

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 specialist and aged care services.

The Australian Government aims to achieve this outcome by supporting general practitioner (GP) training and providing incentives to GP and primary care professionals to address priority areas such as chronic disease management and cervical cancer screening. The Government also funds research into primary care.

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

### The Year Ahead

In 2007-08, the Australian Government will implement initiatives to improve the community's access to primary care services, and help people with a chronic disease achieve a better quality of life. In addition, the Government will continue to support health professionals to improve patient care, and provide more rural women with a choice between consulting a female or male GP.

### Key Strategic Directions for 2007-08

During 2007-08, the Australian Government will:

- ensure Australians have access to Medicare after-hours GP services;
- better meet the primary care needs of aged care residents;
- help people self-manage their chronic conditions;
- support general practices to manage the care of people with chronic disease;
- improve access to primary mental health services;
- continue to support training for GP registrars in rural and urban areas; and
- improve access to female general practitioners in rural and remote areas.

### Major Activities

#### Access to Medicare After-hours Services

In 2007-08, the Australian Government will ensure that the community has access to after-hours GP services by funding grants for the establishment and operation of after-hours general practices. The Government will also introduce higher rebates for urgent GP home

visits during an extended after-hours period. These initiatives will benefit local communities, especially families with young children and older Australians, who may need to see a doctor urgently outside normal working hours.

During the year, the Department will work to simplify the Medicare after-hours funding arrangements.

### **Access to Primary Care Services by Aged Care Residents**

Residents of aged care facilities are amongst the sickest and frailest of all Australians. Often these older people have complex needs that require multidisciplinary care.

In 2007-08, the Government will increase residents' access to GPs, multidisciplinary primary care teams, and allied health workers, such as physiotherapists and dieticians. The Government will achieve this by increasing patient rebates where GPs provide these services and expanding the existing Aged Care GP Panels initiative through the Divisions of General Practice.

### **Patient Self-Management of Chronic Conditions**

The Australian Government has identified self-management of chronic conditions as a priority area in the National Chronic Disease Strategy and the Council of Australian Governments Australian Better Health Initiative.

The Government's continuation of the Sharing Health Care Initiative in 2007-08 will work with the Australian Better Health Initiative, by expanding the range and reach of quality chronic condition self-management interventions.

### **Better General Practice Management of Chronic Disease**

In 2007-08, the Government will support general practices to better manage the care of people with, or at risk of, chronic disease, by expanding the Australian Primary Care Collaboratives Program. The Government will fund an additional 800 general practices, to bring the total to 1,300. The program will be coordinated through up to 90 Divisions of General Practice, in recognition of their expertise in supporting general practices to improve health outcomes and services in their local communities.

The Government will also help general practices 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, for example, prescribed the correct medication and receive the most suitable form of care, from the most appropriate health care professional.

### **Improved Mental Health Services**

In 2007-08, the Australian Government will aim to provide more coordinated clinical care for community based patients with severe mental disorders. To achieve this, the Government will introduce funding for general practices, private psychiatrist services and other appropriate organisations, to engage the services of specialist mental health nurses.

The Government will also implement stage 2 of the Mental Health Services in Rural and Remote Areas initiative to provide people living in rural and remote Australia with increased access to allied and nursing mental health services.

### **Primary Care Education and Training**

High quality primary care is dependent on the knowledge and skills of the sector's workforce. The Government supports educational vocational training for doctors wanting to pursue practice as a career, through the Australian General Practice Training program.<sup>1</sup>

In 2007-08, the 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.

### **Expansion of the Rural Women's General Practice Service**

In 2007-08, the Government will continue to improve access to female GPs in rural and remote areas, by providing additional funding to the Rural Women's GP Service.

Administered by the Royal Flying Doctor Service, the program currently facilitates the travel of female GPs to 152 rural and remote locations across all states and the Northern Territory. Increased funding will see an expansion of 32 locations by 2011, resulting in an additional 6,200 consultations per year. This will provide more women from more communities in rural and remote Australia with a choice between consulting a female or a male GP.

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<sup>1</sup> For further discussion on the Australian General Practice Training Program, please refer to General Practice Education and Training reporting located later in this document.

## Outcome 5 Resourcing

Table 3.1.5 shows how the 2007-08 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 2006-07 \$'000	Budget estimate 2007-08 \$'000
<b>Administered appropriations</b>		
<b>Program 5.1: Primary Care Education and Training</b>		
to Department of Health and Ageing	179,747	192,061
to General Practice Education and Training Ltd	74,727	77,696
Appropriation Bill 1	254,474	269,757
	<b>254,474</b>	<b>269,757</b>
<b>Program 5.2: Primary Care Financing, Quality and Access</b>		
Appropriation Bill 1	252,559	314,601
	<b>252,559</b>	<b>314,601</b>
<b>Program 5.3: Primary Care Policy, Innovation and Research</b>		
Appropriation Bill 1	37,188	33,608
	<b>37,188</b>	<b>33,608</b>
<b>Program 5.4: Primary Care Practice Incentives</b>		
Appropriation Bill 1	321,631	334,581
	<b>321,631</b>	<b>334,581</b>
<b>Total Administered Appropriations</b>	<b>865,852</b>	<b>952,547</b>
<b>Departmental appropriations</b>		
<b>Health and Ageing</b>		
Output Group 1 - Policy Advice	7,903	8,062
Output Group 2 - Program Management	35,298	36,005
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	43,201	44,067
Total revenue from government (appropriations) contributing to price of departmental outputs	42,006	42,919
Total revenue from other sources	1,195	1,148
<b>Total price of departmental outputs</b> <i>(Total revenue from government and from other sources)</i>	43,201	44,067
<b>Total Price of Outputs for Outcome 5</b> <i>(Total Revenue from Government and from other sources)</i>	43,201	44,067
<b>Total estimated resourcing for Outcome 5</b> <i>(Total price of outputs and administered appropriations)</i>	<b>909,053</b>	<b>996,614</b>
	2006-07	2007-08
<b>Average Staffing Level (number)</b>		
Department	266	265

## 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 2007-08*, available on the Australian Government website at: <www.budget.gov.au>.

## Contribution of Administered Programs to Outcome 5

### Program 5.1: Primary Care Education and Training

The Primary Care Education and Training program provides funding for vocational and pre-vocational training of GPs, as well as updating the skills of GPs who are re-entering the workforce. The program also provides an incentive to newly qualified GPs to work in rural and remote areas of Australia. The contribution to this outcome 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

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 rate at which primary care providers take up research conclusions.

### 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.

## 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 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
<b>Administered Funding – Primary and Ambulatory Care Programs</b>		
Funding of high quality, relevant primary health care research.	The number of projects funded.	10 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.	The National Health Call Centre Network to provide access to health triage information and advice to 20% of Australia's population during 2007-08.  Up to 85 after-hours services supported or implemented in 2007-08 through the Round the Clock Medicare Program.  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.	619 places filled in 2007 (558 places filled in 2006).
Increase in the uptake of prevocational general practice placements.	Percentage of prevocational general practice placements that are taken up.	It is expected that full uptake of the 280 available prevocational general practice placements will occur (this is an expected increase of 16% from 2006-07).

Section 3 – Department Outcomes – 5 Primary Care

Indicator	Measured by	Reference Point or Target
<b>Administered Funding – Primary and Ambulatory Care Programs</b>		
Increased number of non-vocationally recognised medical practitioners undertaking continuing professional development.	The number of non-vocationally recognised medical 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 of non-vocationally recognised medical practitioners undertaking continuing professional development through general practice incentive programs.
Well-targeted and managed incentives and support programs for GPs to provide services in rural and remote Australia.	The level and range of incentives and support for GPs who provide services in rural and remote Australia.	A range of incentives and support programs for GPs who provide services in rural and remote Australia.
Divisions of General Practice demonstrate quality improvement through achieving accreditation.	Percentage of Divisions, State Based Organisations and the Australian General Practice Network accredited by June 2008.	100% of all organisations funded under the Divisions of General Practice Program are accredited by June 2008.
Divisions of General Practice demonstrate commitment to quality improvement through participation in the National Quality and Performance System.	Percentage of Divisions, State Based Organisations and the Australian General Practice Network which meet the minimum reporting requirements of the National Quality and Performance System.	100% of all organisations funded under the Divisions of General Practice Program achieve National Quality and Performance System requirements.
Increased percentage of GP patient care provided by practices participating in the Practice Incentives Program.	The percentage of GP patient care covered by practices participating in the Practice Incentives Program.	Increase in GP patient care coverage from previous year.
Increased uptake of Primary Care MBS financing initiatives. <sup>2</sup>	Uptake of relevant MBS items.	Increase from previous year in uptake of relevant MBS items.

<sup>2</sup> 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
<b>Administered Funding – Primary and Ambulatory Care Programs</b>		
Improved access to primary care for Aboriginal and Torres Strait Islander people. <sup>3</sup>	MBS benefits maintained or introduced.	Increased access by Aboriginal and Torres Strait Islander people from previous year.
<b>Cost: \$952.547m</b>		

**Performance Information for Departmental Outputs**

Indicator	Measured by	Reference Point or Target
<b>Output Group 1 – Policy Advice</b>		
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.
<b>Price: \$8.062m</b>		

Indicator	Measured by	Reference Point or Target
<b>Output Group 2 – Program Management</b>		
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.
<b>Price: \$36.005m</b>		

<sup>3</sup> 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.

**Evaluations**

The Department does not plan to undertake any evaluations under Outcome 5 in 2007-08.

**Major Reviews**

The Department does not plan to undertake any major reviews under Outcome 5 in 2007-08.