

Outcome 5

Primary Care

Australians have access to high quality, well-integrated and cost-effective primary care

OUTCOME SUMMARY – THE YEAR AHEAD

Primary care is generally an individual's first point of contact with the health system and is central to improving health outcomes for the Australian community. A strong primary care system is essential to providing quality health care for all Australians, since almost everyone will use some form of primary care in any one year.

Primary care can include general practice, a range of allied health services, community health and community pharmacy.

The community relies on primary care to be accessible, provide quality, evidence-based management of health problems and actively co-ordinate care with other services as appropriate, including specialist and aged care services. Primary care is well positioned to help prevent health problems and ensure early intervention by encouraging healthier lifestyles, providing screening services and taking steps to prevent relapse.

Outcome 5 is managed within the Department by the Primary Care Division, which works towards strengthening the primary care sector to ensure all Australians have access to high quality, well-integrated and cost-effective primary care.

Key Strategic Directions for 2006-07

During 2006-07, the Australian Government will:

- work towards the implementation of measures as part of the Government's contribution to the Council of Australian Governments (COAG) Health Services package, as announced on 10 February 2006. Key initiatives will focus on:
 - the provision of a "Well Person's Health Check" through Medicare for people around 45 years old and who have one or more health risks; and
 - provision of education, training and support for chronic disease self-management, targeted at general practitioners, practice nurses, allied health practitioners and other professionals.
- implement a range of measures for the Government's contribution to the COAG Mental Health package, as announced on 5 April 2006, to address the need for improved mental health services in Australia. This range of measures will include new MBS items and increased access to mental health nurses;
- introduction of a National Health Call Centre Network, to enable people throughout Australia to obtain immediate health information and advice 24 hours a day, 7 days a week;
- continue existing financial incentives to General Practitioners (GPs) to bulk bill Commonwealth concession card holders and children under 16 in eligible metropolitan areas (those with low bulk billing rates and workforce shortages);

- continue to encourage team-based primary care by supporting chronic disease management through GPs, practice nurses and allied health services; and
- provide targeted support and financial incentives to recruit and retain general practitioners to provide services to rural and remote communities.

Major Activities

Primary Care Education and Training

Through its contribution to the COAG Health Services package, announced on 10 February 2006, the Government will promote good health and reduce the burden and incidence of chronic disease across the health spectrum through the implementation of a new professional training program. The program will provide chronic disease self-management education, training and support, targeted at general practitioners, practice nurses, allied health practitioners and other professionals. A complementary program will target longer term outcomes by investing in curricula development for tertiary education for medical, nursing, allied health students, and Aboriginal Health Workers to ensure that self-management is taught as a core component of primary health care.

Delivery of primary care training is provided through General Practice Education and Training Ltd (GPET), an Australian Government company responsible for the national management of the Australian General Practice Training Program. The training program provides high quality education and vocational training to doctors who wish to pursue general practice as a career. Further details are provided in GPET's Budget statements, also published in this document.

The Prevocational General Practice Placements Program, managed by the Department, is expected to influence doctors to take up general practice in areas facing a doctor shortage. The Program will continue to provide up to 280 general practice placements in 2006-07 to support graduate doctors practising in outer metropolitan, regional, rural and remote areas.

In this Budget, the Government has reconfirmed its commitment to the provision of GP services for outer metropolitan areas through the continuation of the More Doctors for Outer Metropolitan Areas initiative. This initiative encourages GP Registrars to undertake a term of training in outer metropolitan areas.

Primary Care Financing Quality and Access

Australia's universal health care system, Medicare, includes the Medicare Benefits Schedule, (MBS) which funds access to medical services, including general practice services. In this Budget the Government will continue existing financial incentives to General Practitioners (GPs) to bulk bill Commonwealth concession card holders and children under 16 in eligible metropolitan areas (those with low bulk billing rates and workforce shortages).

As a component of the COAG Health Services package, the Department will implement a new MBS item to support GPs to provide a focussed health check of those patients aged around 45 years of age at risk of developing or exacerbating chronic conditions such as type 2 diabetes or heart disease.

Eligibility for the new health check item would depend on the presence of significant and readily identifiable risk factors, for example: overweight, obesity, smoking or family history. Practice Nurses could assist in identifying eligible patients and providing advice on preventive measures. This new item will also assist GPs and their staff in the early detection of chronic disease so that the required treatment can be commenced and the risk of disease progression reduced.

As part of the COAG Mental Health package, the Australian Government will enhance Medicare to better support the work of GPs, psychiatrists, psychologists and other mental health workers. Referred services provided by psychologists and other allied mental health workers will be eligible for a Medicare rebate. The Government will also provide funding to eligible organisations (private psychiatry practices, general practices, and other appropriate organisations including Aboriginal and Torres Strait Islander Primary Care Services) to employ specialist mental health nurses who will be able to follow up and monitor patients with a severe mental illness, and also ensure that they get access to the services they require. More allied mental health services will also be provided under this Initiative in rural and remote regions.

During 2006-07, the Department will work with all States and Territories to establish a company to manage the National Health Call Centre Network (NHCCN) which was announced by the Prime Minister on 10 February 2006 at the Council of Australian Governments (COAG). The company will be responsible for ensuring that the NHCCN is operational in 2007-08 and full national coverage is achieved by July 2011.

The NHCCN will provide all Australians with access to safe nurse-based telephone triage and health advice 24 hours a day 7 days a week. It will also provide a platform for additional services such as mental health support. The NHCCN will also be able to assist in emergency situations such as major health threats and disasters.

The Department will continue to support management of chronic disease through GP and team-based Medicare services, including practice nurses and allied health professionals.

Following the Government's response to the 2003 review of the Divisions of General Practice, the Department is developing and implementing an information management strategy to underpin a National Quality and Performance System, which will help Divisions measure their progress and improve governance, clinical outcomes and planning. The components of the information strategy include:

- regional Health Information Management Consultants to support implementation;
- a secure national framework to support shared information and knowledge; and
- tools and resources to support the secure collection and management of agreed practice and clinical information, to support performance indicator reporting.

The Government will ensure that Rural and Remote communities will continue to have access to primary care services through providing targeted support and financial incentives to recruit and retain general practitioners.

Primary Care Policy, Innovation and Research

The Australian Primary Care Collaboratives Program aims to promote a culture of ongoing innovation and quality improvement in primary care. Two 'waves' or groups of general practices participated in the Program in 2005-06 and made significant improvements to their clinical and business systems, leading to improved clinical outcomes for patients with chronic and complex conditions. The Program is well accepted by general practices and will involve a third 'wave' of general practices in 2006-07.

Primary Care Practice Incentives

The Practice Incentives Program (PIP) will continue to simplify its administration while retaining the integrity of the Program. The Government has re-announced its support for the PIP Cervical Cancer Screening incentive. The initiative provides incentive payments to encourage GPs to adopt a systematic approach to regularly screen women between the ages of 20 and 69

Budget Statements – Department of Health and Ageing

years, particularly unscreened and underscreened women such as those in rural and remote areas, Indigenous women and women from culturally and linguistically diverse backgrounds.

Outcome 5 Resourcing

Table 3.1.5 shows how the 2006-07 Budget appropriations translate to total resourcing for Outcome 5, including administered expenses, revenue from government (appropriation), revenue from other sources, and the total price of outputs.

Table 3.1.5: Total resources for Outcome 5

	Estimated actual 2005-06 \$'000	Budget estimate 2006-07 \$'000
Administered appropriations		
Program 5.1: Primary Care Education and Training		
to Department of Health and Ageing	155,445	180,304
to General Practice Education and Training Ltd	76,311	82,200
Appropriation Bill 1	231,756	262,504
	231,756	262,504
Program 5.2: Primary Care Financing, Quality and Access		
Appropriation Bill 1	200,621	255,398
	200,621	255,398
Program 5.3: Primary Care Policy, Innovation and Research		
Appropriation Bill 1	42,665	39,918
	42,665	39,918
Program 5.4: Primary Care Practice Incentives		
Appropriation Bill 1	323,326	318,631
	323,326	318,631
Total Administered Appropriations	798,368	876,451
Departmental appropriations		
Health and Ageing		
Output Group 1 - Policy Advice	9,049	10,744
Output Group 2 - Program Management	27,147	32,232
Total price of departmental outputs <i>(Total revenue from government and from other sources)</i>	36,196	42,976
Total revenue from government (appropriations) contributing to price of departmental outputs	36,196	42,976
Total revenue from other sources	-	-
Total price of departmental outputs <i>(Total revenue from government and from other sources)</i>	36,196	42,976
Total Price of Outputs for Outcome 5 <i>(Total Revenue from Government and from other sources)</i>	36,196	42,976
Total estimated resourcing for Outcome 5 <i>(Total price of outputs and administered appropriations)</i>	834,564	919,427
	2005-06	2006-07
Average staffing level (number)		
Department	257	298

Measures Affecting Outcome 5

A summary of measures affecting this outcome is provided at Table 2.2, Section 2. Measure descriptions are published in full in Budget Paper No. 2, *Budget Measures 2006-07*, available on the Australian Government website at <<http://www.budget.gov.au>>.

Contribution of Administered Programs to Outcome 5

Program 5.1: Primary Care Education and Training

In order to provide high quality care, education and training is paramount to professionals working in primary care. This Program provides funding for various streams of vocational and pre-vocational training of GPs, as well as updating the skills of GPs who are re-entering the work force. The Program also provides an incentive to newly qualified GPs to work in rural and remote areas of Australia. The contribution to Outcome 5 is measured by the percentage of general practice placements taken up by junior doctors and the number of training places filled by GP registrars in rural and urban areas.

Program 5.2: Primary Care Financing, Quality and Access

This Program group deals with quality and access to primary care services. The Program provides for improved access to areas of primary care need, seeks to influence the quality and standard of services provided and addresses key priority areas such as access, chronic disease management, prevention and integration.

The outcomes of this group are measured through the increase in services provided in targeted areas.

Program 5.3: Primary Care Policy, Innovation and Research

This Program encourages innovation and research in primary care. It supports initiatives that further the research into primary care, improving the way in which services are delivered and assists GPs to access current best business practice. This Program is measured through the results of its research that are taken up by primary care providers.

Program 5.4: Primary Care Practice Incentives

The investment in PIP incentives encourages general practices and primary care professionals to deliver services supporting targeted primary care priorities. This administered Program comprises the PIP and provides financial incentives to GPs for undertaking a targeted activity. For example, these activities include cervical cancer screening, addresses chronic disease such as Asthma and Diabetes management. The success of this Program is measured by the practices that become PIP accredited and qualify for incentives provided under the PIP.

Contribution of Departmental Outputs to Outcome 5

The Department describes its core activities in terms of three output groups: policy advice, program management and agency-specific service delivery. Outcome 5 reports on policy advice and program management. Refer to Section 3.1 for more information on output groups.

Performance Information for Outcome 5

Performance information for administered programs, individual outputs and output groups relating to Outcome 5 are summarised in Table 3.2.5.

Table 3.2.5: Key Performance Information for Outcome 5

Performance Information for Administered Programs

Indicator	Measured by	Reference Point or Target
Administered Funding – Primary Care Programs		
Funding of high quality, relevant primary health care research.	The number of projects funded.	Ten projects funded.
A range of primary care service delivery models are supported or implemented.	Progress achieved towards implementation or support of models of primary care service delivery.	NHCCN company established during 2006-07. Up to 95 after hours services supported or implemented in 2006-07 through the Round The Clock Medicare Program (up to 76 services supported or implemented in 2005-06). A range of targeted service development projects are supported through the After Hours Primary Medical Care Program.
Uptake of training places for GP registrars in rural and urban area.	The number of training places filled each year on the Australian General Practice Training Program.	558 places filled in 2006 out of a total of 600 available places (532 of places filled in 2005 out of a total of 600 available places).
Increase in the uptake of prevocational general practice placements.	Percentage of prevocational general practice placements that are taken up.	An estimated 70% uptake of the 280 available prevocational general practice placements (up from 60% uptake of the available 280 prevocational general practice placements in 2005-06).
Increased number of non-vocationally recognised medical practitioners undertaking continuing professional development (CPD).	The number of non-vocationally recognised medical practitioners registered on one of the general practice incentive programs that require participants to undertake CPD.	An increase from the previous year of non-vocationally recognised medical practitioners undertaking CPD through general practice incentive programs (470 in 2005-06).

Section 3 – Department Outcomes – 5 Primary Care

Indicator	Measured by	Reference Point or Target
Administered Funding – Primary Care Programs (cont)		
Well-targeted and managed incentives and support programs for general practitioners to provide services in rural and remote Australia.	The level and range of incentives and support for general practitioners who provide services in rural and remote Australia.	A range of incentives and support programs for general practitioners who provide services in rural and remote Australia.
Divisions of General Practice address key priority areas such as access, chronic disease management, prevention and integration as required in their funding agreements.	The per cent of Divisions receiving quarterly payments on time, and per cent at one month later.	90% of Divisions receive quarterly payments on time. 100% of payments are resolved within one month.
Increased number of practices qualifying for incentives through the Practice Incentives Program.	The number of practices qualifying and uptake of incentive.	Increase from previous year. Uptake of incentive by practices qualifying for the PIP.
Increased up-take of general practice MBS financing initiatives. ¹	Uptake of relevant MBS items.	Increase from previous year in uptake of relevant MBS items.
Improved access to primary care for Aboriginal and Torres Strait Islander people. ²	MBS benefits maintained or introduced.	Increased access by Aboriginal and Torres Strait Islander people from previous year.
Cost: \$876.451m		

Performance Information for Departmental Outputs

Indicator	Measured by	Reference Point or Target
Output Group 1 – Policy Advice		
Quality, relevant and timely advice for Australian Government decision-making.	Ministerial satisfaction.	Maintain or increase from previous year.
Relevant and timely evidence-based policy research.	Production of relevant and timely evidence-based policy research.	Relevant evidence-based policy research produced in a timely manner.
Price: \$10.744m		

^{1,2} Funding for these Medicare Benefits Schedule-related activities is provided under the Medical Benefits special appropriation under the *Health Insurance Act 1973*, under Outcome 3.

Budget Statements – Department of Health and Ageing

Indicator	Measured by	Reference Point or Target
Output Group 2 – Program Management		
Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses.	Percentage that actual expenses vary from budgeted expenses.	0.5% variance from budgeted expenses.
Stakeholders to participate in program development.	Opportunities for stakeholder participation through a range of avenues, such as surveys, conferences and meetings.	Stakeholders participated in program development through (eg. surveys, conferences and meetings).
Price: \$32.232m		

Evaluations

There are no evaluations planned to be undertaken in 2006-07.

Major Reviews

There are no major reviews planned to be undertaken in 2006-07.

Performance Improvement Initiatives

There are no performance improvement initiatives planned to be undertaken in 2006-07.