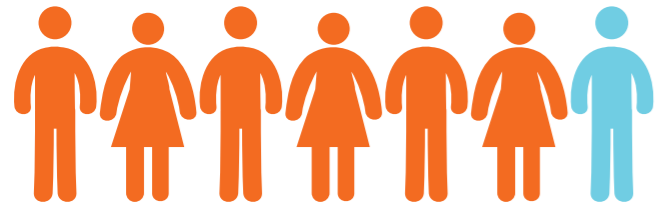


COMMUNITY ADVISORY COMMITTEE PRIMARY HEALTH CARE REFORMS FOR CHRONIC & COMPLEX CONDITIONS

100%

OF CAC MEMBERS FELT WILLING AND ABLE TO PARTICIPATE IN TEAM-BASED CARE FOR THEIR HEALTH

4 out of 7 (57%) did feel though that additional support could be given to help them participate in team-based care



6 OUT OF 7 PEOPLE HAVE A REGULAR GP

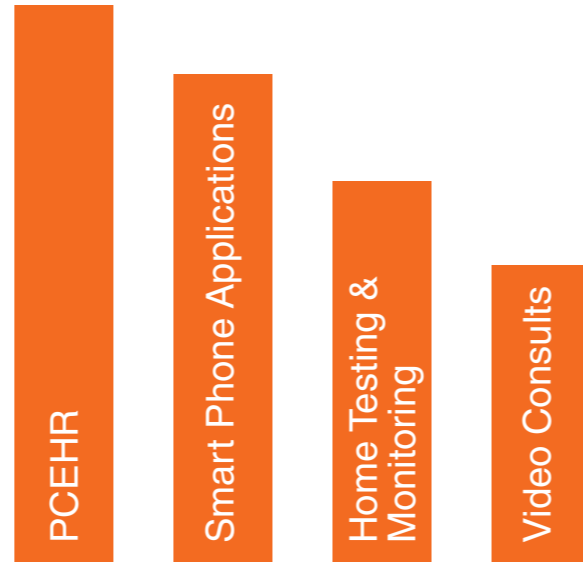
and 3 out of the 7 have visited more than one GP in the last 12 months

Reason for having more than 1 GP were; distance, having multiple health concerns, cost and being dissatisfied with service.



BOTH PATIENT AND GP TOGETHER WERE SEEN AS BEING THE MOST RESPONSIBLE FOR OUTCOMES, followed by GPs alone and then patients alone.

CAC MEMBERS WERE WILLING TO USE THESE TECHNOLOGIES



← MOST WILLING

However only 1 out of 7 presently have a PCEHR



IMPORTANT OUTCOMES FOR PATIENTS WITH CHRONIC AND COMPLEX CONDITIONS INCLUDE;

- Reduction in symptoms/severity
- Agreed targets are reached
- Understanding of individual condition and available support
- Hope and purpose
- Trust between GP and patient
- Shared creation and management of care plan

REQUESTED SUPPORT INCLUDED;

- Education about the condition in a way the patient understands
- Medication affordability
- Provider index to help chose appropriate care
- Allied health

CONCERNS AROUND USING TECHNOLOGY TO MANAGE HEALTH INCLUDE;

- Lack of trust in the systems
- Losing face to face
- It could promote isolation
- Having the required support
- Privacy and control

I WOULD LIKE MY GP TO HELP ME UNDERSTAND MY CONDITION & WHAT SUPPORT IS AVAILABLE



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EFFECTIVE & APPROPRIATE PATIENT CARE

There is general support for team-based care or potentially a patient 'home base'; however patient right to seek second opinion and have choice of provider if unhappy needs to be maintained

- Patients will need support to participate in care decision making
- GP and practice managers need to improve relationship with other providers to increase appropriate patient referrals (e.g. don't refer adults to a podiatrist who focuses on children)
- Culture change needed, many patients will not be comfortable to question what health professionals tell them, some health professional will not listen to the advice of others

PAYMENT MODELS

- Could have a grading system instead where GPs can claim higher rate for same services if they are top performers
- Concern that doctor integrity is already compromised by business pressure and motivated by money, shift needs to be toward outcome/care motivation
- General agreement capitation could work for chronic and complex patients in conjunction with current system
- Concern that private health insurers will dictate what treatment patient can have/access

INCREASED USE OF TECHNOLOGY

The CAC agree the potential for good outweighs the risks associated with technology such as PCEHR, home monitoring/testing and telehealth

- GPs and health professionals must be paid (MBS or other) to upload info and interact with PCEHR and telehealth
- Value of face to face care should not be diminished
- Home testing and monitoring could be a good tool for engaging chronic and complex patients in taking charge of their health and feeling empowered (if they are supported appropriately)
- Some people will be very resistant to the uptake of technology such as home testing because they lack the confidence in the accuracy and do not like to focus from day to day on their illness
- Access by chronic and complex patients to equipment and fast internet raised as barrier

HOW DO WE KNOW WE ARE ACHIEVING OUTCOMES?

- Improved patient quality of life
- Responsibility for achieving outcomes should be shared between GP and patient but GP has the oversight and acts as the 'coach'
- Balance between health indicators and patient satisfaction