2009 PRIMARY HEALTH CARE RESEARCH FORUM

Wednesday 4 March 2009

Report

Special Guests

Mr Stephen Robertson MP, Minister for Health, Queensland

Dr Rosemary Knight: Principal Adviser, Chronic Diseases, Primary and Ambulatory Care Division, DOHA

Dr Rhian Parker, Australian Primary Health Care Research Institute

Dr Ellen McIntyre, Primary Health Care Research Information Service

SESSION ONE: MODELS OF CARE and WORKFORCE

Claire Jackson provided an overview of the development and progress of the National Primary Care Strategy. The key feature of the National Strategy is the embedding of preventative care into future policy directions. Key themes under consideration include the importance of health literacy, self-management and the delivery of services based on patient preferences.

Scott Barber, QH Workforce Planning and Co-ordination, stressed the importance of developing policy and services based on evidence. He suggested that the two greatest challenges for the audience were to concede and consider are that the impact of health policy changes is rarely measured and that prevention has been an under-researched, often overlooked by research community and funders.

Mark Wenitong, Medical Advisor, Apunipima Cape York Health Council warned us not to ignore the social determinants of health in all populations. He said that he has been witness to many well-intentioned programs collapsing after an initial success due to short-term funding or commitment from agencies. The indigenous population growth is forecast at 40% by 2020. Traditional approaches to indigenous health have failed to keep pace with the social changes affecting many indigenous communities including an urban drift of populations.

Other examples of where Mark believed the focus from policy and service delivery should be was on building better infrastructure, engaging with the whole family network and engaging with the community to deliver services that are deemed relevant culturally as well as politically.

He suggested that PHC researchers could use the forum to make networks with key personnel working in Indigenous health with a view to working on prioritized research areas. His experience at Wuchopperen suggested that there are real ways of engaging with researchers for better health outcomes.

SESSION ONE: SUMMARY by Dr Richard Murray:

Important changes on the horizon:

National Hospital and Health Care Reform Commission
Changes in the way we finance healthcare
The emergence, management and move towards electronic health records
Accountability in all areas of the healthcare sector

We've also heard about the impact of important demographic and social trends that impact on our ability to continue to deliver the type of healthcare we have in the past. We're faced with challenges of:

Rapidly changing population demographics
Changing models of care being trialed here and internationally
Task upskilling and Task transfer within our professional roles
New roles emerging – nurse practitioners, physician assistants
New uses of established roles – triaging services in primary care, changes to nurse scope of practice

Mark Wenitong and Myra Pincott reminded us that we need to take into account our communities and our consumers. We also need to learn from past successes and critically from past mistakes with:

Reflections of the experience of Aboriginal communities
The impact of funding reforms

Moving back to family-based primary health care
Focusing on the social determinants of health
Reflecting on the impact of professional separatism, particularly in an era of workforce shortage, retention and attrition rates, and feminization of the workforce
In terms of research we need to strike a balance between investigator-driven research and needs-based practitioner research.

SESSION TWO: PREVENTATIVE HEALTHCARE

Ann-Marie Liddy, CEO of General Practice Queensland set the scene for this session and concluded by saying that the pace of reform in primary health care is occurring at an unprecedented speed and broadened scope. She, like many others, looked forward to analysing the set of recommendations from the National Preventive Taskforce that will no doubt form the basis of a national prevention strategy when they are released in June.

Prof Allan Cripps, Pro Vice Chancellor, Health, Griffith University

Professor Cripps presented an overview of the process to the development of an ecological model of public health and in particular, the introduction of health promotion. He suggested that the signing of the Alma Alta declaration by the World Health Organisation really put the focus on prevention and primary care as the strategies to improve "health for all".

He suggested that the global challenge for primary health care with a focus on prevention is convincing, enticing and influencing consumers and communities to take responsibility for their health and engage in self-care more routinely.

Michael Tilse, Director of Health Promotion Queensland Health

Mr Tilse suggested that an opportunity now existed for health promotion and disease prevention to take a leading role in health policy. He suggested that the National Preventive Health Taskforce played a major role in setting the strategic direction for the States and Territories and devises a national approach to disease prevention and health promotion.

Again the focus from COAG and the Partnership Agreements on preventative health place in their centre the role for the consumer to be more engaged in self-management of their healthcare. He said that in Queensland the challenge for health service managers and planners was to find out how to work with the community sector in more sustainable ways.

On research Mr Tilse said that his priority research areas are health promotion and communication which are fundamental to engaging consumers in their health and wellbeing. He said that while social marketing has been the traditional vehicle for health promotion services, it was now time to rethink this is done and how it can be co-ordinated in a way that supports primary health care in the community.

Mr Tilse then provided a few examples of where research had been based on inappropriate assumptions that then impacted on the policies and has lead to very bad decisions to supply services that were not needed or not relevant to their local communities. This, in his view, highlighted the importance of finding community champions with local community knowledge and established networks that understood the infrastructure commitment. This approach of having communities identify and drive research is something that Queensland Health has not in the past had a strong track record in. He said that his branch in Queensland Health was very keen to collaborate with research partners in this way.

SESSION TWO: SUMMARY by Prof Chris Del Mar, Bond University:

The 3 key themes from Prof Allan Cripps session were that public health needs to concentrate on three key areas: Climate change, chronic disease and prevention. He has introduced us to the very core of Anticipatory Care and the question for those of us facing these challenges head on is to ask ourselves how we plan to organise ourselves around this concept.

Michael Tilse asks us to consider big picture constructs of health. He suggests that what we do environmentally, with health care working as one agency, is to adopt a whole of society approach to healthcare. We need to consider our choices in terms of the buildings we want to live and work in, the transport we choose to get us around and the work-based decisions we make and how they all impact on our view of our health.

Michael and Rosemary Knight really are asking the questions of 'what do we know works' and 'how do we replicate it or broaden its scope for success'? They are concerned with the particular components of effectiveness, efficacy, impact and effectiveness as the outcome measures we should use to drive our pursuit of the answers.

Myra Pinncott has a challenge for all of us. And that is to make sure we all think beyond stereotypes when we think of the ageing. We have to normalize the concept of healthy ageing and influence those around us to adopt this new perspective. She also reminds us to involve consumers much more in research and service delivery, for the consumers often have a very real contribution to make to our thinking and systems.

And almost ever speaker in this session highlighted the role self-care has in healthcare. We need to be actively seeking the answer to how do we involve people in their own care more effectively.

KEYNOTE ONE: Stephen Robertson, Minister for Health, Queensland

The Minister commenced his keynote address by outlining a number of trends affecting the increasing use of health services across the State:

Growth and demand on acute sector is growing 5 times faster than the population growth

Increased consumer expectations mean that people in regional areas are working hard to have traditional high end tertiary systems in regional areas

Life expectancy of Australian males in now second in the world, falling only short of the Japanese.

Latest findings from the Australian Institute of Health and Welfare show that Australia is now the most obese nation in the world.

All these needs to be addressed through new models of care

Need new models that keep people out of hospitals

Need new roles such as nurse practitioners and physician assistants to help our current professionals focus on the job they have trained to do and free up capacity for them to deliver to the relentless demand

Need a different kind of workforce - one that reflects that new workers want flexibility, a life and a career, to be remunerated for working regular shifts and incentives if they need to do more

What we know from our past is that a change to systems, such as the ones suggested by the Hospital and Healthcare Reform, will only work if they're applied to all sectors of the healthcare service provision.

The system is fragmented and has implications for all of us due to funding, quality and safety measures, accountability, accreditations, and professional credentialising.

The drive for Primary Health Care Reform has hinged on a number of factors.

Lack of innovation in primary health care system has been partly created by the constraints of a fee-for-service funding arrangement and the difficulty in co-ordinating community services.

Historically the system hasn't allowed partners to be monitored or managed leading to a diversity of approaches, priorities and resources at the grassroots.

We currently spend only two percent on health promotion or education to up skill consumers to access and use health services appropriately. But providing care is only one element in creating and sustaining health.

We need to think about how to get consumers to embrace a broader view of health outside the healthcare sector.

We need to take a social determinants approach and change many mindsets about the importance of prevention.

We will miss the point and the opportunity for reform if we base all of our focus within the system and not think about the integration across other sectors of the community.

To do this effectively and achieve the Health of a Nation we need to fund health promotion and disease prevention more substantively.

KEYNOTE SESSION: QUESTIONS

'What are the 3 key research questions researchers should address'?

Minister:

1. How do we get e-health right? The answer needs to examine cross-sector information sharing and the guardianship of patient records.
2. Reform of the MBS – is there a better option than fee-for-service in primary health care. I see this as a real blockage to reform.
3. How do we build a workforce that keeps at its heart patient safety, and quality of care?

'How do we encourage Queensland Health to build administrative systems designed to collaborate more with the private sector'?

Minister:

1. Involve stakeholders from within QH and the private industry.
2. Entice commercial investment which reflects the real value of such systems to both the public and private sectors.

'Is there a co-ordinated approach between agencies to build and improve infrastructure to improve health – like the one you have suggested'?

Minister: We're far better at doing this than we have been in the past, however, to use housing as an example, what we've learnt is that providing solutions is a much more complex task than it may appear. We need solutions that can accommodate the social determinants of health such as housing, education, food safety and quality, food distribution, consumer choices and preferences, and urgent action on reducing risk factors for preventable diseases.

'Regarding the COAG recommendation to install a reaccreditation system to physician assistants, are there plans to look at the introduction of similar re-accreditation systems for other Allied Health Professionals'?

Minister: Regarding continuing professional development programs many professionals are already contributing regularly to such schemes for their own professional indemnity and knowledge. There are no specific plans in place as yet to introduce re-accreditation requirements on other professions.

Can you elaborate on the current reform on the MBS schedule and payments?

Minister: I can't take that question on at this time given the caretaker capacity in the lead up to a State Election. This has also had an implication on my availability to attend the next Health Ministers' meeting which will be considering that subject in more detail.

KEYNOTE SPEAKER: DR ROSEMARY KNIGHT, PRINCIPAL ADVISER CHRONIC DISEASES, PRIMARY AND AMBULATORY CARE DIVISION, AUSTRALIAN DEPARTMENT OF HEALTH AND AGEING

Dr Knight opened the session by suggesting that Primary health care and prevention had now realised their time in the sun.

There are four key platforms of the RUDD government's approach

National /State Collaboration
Policy based on robust evidence
Measuring and monitoring all sectors in healthcare (accountability)
Real attention to health inequalities

His commitment is certainly to the future with a particular reference to Health 2020.

To do that we need to address:

The burden of chronic disease

Rural and remote health access to services, workforce and infrastructure

Social disadvantage and particularly using Liz Harris' social gradient effects model

Access to primary health care services in rural communities

The differential in the ageing experience, taking into account co-morbidities, health, quality of life and service expectations around aged care

Evidence-based management to chronic disease and the standardization of care across the country.

Self-care – how can this be more effective?

A key work priority for the Health Minister has been to chair and co-ordinate the development of the first National Preventive Strategy.

The work will be directed at primary prevention with a strong focus on:

the screening and management of risk factors
community education
primary health care involvement including ways to provide primary prevention better
finding ways to implement primary prevention effectively
finding methods and options for scaling up successful pilots or trials
learning from champions and transferring success across communities, and
understanding the factors that facilitate or enable the programs success

To work collectively with the States and Territories we need to engage health care professionals to embrace a culture of research, evaluation and development so it is fitting that I'm here speaking at the forum today.

KEYNOTE SESSION: QUESTIONS

'How can consumer engage in governance at community level'?

Dr Knight's response: This is a really important part of planning and delivering health services. I would suggest that consumers could contact local players such as hospitals, divisions and professional bodies to register their interest. Much of the interest in 'health literacy' acknowledges this very question. Consumers need to have access to such networks and be able to participate on a level playing field.

Myra Pinncott has provided many examples of the difference consumers can make in the local communities and often a champion from within a community is much more effective than an outsider at advocating for change or service improvements.

Much of the science of the effectiveness of consumer engagement has come from the work within the Primary Health Care Trusts in the UK and the NHS services to address health literacy. Resources are also available from the Fred Hutch Centre based in Seattle in the US.

For more information contact:

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