VIEWPOINT

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Connecting care for life

Connecting care was one of the four reform themes that emerged during the deliberations of the National Health and Hospital Reform Commission (NHHRC). The 10 commissioners argued that the health care system needed to move to a model where people received or could access 'comprehensive care over all their lifetime'. Forty-one of the 123 recommendations (33%) are grouped under this theme, underlining the importance of developing pragmatic and workable solutions.[1] The disjointed nature of the health care system is well known and a cause of much inefficiency and frustration.[2] During the NHHRC consultations, consumers constantly emphasised the need for someone to help them 'navigate' through our complex system'.[1]

There is international evidence that a strong and robust primary care can provide an efficient quality foundation for health care.[3] General practitioners are vital and need to be centrally placed in this new comprehensive primary care, as both the medical and, in many circumstances, overall coordinator of care.[4] General practitioners are trained to perform this task, and with over 85% of the population visiting a GP each year[5] and 50% of consultations already focused on the management of chronic conditions,[6] it would be inefficient and illogical for any other group to assume this role. At a time where reform of primary care is being openly discussed it is crucial that GPs 'step up and lead this debate'[7] and champion this role.

In the Australian context, integration of primary care is and will be the challenge. Patience and goodwill will be required from all players. The cultures, funding, and organisational structures of general practice community health, and many of the allied health groups, are inherently different. Long term commitment is crucial if this reform process is to be successful, as it is likely to be a 3–5 year journey. Sibthorpe, Glasgow and Wells[8] have argued that supporting this type of change will require developing sustainable social networks, identifying champions, creating solid policy foundations and having a workforce that is motivated to embrace this changing paradigm. While this process may seem overwhelming, if we reflect how general practice has embraced the role of practices nurses, successful change can be achieved.

The commission has outlined the establishment of Comprehensive Primary Care Health Care Centres and Services where consumers will receive a range of services, either within an enrolled model or on a voluntary basis. There has been some debate about the value of the small primary care providers regarding quality and accessibility.[9] This is an important consideration, but if we are to provide connected and comprehensive care over a lifetime, then patients must be able to access all services within a real or virtual 'primary health care service'. I can only see this being successful if we have an integrated electronic health record that smaller providers can access, and financial and policy levers to foster these virtual partnerships. We have some fledgling policy levers established, such as the Enhanced Primary Care item numbers, but no other substantial facilitators in place at this time.

Connecting people and families over their lifetime embraces a life course approach[10] and will require a service model that embraces all aspects of the patient journey. To do this effectively we have to achieve more effective integration between general practice and community health and with such siloed programs such as maternal and child health and aged care services. A lifetime of complete care should begin with a systematic approach to a 'healthy start'.[11] We will have to adopt a broader approach to the care we deliver beginning with preconception, covering the antenatal and early childhood period; constantly reflecting whether the services we provide are child and family centred. The commission also argued that we have to 'fill' perceived gaps in services such as subacute and palliative care and provide a more flexible framework that increases options for wider choice for the older members of our community.

Health reform is upon us and there is an exciting debate currently being waged. The goal of a totally connected system is an 'ideal' worth striving for if we are to 'future proof' our health system. We will have to look to a transition period[12] while such issues as workforce reform, commonwealth-state government relations, transformation of the Medicare Benefits Schedule, and changes to provider and health organisation cultures are debated. What is now needed is clear signals from GPs of what they believe should be the first steps that will take us along this path of creating a truly connected and comprehensive health care system where all people receive the total care we aspire for. Unless there is reform of our health system, I believe that there will be an increasingly inequitable distribution of services with groups and communities unable to access vital care.

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