Primary Care Reform and Strengthening Medicare

Reform Directions and Budget 2023-24

Simon Cotterell First Assistant Secretary Primary Care Division

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Primary Health Care 10 Year Plan 2022-2032	Strengthening Medicare Taskforce Report 2023
<ul> <li>Quadruple aim for optimising health system performance:</li> <li>Improve people's experience of care</li> <li>Improve the health of populations</li> <li>Improve the cost-efficiency of the health system</li> <li>Improve the work life of health care providers</li> </ul>	<ul> <li>Quintuple aim:</li> <li>Quadruple aim plus</li> <li>Improve equity of access and outcomes</li> </ul>
Objectives: Access: Support equitable access to the best available primary health care services Close the Gap: Reach parity in health outcomes for Aboriginal and Torres Strait Islander people Keep people well: Manage health and wellbeing in the community Integration: Support care system integration and sustainability Future focus: Embrace new technologies and methods Safety and quality: Support safety and quality improvement	<ul> <li>Recommendations:</li> <li>1. Increase Access to Primary Care</li> <li>Support general practice in management of complex chronic disease through blended funding models integrated with fee-for-service.</li> <li>Support better continuity of care through voluntary patient registration.</li> <li>Develop new funding models for sustainable rural and remote practice.</li> <li>Grow and invest in Aboriginal Community Controlled Health Organisations.</li> <li>Strengthen funding to ensure Australians on low incomes can access primary care at</li> </ul>
<ul> <li>Actions:</li> <li>Stream 1 - Future focused health care</li> <li>A. Support safe, quality telehealth and virtual health care</li> <li>B. Improve quality and value through data-driven insights and digital integration</li> <li>C. Harness advances in health care technologies and precision medicine</li> <li>Stream 2 - Person-centred primary care, supported by funding reform</li> <li>A. Incentivise person-centred care through funding reform</li> <li>B. Boost multidisciplinary team base care</li> <li>C. Close the Gap through a stronger community controlled sector</li> <li>D. Improve access to primary health care in rural areas</li> <li>E. Improve access to appropriate care for people at risk of poorer outcomes</li> <li>F. Empower people to stay health and manage their own health care</li> <li>Stream 3 - Integrated care, locally delivered</li> <li>A. Joint planning and collaborative commissioning</li> <li>B. Research and evaluation to scale up what works</li> <li>C. Cross-sectoral leadership</li> </ul>	<ul> <li>no or low cost.</li> <li>Improve access to primary care in the after hours period.</li> <li><b>2.</b> Encourage Multidisciplinary Team-based Care <ul> <li>Fast-track work to improve the supply and distribution of workforce</li> <li>Review barriers and incentives for work to full scope of practice</li> <li>Increase investment in the Workforce Incentive Program</li> <li>Support local health system integration and person-centred care through Primary Health Networks (PHNs) working with Local Hospital Networks</li> <li>Increase commissioning of allied health and nursing services by PHNs</li> </ul> </li> <li><b>3.</b> Modernise Primary Care <ul> <li>Modernise My Health Record, including by requiring 'sharing by default'</li> <li>Better connect health data across all parts of the health system</li> <li>Invest in better health data for research, evaluation and system planning</li> <li>Provide an uplift in primary care IT infrastructure</li> <li>Strengthen digital health literacy and navigation</li> </ul> </li> <li><b>4.</b> Support Change Management and Cultural Change</li> <li>Put consumers and communities at the centre of primary care policy</li> <li>Invest in research and learn from best practice</li> <li>Strengthen the role of PHNs in supporting adoption of best practice</li> <li>Support the continued development of practice management as a profession</li> <li>Implement a staged approach to reform, supported by an evaluation framework</li> </ul>

#### INCREASING ACCESS TO PRIMARY CARE

**Tripling of bulk billing incentives** - \$3.5 billion over 5 years Supports GPs to bulk bill Australians who feel cost of living pressures most acutely

**Reform of MBS General Practice Attendance Items** - \$98.2 million over 5 years Higher rebates for consultations of 60 minutes or longer

**GP levels C and D phone consultations** - \$5.9 million over 5 years Longer GP telehealth consultations for MyMedicare registered patients

**Implementation of MyMedicare** - \$19.7 million over 4 years A new voluntary patient registration model to deliver continuity of care

**General Practice in Aged Care Incentive** - \$112.0 million over 4 years Incentive payment for quality GP care for MyMedicare registered RACH residents

**Wraparound primary care for frequent hospital users** - \$98.9 million over 4 years Incentive payment for wraparound, tailored care for MyMedicare registered patients with complex chronic conditions

**Reform of general practice incentives program** - \$60.2 million in 2023-24 Review and redesign of current incentive programs and 1 year extension of PIPQI

Chronic Wound Consumable Scheme for patients with diabetes - \$47.8 million over 5 years

Eligible patients with a chronic wound and diabetes will have access to more affordable wound care

**Reform of after hours programs** - \$143.9 million over 2 years

Review and redesign of primary care after hours programs and services, extension of PHN afterhours programs and support for the homeless and multicultural communities

Supporting health, care and support services in thin markets - \$47.2 million over 4 years

Trials of market-strengthening approaches for care services in thin markets, and supporting intervention where primary care fails, or is unsustainable.

**Reducing disparity in access to primary care** - \$29.1 million over 2 years Funding for the Royal Flying Doctors Service to support remote communities

**Improving First Nations cancer outcomes** - \$238.5 million over 4 years Builds capacity of ACCHSs to respond to and support cancer care needs on the ground

**Reformed opioid dependency treatment program through community pharmacy** - \$377.3 million over 4 years

Local pharmacy support for Australians who need treatment for opioid dependency

## Expanding pharmacist scope of practice to deliver National Immunisation Program vaccines -\$114.1 million over 5 years

Pharmacists funded to administer NIP vaccines at no cost to patients

**Medicare Urgent Care Clinics - additional funding -** \$358.5 million over 5 years Funding for 8 additional Medicare UCCs, with 58 clinics funded to open their doors in 2023



#### MODERNISING PRIMARY CARE

Securing the Australian Digital Health Agency to lead Digital Enablement of Healthcare - \$325.7 million over 4 years

ADHA to become ongoing entity to deliver important digital health infrastructure

#### Investing in a modernised My Health Record -

\$429.0 million over 2 years Improving accessibility and compatibility so patients can access and securely share data

#### Intergovernmental agreement on national digital

**health** - \$126.8 million over 4 years Renewed for four years to progress secure information sharing across health system

Health Delivery Modernisation: enabling reform -\$69.7 million over 4 years

Enhance MyMedicare, digitise additional health services, and better connect health data to improve access to services for customers and health professionals

Strengthening electronic prescribing and targeted digital medicines enhancements - \$111.8 million over 4 years

Electronic prescription delivery infrastructure and services

## ENCOURAGING MULTIDISCIPLINARY TEAM-BASED

Workforce Incentive Program to increase payments to support multidisciplinary team care - \$445.1 million over 5 years Increased incentive payments and indexation for team-based multidisciplinary care

#### Primary Health Network commissioning of multidisciplinary teams - \$79.4 million over 4 years

PHN commissioning of allied health and nurses in smaller and solo practices

Single Employer Models for rural health professionals - \$4.5 million over 5 years

GP registrars in regional community practices retain employment benefits

## Improving patient care through MBS nurse practitioner services - \$46.8 million over 4 years

30% MBS rebate increase, PBS medicine prescription, removal of collaborative arrangements

## Education for the future primary care workforce - \$31.6 million over 2 years

Support IMG learning and development and transition of the Puggy Hunter Memorial Scholarship Scheme to management by a First Nations organisation

# Expand the nursing workforce to improve access to primary care and scholarships for primary care nurses and midwives - \$60.9 million over 4 years

Scholarships and clinical placements to build the primary care nurse pipeline

## National scope of practice review (part of above measure) - \$3.0 million over 2 years

Review of barriers/incentives for all health professionals to work to full scope of practice



#### CULTURAL CHANGE

**Consumer Engagement in Primary Care Reform** - \$13.0 million over 4 years

CHF and FECCA funded to drive consumer engagement in primary care reform

**Monitoring and evaluation** - \$6.1 million over 4 years Development of framework and support for an Implementation Oversight Committee

# Key general practice financing measures

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