

General practice

PAUL HAYES

The RACGP's *Vision for general practice and a sustainable healthcare system* outlines a plan to change Australian healthcare delivery through greater quality, access and efficiency.

When RACGP President Dr Frank R Jones took to the stage at the recent Conference for General Practice – GP15 – he spoke about what had been achieved in the year since he had attended GP14 as a new president.

'Twelve months on, I am proud to reflect on the many achievements of the RACGP, most notably the development of our alternative funding model, *Vision for a sustainable health system*,' he told conference attendees.

That draft model was first circulated to RACGP members in early 2015 and released for public consultation in April. More than 1000 GPs, health organisations, patients and other stakeholders provided vital feedback, with the finalised *Vision for general practice and a sustainable healthcare system* (the Vision) officially released at GP15.

'Fee-for-service works well for any consultation or healthcare service that requires the patient be in the room with their GP, and is as efficient as it has ever been,' Dr Jones said. 'However, it doesn't work well for a range of patient services and public health activities with proven benefits that reduce overall cost to the health system.'

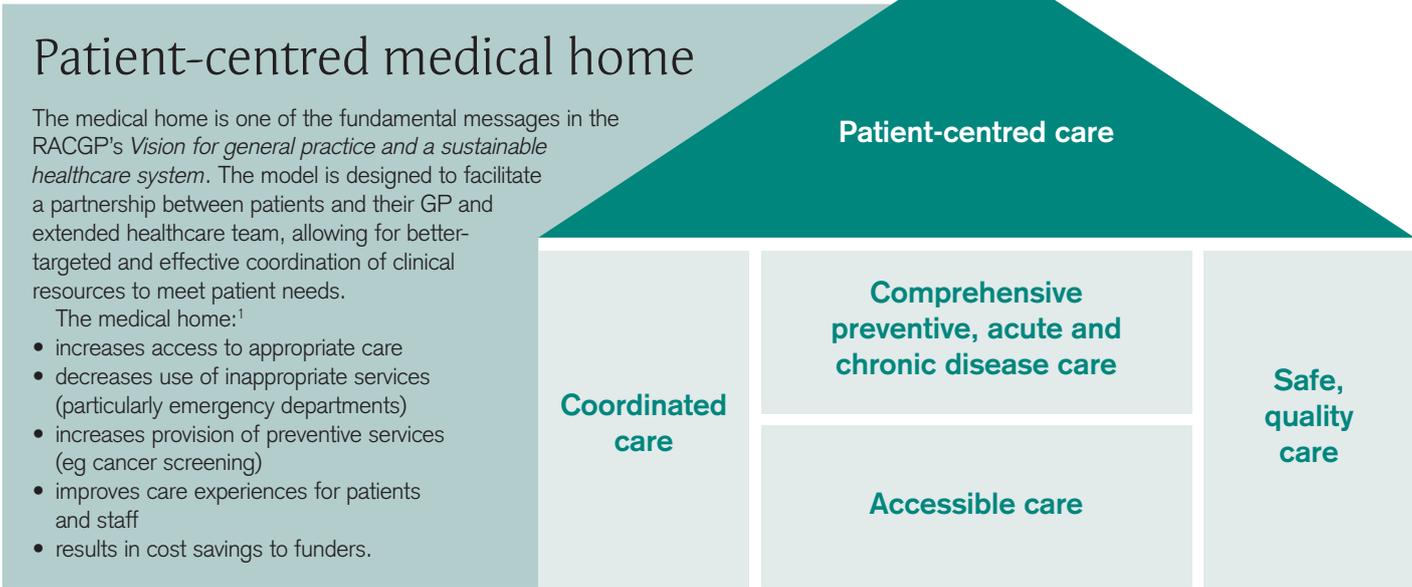
'There has been a lack of support for chronic disease management, integration of care, continuity of care, and population health. This has led to fragmentation of care and unnecessarily poor health outcomes for a range of people, resulting in hospital presentations and admissions.'

'The solution to these challenges isn't to cut health funding. Instead, the solution is a healthcare system orientated towards patient-centred care with a focus on efficient health service delivery in primary healthcare.'

Linking GPs and patients

At its core, the RACGP's Vision aims to better support the delivery of efficient healthcare in Australia by reorienting how general practice services are funded. The model is based on the patient-centred medical home model (refer to breakout, below), informed by the RACGP's definition of quality general practice.

The Vision, according to Dr Jones, was developed in response to the changing face of Australian and international healthcare.



vision

'GPs and the RACGP have been aware for a long time that there has been a change in the health demography; it is not just the acute medicine,' he told *Good Practice*. 'We have now got a chronic disease epidemic. The latest statistics suggest that one in three people has a chronic disease in Australia, so our modus operandi as GPs has had to change, reflecting the change in health demography.'

The Vision is designed to reflect the developing needs of patients with ongoing complex diseases, as well as the GPs and practices responsible for their continuous care.

'GPs are experts in looking after people in a comprehensive way and in a contextual way, including consideration of who they are and what they are,' Dr Jones said.

'We are also experts in providing continuity of care and we know that continuity of care in people with a chronic disease improves their health outcomes.'

'This is the philosophy behind our Vision and general practice for the 21st century.'

The Vision recommends re-targeting and expanding the Practice Incentive Payments (PIPs) and Service Incentive Payments (SIPs) to better recognise and support GPs and general practices. It presents a systematic approach for supporting the

RACGP President Dr Frank R Jones officially launched the Vision at GP15 in Melbourne.



establishment of the patient-centred medical home through voluntary patient enrolment.

Essentially, the patient-centred medical home is an approach to providing patient care in which individual patients have an ongoing relationship with a practice that provides them continuous and comprehensive healthcare.

'The medical home means the patient identifies a particular GP and practice that commit to overseeing all of their care,' Dr Jones said. 'It's coordinated, continuous, compassionate and very much contextualised to who the patients are.'

'I think the medical home model will work very well for Australians.'

While 'initial and ongoing investment' will be required to implement a medical home system and provide more services for patients with chronic diseases, the Vision outlines the fact that investment will ultimately result in savings for the healthcare sector (refer to breakout, right).

'There is some really good data to say that we know the medical home will actually improve cost efficiencies and patient outcomes,' he said. >>

“The Vision is about improved outcomes for patients and ensuring GPs are properly supported to provide quality care”

Potential savings of directing patients to a medical home¹

- Emergency departments: at least one-third of emergency department presentations could be managed by GPs =

\$1.4 billion
every year

- Hospitalisations: 6% of hospitalisations are preventable =

\$2.5 billion
every year

- Outpatient services: more than 400,000 general practice/primary care services are provided in outpatient clinics =

\$108 million
every year



The Vision

The RACGP's *Vision for general practice and a sustainable healthcare system* examines the key initiatives and investments required to improve and enhance the delivery of general practice patient services, which is the foundation of an effective and efficient Australian healthcare system.

Visit www.racgp.org.au/vision for more information and to access the document.

>> 'We know that if you have a regular medical home it actually reduces hospital emergency department presentations and hospital admission rates, length of stay in hospitals and outpatient referrals, and it also actually reduces referrals to pathology, radiology and specialists.'

'I think things will change incrementally and that is the way it should be. It should not be rushed.'

'We have to make sure every step of the way that the system is actually working, that it is evidence-based and that patient outcomes are improved.'

For patients

In discussing the Vision, Dr Jones is very clear when it comes to outlining the ultimate goal of its implementation.

'It's for patients first and foremost,' he said. 'This is not about doctors, not about GPs and not about the RACGP.'

'This is about improving patient experiences, improving patient outcomes, improving the interaction between the doctors and patients. That is what our Vision is all about.'

'We want to see a system that supports practices for having the infrastructure and IT systems in place, the recall systems, the staff and everything that goes along with that.'

'This is all about improved outcomes for patients and ensuring GPs are properly supported to provide quality patient care.'

The Vision is the result of extensive work by the RACGP, its members, patients and other stakeholders and, if implemented,

will 'transform the delivery of healthcare in Australia, through increased quality, access, and efficiency'.

'I am really excited to be in general practice in the year 2015. I think it's a time where we can actually start making some real changes in improving patient care,' Dr Jones said. 'We have got a fantastic decade ahead, but we have got to get the model right and I think we will see improved health outcomes for our patients and efficiencies for the health system as well.'

Reference

1. The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system: A summary. Available at www.racgp.org.au/download/Documents/advocacy/Summary-Vision-for-general-practice-and-a-sustainable-healthcare-syst.pdf [Accessed 28 September 2015].

Payments		Separation of payment		Purpose	Benefit
Fee-for-service	✓	%	Support patients to access care regardless of need, location or practice	Maintain flexibility and responsiveness	
Patient enrolment	✓	%	Formalise relationship between patients and their GP	Care is patient-centred, continuing, coordinated and comprehensive	
Complexity loading	✓	✓	Respond to socioeconomic and Aboriginal and Torres Strait Islander status, rurality and age profile of local community	Reduce health inequalities	
Comprehensiveness	%	✓	Recognise GPs and general practices for the range of services they provide	Patients can access a comprehensive range of primary care services from their general practice	
Coordination	✓	✓	Improve continuity of care between healthcare providers and sectors	Improve patient outcomes through better coordination	
Research	✓	✓	Support innovation and improvement led by GPs and general practices	Innovation and quality becomes an integral part of practice culture	
Practice nursing	X	✓	Continue to support team-based care	Patients receive services from a practice team, improving access and care	
Teaching	✓	✓	Train the next generation of doctors	Workforce and training sustainability	
IT and infrastructure	X	✓	Expand service capacity and information management capacity	Greater use of practice information for innovation and improvement with space to expand	
Indexation of payments			Maintain value of payments over time	Align payments with the increasing cost of providing health services	