remote Workforce

The Australian Government, through the Bush Crisis Line and Support Services program works to provide support for the rural and remote health workforce and their families. This will help health practitioners manage the stress associated with rural, remote and very remote practice. The program also aims to improve the responsiveness of the mainstream health system to address the needs of Aboriginal and Torres Strait Islander people.

Preference is given to training placements for junior doctors in areas of workforce need in regional, rural and remote locations. This increases the likelihood that general practice

registrars will later practise in an area of need and contribute to a more equitable distribution of GPs.

Program 5.1: Expenses

The Higher Education Contribution Scheme reimbursement will be transferred to Outcome 12 from 2010-11.

Table 5.2: Program Expenses

| | 2008-09 Estimated actual \$'000 | 2009-10 Budget \$'000 | 2010-11 Forward year 1 \$'000 | 2011-12 Forward year 2 \$'000 | 2012-13 Forward year 3 \$'000 |
|-------------------------------|--|-----------------------------|--|--|--|
| Annual administered expenses: | | | | | |
| Ordinary annual services* | 264,057 | 160,997 | 132,117 | 132,385 | 131,431 |
| Program support | 5,660 | 6,453 | 6,180 | 5,954 | 5,895 |
| Total Program expenses | 269,717 | 167,450 | 138,297 | 138,339 | 137,326 |

Note: * Appropriation Bill (No. 1) 2009-10.

Program 5.1: Deliverables

To improve the primary care workforce, Program 5.1 provides funding for general practice vocational training for doctors, and ongoing training for GPs to improve access to community-based health care. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

Qualitative Deliverables

High Quality Training for GP Registrars

- Timely production of evidence-based policy research.
- Regular stakeholder participation in program development, through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers.

Table 5.3: Quantitative Deliverables for Program 5.1

| Quantitative Deliverables | 2008-09 Revised Budget | 2009-10 Budget | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|--|------------------------------|-------------------|------------------------------|------------------------------|------------------------------|
| Percentage of variance between actual and budgeted expenses. | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |
| High Quality Training for GP Registrars | | | | | |
| Number of general practice training places filled on the Australian General Practice Training program. | 594 | 675 | 700 | 812 | 812 |

Program 5.1: Key Performance Indicators

The following ‘key performance indicators’ will measure the impact of the Program.

Table 5.4: Quantitative Key Performance Indicators for Program 5.1

| Quantitative Indicators | 2008 <i>Revised Budget</i> | 2009 <i>Budget Target</i> | 2010 <i>Forward Year 1</i> | 2011 <i>Forward Year 2</i> | 2012 <i>Forward Year 3</i> |
|---|-----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| High Quality Training for GP Registrars | | | | | |
| Number of new general practice training places filled on the Remote Vocational Training Scheme. | 15 | 15 | 15 | 22 | 22 |

Program 5.2: Primary Care Financing, Quality and Access

Program Objective

Through this Program, the Australian Government aims to improve access to primary care and will achieve this through funding initiatives that expand the number of health care services, improve patient management of chronic disease, influence the quality and standard of rural health care services, introduce a new funding formula for Divisions of General Practice, provide after-hours health services, and address key priority areas such as access to health services for women and Indigenous people. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

Key Strategic Direction

This Program aims to:

- improve the availability and quality of primary care services for Australians.

Major Activities

Improved Availability and Quality of Primary Care Services

GP Super Clinics

The Australian Government aims to provide the Australian community with local access to integrated multidisciplinary patient-centred care. The Australian Government is providing funding for the construction and/or refurbishment of facilities to establish GP Super Clinics across Australia. The GP Super Clinics will provide the physical infrastructure to improve local access to multidisciplinary, team-based health care. The provision of infrastructure will also support education and training opportunities for medical, nursing and allied health students, and general practice registrars.

Each GP Super Clinic will provide the range of services and types of health care professionals required to meet the needs and priorities of the local community. The Department will work with the operator of the clinic to ensure that there is ongoing engagement with local health care providers and community members as the GP Super Clinic is built and becomes operational.

The challenge through 2009-10, will be to ensure that construction of the GP Super Clinics progresses in line with the Government's construction milestones. The Department will work closely with each funded organisation to ensure clinics are opened within agreed timeframes.

After-hours Program and National Health Call Centre

The Australian Government will continue to work to provide Australians with access to after-hours health services and health information, through the General Practice After Hours program and the National Health Call Centre Network.

The Government aims to improve access to after-hours general practice care by providing grants to support the viability of after-hours general practice services, particularly for communities in need. The Department conducts annual competitive assessment processes for eligible after-hours service providers. The service providers consist of general practices, organisations or groups of GPs working together under the sponsorship of the local Division of General Practice, medical deputising services, hospitals, and corporate providers of general practice services.

The Government will also work with COAG to implement the National Health Call Centre Network initiative, to strengthen the national infrastructure for integrating and supporting primary health care through the establishment of an Australia-wide, registered nurse triage, and information and advice service. Once fully established, the National Health Call Centre Network⁹ will enable anyone anywhere in Australia to call for health triage, information and advice from a registered nurse 24 hours a day seven days a week. Services are available in the Australian Capital Territory, Northern Territory, South Australia, Western Australia, New South Wales and Tasmania. The Department works with the participating jurisdictions and key stakeholders on the ongoing implementation of the network nationally, as well as developing new initiatives that can be delivered through the network's infrastructure.

New Funding Formula for the Divisions of General Practice Program

The Australian Government aims to ensure that the Divisions of General Practice Network remains a viable platform for the delivery of primary health care programs. The Government will provide an additional \$7.6 million over two and a half years to support the introduction of a new funding formula for Divisions of General Practice. The Department will work with the Australian General Practice Network to introduce the new funding arrangements from 1 January 2010.

The additional funding to the Network will benefit patients, GPs, primary health care professionals and local communities. The Network will be funded through an updated formula which better reflects changes in individual Division demographics, such as population size (weighted by age, gender, socio-economic and Indigenous status) and rural locations. The new formula will mean a boost in funding for some Divisions, particularly where there has been significant population growth or other demographic changes.

⁹ The National Health Call Centre Network number is 1800 022 222 or accessible at <www.healthdirect.org.au>.

Divisions that would otherwise receive reduced funding will be able to continue to operate at current levels until 30 June 2012.

Engaging Divisions of General Practice to Improve Indigenous Access to Mainstream Primary Care

As part of its contribution to the COAG Indigenous Health National Partnership, the Australian Government, through the Divisions of General Practice Network, will provide funding for 80 full-time equivalent (FTE) local Indigenous people to work as Indigenous outreach workers and be supported by 80 FTE project officers. These positions will encourage greater use of primary health care services by Aboriginal and Torres Strait Islander peoples and improve the cultural safety of primary health care services for Indigenous Australians.¹⁰ The Indigenous outreach workforce model is based on international experience and has demonstrated success in an Australian setting when supported by the health system. The Department will consult with the Divisions of General Practice Network and Indigenous organisations to ensure that the Indigenous outreach workforce model best meets local needs.

Healthy Kids Check

The Australian Government aims to ensure that every four-year old child in Australia has a basic health check to see if they are healthy, fit and ready to learn when they start school. The Healthy Kids Check, which was announced in November 2007 as part of the Government's Plan for Early Childhood, complements existing state and territory health assessment services.

The Department promotes the availability of the Healthy Kids Check by making available a Healthy Kids Check Information Kit on its website.

In 2009-10, the Department will provide a mechanism to integrate the Medicare Benefits Schedule (MBS) Health Check Item with existing state and territory services where they are available. The Department also promotes the availability of the Healthy Kids Check to parents of four year old children.

Program 5.2: Expenses

Funding for the Rural Women's GP Service has been transferred to Outcome 6 from 2009-10. Funding for the More Allied Health Services program has been transferred to Outcome 6, and consolidated into the Rural Primary Health Services program from 2009-10. Funding for the Rural Retention program will be transferred to Outcome 12 and consolidated into the General Practice Rural Incentives program in 2010-11. Funding for the Training for Rural and Remote Procedural GPs program will be transferred to Outcome 12 in 2010-11.

COAG Federal Financial Framework Reforms

Following COAG's federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

¹⁰ For further discussion on this Government initiative, refer to the Outcome 8 chapter located later in these Portfolio Budget Statements.

Table 5.5: Program Expenses

| | 2008-09 | 2009-10 | 2010-011 | 2011-12 | 2012-13 |
|-------------------------------|------------------|----------------|-----------------|----------------|----------------|
| | Estimated | Budget | Forward | Forward | Forward |
| | actual | | year 1 | year 2 | year 3 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Annual administered expenses: | | | | | |
| Ordinary annual services* | 319,561 | 369,551 | 276,822 | 285,250 | 311,672 |
| Program support | 26,229 | 29,902 | 28,639 | 27,590 | 27,317 |
| Total Program expenses | 345,790 | 399,453 | 305,461 | 312,840 | 338,989 |

Note: * Appropriation Bill (No. 1) 2009-10.

Program 5.2: Deliverables

To improve access to primary care and better manage chronic disease, Program 5.2 provides funding to initiatives that influence the number, quality and standard of services. The Department has overall responsibility for the 'deliverables' that contribute to this Program.

Qualitative Deliverables

- Regular stakeholder participation in program development through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers.

Improved Availability and Quality of Primary Care Services

- The Department administers the General Practice After-hours program through annual funding rounds. Successful applicants are offered a Government funding agreement to support the provision of after-hours services to their communities. A competitive-based funding process will be administered during 2009-10 and the successful applicants are offered a funding agreement.
- Delivery of a registered nurse-based telephone health triage service in participating jurisdictions. The registered nurse-based telephone triage service is delivered to participating jurisdictions in 2009-10.

Table 5.6: Quantitative Deliverables for Program 5.2

| Quantitative Deliverables | 2008-09 Revised Budget | 2009-10 Budget | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|--|---------------------------------------|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Percentage of variance between actual and budgeted expenses. | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |
| Improved Availability and Quality of Primary Care Services | | | | | |
| Number of grants awarded to establish GP Super Clinics (two grants were awarded in 2007-08 and all grants will be awarded by June 2010). | 18 | 11 | N/A | N/A | N/A |
| Additional workforce for the prevention and management of chronic disease (funding commences 1 July 2009). ¹¹ | N/A | 71 | 154 | 195 | 242 |

Program 5.2: Key Performance Indicators

The following ‘key performance indicators’ measure the impact of the Program.

*Qualitative Indicator***Improved Availability and Quality of Primary Care Services**

- Increased safety through the dissemination of health information. The National Health Call Centre Network provides a high quality health call centre service in line with COAG expectations. Measured against a number of key indicators including the proportion of calls answered in a specified timeframe and user satisfaction with the service.

¹¹ Totals are cumulative over the life of the measure and positions are funded by Outcomes 5 and 8.

Table 5.7: Quantitative Key Performance Indicators for Program 5.2

| Quantitative Indicators | 2008-09 Revised Budget | 2009-10 Budget Target | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|---|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Improved Availability and Quality of Primary Care Services | | | | | |
| Number of GP Super Clinics that commence delivery of services, including interim services (it is anticipated that all GP Super Clinics will be operational by end 2011-12). | 2 | 13 | 14 | 2 | N/A |
| Number of GPs supported to maintain procedural skills under the Training for Rural and Remote Procedural GPs program (Medicare Australia Data). | 1,614 | 1,695 | 1,780 | 1,869 | 1,952 |
| Estimated number of patients seen. | 17,500 | 17,500 | 17,500 | 17,500 | 17,500 |

Program 5.3: Primary Care Policy, Innovation and Research

Program Objective

Through this Program, the Australian Government aims to improve service delivery, help GPs to access best business practices, and foster a primary care system focusing equally on prevention, diagnosis and treatment. The Program will achieve this by funding research into primary care and encouraging innovation. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

Key Strategic Direction

This Program aims to:

- promote innovation and research in primary care.

Major Activities

Primary Care Innovation and Research

National Primary Health Care Strategy

The Australian Government aims to improve primary health care service delivery across Australia. To achieve this, the Department is preparing the National Primary Health Care Strategy, informed by an external reference group and public submissions. The Strategy will help to ensure a stronger primary health care system, providing more effective frontline care to families across Australia.

The Strategy will provide a road map for the future directions of primary care in Australia including a greater focus on the management of chronic disease, health promotion and illness prevention, and better coordination between health professionals. Alongside the development of the Strategy, the Department has undertaken a review of MBS primary care items.¹²

Maternity Reform

The Government will work to improve access to maternity services while maintaining a strong safety and quality record. The Australian Government's Maternity Reform package aims to encourage collaborative arrangements for maternity care. The Maternity Reform package will introduce MBS rebates and access to the Pharmaceutical Benefits Scheme (PBS) to subsidise services by eligible midwives. The Government will also introduce arrangements to support professional indemnity insurance for eligible midwives.

The Department will work with stakeholders in implementing the Maternity Reform package progressively from 1 July 2009, with new arrangements for midwives commencing from 1 November 2010. The Department will establish and operate a stakeholder advisory group to ensure that implementation of the package is guided by advice from key stakeholders, including clinicians and consumers.¹²

The Department will work to maintain high levels of safety and quality through the Maternity Reform package, which includes the development of new national cross professional guidance to support multidisciplinary care. It will also introduce a system for advanced professional requirements for eligible midwives, and improve national data collection and performance monitoring.

The reforms will improve access to services, particularly in rural and remote areas of Australia, by expanding support for outreach specialist and other health professionals to provide antenatal and postnatal care to women close to their homes. The reform package will also introduce financial incentives for the rural GP and midwifery workforce to update their skills.

The Department will also commence work to enhance existing telephone and internet health information services to provide help and advice about pregnancy related matters from July 2010. This will include the introduction of phone referrals to a range of other specialised support services such as peer breastfeeding advice, and grief and loss support.

¹² For further discussion of this Government initiative, refer to the Outcome 3 chapter located earlier in these Portfolio Budget Statements.

Primary Health Care Research

The Department, through the Primary Health Care Research, Evaluation and Development Strategy, will help build the primary health care evidence-base to inform policy development and clinical experience, and improve patient outcomes. The Department will also provide opportunities for research, education, training, and support to improve the delivery of health care services to the Australian community. The Strategy provides funding to University Departments of General Practice and Rural Health to enable them to provide training and support for early-mid career researchers, and funds training awards and investigator and priority-driven research. A number of projects funded through these initiatives address questions related to prevention, diagnosis and treatment of conditions in primary health care settings.

Through the Sharing Health Care Initiative, the Department is expanding the range and reach of evidence-based chronic disease interventions to support self-management in Australia. The Department will collaborate with the National Health and Medical Research Council (NHMRC)¹³ to provide support for innovative research projects targeting the harder to reach population groups, such as people from culturally and linguistically diverse populations, people experiencing socio-economic disadvantage, children and adolescents, and Aboriginal and Torres Strait Islander people.

The findings from this research will strengthen the evidence-base on the efficacy of chronic disease self-management and lead to robust evidence-based policy. For further information on initiatives aimed at addressing chronic disease, please refer to discussion under Programs 5.1: Primary Care Education and Training and 5.2: Primary Care Financing, Quality and Access.

Program 5.3: Expenses

Table 5.8: Program Expenses

| | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-------------------------------|------------------|----------------|----------------|----------------|----------------|
| | Estimated | Budget | Forward | Forward | Forward |
| | actual | | year 1 | year 2 | year 3 |
| | \$'000 | \$'000 | \$'000 | \$'000 | \$'000 |
| Annual administered expenses: | | | | | |
| Ordinary annual services* | 25,603 | 32,826 | 26,881 | 23,238 | 23,548 |
| Program support | 3,937 | 4,489 | 4,299 | 4,142 | 4,101 |
| Total Program expenses | 29,540 | 37,315 | 31,180 | 27,380 | 27,649 |

Note: * Appropriation Bill (No. 1) 2009-10.

¹³ For further discussion relating to the NHMRC refer to the NHMRC chapter located later in these Portfolio Budget Statements.

Program 5.3: Deliverables

To improve health service delivery, Program 5.3 provides funding for research into primary care. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

Qualitative Deliverables

Primary Care Innovation and Research

- Regular stakeholder participation in program development through such avenues as surveys, conferences, meetings, and submissions on departmental discussion papers.
- Establishment of a stakeholder advisory group for the Maternity Reform package.
- In 2009-10, the Department will provide funding to 26 University Departments to support training activities, including support for early-mid career researchers through the Researcher Development program. Performance will be measured based on the proportion of funded University Departments conducting training activities and the number of individuals completing Researcher Development Program placements.
- In order to build the evidence-base for primary health care, the Department will provide funding for priority-driven research projects through the Australian Primary Health Care Research Institute and investigator driven projects through NHMRC administered initiatives. Performance will be measured based on the proportion of projects which are completed on time and report on findings.
- Access to research will be supported by providing funding to the Primary Health Care Research and Information Service, including funding to conduct the 2009 General Practice and Primary Health Care Research Conference. Performance will be measured based on the successful convening of the 2009 General Practice and Primary Health Care Research Conference; and the number of Primary Health Care Research and Information Service information resources developed and disseminated.

Table 5.9: Quantitative Deliverables for Program 5.3

| Quantitative Deliverables | 2008-09 <i>Revised Budget</i> | 2009-10 <i>Budget</i> | 2010-11 <i>Forward Year 1</i> | 2011-12 <i>Forward Year 2</i> | 2012-13 <i>Forward Year 3</i> |
|--|--|----------------------------------|--|--|--|
| Percentage of variance between actual and budgeted expenses. | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |

| Quantitative Deliverables | 2008-09 Revised Budget | 2009-10 Budget | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|---|---------------------------------------|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Primary Care Innovation and Research | | | | | |
| Number of knowledge exchange opportunities organised between researchers and the Department. (Includes seminars, presentations, round table discussions, and more focussed consultations including rapid response reports). | 8 | 10 | 13 | 16 | 18 |

Program 5.3: Key Performance Indicators

The following 'key performance indicators' measure the impact of the Program.

Qualitative Indicator

- Passage of the Maternity Reform legislation and establishment of a maternity stakeholder advisory group.

Table 5.10: Quantitative Key Performance Indicator for Program 5.3

| Quantitative Indicator | 2008-09 Revised Budget | 2009-10 Budget Target | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|--|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Primary Care Innovation and Research | | | | | |
| Number of primary health care research projects completed. | 8 | 12 | 15 | 18 | 20 |

Program 5.4: Primary Care Practice Incentives

Program Objective

Through this Program, the Australian Government aims to encourage general practices to improve the quality of care provided to patients, encourage behavioural changes and continue improvements in general practice. Incentives are intended to provide support to teach medical students, ensure patients have access to after-hours care, employ practice nurses, encourage continued availability of procedural services in rural and remote areas, and improve cervical screening rates. In 2009-10, the Government will introduce new practice incentives for e-Health and Indigenous health. The following discusses the key strategic direction the Australian Government will take through the Department to help achieve this objective.

Key Strategic Direction

This Program aims to:

- improve health outcomes for Australians by supporting general practices to deliver high quality care.

Major Activities

Support for General Practices in Delivering Care

e-Health

To meet the Australian Government's objectives for this initiative, the Department will introduce a new Practice Incentives program e-Health Incentive in August 2009. The aim for the incentive is to encourage general practices to keep up-to-date with the latest developments in e-Health and will require practices to have secure messaging capability, public key infrastructure certificates, and use electronic clinical resources.

This incentive will assist practices to improve administration processes and the quality and safety of patient care. This incentive also lays the foundation for practices to securely exchange information such as discharge summaries, pathology reports and specialist reports electronically, send electronic referrals and pathology orders, and to participate in prescribing electronically as the technology emerges. This incentive has been developed in consultation with the National E-Health Transition Authority (NEHTA), and aligns with the directions set out in the National E-Health strategy. The Department will continue to work closely with NEHTA and Medicare Australia to assist practices to understand and meet the technical requirements of this incentive.¹⁴

Practice Incentives – Indigenous Health

The Australian Government has allocated funding of \$28 million over four years through the Practice Incentives program for an Indigenous Health Incentive, which will commence in May 2010. Through this incentive, practices will be encouraged to provide better health care for Indigenous Australians, including best practice management of patients with chronic disease. Practices will be required to identify their Indigenous patients with chronic disease and register them on a practice registration system and recall/reminder system. This will assist practices to actively manage the ongoing healthcare needs of their Indigenous

¹⁴ For further information on this Government initiative, refer to the Outcome 10 chapter located later in these Portfolio Budget Statements, specifically the discussion under Program 10.2: e-Health Implementation.

patients and improve health outcomes. The Department will consult with key medical and Indigenous stakeholders during 2009-10 to develop this incentive.¹⁵

Practice Nurses

Through the Practice Incentives Program Practice Nurse Incentive, the Department will continue to provide financial support to practices in urban areas with workforce shortages, and practices in rural and remote areas, to employ a practice nurse.

General Practice Immunisation Incentives

Through the General Practice Immunisation Incentives Scheme, the Australian Government provides financial incentives to general practices to monitor, promote and provide immunisation services to children under seven years of age. Practices do not need to be accredited to participate in the Scheme.

Entry requirements, which are consistent with best practice vaccine management, will be introduced to the Scheme from August 2010. The introduction of entry requirements will improve the quality and safety of immunisation activities of non-accredited general practices.¹⁶

Program 5.4: Expenses

Table 5.11: Program Expenses

| | 2008-09 Estimated actual \$'000 | 2009-10 Budget \$'000 | 2010-011 Forward year 1 \$'000 | 2011-12 Forward year 2 \$'000 | 2012-13 Forward year 3 \$'000 |
|-------------------------------|--|--------------------------------------|---|--|--|
| Annual administered expenses: | | | | | |
| Ordinary annual services* | 309,236 | 293,163 | 300,800 | 301,392 | 311,779 |
| Program support | 2,196 | 2,503 | 2,397 | 2,310 | 2,287 |
| Total Program expenses | 311,432 | 295,666 | 303,197 | 303,702 | 314,066 |

Note: * Appropriation Bill (No. 1) 2009-10.

Program 5.4: Deliverables

To encourage primary care practices to focus on areas of need, Program 5.4 provides a number of targeted incentives to encourage general practices to improve services, the quality of care and health outcomes. The Department has overall responsibility for the 'deliverables' that contribute to the Program.

Qualitative Deliverable

Support for General Practices in Delivering Care

- Regular stakeholder participation in program development through such avenues as surveys, meetings, and submissions on departmental discussion papers. The Department will consult with medical and Indigenous stakeholders in 2009-10 to develop the requirements for the new Indigenous Health Incentive. The number of

¹⁵ For further discussion of this Government initiative, refer to the Outcome 8 chapter located later in these Portfolio Budget Statements.

¹⁶ For further information on this Government initiative, refer to the Outcome 1 chapter located earlier in these Portfolio Budget Statements, specifically the discussion under Program 1.5.

stakeholder opportunities to participate in program development including through surveys and regular meetings will be used to measure the level of stakeholder participation.

Table 5.12: Quantitative Deliverables for Program 5.4

| Quantitative Deliverables | 2008-09 Revised Budget | 2009-10 Budget | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|--|---------------------------------------|---------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Percentage of variance between actual and budgeted expenses. | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% | ≤0.5% |
| Support for General Practices in Delivering Care | | | | | |
| Number of non-accredited practices participating in the General Practice Immunisation Incentive Scheme assessed as meeting new entry requirements relating to vaccine management (from August 2010). | N/A | N/A | 500 | 600 | 650 |
| Percentage of GP patient care provided by practices participating in the Practice Incentives program. | 81.6% | 81.8% | 82.% | 82.2% | 82.4% |

Program 5.4: Key Performance Indicators

The following ‘key performance indicator’ measures the impact of the Program.

Table 5.13: Quantitative Key Performance Indicators for Program 5.4

| Quantitative Indicators | 2008-09 Revised Budget | 2009-10 Budget Target | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|--|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Support for General Practices in Delivering Care | | | | | |
| Number of Practice Incentives program practices participating in the e-Health Incentive. | N/A | 4,200 | 4,300 | 4,350 | 4,400 |

| Quantitative Indicators | 2008-09 Revised Budget | 2009-10 Budget Target | 2010-11 Forward Year 1 | 2011-12 Forward Year 2 | 2012-13 Forward Year 3 |
|---|---------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Number of Practice Incentives program practices signed onto the Indigenous Health Incentive (commences in May 2010). | N/A | 3,700 | 4,300 | 4,400 | 4,500 |
| Number of Practice Incentives program practices providing teaching sessions to medical students. | 1,620 | 1,680 | 1,740 | 1,800 | 1,860 |
| Number of Practice Incentives program practices supported to employ a practice nurse. | 2,400 | 2,520 | 2,620 | 2,700 | 2,750 |
| Increase or maintain the number of Practice Incentives program practices in rural and remote areas supported to maintain local access to procedural services. | 360 | 360 | 360 | 360 | 360 |

