

hirmaa submission.

PHCAG survey. 02.09.15.

What aspects of the current primary health care system work well for people with chronic or complex health conditions?

The Australian health system, with its mixed system of private and public funding, performs well across a range of indicators, however, it is becoming increasingly clear that the current system does not adequately cater for people with chronic and complex health conditions. As the incidence of chronic disease escalates across Australia, it is becoming increasingly crucial that reform takes place to improve the efficiency of the health system.

Australia's healthcare system benefits greatly from the high quality of its medical practitioners and healthcare providers whom are highly committed to improving the health outcomes of their patients.

Australia also benefits greatly from access to cutting-edge medical technologies and treatments.

However, it is hirmaa's view that while we are privileged to have access to the best technologies, we should be aiming to help patients avoid the need for expensive treatment. The primary health care sector is crucial to this end and as such we commend this review into primary care as a mechanism to identify the current issues and barriers to more effective primary care.

What is the most serious gap in the primary health care system currently provided to people with chronic or complex health conditions?

There are a range legal, regulatory and technological issues that act as barriers to more effective care at a primary care level.

In particular, hirmaa believes that a greater focus should be placed on the accurate collection, sharing and usage of patient-data. We have previously made representations on the My Health Record and are supportive of moves to an 'opt-out' system in order to increase utilisation.

We believe that leveraging patient data is crucial to a primary care system that effectively manages chronic diseases, such that:

- Patients are empowered to participate in their electronic health record, take a keener interest in their health and management of their health.
- Patient health-literacy is enhanced.
- Data is effectively shared across practitioners to avoid costly re-testing.
- Data is collected and reported in such a way that is interoperable in order to facilitate its usage across a range of platforms.
- Home based testing and monitoring capabilities are better leveraged with results integrated with electronic health records to increase the depth of patient information available to patients and providers.

hirmaa is also a strong advocate for the greater involvement of private health insurers, where consent is given, in the utilisation of patient information. At present, insurers have very limited access to patient information meaning that most often, the first time an insurer is aware of the health status of a policyholder, is after they have presented at hospital. Accordingly, insurers are largely unaware of the health needs of their policyholders and by consequence, have a limited capacity to leverage the many Broader Health Cover services on offer – such as Chronic Disease Management Programs.

With the principle of community rating, health insurance is made accessible and affordable to all in the community that seek it, irrespective of their risk factors. With this principle upheld, the PHI industry is well placed to use patient information to the advantage of the patient.

What can be done to improve the primary health care system for people with chronic or complex health conditions?

The point made above regarding patient information is a crucial step to improving the primary health system for people with chronic or complex conditions. In addition, hirmaa believes the following areas require focus:

- Regional disparities must be addressed

hirmaa has a number of member-funds operating in rural and remote areas. Our feedback from these members is that services are not as accessible as in metropolitan areas. We note that technological developments are increasingly allowing the provision of remote GP and specialist consultations (or Tele-health). hirmaa is supportive of these initiatives.

At present, tele-health consultations do not receive a Medicare benefit. hirmaa suggests this should be reviewed to encourage the accessibility of these services.

- Engage PHNs as vehicles for collaboration across the sector

hirmaa was publically supportive of the Government's decision to establish primary health networks (PHNs) and we agree with the core finding of the Review of Medicare Locals – that patient outcomes can be improved by reducing the fragmentation of healthcare and that there is a genuine need for an organisation to be tasked with addressing this problem.

hirmaa acknowledges in the Department of Health's PHN Grant Program Guidelines, that funds marked as "innovation and incentive funding" will be available to PHNs to "enable the Government to invest in new innovative models of primary health care delivery that, if successful, can be rolled out across PHNs." We suggest that this innovation funding will be crucial to trialing new models of care that enable healthcare providers to embed effective, localised patient pathways in their regions.

- Enable greater Private health insurer involvement

As previously noted, insurers presently have very limited access to patient information. It is important to acknowledge that the interests of chronically ill patients and private health insurers do align. The community rating principle underpinning private health insurance in Australia means that insurers cannot discriminate on the basis of risk factors or illnesses and therefore insurers cannot raise the premiums of the chronically-ill. Better managing the health of chronically-ill patients and reducing risk factors is therefore highly important to the insurer, to avoid unnecessary and costly hospital admissions.

What are the barriers that may be preventing primary health care clinicians from working at the top of their scope of practice?

- A payment system that incentivises throughput over quality of care. A payment system that does not reward the effective treatment of complex conditions which require coordination, follow up and persistence.
- Lack of access to accurate, interoperable patient data.
- Lack of awareness of the many private health insurance funded programs that are accessible to their patients. Private health insurers provide a range of chronic disease management programs designed to reduce avoidable hospital admissions.
- Lack of transparency over the fees and performance of specialists, inhibiting the primary care practitioner's ability to make effective referrals.
- Lack of openness and transparency over performance and quality of hospitals, inhibiting the primary care practitioner's ability to recommend effective care-pathways.

THEME 1, EFFECTIVE AND APPROPRIATE PATIENT CARE

Do you support patient enrolment with a health care home for people with chronic or complex health conditions?

Yes

Why do you say that?

hirmaa is aware that some of our member-funds have made submissions to this survey. We support these submissions and in particular reference to a health care home, support the following comments of St Lukes Health, that:

- It would be beneficial for the patient to have one main contact point for their health.
- Enrolment signals a commitment by the patient to be more actively involved in their health care.
- The term "Health care home" may be confusing as the layperson may see this as home based care rather than a central touch point for their care coordination. A better term could be "Health Care Hub".

In addition, we suggest that having a single point of contact for the coordination of a patient's care would aid in the engagement of stakeholders, including private health insurers, in the care planning process. We note in the discussion paper:

“Private health insurers could be more effectively engaged in the care planning process. Options could be developed to increase collaboration between private health insurers and primary health care providers, including ensuring that any additional services supported through private health insurance are effectively managed by the patient's main primary health care provider and in a way that avoids duplication.”

What are the key aspects of effective coordinated patient care?

Please number in order of importance.

Patient participation

Patient pathways

Care coordinators

Other

hirmaa believes that patient participation and patient engagement is of utmost importance. The effectiveness of a care plan is wholly reliant on the patient's willingness to follow it and engage with it. We suggest that better leveraging digital technologies and encouraging engagement with electronic health records will aid this.

THEME 2, INCREASED USE OF TECHNOLOGY

How might the technology described in Theme 2 of the Discussion Paper improve the way patients engage in and manage their own health care?

As mentioned earlier in this survey, we believe that leveraging patient data is crucial to a primary care system that effectively manages chronic diseases, such that:

- Patients are empowered to participate in their electronic health record, take a keener interest in their health and management of their health.
- Patient health-literacy is enhanced.
- Data is effectively shared across practitioners to avoid costly re-testing.
- Data is collected and reported in such a way that is interoperable in order to facilitate its usage across a range of platforms.
- Home based testing and monitoring capabilities are better leveraged with results integrated with electronic health records to increase the depth of patient information available to patients and providers.

At present, the My Health Record is poorly understood and poorly utilised. We are supportive of a change to opt-out for consumers.

Additionally, there are specific technological initiatives that could be undertaken to improve the delivery of primary health care services. We note and support the submission made by hirmaa member

Peoplecare, and the following ideas:

- Roll out HICAPS/ECLIPSE systems at GP practice level to support eligibility check at point of service for Broader Health Cover programs
- Support training to GP practices to know what private health insurer programs are available and their benefits (explore opportunities with PHNs to do this)
- Private health insurers should be able to obtain GP info at time a member joins in order to promote primary care services that are available to members to discuss with their GP
- Private health insurers should be able to provide incentives to GPs (within existing legislative requirements) that improve data collection of insurance status data by GPs.

What enablers are needed to support an increased use of the technology described in Theme 2 of the Discussion Paper to improve team-based care for people with chronic or complex health conditions?

- An opt-out system for patients in the My Health record
- Ease of access and functionality of the My Health record must be a priority. The data must be interoperable so that the platform is compatible with, and can be delivered via, the device / means that users are most comfortable with, i.e. mobile phone/tablet technology.
- Given that private health insurers have a commercial relationship with 55% of the population of Australia, they are well-placed to act as advocates for the uptake of technologies. Closer engagement between insurers and GPs should be encouraged to this end. In particular, insurers should be allowed to collaborate with primary care providers to work on innovative trials. We note in the discussion paper:

“Insurers could also be further encouraged to partner with primary health care providers to support the use of home-based monitoring and health record technologies. Some insurers already include access to health aids and appliances for the management of chronic and complex health conditions that the primary care providers may not be aware of.”

How could technology better support connections between primary and hospital care?

hirmaa strongly supports greater transparency around the performance of public and private hospitals, with regard to key performance indicators such as infection rates, nurse-to-patient ratios, hospital errors and waiting times at an individual hospital level.

At present, performance information is highly limited and as such, consumers are unable to make informed decisions over the choice of hospital. The impact of this limited information extends to primary-care decision makers who are also inhibited in their capacity to make effective referrals and plan effective care pathways.

Digital technologies should be leveraged to collect and report quality and performance information in such a way that is accessible and understandable. For example, the National Health System in the United Kingdom has launched ‘My NHS’ across all hospitals. The system provides highly accessible performance information on a range of healthcare providers, while free Wi-Fi in all hospitals will allow patients to publically provide real-time feedback on the quality of their care.

hirmaa suggests that:

- Consistent, regular and mandatory reporting frameworks should be in place for all hospitals to provide transparency and allow benchmarking around performance, pricing and the consumer experience for the benefit of the public and policy makers.
- Real-time patient feedback on hospital performance should be shared through the Internet
- All patient records should be digital and in an interoperable format and belong to the patient

Additionally, we note and support the comments of hirmaa member St Lukes Health:

Better connection between primary and hospital care will also help with discharge planning to ensure the patient's road home after hospitalisation is supported by their GP. It may trigger a need to undertake a medication review or a review of their home support services. If the GP or care coordinator was better engaged in the discharge plan, the risk of readmission and relapse could be reduced.

THEME 3, HOW DO WE KNOW WE ARE ACHIEVING OUTCOMES?

To what extent should health care providers be accountable for their patients' health outcomes?

- Very

How could health care provider accountability for their patients' health outcomes be achieved?

- KPIs need to be established and performance measured against these KPIs. Achievement should be rewarded and results should be transparently reported to the public.
- As noted in the previous section, hirmaa believes hospitals should report quality and performance data. In this way, hospitals are more accountable for the quality of care given and patients are empowered to make better informed decisions about their healthcare.

To what extent should patients be responsible for their own health outcomes?

- Very

How could patient responsibility for their own health outcomes be achieved?

- Again, hospitals should report quality and performance data. This should be reported in such a way that is accessible and understandable such that patients are empowered to make better informed decisions about their healthcare.
- As reiterated in Peoplecare's submission:

Empower individuals to manage health across all settings by providing greater transparency and access to data, including information about variation in care, consistency with care pathways,

costs, quality and availability of care.

- As reiterated in St Lukes Health's submission:

Through education, visibility and improved health literacy patients can have a more informed discussion with their health care provider and better participate in choosing the right health care for their needs.

- Patients should be provided with easy access to relevant information about their health care needs through an electronic personal health record. Patients should be educated on how to use and understand the health record.

THEME 4, HOW DO WE ESTABLISH SUITABLE PAYMENT MECHANISMS TO SUPPORT A BETTER PRIMARY HEALTH CARE SYSTEM?

What role could Private Health Insurance have in managing or assisting in managing people with chronic or complex health conditions in primary health care?

Closer engagement with GPs

hirmaa is supportive of insurers forming closer relationships with General Practitioners and other stakeholders in primary care.

We note and support comments made by Peoplecare in its submission, that PHI should engage with primary care to develop a common data platform between primary care providers and insurers that would make it easier for GPs to find out what services are available to members i.e. which health fund? Which product? What services?

This is crucial, as insurers have a wide range of chronic disease management programs (and other Broader Health Cover initiatives) available to patients, that GPs are often unaware of.

We note and support comments made by St Lukes Health in its submissions, that insurers should be able to work with primary care on innovative trials that may not necessarily fit into current legislative boundaries, and that insurers and primary care providers should be encouraged to work together in providing access to health monitoring device technology to patients and members.

Consumer empowerment

Private health insurers have a commercial relationship with over 55% of the population and as such are well placed to encourage the empowerment of members in navigating the health system. This requires greater access to patient information.

hirmaa advocates that where consent is given, insurers should be able to access the patient's My Health record. As noted earlier in this submission, the interests of patients and insurers do align, and given the

principle of community rating, insurers are well placed to use patient information to the benefit of the patient.

Engagement with PHNs

Greater engagement with the private sector was a key recommendation of the Review of Medicare Locals. Insurers should be allowed to work with PHNs to trial and develop innovative models of care.