

Outcome 5

Primary Care

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

OUTCOME SUMMARY

Outcome 5 aims to provide Australians with access to high quality, cost-effective primary care that is evidence-based and coordinated with other forms of care, such as hospital specialist and aged care services. Central to the Australian Government's reforms is to ensure that health resources are used efficiently and priorities are set on the basis of patients' needs and achieving the best health outcomes.

The Australian Government aims to achieve this outcome through a range of reforms that support the delivery of primary care services throughout Australia. Such reforms include general practitioner (GP) and practice nurse training, and funding to address primary care priority areas such as workforce shortages, child health, and access to appropriate primary care services. The Government will also examine how the primary care sector can operate more efficiently and effectively through the development of a National Primary Health Care Strategy.

Outcome 5 is managed by the Primary and Ambulatory Care Division and the Mental Health and Workforce Division.

Key Strategic Directions

- Implement the GP Super Clinics Program.
- Develop a National Primary Health Care Strategy.
- Ensure Australians have access to high-quality, cost effective and appropriate primary care services.
- Support preventive and early intervention health activities.
- Support patients with chronic disease.
- Support training for GP registrars in rural and urban areas.

Major Activities

GP Super Clinics

As part of the National Health and Hospitals Reform Plan, the Australian Government will establish 31 GP Super Clinics across Australia. In 2008-09, the Department will work closely with State and Territory governments to support the implementation of this initiative, which will provide better coordination between privately provided GP and allied health services, as well as state and territory funded health services.

Furthermore, the Australian Government, through the Department, will manage consultations around the establishment of the GP Super Clinics in each locality involving health professionals, community members and other local organisations. Consultation will help ensure that each clinic offers the range of services that will best address local health needs and priorities, while also complementing and enhancing the existing primary health care services of the community.

Development of a National Primary Health Care Strategy

The Australian Government will develop a National Primary Health Care Strategy to build a stronger primary care system, including a greater focus on keeping patients out of hospital and increasing the focus of primary care teams on the provision of multidisciplinary care.

In 2008-09, the Department, on behalf of the Australian Government, will convene and work with a reference group consisting of stakeholders and experts to develop the National Primary Health Care Strategy. The work of this group will be complemented by a consultation process to ensure that a range of views regarding the strategy are canvassed.

The development of the National Primary Health Care Strategy will help ensure a stronger primary health care system, providing more effective front-line health care for Australians.

One component expected to feature in the strategy will be a review and simplification of Medicare arrangements for primary health care services. The review will help reduce complexity and red tape in the Medicare system for both patients and providers, while also examining ways of encouraging the provision of high quality preventative health care.

The major challenge in developing the strategy will be to develop an appropriate level of consensus concerning the strategy's content. The Department will ensure effective consultation processes are in place to enable stakeholders to share their views and provide input to future primary health care strategies.

Funding for this activity is sourced from Program 5.3 – Primary Care Policy, Innovation and Research.

Access to Primary Care Services

The Australian Government is committed to ensuring that Australians have access to high quality, cost-effective and appropriate primary health care services, which are predominantly funded through the payment of Medicare benefits (see Outcome 3). However, other funding models and infrastructure development are required to support the provision of certain types of care, particularly in cases of market failure. Examples of such initiatives include GP Super Clinics, the National Health Call Centre Network and specific after-hours grants.

The Australian Government is committed to expanding the National Health Call Centre Network, which will enable anyone, anywhere in Australia, to ring for advice on health matters 24 hours a day, seven days a week, by calling 1800 022 222. The network is a joint initiative with the State and Territory governments, and will benefit all Australians, particularly people in rural and remote communities along with more mobile populations. The challenges in establishing the network nationally is ensuring that the needs of all jurisdictions are met. The Department will meet this challenge through regular and ongoing consultation and discussion with representatives of the State and Territory governments.

In 2008-09, the Australian Government will assist new and existing after-hours GP services to remain financially viable by providing grants to help meet their operating costs. While funding for after-hours primary care services will be refocused to better meet community needs and the capacity of the sector to deliver these services, up to 320 after-hours GP services will continue to be supported by the Government through the provision of additional funding. This initiative will ensure that people in need, including families and those living in regional, rural and remote areas, continue to have access to quality and convenient after-hours GP services. The Government will introduce new after-hours services funded through Medicare to improve access to after-hours services.

Funding for this major activity is sourced from Program 5.2 – Primary Care Financing, Quality and Access.

New Medicare Preventive Health Care Items

The Australian Government aims to improve the health and well-being outcomes for Australian children by encouraging early detection of lifestyle risk factors and physical health issues, and facilitating early intervention strategies through the introduction of the Healthy Kids Check Medicare items. This initiative aligns with the broader policy agenda of optimising outcomes for children through attention to health, learning and development.

Commencing in 2008-09, the new Medicare items will be delivered by a GP or a practice nurse, and will include health indicators such as height, weight, eyesight and hearing assessments, and will be claimable at the same time as the four-year-old immunisation. The Australian Government will also provide funding to State and Territory governments to ensure that state funded, or other immunisation providers (such as community health centres and local councils) are able to provide checks to patients. Further discussion on other measures improving the health and well-being of Australian children can be located in the Outcome 1 chapter.

The Australian Government will focus on the health needs of people who have a high risk of acquiring type 2 diabetes through a Type 2 Diabetes Risk Evaluation Medicare item. It is envisaged that the introduction of this item in 2008-09 will significantly assist efforts to reduce the growth of this chronic disease in Australia. This new item will encourage GPs to review people with high risk factors of developing type 2 diabetes and instigate early interventions such as lifestyle modification programs to reduce their level of risk. The new Medicare items will be publicly available from July 2008.

The challenge in achieving both initiatives is to ensure satisfactory uptake of the new Medicare items by GPs, practice nurses and the public. The Department will achieve this by employing an effective communication strategy and monitoring the uptake of the new Medicare items.

Throughout 2008-09, the Department will work with Divisions of General Practice to develop a set of new performance measures, to help refocus primary care towards prevention and early intervention. The new measures will drive accountability for improvement in health outcomes in local communities by targeting priority areas of diabetes, heart disease, childhood immunisation, adult and Indigenous health checks and cervical cancer screening.

In 2008-09, the Australian Government will work with the Queensland, Western Australia and Northern Territory governments to implement the Rheumatic Fever Strategy and to set up a National Coordination Unit. Under the strategy, the Department will establish control

programs and a disease register in each state and territory (refer to Outcome 8 for further discussion). This initiative will assist the Government in addressing the health burden caused by Rheumatic Fever, particularly among Indigenous communities.

Funding for this major activity is sourced from Program 5.2 – Primary Care Financing, Quality and Access.

Supporting Patients with Chronic Diseases

The Australian Government will assist general practice to deliver better patient care and health outcomes by improving the clinical and business systems that underpin the prevention and management of chronic disease. This will help ensure that patients are prescribed the correct medication and receive the most suitable form of care from the most appropriate health care professional.

In 2008-09, the Department will implement a range of initiatives, such as targeted Medicare items, a renewed focus on preventive care, and team-based approaches to care. These initiatives will be complemented by existing Government support of chronic disease self-management initiatives. The Department will work with, and through, Divisions of General Practice to implement many of these initiatives.

By focusing effort on improving the outcomes associated with treatment of, and reducing hospitalisation associated with, chronic diseases, it is expected that there will be efficiencies achieved throughout the health system and better health status for those patients with chronic diseases.

There is a range of initiatives designed to assist patients with chronic condition in meeting their needs. Such programs include targeted Medicare services which improve treatment options and encourage multidisciplinary approaches to care (refer to Outcome 10 for further discussion on chronic disease programs).

Funding for this major activity is sourced from Program 5.3 – Primary Care Policy, Innovation and Research.

Primary Care Education and Training

In 2008-09, the Australian Government will work to attract and retain more GPs with procedural skills in rural areas, by creating an alternative pathway to vocational training. This initiative recognises the special skills involved in rural practice and encourages GP registrars to pursue training in rural medicine.

The Australian Government supports vocational training for doctors wanting to pursue general practice as a career through the Australian General Practice Training (AGPT) Program. The AGPT Program is administered by General Practice Education and Training Limited¹ (GPET).

In 2008-09, GPET will work with its regional training providers and other key stakeholders to encourage more doctors to take up general practice as a career and to ensure that registrars continue to receive high quality training towards Fellowship of either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote

¹ For further discussion on GPET, please refer to the GPET chapter located later in these Portfolio Budget Statements.

Medicine. The AGPT Program will offer greater variety in skills training to ensure that the next generation of GPs will be equipped to meet the growing prevalence of chronic and complex disease.

Funding for this major activity is sourced from Program 5.1 – Primary Care Education and Training.

Outcome 5 Resourcing

Table 5.1 shows how the 2008-09 Budget appropriations translate to total resourcing for Outcome 5, including administered expenses, revenue from government (appropriations), revenue from other sources, and the total price of outputs.

Table 5.1: Total Resources for Outcome 5

	2008-09 Total estimate of available resources \$'000	2007-08 Estimated actual \$'000
Outcome 5 Administered and Departmental Output Resources		
Program 5.1: Primary Care Education and Training		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	253,513	245,437
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	8,133	7,982
Revenues from other sources (s.31) for goods and services	169	168
Subtotal for Program 5.1	261,815	253,587
Program 5.2: Primary Care Financing, Quality and Access		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	336,841	258,635
Annual Appropriation Bill 2 (Other Services)	14,900	100
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	27,856	27,341
Revenues from other sources (s.31) for goods and services	577	575
<i>Special Accounts</i>		
Services for Other Governments and Non Departmental Bodies		
Opening balance	116	116
Appropriation receipts	-	-
Non-Appropriation receipts to Special Accounts	-	-
Subtotal for Program 5.2	380,290	286,767
Program 5.3: Primary Care Policy, Innovation and Research		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	25,953	27,326
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	3,720	3,651
Revenues from other sources (s.31) for goods and services	77	77
Subtotal for Program 5.3	29,750	31,054

Table 5.1: Total Resources for Outcome 5 (cont)

	2008-09 Total estimate of available resources \$'000	2007-08 Estimated actual \$'000
Program 5.4: Primary Care Practice Incentives		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	309,236	323,700
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	1,731	1,699
Revenues from other sources (s.31) for goods and services	36	36
Subtotal for Program 5.4	311,003	325,435
Total Resources for Outcome 5	982,858	896,843
Outcome 5 Resources by Departmental Output Group		
Department of Health and Ageing		
Output Group 1: Policy Advice	10,490	10,299
Output Group 2: Program Management	31,809	31,230
Total Departmental Resources	42,299	41,529
	2008-09	2007-08
Average Staffing Level (Number)	307.0	320.8

Measures Affecting Outcome 5

A summary of measures affecting this outcome is provided at Table 1.3.1, Section 1. Measure descriptions are published in full in *Budget Paper No. 2, Budget Measures 2008-09*, available on the Australian Government website at <<http://www.budget.gov.au>>.

Contribution of Administered Programs

Program 5.1 – Primary Care Education and Training

The Primary Care Education and Training Program provides funding for general practice vocational training of doctors, as well as updating the skills of GPs who are re-entering the workforce. The program also provides incentives to registrars to work in rural and remote areas of Australia.

The contribution to this outcome is measured by the number of general practice placements taken up by prevocational 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

The Primary Care Financing, Quality and Access Program provides funding to improve access to areas of primary care need. The program also funds initiatives that influence the quality and standard of services and addresses key priority areas such as chronic disease management, prevention and integration.

The contribution to this outcome is measured through the increase in services in targeted areas.

Program 5.3 – Primary Care Policy, Innovation and Research

The Primary Care Policy, Innovation and Research Program provides funding for research into primary care. The program also funds initiatives to improve service delivery and help GPs access current best business practice.

The contribution to this outcome is measured by the extent to which primary care providers and policy makers are engaged in research and utilise important research evidence in developing new policy and providing treatment options.

Program 5.4 – Primary Care Practice Incentives

The Primary Care Practice Incentives Program provides funding to encourage general practices and primary care professionals to deliver services supporting targeted primary care priorities through the Practice Incentives Program (PIP). The program also provides financial incentives to GPs for undertaking a targeted activity such as cervical cancer screening, and asthma and diabetes management.

The contribution to this outcome is measured by the practices that become PIP accredited and qualify for incentives provided under the PIP. In addition, PIP will be continually assessed to ensure it reflects best practice and benchmarks.

Contribution of Departmental Outputs to Outcome 5

The Department describes its core activities in terms of two output groups: policy advice and program management. Outcome 5 reports on both output groups. Refer to Section 2.1 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 5.2.

Table 5.2: Key Performance Information for Outcome 5

Performance Information for Administered Programs

Indicator	2008-09 Reference Point of Target
Program 5.1 – Primary Care Education and Training	
<ul style="list-style-type: none"> Administered Items 	
Increased number of non-vocationally recognised medical practitioners undertaking continuing professional development. Measured by the number of practitioners accessing the A1 Medicare rebate through general practice incentive programs that require participants to undertake continuing professional development.	An increase of 21% from the previous year.
<ul style="list-style-type: none"> Departmental Outputs² 	
Resourcing: \$261.815m	

Indicator	2008-09 Reference Point of Target
Program 5.2 – Primary Care Financing, Quality and Access	
<ul style="list-style-type: none"> Administered Items 	
Improve access to health services through the implementation of a range of primary care services particularly for communities in need.	<p>Commission 20 GP Super Clinics by June 2009.</p> <p>The National Health Call Centre Network which will provide access to health triage information and advice will be available to 75% of Australia's population during 2008-09.</p>

² The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Indicator	2008-09 Reference Point of Target
Program 5.2 – Primary Care Financing, Quality and Access <ul style="list-style-type: none"> Administered Items 	
Improve access to health services through the implementation of a range of primary care services particularly for communities in need.	Support up to 320 after-hours GP services in 2008-09.
Increased uptake of Primary Care Medicare financing initiatives.	Increase from previous year in uptake of relevant Medicare items.
Improved access to primary care for Aboriginal and Torres Strait Islander people, measured by the number of claims of Aboriginal and Torres Strait Islander people Medicare items.	Increased number of claims of Aboriginal and Torres Strait Islander people Medicare items.
Implementation of new Healthy for Kids Check Medicare Benefits Schedule preventative Health Care item. Implementation of new Type 2 Diabetes Risk Evaluation for people aged 40 to 49 who have a high risk of acquiring the disease.	Healthy Kids Checks provided to at least 10% of four-year-old children in Australia annually. Uptake of the Type 2 Diabetes Risk Evaluation Medicare item. There is no target in the first year of operation as baseline data is required.
Well-targeted and managed incentives and support programs to encourage GPs to provide services in rural and remote Australia.	A range of incentives and support programs for GPs to encourage greater provision of services in rural and remote Australia.
Divisions of General Practice demonstrate commitment to quality improvement through participation in the National Quality and Performance System.	100% of all organisations funded under the Divisions of General Practice Program meet National Quality and Performance System requirements.
<ul style="list-style-type: none"> Departmental Outputs³ 	
Resourcing: \$380.290m	

³ The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Indicator	2008-09 Reference Point of Target
Program 5.3 – Primary Care Policy, Innovation and Research	
<ul style="list-style-type: none"> Administered Items 	
High quality, relevant primary health care research to strengthen the evidence base. Measured by the extent to which research evidence is utilised when developing new policy and providing treatment options.	Complete the evaluation of the Primary Health Care Research, Evaluation and Development Program in 2008-09.
Develop the National Primary Health Care Strategy and Medicare Benefits Schedule simplification. Measured by feedback from stakeholders and the Australian Government.	In 2008-09, establish the Strategy reference group and steering committee, commence consultations with stakeholders and advise the Australian Government on progress.
<ul style="list-style-type: none"> Departmental Outputs⁴ 	
Resourcing: \$29.750m	

Indicator	2008-09 Reference Point of Target
Program 5.4 – Primary Care Practice Incentives	
<ul style="list-style-type: none"> Administered Items 	
GP patient care provided by practices participating in the Practice Incentives Program.	Increase in the percentage of GP patient care coverage from previous year.
<ul style="list-style-type: none"> Departmental Outputs⁴ 	
Resourcing: \$311.003m	

⁴ The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Performance Information for Departmental Outputs

In relation to the following programs:

- 5.1: Primary Care Education and Training;
- 5.2: Primary Care Financing, Quality and Access;
- 5.3: Primary Care Policy, Innovation and Research; and
- 5.4: Primary Care Practice Incentives.

Indicator	2008-09 Reference Point of Target
Output Group 1 – Policy Advice	
Quality, relevant and timely advice for Australian Government decision-making measured by Ministerial satisfaction.	Ministerial satisfaction.
Production of relevant and timely evidence-based policy research.	Relevant evidence-based policy research produced in a timely manner.
Output Group 1 Resourcing: \$10.490m	

Indicator	2008-09 Reference Point of Target
Output Group 2 – Program Management	
Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses measured by comparison of actual expenses against budget.	0.5% variance from budgeted expenses.
Stakeholders participate in program development through avenues such as surveys, conferences, meetings, and submissions on departmental discussion papers.	Stakeholders participate in program development.
Output Group 2 Resourcing: \$31.809m	