



**RACGP**  
Royal Australian College  
of General Practitioners

*Vision for general practice and  
a sustainable healthcare system*



## Vision for general practice and a sustainable healthcare system

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### Recommended citation

The Royal Australian College of General Practitioners. Vision for general practice and a sustainable healthcare system. East Melbourne, Vic: RACGP, 2019.

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ABN: 34 000 223 807  
ISBN: 978-0-86906-547-1 (print)  
ISBN: 978-0-86906-548-8 (web)

First published September 2015; revised October 2019; printed January 2020,  
reprinted March 2020; updated September 2024

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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*





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## *Vision for general practice and a sustainable healthcare system*

**Revised September 2024**

### **A note on the Vision for general practice and a sustainable healthcare system**

The Vision for general practice and a sustainable healthcare system (the Vision) outlines a framework for high-performing general practice. Its underlying model addresses many of the issues facing our modern healthcare system, including those currently under consideration as part of the Federal Government's unprecedented reform agenda.

A detailed review of the Vision is currently underway to ensure it continues to be at the forefront of emerging issues across primary care. Opportunity for the RACGP membership to contribute to the major review is planned for 2024-25. In the meantime, this update is a minor review of all figures and references to ensure accuracy.

The Vision is still relevant and offers an insight into the value provided by general practice and the role of general practitioners at a time of rapid change for patients, providers and funders. The solutions it proposes are designed to enable safe, coordinated, continuous and comprehensive patient-centred care, underpinned by the principles of safety, equity and sustainability.

Reform consultations currently underway must be informed by the RACGP Vision along with the ongoing implementation of the recommendations from the Strengthening Medicare Taskforce, including the rollout of MyMedicare and the Unleashing the Potential of our Health Workforce – Scope of Practice review.

Importantly, future primary care should be designed to cater for complex issues faced across our health system, not simple one-off episodic care. GPs are the experts in longitudinal relationship-based care, whole patient diagnosis and management planning in primary care.

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## Acknowledgements

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The Royal Australian College of General Practitioners' (RACGP's) revised *Vision for general practice and a sustainable healthcare system* (the Vision) has been developed with input, ideas and feedback from many dedicated RACGP members and key health stakeholders.

The RACGP would like to thank all members of the RACGP Expert Committee – Funding and Health System Reform (REC–FHSR) for their significant contribution in overseeing the Vision redevelopment, and specifically thanks the following members of the Vision Redevelopment Working Group, and key staff, who were responsible for leading the review and drafting the revised Vision:

- Dr Michael Wright, REC–FHSR Chair and working group Chair
- Dr Beres Wenck, working group member
- Dr Colin Metz, REC–FHSR and working group member
- Dr George Somers, REC–FHSR and working group member
- Dr Rashmi Sharma, REC–FHSR and working group member
- Mr Brett McPherson, REC–FHSR and working group member
- Mr Roald Versteeg, General Manager, Practice Policy and Innovation
- Ms Michelle Gonsalvez, National Manager, Policy and Advocacy
- Ms Susan Wall, Program Manager, Funding and Health System Reform
- Ms Jess Cutter, Senior Policy Officer, Funding and Health System Reform

The RACGP would also like to thank the many other RACGP members who helped develop the revised Vision by providing their valuable feedback on the Vision as part of the member-wide consultation process.

As well as contributions by RACGP members, the Vision was informed by several health stakeholders and peak bodies that also provided feedback during the consultation period. The RACGP extends its thanks to these stakeholders for their detailed and considered feedback.

The input provided by all contributors has led to the creation of a vital document that outlines a framework for excellence in healthcare. Input from a range of voices has been essential to identifying key mechanisms to address existing and future challenges facing the health of Australians and the Australian healthcare system.

## Executive summary

First released in 2015 and now revised, The Royal Australian College of General Practitioners' (RACGP's) *Vision for general practice and a sustainable healthcare system* (the Vision) outlines a model of care that aims to address many of Australia's longstanding healthcare challenges. The Vision has been developed by specialist general practitioners (GPs) – the health professionals with the unique dual roles of providing whole-person care over time, and acting as facilitators for healthcare in the rest of the health system. Given these dual roles, GPs are ideally placed to understand where the current health system is failing to meet the health needs of all Australians and how it can be improved.

Australia's population is ageing and complex, and chronic conditions, such as diabetes and mental health conditions, are becoming more prevalent. These conditions are long term, and require early identification and care that can be provided appropriately in the community. However, our current health system focuses on acute treatments and costly hospital care, rather than on chronic disease management or preventive care.

Healthcare costs for patients, providers and funders are increasing at above the rate of inflation. This is partly due to the misalignment between how the current healthcare system is structured and the type of care needed.

The Vision looks to ensure the sustainability of the healthcare system in the long term. General practice is the most efficient part of the healthcare system. The Vision therefore sees that a well-resourced general practice sector is essential to addressing the existing and future challenges facing patients, funders and providers.

The Vision places the patient at the centre of care, supported in the first instance by their regular GP and broader general practice team. GPs and their teams then connect their patients to, and guide them through, the often complex wider healthcare system.

The Vision is underpinned by six core features of high-performing general practice:



Patient-centred   Continuous   Comprehensive   Coordinated   High-quality   Accessible

As well as identifying the features that underpin a high-performing system, the Vision identifies how these features can be better supported. It also demonstrates how existing financial support for general practice can be restructured to ensure that care is aligned to support high-performing general practice.

Existing general practice services must be better supported through:

- maintaining and modernising the fee-for-service system
- setting rebates that accurately reflect the cost of service provision by GPs and ensuring appropriate and regular indexation of rebates
- appropriately supporting the delivery of comprehensive general practice care
- increasing payments to practices to facilitate team-based general practice care
- facilitating genuine high-quality improvement activities in general practice

- increasing funding for GPs and practices to undertake teaching of medical students and general practice registrars, and introducing new funding to support teaching for all other members of the general practice team.

General practice can be further strengthened by:

- encouraging continuity of care for patients within their preferred practice via voluntary patient enrolment
- supporting the role of GPs and their teams in coordinating care with hospitals and other health and social services
- recognising increasing patient complexity by introducing a complexity loading payment to GPs and practices
- supporting general practice-based research
- supporting the collection and appropriate use of general practice data to strengthen the evidence about the effectiveness of primary care, and to provide better population planning
- supporting better use of health resources through improved information-sharing and regional coordination.

The Vision identifies how better use and support of general practice will bring about significant savings for the wider system by reducing the need for expensive secondary care. Enhanced support for general practice will also boost the overall productivity of the nation by ensuring Australians stay healthy and are able to fully participate in society and the workforce.

The Vision outlines the urgent need to restructure the healthcare system into one that provides the right care for patients at the right time and in the right place, and that is sustainably funded into the future.

# 1. Achieving a stronger healthcare system and a healthy Australia

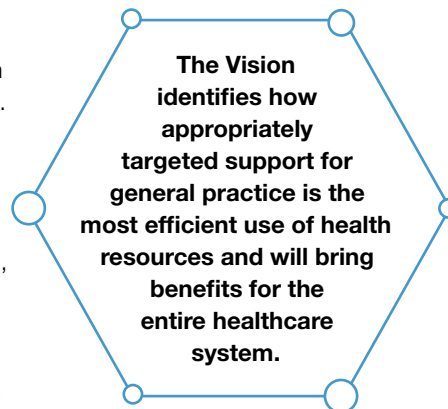
## 1.1 Introduction

The *Vision for general practice and a sustainable healthcare system* (the Vision) is a framework for excellence in healthcare and provides the solution to address a range of issues and pressures currently facing the Australian healthcare system. The Vision demonstrates how a well-supported general practice team can deliver sustainable,\* equitable, high-value healthcare, benefiting patients, providers and funders. It is centred on evidence- and experience-based recommendations regarding how the entire system can be improved.

The Vision has been developed by general practitioners (GPs). Each year, more than 22 million Australians visit their GP. On average, patients receive 7.9 episodes of care from their GP throughout the year.<sup>1</sup> Due to our unique role in connecting health services and by virtue of the scope of practice of our profession, we know where the system is working well and where it is failing.

## 1.2 The health system in Australia needs transformation

Our country prides itself on economic stability and being a healthy, active society. Australia's healthcare system is considered among the best in the world.<sup>2</sup> However, the system is far from perfect. It was developed at a time when acute medical conditions were the main focus of healthcare, and is not fit for purpose in a society where half the population now have chronic health conditions. Care needs to be shifted out of the hospital setting, closer to where patients need it in the community setting. This changing focus of the healthcare system has been identified by many previous authors.<sup>3-8</sup> The Vision sets out a pathway of reform that will deal with this changing focus.



The same report that ranks the Australian system as one of the world's best also identifies it as one of the worst in terms of health equity.<sup>2</sup> Our healthcare system is becoming increasingly outdated and unsustainable. High out-of-pocket costs for patients are masked by a deceptively high bulk-billing rate, creating an illusion of a highly equitable healthcare system.

In order for Australia to maintain a high-performing healthcare system that delivers high-quality care and health outcomes for the entire population, parts of the system must be transformed. The Vision identifies how appropriately targeted support for general practice is the most efficient use of health resources and will bring benefits for the entire healthcare system.

\*For the purpose of this document, 'sustainability' refers to business sustainability and the ability for general practices to maintain viable practices and continue providing high-quality care to their patients.



### A vision for change

All patients must be supported to easily access their GP when they need to. Patients should be encouraged to talk to their GP, not only when they are sick, but also about how to stay healthy. When patients see their GP for preventive care and early treatment, they will be more likely to stay active in the community for longer, building and maintaining happy and healthy families, workplaces and communities. By having an established relationship with a practice and a nominated GP, patients can receive seamless, integrated and continuous care, where their needs are understood and prioritised.

When patients are unable to physically attend their practice, they should be able to appropriately communicate with their GP by phone or email.

Patients must be supported to access a range of services from their practice, reducing the need to visit multiple locations for the same issues and health concerns. This ensures that health issues are addressed effectively and in a timely manner. To facilitate this, GPs and their teams must be supported to communicate with all facets of the healthcare and social systems, making it possible and practical for patient care to be coordinated from a central point.

GPs should be supported to review their practice data and make sure that their patients are recalled for appropriate and timely care. Information collected needs to be analysed and used to improve the health of the whole population, not just one patient at a time.

The average Australian may be surprised to hear that not all of the care described above is supported by government. Many GPs and practices already provide care for their patients in this way, despite the barriers within the current healthcare system. However, without a commitment from government to fund the essential aspects of care that currently go unsupported, this type of care provision is unsustainable.

GPs want to modernise and improve the way that care is delivered in order to improve health effectiveness, accessibility and sustainability. However, a fragmented healthcare system, limited resources and poorly targeted, inflexible and inadequate health funding for patients, practitioners and practices means that GPs and general practices are finding it increasingly difficult to offer high-quality care.

## 1.3 Patients and their GPs are at the centre of the Australian healthcare system

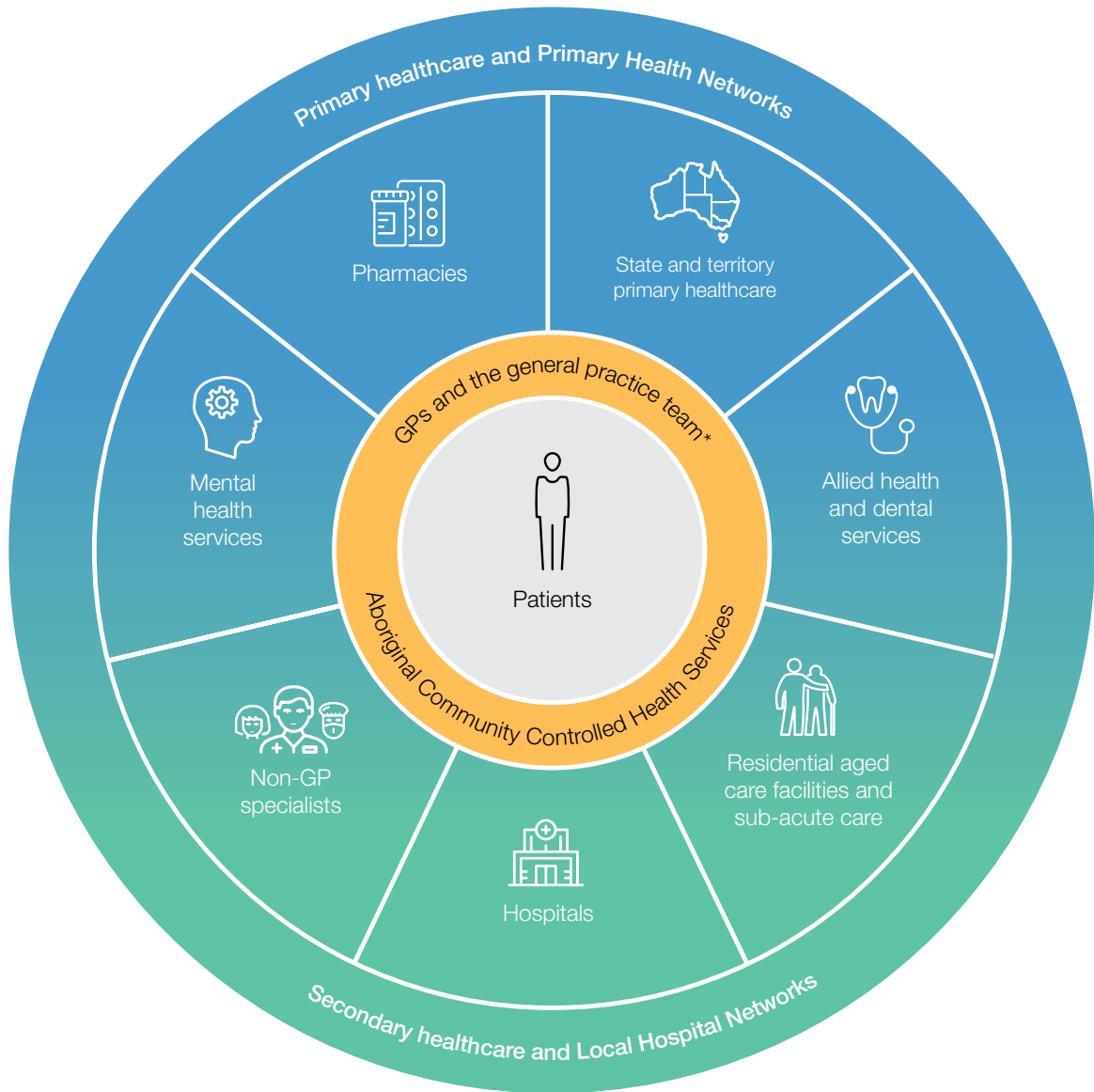
General practice is the cornerstone of the Australian healthcare system, linking patients to all other health services. Australians see their GP more than any other health professional, with nine out of 10 people seeing their GP at least once a year.<sup>9,10</sup>



It is widely recognised that high-quality care is patient centred. Patient-centred care encourages patients to be engaged in their care and facilitates better-targeted services for patients with chronic and complex conditions.<sup>11</sup> Patient-centred care supports the effective and efficient use of limited health resources and leads to improved patient health outcomes. By providing long-term care in the community setting, GPs are best placed to provide care that will be patient- and community-centred.

The Vision positions the patient at the centre of care in partnership with their GP. Due to this unique and important partnership, it is vital that all health professionals, policies and programs strive to ensure that a patient's usual GP is involved at all stages of care.

Figure 1 provides a high-level overview of the interrelationships between patients and the Australian healthcare system.



*\*This includes GPs who look after specific patient groups such as Aboriginal and Torres Strait Islander communities, refugee communities, and patients from culturally and linguistically diverse backgrounds.*

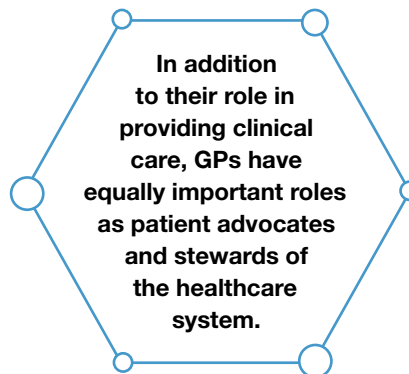
**Figure 1. The Australian healthcare system**

### 1.4 The importance of GPs as healthcare stewards and patient advocates

GPs are highly trained generalist medical professionals working at the interface between the patient and the broader healthcare system. Their diagnostic and management capabilities, together with their knowledge of individual patients (and their histories), enables them to formulate, implement and monitor management plans that provide high-quality, individualised and cost-effective care.

GPs provide a unique set of health services in the community, as they:

- are the **first point of contact** in matters of personal health and as such are constantly undertaking differential diagnoses
- care for **patients of all ages, genders and cultures** across **all disease categories**
- provide **longitudinal care** for patients for **all life stages**
- provide assessment and treatment for **all patient health needs**, including physical and mental health conditions
- take a **whole-of-person approach** to care provision in the context of a patient's work, family and community
- can **coordinate** the complete **care** needs of patients and refer patients to other specialists
- provide care for **acute illness** as well as **preventive care** and **wellness advice**
- perform **legal processes** such as certification of documents and provision of reports in relation to motor transport and work accidents
- certify health status in order for patients to access many social support services.



In addition to their role in providing clinical care, GPs have equally important roles as patient advocates and stewards of the healthcare system. These additional roles are increasingly important as the complexity of our health system has grown. They also provide huge benefit to patients, health funders and the wider healthcare system and are the reason why all healthcare must be coordinated through a patient's regular GP. Failure to involve a patient's GP in all aspects of patient care disrupts continuity of care and compromises the provision of high-quality, cost-effective care through:

- fragmentation of care and medical records
- the potential for contradictory clinical advice
- unclear lines of responsibility – particularly for preventive healthcare such as cancer screening or vaccination programs
- diminished clinical governance/accountability
- duplication of patient services (eg pathology and diagnostic imaging)
- misdiagnoses or delayed diagnoses
- inappropriate or delayed treatment.

GPs' role as stewards or 'gatekeepers' of the healthcare system is linked with cost-effectiveness through reducing both duplication of patient services and unnecessary use of secondary healthcare. Therefore, GPs have the ability to facilitate efficient use of health resources.

The GP's role as health steward is expected and required in the current system, yet not appropriately supported or encouraged through adequate funding or recognition. GPs should have major roles in population planning at both a local and regional level. They should be supported to work with Primary Health Networks, local health districts and public health departments to ensure that changes to the healthcare system are well informed and best meet the needs of the population.

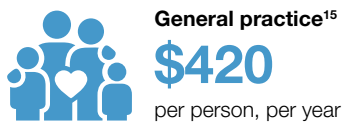
## 2. General practice as the solution to the health funding crisis

### 2.1 General practice is the most efficient part of the healthcare system, but requires more support

A well-resourced general practice sector is essential to addressing the existing and future challenges facing the health of Australians and the Australian healthcare system.

In 2021-22, Australian governments (including national, and state and territory) spent \$176.0 billion on health.<sup>12</sup> In the same year, \$13.6 billion was spent on unreferral medical services (mainly general practice), representing 7.7% of total health spending.<sup>13</sup> By 2022-23, Australian Government expenditure on general practice was only \$11.0 billion.<sup>14</sup>

**Despite general practice being the most accessed part of the healthcare system, government expenditure per person on general practice is eight times less than hospital care**



Inadequate support for general practice in Australia is costing the country billions of dollars each year.

Increased investment in general practice through supporting the Vision will bring about long-term savings for the healthcare system – through decreased use of hospital services (secondary care), improved illness prevention and improved productivity.

*It is vital that any savings in health expenditure that result from increased activity in general practice are invested back into the general practice sector.*

## 2.2 Investment in general practice reduces hospital costs

Local and international evidence shows that better support for, and use of, general practice is associated with:



lower emergency department presentations and hospital use<sup>16-19</sup>



decreased hospital re-admission rates<sup>20</sup>



health benefits for Aboriginal and Torres Strait Islander communities<sup>21,22</sup>



significant savings for the healthcare system.<sup>23,24</sup>

### 2.2.1 Emergency department presentations

In 2022-23 there were almost four million emergency department presentations triaged as semi-urgent or non-urgent.<sup>25</sup> GPs can manage the majority of these presentations.

More than two-thirds of emergency presentations occur between 8.00 am and 8.00 pm, when general practices are most accessible.<sup>25</sup> Most practices also have arrangements in place to support patient access to appropriate general practice care outside these hours.

Emergency department presentations cost Australia \$4.9 billion each year.<sup>26</sup>

The RACGP conservatively estimates that well-coordinated GPs could manage nearly one-third of all emergency department presentations, saving \$1.5 billion a year.

### 2.2.2 Preventable hospital admissions

Preventable hospitalisations are those that could have been avoided if timely and suitable non-hospital care had been provided.

In 2017-18, 7% of all hospital admissions were preventable, accounting for 1 in 10 hospital bed days.<sup>27</sup> Almost half of these admissions were for older people aged 65 years and over.<sup>27</sup>

**Better support and investment in general practice will reduce the prevalence of low-urgency emergency presentations and preventable hospital admissions and could achieve a total annual savings of up to**

# \$4.5 billion

Emergency department



An annual saving of up to

## \$1.5 billion

if GPs and their teams were better supported to manage low-urgency emergency department presentations

Preventive hospital admissions









An annual saving of up to

## \$3 billion

if GPs and their teams were better supported to manage conditions commonly resulting in preventable hospital admissions

### 2.3 Increased preventive care through general practice will bring efficiencies and cost savings to the entire health sector

Evidence-based preventive care and high-quality acute and chronic disease management provided through general practice will:

-  help people to live healthier lives and age well in the community
-  reduce disease complications and prevalence of preventable hospital presentations and admissions
-  reduce healthcare expenditure for government
-  reduce future out-of-pocket costs for patients
-  address health disparities and inequities experienced by some population groups
-  increase the overall economic productivity of society.

GPs and their teams already provide preventive care to their patients. However, there is opportunity for patients to be further supported to access preventive care routinely through their general practice.

**Governments pay more for a single patient hospital admission than the cost of that same patient visiting their GP twice a week for an entire year.**



### 2.4 Increased support for general practice will improve Australia's overall economic productivity

A healthy society is a productive society. Poor health is associated with absenteeism and lower productivity at work.<sup>30</sup> Labour force participation rates are consistently and considerably lower for people with a health condition, and lower still for people with multiple health conditions.<sup>31</sup> Carers' participation in work may also be impacted, as they may need to take time away from their jobs to care for ill or injured family members.

If Australians are supported to visit their GP earlier, they will be more likely to receive appropriate preventive care, early diagnosis and early treatment for health conditions. This will improve workforce participation and economic productivity.

## 2.5 Investment in general practice research is needed to improve the healthcare system

General practice research is essential to ensuring all Australians can access a high-quality, effective and evidence-based primary healthcare system. In the five years leading up to 2017, primary healthcare funding comprised only 2–4% of total National Health and Medical Research Council (NHMRC) funding.<sup>32</sup> General practice made up an even smaller proportion of this funding.

There is a significant misalignment between where research is conducted and where most Australians access healthcare. GPs and their teams manage the majority of patient health issues, yet most medical research continues to be conducted in the hospital sector.

Inadequate evidence relevant to general practice hinders GPs' efforts to provide evidence-based care, as guidelines developed from research in other settings may not be appropriate for patients being managed in the community.<sup>33,34</sup>

The benefits of high-quality general practice are longer term and can be less obvious than results provided short term in a hospital setting. General practice research contributes to an essential evidence-based health system, and can bring benefits to the health system such as lower rates of hospitalisation, as well as improved blood pressure, cholesterol and asthma management. More research is required into these benefits, as well as how general practice can improve the healthcare system more broadly.

A strong primary healthcare research sector linked to general practice-based research networks will increase translation of research findings into practice and ensure Australians can access high-quality, up-to-date, evidence-based care.<sup>35</sup>

## 3. The model for high-performing patient care

### 3.1 Core features of high-quality general practice

Primary healthcare system reform around the world is currently guided by the 'Quadruple aim of primary healthcare'.<sup>36</sup>

The quadruple aim (Figure 2) seeks to drive healthcare redesign in order to improve the health of the population, improve the patient experience of care, reduce healthcare costs and improve the work life of health providers.

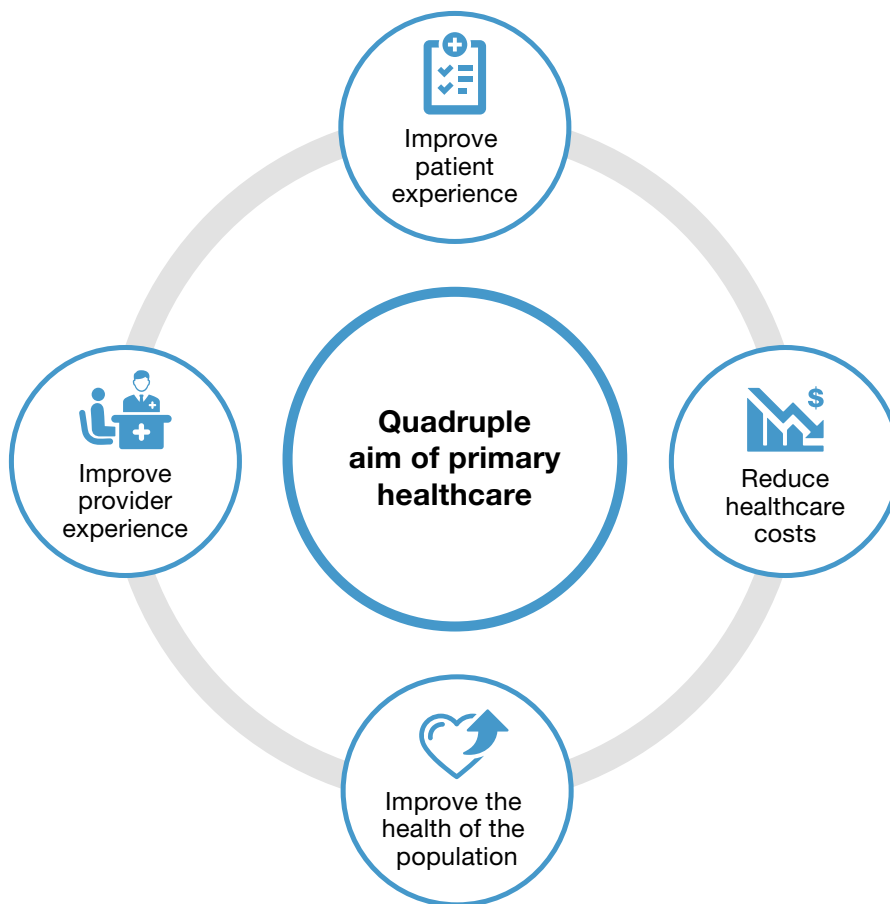






Figure 2. Quadruple aim of primary healthcare



Achieving the four principles of the quadruple aim is needed to achieve a sustainable healthcare system. The Vision is based on the quadruple aim, but provides solutions based in general practice. As general practice is the most frequently accessed part of the healthcare system, it is logical to introduce reforms in this sector.

The Vision adapts the quadruple aim to general practice and aims to achieve its principles through:

1.  **enhancing the patient experience** – by encouraging patient-centred, coordinated care, where patients are empowered to have an active role in their healthcare by establishing a long-term therapeutic relationship with a regular GP and practice
2.  **improving the health of the population** – by addressing the quality of care for people with acute and chronic conditions, while also prioritising preventive care and ensuring that patients have access to evidence-based health services at their first point of contact with the healthcare system
3.  **reducing per capita costs of healthcare** – by recommending a shift in health funding to better support general practice and its focus on preventive care, and a move to providing care in the community and reducing reliance on expensive hospital services and tertiary care
4.  **improving the work life of health providers** – by ensuring that GPs are well recognised and supported to provide high-quality care to their patients through funding for the implementation of systems to address burnout and increase role satisfaction for the profession.

Improved satisfaction of GPs will also increase the attractiveness of general practice as a profession, helping to grow and sustain the future general practice workforce.







International evidence suggests that there are several identifiable features associated with high-performing primary care. These features are often grouped together to form a comprehensive model of care, most notably referred to as either:

- the ‘patient-centred medical home’<sup>23,37,38</sup>
- the ‘10 building blocks of high-performing primary care’.<sup>39</sup>

The combination of these features is considered as best practice primary care, and has heavily influenced the RACGP’s Vision. However, the Vision has been specifically developed by Australian GPs to take into account the local context and needs of Australian patients, and therefore does not mirror existing models entirely.

Our Vision is underpinned by six core features of high-performing general practice (Table 1). While GPs have the ultimate responsibility for their patients’ care, the general practice team plays a vital role in supporting the delivery of care. Therefore, supports need to be given to both GPs and the practice in which they work for these features to flourish.

**Table 1. Core features of high-performing general practice**

Feature	Description
 Patient-centred	Patient-centred care empowers the patient to be involved in decisions regarding their healthcare. It takes into consideration the patient’s culture and background, wishes and circumstances, and fosters an ongoing relationship between a patient and their GP.
 Continuous	General practice is centred on the continuous therapeutic relationship between a patient and their GP. Continuous care fosters a coordinated approach to the management of a patient’s health requirements based on the GP’s access to information about past events and understanding of the patient’s personal circumstances. <sup>23</sup> Patients who have continuity of care with a regular GP: <ul style="list-style-type: none"> <li>• report high levels of satisfaction with their experience of care<sup>40</sup></li> <li>• have lower rates of hospitalisation and emergency department attendances<sup>15,41</sup></li> <li>• have lower mortality rates<sup>42</sup></li> <li>• are more likely to receive appropriate and patient-centred care.</li> </ul>
 Comprehensive	Comprehensive care involves the availability of a wide range of services that can respond to the needs of patients of all ages, as well as to the changing needs of the broader community. Comprehensive care in the general practice context usually takes the form of a multidisciplinary team of care providers who are wholly accountable for the primary healthcare requirements of the patient. <sup>42</sup>
 Coordinated	Coordinated care involves effective communication and a smooth patient journey through the various levels and settings within the healthcare system, including hospitals, other specialists, disability services and the social sector. <sup>43</sup> Coordinated care takes place both inside and outside the practice and ensures that: <ul style="list-style-type: none"> <li>• health resources are targeted to patients who would benefit most from services (such as those with chronic or complex conditions)</li> <li>• practices can provide a central point of coordination and integration to reduce duplication across sectors and subsequent waste and inefficiencies</li> <li>• patient information (stored in electronic health records) is shared across service providers, improving communication and decision-making</li> <li>• there is better support for transition between hospitals and community-based care, allowing patients to leave hospitals safely and sooner, freeing hospital beds.</li> </ul>
 High-quality	In general practice, safe and high-quality care encompasses: <ul style="list-style-type: none"> <li>• quality improvement</li> <li>• encouraging safe practice structures and systems</li> <li>• clinical governance</li> <li>• research</li> <li>• reducing inefficiencies.</li> </ul> Safe, high-quality care involves engaged leadership and the participation of the entire practice team. GPs’ role as stewards in the healthcare system can contribute significantly to a high-quality healthcare system through preventing harm from over-testing, overdiagnosis and overtreatment. <sup>44</sup>
 Accessible	In general practice, accessible care is defined by the ease with which patients can obtain appropriate care. <sup>23</sup> It is dependent on adequate infrastructure and effective management systems supporting GPs and their teams. Accessible care encompasses elements of cultural appropriateness and ensuring that the care provided to a patient is culturally safe, sensitive and responsive. <sup>41</sup> Accessible care also involves offering alternative types of clinical encounters for patients who are unable to attend the practice, including phone, email, video or online consultations and home visits. The cost of services will also affect how accessible they are.

Many GPs and general practices are providing care according to the principles of high-performing general practice, but Medicare is limited in supporting the full range of services required. Unless support for the sector is increased and better aligned to high-quality care, the healthcare system will become unsustainable and unable to meet the changing needs of the population.

### 3.2 Benefits of high-performing general practice

The benefits of supporting these features of high-performing general practice will be felt by patients, healthcare providers and governments, as outlined in Figure 3.



**Figure 3. Benefits to patients, healthcare providers and governments**

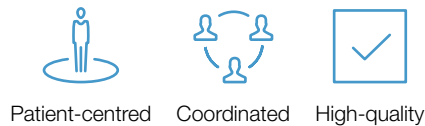
### 3.3 Actioning the features of high-performing general practice

To ensure that GPs and their teams are able to continue delivering high-quality general practice care, a number of actions are required. The majority of practices already recognise these features and are trying to implement them with varying success due to limited support. Additional funding and support is essential for practices to routinely achieve these features.

#### 3.3.1 Foster engaged leadership

High-performing practices have GP leaders who are engaged in and responsible for developing and leading the implementation of a practice’s measurable goals and objectives.<sup>40</sup> As well as having a leadership role within the practice, GP leaders also advocate for patients and general practice within the broader healthcare system.

All actions required to achieve quality general practice require an engaged leadership team (including GPs and other members of the practice team) to identify priorities for improvement, facilitate and influence change processes, and measure goals and outcomes.<sup>40</sup>



#### 3.3.2 Ensure all patients have access to timely, holistic and comprehensive quality healthcare

A well-resourced practice can provide patients with a comprehensive and holistic range of services that address their current and future physical and mental health needs in a timely manner.

Effective comprehensive care provided in the practice setting can reduce the need for more expensive care provided in hospitals or by other specialists.<sup>45</sup> It is associated with slower growth in health expenditure, as well as better system quality, equity and efficiency.<sup>46</sup>

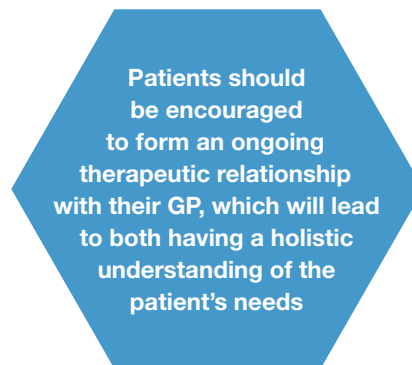


### 3.3.3 Facilitate all patients to form a relationship with a usual GP within a general practice

An ongoing relationship with a GP or practice allows for the provision of continuous and comprehensive care throughout all life stages.<sup>47</sup>

Patients should be encouraged to form an ongoing therapeutic relationship with their GP, which will lead to both having a holistic understanding of the patient's needs. This is of benefit to the patient as well as the GP.<sup>48</sup> The ideal patient–GP relationship is based on mutual respect and shared commitment to the patient's health.

This relationship also enables practices to understand their patient population, enabling better-targeted and effective coordination of clinical resources to meet their patient's needs.



Patient-centred Continuous

### 3.3.4 Promote patient-centred care by supporting the involvement of patients in the planning and delivery of their care

Patient-centred care should be prioritised by recognising the patient as a partner in their healthcare. This partnership provides patients with increased understanding, confidence and awareness of decision-making regarding their healthcare needs and options for treatment.<sup>49</sup>

Patient-centred care extends beyond treating episodic illnesses, and may involve other individuals who support the patient, such as carers or family members.<sup>48</sup>



Patient-centred

### 3.3.5 Enable the coordination and use of information within the practice team and the broader health system in a timely manner

In coordinating and using the information available to them, GPs and practices facilitate informational continuity of care. This involves using patient information held within the practice regarding past events and personal circumstances to ensure that current and future care is appropriate for the individual patient.<sup>23</sup>

As well as coordinating care within a practice, GPs and their teams have a crucial and trusted role in helping their patients navigate the wider private and public healthcare systems.

Improved collection and sharing of data will improve regional planning and provide practices with opportunities to reflect on their priorities and performance.



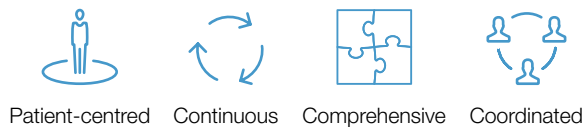
### 3.3.6 Support the multidisciplinary team

The Vision positions the GP at the centre of care provision, but acknowledges the importance and significant value of other members of a multidisciplinary team in providing care to patients.

A well-resourced, multidisciplinary GP-led team has the capacity to coordinate care and ensure that patient needs are met. This is particularly important for people with chronic and complex conditions.

Members of GP-led teams can vary significantly depending on community need, and often include nurses, allied health professionals and administrative staff.<sup>5</sup>

**A well-resourced, multidisciplinary GP-led team has the capacity to coordinate care and ensure that patient needs are met. This is particularly important for people with chronic and complex conditions.**



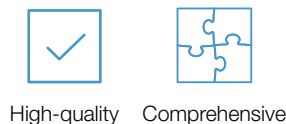
### 3.3.7 Prioritise disease prevention and early intervention activities

General practice is in a pivotal position to deliver preventive healthcare.

Preventive healthcare in general practice includes the prevention of illness, the early detection of specific disease, and the promotion and maintenance of health.<sup>50</sup>

Preventive care provided by GPs is critical in addressing the health disparities faced by disadvantaged and vulnerable population groups.<sup>50</sup>

Early access to health promotion and appropriate preventive care assists patients to stay more active in their community. This reduces the length of hospital stays and re-admission rates, and targets health resources to patients who will benefit most.



### 3.3.8 Support evidence-based patient care

Evidence-based patient care is a core standard for general practice in Australia.<sup>41,51</sup> However, inadequate evidence relevant to primary healthcare can hinder GPs' efforts to provide this care.

To facilitate patient access to safe, high-quality and evidence-based care from GPs, the primary healthcare system itself must be underpinned by rigorous evidence, for which primary healthcare research, and more specifically general practice research, is essential.<sup>52</sup>

Supporting general practice-specific research will facilitate patient access to contemporary, evidence-based medical services in the health setting they use most frequently.



High-quality

### 3.3.9 Support education and comprehensive training of all health professionals

General practice provides a number of unique learning opportunities for all healthcare professionals. GPs have the skills and education to adapt to changing population needs. When given the appropriate training and support, they also have capacity to provide elements of care currently provided in a hospital setting.

Students of other health disciplines (both within and outside primary care) should be supported to undertake a placement in general practice to encourage a greater understanding of its value and role at the centre of the primary healthcare system. This will lead to better communication between the different sectors within the health system and, ultimately, improve patient outcomes.

| Education and training are vital in meeting the quadruple aim of healthcare.

A highly trained and educated multidisciplinary team helps to ensure that all members can work to their maximum capacity, increasing efficiencies in providing care and improving clinician and staff role satisfaction.



High-quality Accessible

### 3.3.10 Maintain a culture of data-enabled quality improvement and safety

The Vision encourages fostering a culture of quality improvement within practices, which will improve patient safety and care. GPs and practice teams should be encouraged and supported to reflect on their own performance and engage in quality improvement initiatives and activities. Quality improvement is an underlying feature of general practice care and is supported through practice accreditation and continuing professional development.

A culture of quality should support improvement to the provision of safe, high-quality, patient-centred care, based on the best knowledge and evidence. High-quality, evidence-based tools designed to improve the delivery of safe and high-performing care in general practice are needed. It is, and should remain, the role of the RACGP to design and set the standards for these tools.



Patient-centred High-quality

### 3.3.11 Facilitate effective and efficient use of health resources

GPs and their teams contribute to the effective and efficient use of health resources by providing over 150 million patient services each year at a fraction of the cost of hospital services.<sup>53</sup>

GPs play a role in managing health costs by:

- providing accurate entries into a patient's electronic health record to foster continuity throughout a patient's healthcare journey
- enacting their role as healthcare stewards and ensuring that all referrals are appropriate and required
- using evidence to evaluate the need for appropriate medical tests, treatments and procedures, and avoid such tests, treatments and procedures where evidence shows that they provide no overall benefit
- providing opportunistic and systematic preventive services to stop or delay the onset of diseases and allow for early diagnosis of health conditions
- encouraging patient self-care
- avoiding complications of chronic diseases
- managing presentations that would otherwise result in an emergency department presentation (such as injuries, wound care or acute infections).



## 4. *The role of government in supporting and implementing the Vision*

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The Australian Government must increase support for existing general practice services and introduce innovative models of care in order to better support and strengthen the role of high-quality general practice within the healthcare system.

### 4.1 Improving existing general practice services

Existing general practice services must be better supported through:

- maintaining and modernising the fee-for-service system
- setting rebates that accurately reflect the cost of service provision by specialist GPs and ensuring appropriate and regular indexation to rebates
- appropriately supporting the delivery of comprehensive general practice care
- increasing payments to practices to facilitate the employment of general practice team members
- facilitating genuine quality improvement activities in general practice
- increasing funding for GPs and practices to undertake teaching of medical students and GP registrars, and introducing new funding to support teaching for all other members of the general practice team.

### 4.2 Introducing innovative models of care

General practice can be further strengthened by:

- encouraging continuity of care for patients within their preferred practice via voluntary patient enrolment
- supporting the role of GPs and their teams in coordinating care with hospitals and other health and social services
- recognising increasing patient complexity by introducing a complexity loading payment to GPs and practices
- supporting general practice-based research
- supporting the collection and appropriate use of general practice data to strengthen the evidence about the effectiveness of primary care, and to provide better population planning
- supporting better use of health resources through improved information-sharing and regional coordination.

State and territory governments also have a role in supporting high-quality general practice and the quadruple aim through:








- supporting coordinated care between general practice and state- or territory-funded programs and services
- supporting integrated care initiatives that improve the interface between general practice, hospitals and other health services.

The payments outlined in *Implementing the Vision – A guide for the Australian Government* identify the vital areas of patient care that are inadequately supported by the current system, or not supported at all. The increase in general practice investment will shift the focus of the healthcare system away from the treatment of disease to illness prevention, and improved management of health and wellbeing. This shift will improve patient health outcomes, reduce chronic disease complications and lead to overall cost savings for the healthcare system.





Changes to the current system must not impact a GP's ability to set fees that reflect the value of the services they provide.

Recommended enhancements to existing payments and new payments are summarised in Table 2.

Table 2. Activities and infrastructure required to achieve healthcare sustainability

	Payments*	Purpose	Benefit	Current availability	
Available but requires modification	<b>Comprehensive, Accessible</b>				
		Fee-for-service	Supports patient access to care, regardless of need, location or practice	Maintains flexibility and responsiveness	Available but requires modernising and additional investment
	<b>Patient-centred, Continuous, Comprehensive, Coordinated, High-quality, Accessible</b>				
		Indexation	Maintains real value of payments over time	Aligns payments with the increasing costs of providing health services	Available – not adequately implemented
Partially available but requires expansion	<b>Patient-centred, Continuous, Comprehensive, Coordinated, Accessible</b>				
		Comprehensive care	Recognises GPs and practices for the range of services they provide	Enables practices to better respond to the needs of their patients throughout the lifecycle	Partially available through Practice Incentives Program (PIP) payments for GPs providing procedural services and after-hours care
	<b>Patient-centred, Continuous, Comprehensive, Coordinated, High-quality, Accessible</b>				
		Team-based care	Recognises the role of multidisciplinary healthcare in improving patient outcomes Increases practice capacity to provide timely access to care and reduce fragmentation of care	Equips general practice teams to provide coordinated, comprehensive, collaborative and continuous patient care	Partially available through the Workforce Incentive Program (WIP)
	<b>Coordinated, High-quality, Accessible</b>				
		Teaching and education	Trains the next generation of doctors and other practice team members	Enhances the skills and ongoing sustainability of the general practice workforce	Partially available through the PIP teaching payment
	<b>Patient-centred, Continuous, Comprehensive, Coordinated, High-quality, Accessible</b>				
	General practice infrastructure	Expands service capacity and information-management capacity Improves data-recording and ensures that practice data are useful for population health planning	Entails greater use of practice information for innovation, improvements and research	Only an eHealth payment is available	
<b>Patient-centred, Coordinated, Accessible</b>					
	Complexity loading	Responds to socioeconomic, rurality and patient profile of local community and Aboriginal and, or Torres Strait Islander status	Reduces health inequalities	Limited funding is available through PIP payments for practices providing services to people living in rural and remote areas, as well as patients with (some) chronic or complex conditions, and to Aboriginal and Torres Strait Islander peoples	

**Table 2. Activities and infrastructure required to achieve healthcare sustainability**

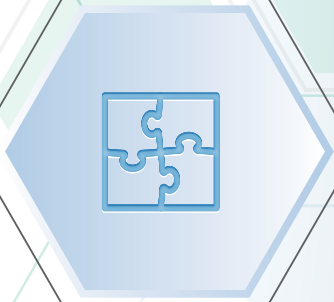
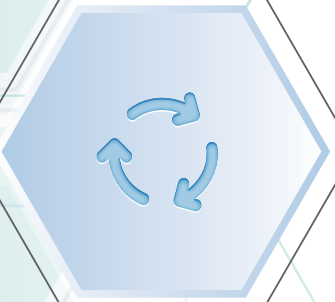
	Payments*	Purpose	Benefit	Current availability	
<b>Not currently available</b>	<b>Patient-centred, Continuous, Comprehensive, Coordinated, High-quality</b>				
		Continuity of care (voluntary patient enrolment [VPE])	Formalises the relationship between patients and their GP	Ensures that care is patient-centred, and that relationships between patients and their GPs are enduring  Encourages a two-way relationship between patients and their GPs – shown to be associated with increased health outcomes and decreased costs	Currently available via the MyMedicare scheme
	<b>Patient-centred, High-quality, Accessible</b>				
		Quality improvement	Supports GPs and practices to dedicate time and resources to undertake quality improvement activities	Delivers evidence-based health interventions that have a positive impact on patient health outcomes	Not available – Practice Incentives Program – Quality Improvement (PIP-QI) provides basic funding to support data-sharing but is inadequate for data reflection, cleaning and quality improvement processes
	<b>Patient-centred, Comprehensive, Coordinated, Accessible</b>				
	Health service coordination	Improves continuity of care between healthcare providers and sectors	Improves patient outcomes through better links between services in the primary and secondary healthcare sectors	Limited funding is available via Team Care Arrangements	
<b>High-quality</b>					
	Research	Improves the capacity of general practice to undertake research that will support high-quality primary care	Improves efficiencies in the provision of healthcare due to the existence of a robust evidence base	Not available	

*\*While it is essential that GPs receive funding to cover the costs of providing high-quality care to their patients, it is also important that practices receive adequate funding to cover the costs of supporting GPs to provide this care. Any payments made with the intention of achieving healthcare sustainability must therefore be proportionally directed to both GPs and practices.*

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