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 cost-effective, community-based primary health care. Australia's health care system faces significant challenges due to the growing burden of chronic disease, an ageing population, workforce pressures[1], and unacceptable inequities in health outcomes and access to services.[2] Chronic diseases place an enormous demand on the health system, with more than 50 per cent of consultations with general practitioners (GPs) attributed to people with a chronic condition, such as heart disease, cancer or diabetes.[3]

The Australian Government will address these challenges in implementing the *National Health and Hospitals Network* and the *National Primary Health Care Strategy*. Strengthening and improving the way in which primary health care is provided is a critical factor in determining how well the health system responds to current and emerging pressures. The *National Primary Health Care Strategy* will support the development of a strong and effective primary health care system. This will be achieved through the building blocks for reform including regional integration, infrastructure and financing and system performance, and through key priority areas for improving access, management of chronic conditions, increasing the focus on prevention and improving quality, safety and accountability. This will help equip the Australian health system to meet future challenges, including being able to better respond to the needs and priorities of local communities.

In 2010-11, the Government, under the Network and the *National Primary Health Care Strategy*, will introduce measures to improve equity and access to primary health care services in the community and provide a greater focus on the prevention and management of chronic disease. These measures include: Establishing Medicare Locals and Improving Access to After Hours Primary Care; Improved Primary Care Infrastructure (including new GP Superclinics); Improving Access to General Practice and Primary Health Care (for older Australians); Coordinated Diabetes Care; and Support for Practice Nurses.

From 1 July 2011, the Australian Government will assume full funding and policy responsibility for general practice and primary health care, as defined in the *National Health and Hospitals Network Agreement*.[4] Having one level of government responsible for all primary health care will create strong incentives to support a healthier community and reduce pressure on hospitals. Transferring responsibility to the Australian Government aims to improve services in the community, address gaps in access and drive diversity

[1] Department of Health and Ageing, 2010. *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*. Accessible at: www.health.gov.au

[2] National Health and Hospitals Reform Commission, 2009. *A Healthier Future for All Australians – Final Report of the National Health and Hospitals Reform Commission*. Accessible at: www.yourhealth.gov.au

[3] Australian Institute of Health and Welfare, 2006. *Chronic diseases and associated risk factors in Australia*, AIHW: Canberra. Accessible at: www.aihw.gov.au/publications

[4] At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

and innovation in service delivery. The Government will achieve these objectives through the introduction of a network of primary health care organisations called Medicare Locals. These bodies will be responsible for improving integration of services and reducing access gaps so that their local community can access care that meets local needs.

The Australian Government will work with states and territories on system-wide primary health care policy, including where coordination is required to improve system integration or service planning.

Outcome 5 is the responsibility of the Health Workforce Division, the Medical Benefits Division, and the Primary and Ambulatory Care Division.

Programs Contributing to Outcome 5

Program 5.1: Primary care education and training

Program 5.2: Primary care financing, quality and access

Program 5.3: Primary care policy, innovation and research

Program 5.4: Primary care practice incentives

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

	2009-10 Estimated actual $'000	2010-11 Estimated expenses $'000
Program 5.1: Primary care education and training		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	158,182	153,853
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,928	5,009
Revenues from other sources (s31)	197	201
Unfunded depreciation expense	-	104
Total for Program 5.1	**163,307**	**159,167**
Program 5.2: Primary care financing, quality and access[1]		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	361,042	358,084
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	25,368	25,790
Revenues from other sources (s31)	1,013	1,034
Unfunded depreciation expense	-	537
Total for Program 5.2	**387,423**	**385,445**
Program 5.3: Primary care policy, innovation and research		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	31,175	26,588
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,469	4,543
Revenues from other sources (s31)	178	182
Unfunded depreciation expense	-	95
Total for Program 5.3	**35,822**	**31,408**
Program 5.4: Primary care practice incentives		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	289,893	297,990
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,082	2,116
Revenues from other sources (s31)	83	85
Unfunded depreciation expense	-	44
Total for Program 5.4	**292,058**	**300,235**

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

Outcome 5 totals by appropriation type:		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	840,292	836,515
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	36,847	37,458
Revenues from other sources (s31)	1,471	1,502
Unfunded depreciation expense	-	780
Total expenses for Outcome 5	**878,610**	**876,255**

	2009-10	**2010-11**
Average staffing level (number)	278	266

[1] This Program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the Program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

Contributions to Outcome 5

Program 5.1 Primary care education and training

Program Objective

Through this Program, the Australian Government aims to:

- provide high quality general practice training for junior doctors and GP registrars.

As GP registrars deliver services while they train, these initiatives will provide the community with better access to primary health care services.

Major Activities

High quality general practice training

The Australian Government aims to support primary health care delivery through the provision of high quality general practice education and training offered through the Prevocational General Practice Placements program, the Australian General Practice Training program and the Remote Vocational Training Scheme.

The Australian General Practice Training program is a postgraduate vocational training program for medical graduates who wish to pursue a career in general practice. The Prevocational General Practice Placements program enhances junior doctors' understanding of primary care and encourages them to consider general practice as a career. Both programs provide well supervised and supported training opportunities in a range of outer metropolitan, regional, rural and remote areas. General Practice Education and Training Limited (GPET) is responsible for delivering the programs.[5]

The Remote Vocational Training Scheme provides medical practitioners working in rural and remote communities with training towards Fellowship of the Royal Australian College of General Practitioners and/or the Australian College of Rural and Remote Medicine. The Scheme delivers structured distance education and supervision to doctors while they continue to provide general practice medical services to their communities. This program is managed by Remote Vocational Training Scheme Ltd using funding provided by the Australian Government.

[5] For more information on the Australian General Practice Training program and the Prevocational General Practice Placements program, please refer to GPET's chapter in these Portfolio Budget Statements.

Program 5.1: Expenses

Table 5.2: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	158,182	153,853	167,823	188,928	207,909
Program support	5,125	5,314	5,271	5,022	5,067
Total Program expenses	**163,307**	**159,167**	**173,094**	**193,950**	**212,976**

Program 5.1: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 5.3: Qualitative Deliverables for Program 5.1

Qualitative Deliverables	2010-11 Reference Point or Target
High quality general practice training	
Produce relevant and timely evidence-based policy research	Research is relevant, produced in a timely manner and is to the satisfaction of key stakeholders
Effective management of stakeholders associated with the training programs	Stakeholders participate in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings

Table 5.4: Quantitative Deliverables for Program 5.1

Quantitative Deliverables	2010 Training Year	2011 Training Year	2012 Training Year	2013 Training Year	2014 Training Year
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
High quality general practice training					
Number of general practice training places on the Australian General Practice Training program	700	900	1000	1100	1200
Number of placements on the Prevocational General Practice Placements program	380	910	975	975	975
Number of positions funded on the Remote Vocational Training Scheme	15	22	22	22	22

Program 5.2: Primary care financing, quality and access

Program Objective

Through this Program, the Australian Government aims to:

- introduce health reforms to improve primary health care services;
- improve primary health care infrastructure in Australia; and
- increase access to quality integrated primary health care services.

The Australian Government's plan for primary health care reform will be achieved by establishing Medicare Locals, expanding the number of primary health care services, supporting integration of multidisciplinary primary health care services, supporting expanded practice nurse services, improving access to after-hours GP health services, improving management of chronic disease, recruiting and retaining GPs in rural and remote areas, and addressing key priorities such as improving access to health services for women, older people and Aboriginal and Torres Strait Islander peoples.

Major Activities

Introduce health reform to improve primary health care services

The Australian Government will achieve reform by assuming full funding and policy responsibility for general practice and primary health care services from 1 July 2011. Locating responsibility for improving the general practice and primary health care system within one level of government aims to:

- improve the efficiency of the health system and reduce pressure on hospital services;
- reduce cost-shifting and blame-shifting; and
- make it easier for patients to receive the services they need, improving patient health outcomes and driving diversity and innovation in service provision.

The *National Health and Hospitals Network Agreement* between the Australian Government and the states and territories[6], identifies transitional and ongoing arrangements for GP and primary health care providers. This Agreement also includes data provision by states and territories on current levels of funding and service delivery arrangements, and development of an agreed transition plan for the transfer of services for report to the Council of Australian Governments (COAG) in December 2010.

Ongoing arrangements include the Australian Government and the states and territories working together on system-wide general practice and primary health care policy. The Australian Government will prepare a state and territory-wide general practice and primary health care plan, to be agreed bilaterally with states and territories, and a policy framework and agreed implementation plans, where required, for service planning and coordination. Further work will be undertaken in 2010-11 to determine whether additional specific services identified in the Agreement should be transferred to the Australian Government.

Improve primary health care infrastructure

GP Super Clinics and primary care infrastructure

In 2010-11, the Australian Government, through the *National Health and Hospitals Network*, will continue to improve the quality and accessibility of primary health care services by investing in the construction of around 23 new GP Super Clinics. It will also upgrade and extend approximately 425 existing primary health care facilities to improve team-based care and extend the delivery of GP Super Clinic style services across Australia.

GP Super Clinics will provide a wide range of services in a single location and will be open for extended hours. These services will be delivered by teams of health professionals, including doctors, nurses and allied health professionals. GP Super Clinics may also have services provided by visiting medical specialists. The clinics will provide considerable capacity and opportunities for clinical training and education.

The Government will also provide three additional funding streams to expand around 425 existing general practices, primary care and community health services, and Aboriginal Medical Services. Funding will enable existing services to expand and provide accommodation for extra doctors, nurses or allied health professionals, and facilitate the delivery of new services. Larger grant recipients will also provide clinical training facilities and offer GP Super Clinic style services.

Infrastructure grants will be offered through a mix of direct and competitive funding arrangements. Commencing in 2010-11, the Department will implement funding processes with health professionals or organisations, non-government and community organisations, and other eligible parties. These grants will benefit communities with high levels of chronic disease, and sub-populations with significant health care needs, such as children and the elderly. The grants will also benefit communities with poor access to services and health infrastructure by providing communities with GP Super Clinic-style services, therefore reducing pressure on local hospital services.

[6] At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

The Department will work closely with each funded organisation to ensure that clinics are operational within agreed timeframes.

Establish a network of Medicare Locals

In 2010-11, the Australian Government, through the *National Health and Hospitals Network*, will provide funding to establish a network of Medicare Locals. Medicare Locals will be independent legal entities, with strong links to local communities, health professionals, service providers and non-government organisations. Medicare Locals will promote regional integration, one of the key building blocks in the National Primary Health Care Strategy.

Medicare Locals will make it easier for patients to navigate their way through the health system. They will improve the planning and coordination of services at the local level, support the delivery of a range of primary health care initiatives, including addressing service gaps and inequities, and improve collaboration between practitioners and service providers across the health system. Medicare Locals will also improve patients' access to after-hours primary care services (as described below under Access to After-Hours Primary Care).

The first Medicare Locals are expected to commence operations in mid-2011. In many instances and where possible, Medicare Locals may be drawn from Divisions of General Practice with the capacity to take on the roles and functions expected of Medicare Locals.

Over the next few years, Medicare Locals will replace the current Divisions of General Practice Network. Commencing in 2010-11, transitional arrangements will be put in place to support the network during the health reforms, and to ensure a smooth transition for programs and services to be delivered through the new Medicare Locals.

Divisions of General Practice program

Pending the transition to Medicare Locals, the Australian Government, through the Divisions of General Practice program will continue to provide core funding to the Divisions of General Practice Network. The program provides a platform for the delivery of primary health care programs, and supports general practice to respond to the needs of local communities through the delivery of targeted initiatives. Funding is provided to the network under contractual arrangements to support a range of programs, including the General Practice Immunisation Incentive, the Australian Better Health Initiative, Workforce Support for Rural General Practitioners, and COAG initiatives to address diabetes, mental health, and drug and alcohol use.

Improve access to quality primary health care services

Engaging Divisions of General Practice to improve Indigenous access to mainstream primary care

As part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, the Australian Government funds the Divisions of General Practice Network to improve access to mainstream primary health for Aboriginal and Torres Strait Islander peoples. The Department funds Indigenous Health Project Officer and Aboriginal and Torres Strait Islander Outreach Worker positions within the Divisions of General Practice Network, to increase Indigenous Australians' access to appropriate mainstream primary care services. In 2010-11, the Government will provide funding for up to 40 additional Aboriginal and Torres Strait Islander Outreach Worker positions.

Access to after-hours primary care

The Government, through the *National Health and Hospitals Network*, aims to improve community access to after-hours primary care services throughout Australia. In 2010-11, the Department will work to establish a telephone-based GP medical advice and diagnostic service as an add-on to *healthdirect* Australia[7], a 24-hour, nurse-based telephone health triage, advice and information service operated by the National Health Call Centre Network (the Network). From 1 July 2011, anyone needing to see a GP at night or on the weekend, when their usual GP practice is closed, will be able to contact their local GP practice and have the call referred as necessary to the Network. A nurse in the first instance, and then a GP if required, will assess the patient's needs. If needed, the GP will arrange for the caller to be seen as soon as possible by a local primary health care provider.

During 2010-11, the Department will develop an implementation plan and negotiate with the Network for the delivery of telephone-based GP medical advice and diagnostic services. The Department will also collaborate with GPs and commercial service providers to promote the benefits of this new service. A key challenge will be to encourage the participation of GPs in this initiative by promoting its benefits, including a better work and life balance for GPs.

In 2010-11, the Department will develop new funding arrangements for after-hours primary care services provided through Medicare Locals by 2013-14. Government funding arrangements will be developed for Medicare Locals to plan, and establish face-to-face after-hours services for their region. The Department will consult with GP bodies, such as the Australian Medical Association, the Australian General Practice Network and current providers of after-hours primary care services as well as other relevant bodies, in refining and implementing new after-hours funding arrangements.

Improve access to primary health care services for older Australians

The Australian Government, through the *National Health and Hospitals Network*, aims to ensure that older people receive appropriate and timely access to primary health care services to improve health outcomes and reduce avoidable hospital admissions and readmissions. In 2010-11, under the Improving Access to General Practice and Primary Health Care Services for Older Australians initiative, the Government will provide additional funding to increase the annual financial incentives for GPs to provide a minimum specified number of services to residents of aged care facilities.

The Government will also provide flexible local funding, through Medicare Locals, to target gaps in primary health care services experienced by aged care recipients. This will include residents of aged care facilities and those supported at home by community care arrangements.

In 2010-11, the Department will work with Medicare Australia to implement the increased incentives for GPs. The Department will also consult with key stakeholders to develop arrangements for the implementation of flexible local funding through Medicare Locals by 2012-13.

Improve care coordination for patients with diabetes

The Australian Government, through the *National Health and Hospitals Network*, aims to reduce the health impacts of chronic disease on patients and the broader community. Consistent with the Agreement and the *National Primary Health Care Strategy* in relation to management of chronic disease, in 2010-11 the Department will design and commence

[7] Telephone: 1800 055 222

implementation of a nationally consistent chronic disease program for people diagnosed with diabetes. The Coordinated Diabetes Care program will be comprehensive, patient-centred, and allow for local flexibility to meet patient needs.

From July 2012, patients will be able to voluntarily enrol with their general practice and benefit from proactive management of their diabetes condition and other primary health care needs. This will involve greater continuity and coordination of care, improved access to a range of supplementary services to meet the health needs of patients, and will provide GPs with incentives for achieving targeted levels of health care and outcomes.

In order to provide patients with the range of primary health care services that best meet their needs, including for the management of their diabetes, the patient's GP will be able to manage the funding linked to enrolled patients flexibly. The Government's new funding will cover services required for patients, including the cost of routine GP visits for ongoing primary health care, and chronic disease care provided by the patient's GP and allied health professionals.

The Department will work with Medicare Australia and key primary care stakeholders in 2010-11 to develop arrangements to implement the new program, including a standardised assessment tool, voluntary patient enrolment system, new services arrangements, performance framework and allocation of funding to general practices and other organisations for the delivery of packages of care for eligible patients.

Incentive payments to support practice nurses and Aboriginal Health Workers

The Australian Government, through the *National Health and Hospitals Network*, aims to expand and enhance the role of practice nurses by reforming support and funding of nurse positions in general practice. From 2011-12, the Government will introduce a new Practice Nurse Incentives program, which will provide funding to practices to support the employment of practice nurses and Aboriginal Health Workers. This funding will be available to all accredited practices across Australia. The new arrangements will provide greater flexibility for practice nurses and Aboriginal Health Workers to focus on areas of greatest need, leaving GPs to focus on more clinically complex care.

In 2010-11, the Department will commence program design and implementation activities in consultation with Medicare Australia and key stakeholders. Patients are expected to benefit from improved health outcomes through a greater focus on prevention, education, and chronic disease management.

Support payments to practice nurses and Aboriginal Health Workers for domestic violence training

The Australian Government supports women in rural and remote areas to have better access to domestic violence services through general practice. The Domestic Violence Referral Points program provides travel and accommodation support to general practice nurses and Aboriginal Health Workers, to train as referral points for women experiencing domestic violence. General practices in rural and remote areas must meet this training prerequisite to access Practice Incentives programs domestic violence incentive payments.

In 2010-11, the Department will continue to work with key stakeholders to promote the availability of training courses on domestic violence and provide financial support where participants need to travel outside their local area to attend a course. Training will be delivered by the Department of Families, Housing, Community Services and Indigenous Affairs.

Program 5.2 is linked as follows:

- This program includes National Partnerships payments for:
  - *Healthy kids health checks;* and
  - *Launceston integrated cancer care centre.*

  These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- The Department of Families, Housing, Community Services and Indigenous Affairs, for providing training to general practice nurses and Aboriginal Health Workers on domestic violence.
- The Department of Veterans' Affairs for general and specialist medical and dental services under General Medical Consultations and Services (Program 2.1).
- The Department of Veterans' Affairs contributes to the implementation of the Practice Nurse Incentives program and the Coordinated Care of Patients with Diabetes program.
- Medicare Australia (the Department of Human Services) to administer access to after-hours primary care, improved access to primary health care services for older Australians, improve care coordination for patients with diabetes, incentive payment to support practice nurses and support payments to practice nurses and Aboriginal Health Workers for domestic violence training under its Delivery of Medical Benefits and Services (Program 1.1).

Program 5.2: Expenses

Table 5.5: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	361,042	358,084	697,270	930,444	900,832
Program support	26,381	27,361	27,134	25,855	26,084
Total Program expenses	**387,423**	**385,445**	**724,404**	**956,299**	**926,916**

Program 5.2: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 5.6: Qualitative Deliverables for Program 5.2

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner

Qualitative Deliverables	2010-11 Reference Point or Target
Produce timely and effective funding arrangements for the Australian Government's health reform	Funding agreements finalised with relevant organisations in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Improve primary health care infrastructure	
GP Super Clinics and Primary Health Care Infrastructure initial grant round underway	GP Super Clinic and Primary Health Care Infrastructure initial grant round advertised, assessments undertaken and negotiations commenced by 30 June 2011
Funding provided to eligible organisations within the Divisions of General Practice Network	Timely payment and accountability of funds
Improve access to quality primary health care services	
Consultations with stakeholders on implementation arrangements, development of program guidelines for Medicare Locals	The first Medicare Locals commence in mid-2011
Preliminary consultation on, and development of, flexible funding arrangements for the Improved Access to Primary Health Care Services for Older Australians initiative	Key implementation activities undertaken, based on effective consultations with key stakeholders, to enable flexible funding arrangements to be implemented from July 2012
Establishment of a national telephone-based after-hours GP medical advice and diagnostic service	Contractual arrangements are finalised with National Health Call Centre Network for the delivery of an after-hours GP medical advice and diagnostic service
Development of new funding arrangements to be delivered in the future through Medicare Locals for the provision of face-to-face after-hours GP services	Draft program arrangements and guidelines for funding of after-hours GP services through Medicare Locals developed within timeframe
Funding provided to Divisions of General Practice Network members to improve Indigenous access to mainstream primary care	Timely payment of funds and monitoring of services provided

Qualitative Deliverables	2010-11 Reference Point or Target
Preliminary consultation on, and development of, implementation activities for the Coordinated Diabetes Care program	Key implementation activities undertaken in a timely manner, based on effective consultations with key stakeholders
Consultation on, and development of, implementation activities for the new Practice Nurse Incentives program	Implementation activities undertaken and program administrative processes in place to begin first incentive payments from 1 January 2012

Table 5.7: Quantitative Deliverables for Program 5.2[8]

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Improve primary health care infrastructure					
Estimated number of grants awarded to establish GP Super Clinics	15	9	12	3	0
Estimated number of grants awarded to upgrade or extend existing general practices, primary and community care services or Aboriginal Medical Services[9]	N/A	200	200	25	0
Improve access to quality primary health care services					
Estimated number of practices participating in the Practice Nurse Incentives program	N/A	N/A	3,900	4,000	4,400

[8] The 2009-10 deliverable 'Additional workforce for the prevention and management of chronic disease' is covered in Outcome 8 in these Portfolio Budget Statements.

[9] This deliverable relates to the Health Reform GP Super Clinics and there is no appropriation in 2009-10. Funding for this initiative commences in 2010-11.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of consultations undertaken with key stakeholders on the development of implementation arrangements for the Coordinated Diabetes Care program	N/A	5	5	N/A	N/A
Number of additional incentive payments made to GPs under the Improved Access to Primary Health Care Services for Older Australians initiative	N/A	1,200	1,500	1,500	1,600
Number of eligible organisations within the Divisions of General Practice Network provided with core funding[10]	118	118	118	N/A	N/A
Number of Full Time Equivalent Indigenous Health Project Officers employed in the Divisions network[10]	94	94	94	N/A	N/A
Number of Aboriginal and Torres Strait Islander Outreach Workers employed in Divisions of General Practice to help Indigenous Australians access primary care services[10]	43	80	80	N/A	N/A

[10] There are no estimates for 2012-13 and beyond as these services are expected to be provided through Medicare Locals.

Program 5.2: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 5.8: Qualitative Key Performance Indicators for Program 5.2

Qualitative Indicators	2010-11 Reference Point or Target
Improve primary health care infrastructure	
GP Super Clinics and Primary Care Infrastructure initial funding round is implemented in a timely and efficient manner	A GP Super Clinics and Primary Care Infrastructure funding round underway prior to 30 June 2011
Impact of activities and approaches used to address the national performance framework for the Divisions of General Practice program	Activities identified, implemented and evaluated
Improve access to quality primary health care services	
Impact of activities and approaches used to address barriers to the use of mainstream primary care services by Indigenous Australians	Activities identified, implemented and evaluated
Framework for measuring and reporting the impact of the Medicare Locals is established in a timely and effective manner	Performance and reporting framework is developed in consultation with stakeholders and experts
Effective and timely consultation on, and development of, implementation arrangements for Practice Nurse Incentives program	Practice Nurse Incentives program is operational by 1 January 2012
Effective and timely consultation on, and development of, implementation arrangements for the Coordinated Diabetes Care program	Key consultations undertaken on development of arrangements for implementation
Effective and timely consultation on, and development of, flexible funding arrangements for the Improved Access to Primary Health Care Services for Older Australians initiative	Key consultations undertaken on development of flexible funding arrangements for implementation
Effective and timely arrangements are in place to facilitate the delivery of the Improved Access to After Hours Primary Care program	Telephone-based after-hours GP medical advice and diagnostic service is operational by 1 July 2011

Table 5.9: Quantitative Key Performance Indicators for Program 5.2

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Improve primary health care infrastructure					
Number of GP Super Clinics that commence delivery of services, including early services[11]	11	12	12	5	12
Percentage of Divisions of General Practice network members that comply with required reporting against national performance indicators for the program[12]	100%	100%	100%	N/A	N/A
Improve access to quality primary health care services					
Percentage of funded Divisions of General Practice network members that comply with required reporting against performance indicators for the Improving Indigenous Access to Mainstream Primary Care program[12]	100%	100%	100%	N/A	N/A
Estimated number of additional GPs qualifying for incentive payments under the Aged Care Access Initiative[13]	N/A	800	1,000	1,100	1,100
Number of practices that are supported through the Practice Nurse Incentives program	N/A	N/A	3,900	4,000	4,400

[11] GP Super Clinics have either commenced early services or interim services sooner than anticipated. In addition, the GP Super Clinics health reform measure has been merged with the existing GP Super Clinics measure.

[12] Current contractual arrangements expire on 30 June 2012. These services are expected to be provided through Medicare Locals.

[13] Increased incentive payments commence in 2010-11.

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of consultations undertaken with key stakeholders on the development of implementation arrangements for the Coordinated Diabetes Care program	N/A	5	5	N/A	N/A
Percentage of GP practices that register with the national telephone-based after-hours GP medical advice and diagnostic service:					
• non-metropolitan	N/A	N/A	>15%	>30%	>60%
• major city	N/A	N/A	>2%	>5%	>10%

Program 5.3: Primary care policy, innovation and research

Program Objective

Through this Program, the Australian Government aims to:

- promote innovation and research for the continuous improvement of the primary health care sector; and
- support quality improvement in primary care.

Major Activities

Promote innovation and research in the primary health care sector

Strengthen and support the evidence base for primary health care reform

The Australian Government will support and strengthen research through the *Primary Health Care Research, Evaluation and Development Strategy*.[14] The strategy builds and communicates an evidence base to support decision making in the primary health care sector.

In 2010-11, the Australian Government will fund academic institutions to develop capacity in primary health care research through applied health services research grants.
The Department will also support the translation of evidence into policy and practice through improved knowledge sharing activities, such as policy forums and publications.
The research funded through the strategy will align with the key priority areas of the *National Primary Health Care Strategy*. The research findings will lead to more robust evidence-based policy development and improved primary health care services.

[14] Accessible at: www.phcris.org.au/phcred

During 2010-11, the strategy will offer new research program arrangements to support primary health care reform. The new arrangements will be broadened to increase health service research, and will be closely aligned with the priorities of the strategy. Centres of primary health care research excellence may be based in universities and research institutions as the preferred mechanism of delivery. The new arrangements will build on the strategy's ten year investment in the primary health care research sector. The Department will collaborate with a range of stakeholders including researchers, practitioners, peak organisations and consumers in the primary health care sector.

It is challenging to fund relevant research that will address and inform policy and practice in a dynamic health reform environment in a timely manner. However, it is particularly important to maintain a research agenda that is aligned with primary health care reform and the broader health reform initiatives.

Support maternity services reform

In 2010-11, the Department will deliver the National Guidance for Collaborative Maternity Care (the Guidance) as part of the Improving Maternity Services initiative. This will improve the safety and quality of maternity services, and improve collaboration between maternity care providers. The Guidance will define collaborative maternity care, outline principles for collaboration, and suggest tools and processes that may facilitate collaboration. The Guidance will be developed by the National Health and Medical Research Council[15] by September 2010. The Government will fund improvements to national maternal and perinatal mortality and morbidity data collections. The Department will continue to facilitate stakeholder advisory group meetings to provide advice on the implementation of the maternity reform.

In 2010-11, the Department will continue to work closely with the National Health Call Centre Network to develop a 24-hour national pregnancy and perinatal support helpline. Once established, the helpline will enable women, their partners and families, to obtain advice on pregnancy-related issues and caring for a new baby, such as maternal nutrition and a baby's development and sleeping habits. Through the helpline, callers may also be directed to other local or national services, such as the Australian Breastfeeding Association's 24-hour national helpline[16] or the National Health Call Centre Network[17] for advice from a registered nurse.

Support quality improvement in primary care

The Australian Government will continue to encourage quality improvement in general practice through the Australian Primary Care Collaboratives program. This program supports doctors to make practice-level changes and promote best practice in managing patients with, or at risk of developing, chronic disease. Support is delivered through workshops and by introducing best practice measures of improvement. These measures include clinical indicators for chronic disease management and more efficient ways of managing patient demand for appointments. Through this program, the Department will improve clinical care for patients with diabetes, coronary heart disease and chronic obstructive pulmonary disease, and improve access to a range of primary health care services offered in the general practice setting. This will include education for patients in chronic disease prevention and self-management. In 2010-11, the Department will undertake a review of this program to inform future delivery arrangements.

[15] For more information on the National Health and Medical Research Council, please refer to NHMRC's chapter in these Portfolio Budget Statements.

[16] Telephone: 1800 686 2 686

[17] Telephone: 1800 022 222

Program 5.3 is linked as follows:

- Medicare Australia (Department of Human Services) to administer collaboration and research in primary care service and maternity data guidelines communications, under its Delivery of Medical Benefits and Services (Program 1.1).

Program 5.3: Expenses

Table 5.10: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	31,175	26,588	23,222	23,627	22,318
Program support	4,647	4,820	4,780	4,555	4,595
Total Program expenses	**35,822**	**31,408**	**28,002**	**28,182**	**26,913**

Program 5.3: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 5.11: Qualitative Deliverables for Program 5.3

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues[18]	Stakeholders participated in program development through such avenues as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Promote innovation and research in the primary health care sector	
Establish a pregnancy and perinatal support helpline	Support helpline established in 2010-11
Support quality improvement in primary care	
Provide funding to the national implementation organisation to deliver the Australian Primary Care Collaboratives program	Timely payment and accountability for funds provided

[18] Qualitative deliverable from the 2009-10 Portfolio Budget Statements 'Establishment of a stakeholder advisory group for the Maternity Reform package' has been removed, as this has been achieved.

Table 5.12: Quantitative Deliverables for Program 5.3

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Promote innovation and research in the primary health care sector					
Number of knowledge exchange opportunities organised between researchers and the Department[19]	20	10	13	16	18
Number of collaborations and partnerships funded to undertake primary health care research	2	6	7	7	7
Number of Maternity Services Advisory Group meetings in the financial year to support implementation of the Improving Maternity Services program[20]	3	3	N/A	N/A	N/A
Support quality improvement in primary care					
Number of general practices participating in the Australian Primary Care Collaboratives program[21]	600	600	N/A	N/A	N/A

[19] Quantitative deliverable altered from the 2009-10 Portfolio Budget Statements. The number of knowledge exchange opportunities for 2009-10 is higher than anticipated. The estimated quantum of knowledge exchanges from 2010-11 onward better reflect revised program requirements.

[20] Funding for this activity ceases in 2010-11.

[21] Funds are committed through contractual arrangements until June 2011, after which funding will be committed through a new funding agreement.

Program 5.3: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 5.13: Qualitative Key Performance Indicators for Program 5.3

Qualitative Indicators	2010-11 Reference Point or Target
Promote innovation and research in the primary health care sector	
Increase access to relevant primary health care research for policy makers	Increased use of primary health care research by policy makers
Support quality improvement in primary care	
Impact of program delivery activities under the Australian Primary Care Collaboratives program	A review will inform appropriateness and effectiveness of the program

Table 5.14: Quantitative Key Performance Indicators for Program 5.3

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Promote innovation and research in the primary health care sector					
Number of research projects completed with a focus on the four key priority areas identified in the National Primary Health Care Strategy[22]	18	15	5	7	7
Number of calls responded to through the pregnancy and perinatal support helpline[23]	N/A	30,000	45,000	60,000	60,000

[22] The high number for 2009-10 (12 was originally estimated) occurred at the end of a research cycle, with researchers finalising long-term projects during the 2010 academic year. Program arrangements from 2010-11 result in lower numbers of long-term research projects being directly funded.

[23] The pregnancy and perinatal support helpline commences in 2010-11.

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Support quality improvement in primary care					
Percentage of practices participating in the Australian Primary Care Collaboratives program reporting improvements in patient care[24]	80%	90%	N/A	N/A	N/A

Program 5.4: Primary care practice incentives

Program Objective

Through this Program, the Australian Government aims to:

- encourage continuous improvements to general practice service delivery through financial incentives to support quality care, and improve access and health outcomes for patients.

Major Activities

Support general practices to deliver high quality primary health care

Indigenous Health Incentive

The Australian Government's Practice Incentives program (PIP) Indigenous Health Incentive is a key component of the Australian Government's commitment to the National Partnership Agreement on Closing the Gap in Indigenous Health outcomes. This measure is part of the Government's commitment to 'Closing the Gap' in life expectancy between non-Indigenous and Indigenous Australians. In 2010-11, the Government will continue to make quarterly payments to eligible PIP practices participating in this incentive.

The PIP Indigenous Health Incentive will support general practices and Indigenous health services to provide better health care for Indigenous Australians. The Indigenous Health Incentive will achieve this by providing financial incentives to participating practices that provide comprehensive and consistent care to Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease. The first payments through the Indigenous Health Incentive were made by Medicare Australia to eligible practices in May 2010. Medicare Australia provided information packs to PIP practices in March 2010.

The requirements of the PIP Indigenous Health Incentive were developed in close consultation with key medical and Indigenous stakeholders, including the National Aboriginal Community Controlled Health Organisation, Australian Indigenous Doctors Association, Australian Medical Association, Rural Doctors Association of Australia, Royal Australian College of General Practitioners and Australian General Practice Network. In 2010-11, the Department will build on work undertaken in 2009-10 and closely monitor participation in this new incentive.

[24] The funding agreement will expire in June 2011. Future funding is subject to funding agreement negotiations.

Administrative changes to the Practice Incentives program

In 2010-11, the Department through Medicare Australia will introduce a range of administrative changes to the PIP to reduce 'red tape' for the almost 5,000 general practices currently participating in the program. These changes will give GPs more time to treat their patients.

A key change will be the introduction of an online administration system for the PIP in October 2010. This will enable practices to apply for incentives electronically, and to reduce administration by advising Medicare Australia of changes to their practice arrangements via the online system, thereby reducing administration.

General Practice Immunisation Incentive

In 2010-11, the Australian Government will introduce changes to the General Practice Immunisation Incentive. Entry requirements, consistent with best practice vaccine management, will be introduced from August 2010. The entry requirements will improve the quality and safety of immunisation activities undertaken by non-accredited general practices currently participating in the incentive.

The specific requirements have been developed in close consultation with an advisory group, comprising representatives from key medical organisations. The Department will continue to work with the advisory group in 2010-11.

Program 5.4 is linked as follows:

- Medicare Australia (the Department of Human Services) administers the Practice Incentives program, payments to General Practices and Indigenous Health services, and General Practice Immunisation Incentives on behalf of the Department, under its delivery of Medical Benefits and Services (Program 1.1).

Program 5.4: Expenses

Table 5.15: Program expenses

	2009-10 Estimated actual	2010-11 Budget	2011-12 Forward year 1	2012-13 Forward year 2	2013-14 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	289,893	297,990	246,943	550,694	649,769
Program support	2,165	2,245	2,227	2,122	2,140
Total Program expenses	**292,058**	**300,235**	**249,170**	**552,816**	**651,909**

Program 5.4: Deliverables

The Department will produce the following 'Deliverables' to achieve the Program Objective.

Table 5.16: Qualitative Deliverables for Program 5.4

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
Support general practices to deliver high quality primary health care	
Introduction of an online administration system for the Practice Incentives program	Arrangements are in place for the introduction of the Practice Incentives program online administration system by October 2010

Table 5.17: Quantitative Deliverables for Program 5.4

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
Support general practices to deliver high quality primary health care					
Number of non-accredited practices participating in the General Practice Immunisation Incentive[25]	N/A	500	600	N/A	N/A

[25] The General Practice Immunisation Incentive participation levels shown above will not be reported after 2011, as the entry requirements being introduced in August 2010 will no longer be considered 'new'. The deliverable is assessed as meeting new entry requirements relating to vaccine management from August 2010.

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Number of Practice Incentives program practices supported to employ a practice nurse[26]	2,510	2,600	N/A	N/A	N/A

Program 5.4: Key Performance Indicators

The following 'Key Performance Indicators' measure the impact of the Program.

Table 5.18: Qualitative Key Performance Indicators for Program 5.4

Qualitative Indicator	2010-11 Reference Point or Target
Support general practices to deliver high quality primary health care	
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings

Table 5.19: Quantitative Key Performance Indicators for Program 5.4

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Support general practices to deliver high quality primary health care					
Number of Practice Incentives program practices participating in the eHealth Incentive[27]	4,200	4,300	4,350	4,400	4,420

[26] Program 5.2 will introduce new incentive payment to support practice nurses in 2011-12 under the NHHN Agreement.

[27] The first payment for the PIP eHealth Incentive was made in August 2009. The figures shown above are not based on a complete annual payment cycle and may be revised, as additional information comes to hand.

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of GP patient care provided by practices participating in the Practice Incentives program[28]	82.2%	82.6%	83.0%	83.4%	83.7%
Number of Practice Incentives program practices signed onto the Indigenous Health Incentive[29]	3,700	4,300	4,400	4,500	4,500
Number of Practice Incentives program practices providing teaching sessions to medical students	1,680	1,740	1,800	1,860	1,870

[28] The estimates for 2010-11 have been revised since the 2009-10 Portfolio Budget Statements as new data has become available.

[29] Activity commenced in May 2010.