

IMPACT

IMPACTing on primary health care for the vulnerable: prioritizing access related need in 3 Australian regions.

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Roadmap

- Canadian and Australian primary care
- Vulnerability and PHC access
- A community based innovation to improve access for vulnerable individuals.

TWO PRIMARY HEALTH CARE SYSTEMS

	Canada	Australia
Health insurance	Universal insurance for medically indicated medical and hospital care	Universal insurance but physicians able to bill. Overall 84% direct billing rate in general practice.
PHC Physician remuneration	Mostly fee for service, but increasing capitation and mixed payment	Fee for service GPs, some blended payments for CDM, immunisation, access etc.
Rostering and Capitation.	Increasing use – esp Ontario, Alberta	None
Practice trends	Solo moving to group models	Increasing practice size, corporatization.
Reform agenda	New team oriented primary care delivery models	<ul style="list-style-type: none"> • Incremental • Practice accreditation • Primary care meso organisations
Access challenges	Undersupply of family physicians <ul style="list-style-type: none"> • Rurality 	<ul style="list-style-type: none"> • Financial barriers and co-payments • Rurality
	Canada has 20 physicians per 10,000)	Australia has 38.5 physicians per 10,000)

Some disturbing news



The
**COMMONWEALTH
FUND**

Affordable, quality health care. For everyone.



EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Primary care and the vulnerable

- Consistent link between primary care development and better health for the disadvantaged and reduced health care inequality

- Shi and Starfield 2003



Collaboration
 Progrès de recherche
 Canada
 Populations vulnérables
 Innovation
 Accessible Health
 Australia
 Reduire les besoins
 Typologie des innovations
 Soins de santé de première ligne
 IMPACT
 Réduire les besoins
 Soins de santé de première ligne

The vulnerable and access

- Vulnerable groups are
 - more likely to report financial barriers to care;
 - less likely to receive access to appropriate prevention and chronic disease care.
- Same findings for
 - refugees;
 - Aboriginal populations;
 - for complex patients, and;
 - the homeless.



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The problem with access



- It is a major driver of inequity of health care delivery.
- Poor primary care access increases the burden on emergency departments and hospitals.
- Interventions to improve access may increase inequity.

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A Call for proposals – 5 years, \$5 million

5

CBPHC Innovation Teams

Australian National University

CIHR and partners will provide funding for teams undertaking programmatic, cross-jurisdictional and interdisciplinary research to develop, implement, evaluate, and compare innovative models for chronic disease prevention and management in CBPHC and/or improving access to appropriate CBPHC for vulnerable populations

Canada

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The process of LIP deliberation

- Centrally informed, but locally shaped
- Understand the demographic, economic and geographic characteristics of each LIP.
 - Document access-related needs for the region's vulnerable populations .
- Document access-related organisational innovations within the regions.
 - Hold **Deliberative forums** in the first year of activity to help each LIP decide on *regional access priorities* .



Research informed policy

- Researchers inform LIP decision making through
 - Scoping review
 - Of PHC access outcomes.
 - Social media exploration
 - 251 access related interventions for the vulnerable from 20 countries.
 - Developed a typology of access
 - A new access framework.

Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health. 2013 Mar 11;12:18.



Supply and demand: a conceptual model of access

Levesque et al. *International Journal for Equity in Health* 2013, 12:18
<http://www.equityhealthj.com/content/12/1/18>



RESEARCH Open Access

Patient-centred access to health care: conceptualising access at the interface of health systems and populations

Jean-Frederic Levesque^{1*}, Mark F Harris² and Grant Russell³



The Access Framework

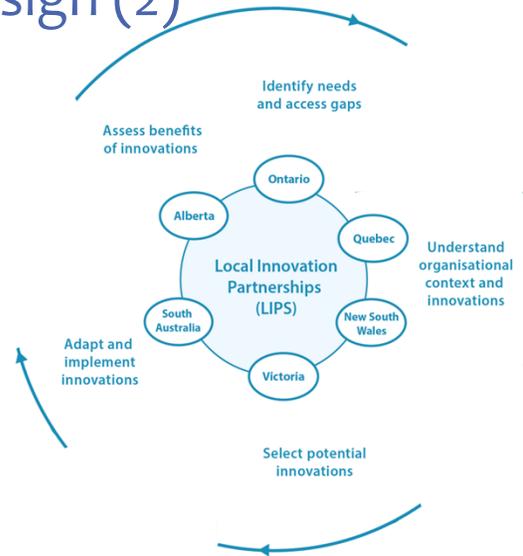


Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health*. 2013 Mar 11;12:18. ([link to paper](#))



IMPACT design (2)

- Policy makers, clinicians, community members.
- Deliberations are informed by research products.
- Co-design continues through the program



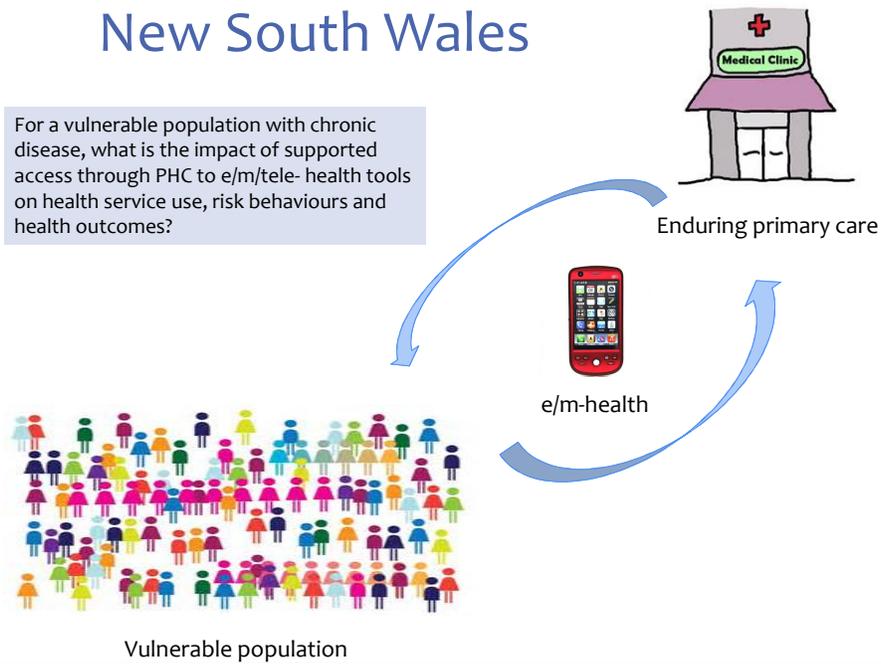
Australia's LIP deliberations

- Ongoing enthusiasm
- Context changes – Medicare Local to PHN.
- Varied interventions
- Global intent to reduce inappropriate hospitalisations and ER visits...



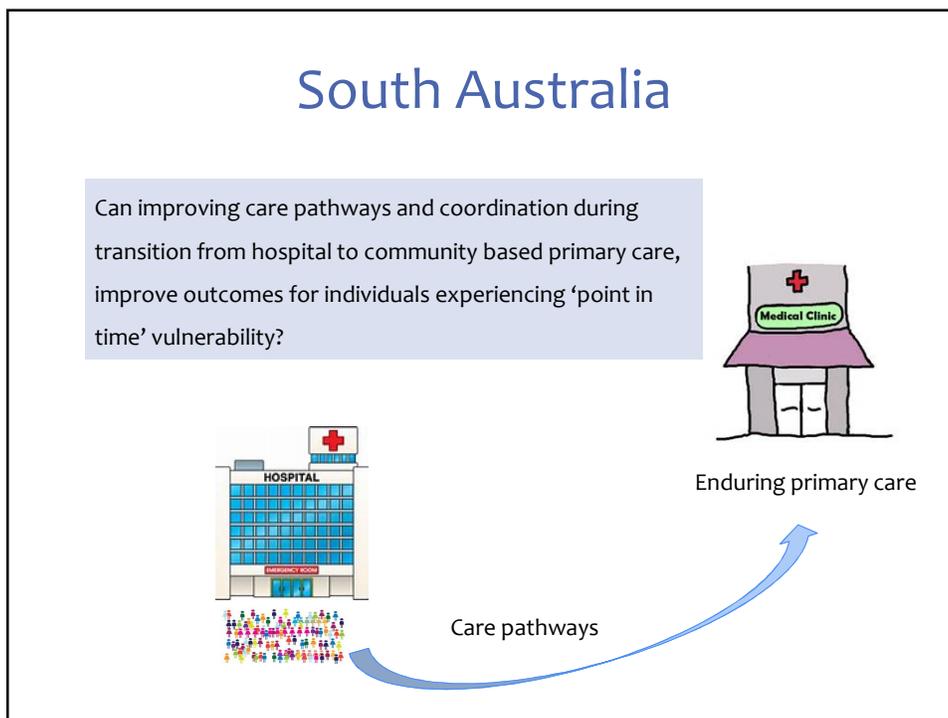
New South Wales

For a vulnerable population with chronic disease, what is the impact of supported access through PHC to e/m/tele- health tools on health service use, risk behaviours and health outcomes?



South Australia

Can improving care pathways and coordination during transition from hospital to community based primary care, improve outcomes for individuals experiencing 'point in time' vulnerability?



...often more complex than it seems



Mid project reflections

- The challenge of context.
 - Organizational change in 5/6 LIPs
- The decision makers.
 - “I didn’t commit to this...”
- Clinician engagement.
- Anticipating new challenges as we go...
- Balancing fidelity with flexibility.
- ...and getting the time zones right



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Our Partners



Funding Agencies



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