

Primary Care Reform-The 2023 Budget and Beyond

Walid Jammal

Gold Coast PHN GP Workshop

August 2023



Imagine...

- if you had an ideal practice in an ideal world....
- What would your patients say about it?



Apparently
A.I. can do
diagnostics as
well as a Doctor...

But can it:

- Give condescending looks
- Exam you with frigid hands or
- Get mad when your 1min late then make you wait for $\frac{3}{4}$ hour ☹️

Common Themes

Access

Comprehensiveness

Continuity of Care

Coordination and Integration

Team-based care

Patient Centredness

Quintuple Aim: Equity as the “north star”

Strengthening Medicare Taskforce Report – now driving national policy



Access

Increasing access to primary care



Multi-D Care

Encouraging multidisciplinary team-based care



Data and Digital

Modernising primary care through data and digital technology



Change Management

Supporting change management and cultural change

Ref: [Strengthening Medicare Taskforce | Australian Government Department of Health and Aged Care](#)

Commonwealth Budget: May 2023

Australian Government
Department of Health and Aged Care

Budget 2023–24

- Triple bulk bill incentive
- Two-month dispensing
- Urgent Care Clinics
- PHN Commissioning for:
 - After hours
 - CALD communities
 - Workforce into practices
- Team-based care: Increase in WIP for practices
- Better digital – sharing by default and My Health Record
- Unlocking nursing workforce
- Level E consult
- MBS indexation
- Wound Care Scheme
- 6 minute Floor on Level B
- MyMedicare
- And many more.....



Building
stronger
Medicare

Summary of package

2023–24 Budget provides an historic \$6.1 billion
investment in Medicare, to lay the foundations for

\$6.1 billion
to strengthen Medicare



Triple Bulk Bill Incentive

- A big boost to the incentive
- Starts 1 November, and will apply to
 - all face-to-face general attendance consultations more than 6 minutes in length (ie not level A)
 - All level B TH consults
 - Longer TH consults for MyMedicare patients only
- Needs to be seen in the context of the whole budget and boosted indexation
- Designed to help with **equity** using existing systems
- 11.6 million people will attract higher bulk billing incentives

Patient Registration into Primary Care: an essential building block

- **Continuity** of care saves lives
- A foundation for achieving the essential elements of a high performing health system, including **access and equity**
- **Embeds** the role of GPs and primary care into the whole system
- Provides the **structure** for system-wide reform that will **support** a shift from episodic care towards longitudinal, preventative, multi-disciplinary team-based models of care.
- A **platform** for coordinated, integrated and digitally enabled health care and for funding reform to minimise waste and improve the cost-effectiveness of the health system.
- **Underpins** the model of care that patients want and expect.



High connectivity practices

>30% of patients visited at least 12 times in 2 years

Patients that went to high-connectivity practices had:

- **10% less chance of ED presentations**
- **12% less chance of unplanned hospitalisations**

Benefit seen in both patients who attended the practice frequently and those who attended less often.

Comparisons are adjusted to account for differences in practice and patient characteristics e.g. socio-demographics



Study period

2018-2019

Population

198 practices
1,066,203 patients

Outcomes

Emergency department presentations
Unplanned hospital admissions

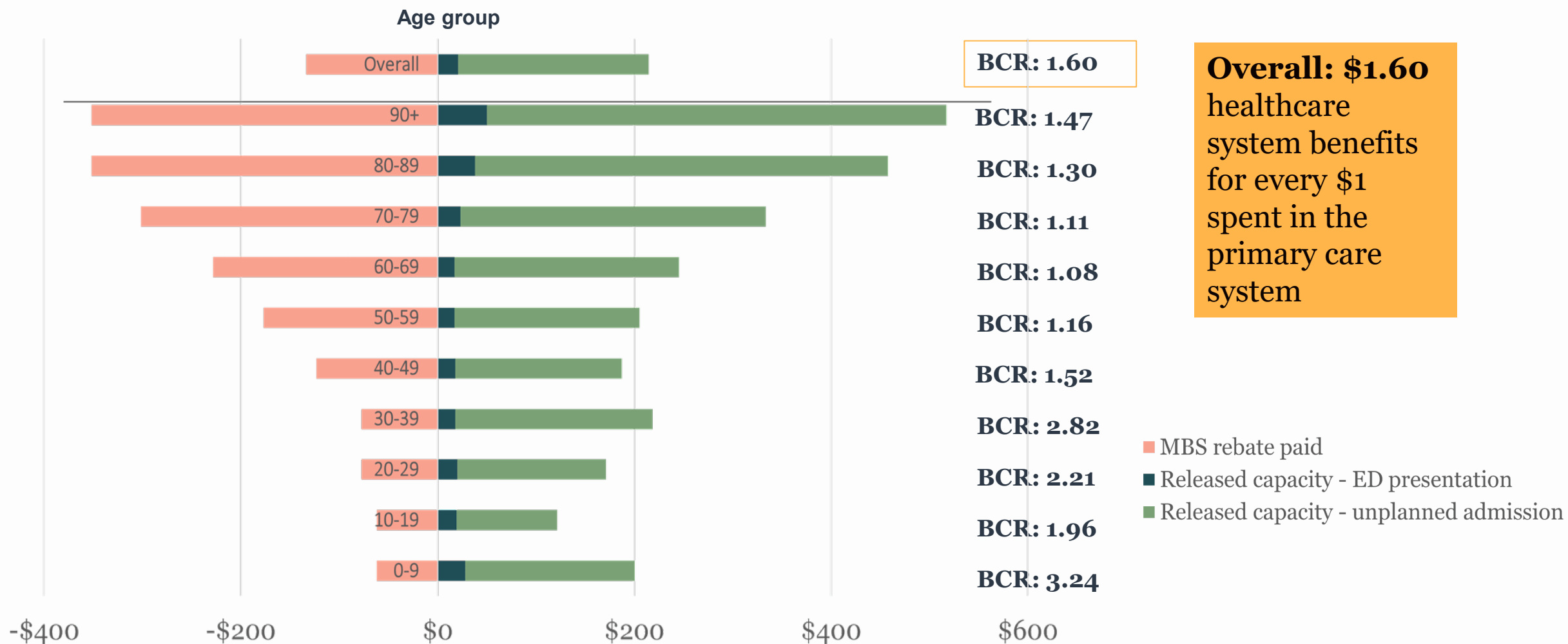
Defining high connectivity

The threshold for defining high connectivity aligns with the national average of 6 GP visits per person per year.



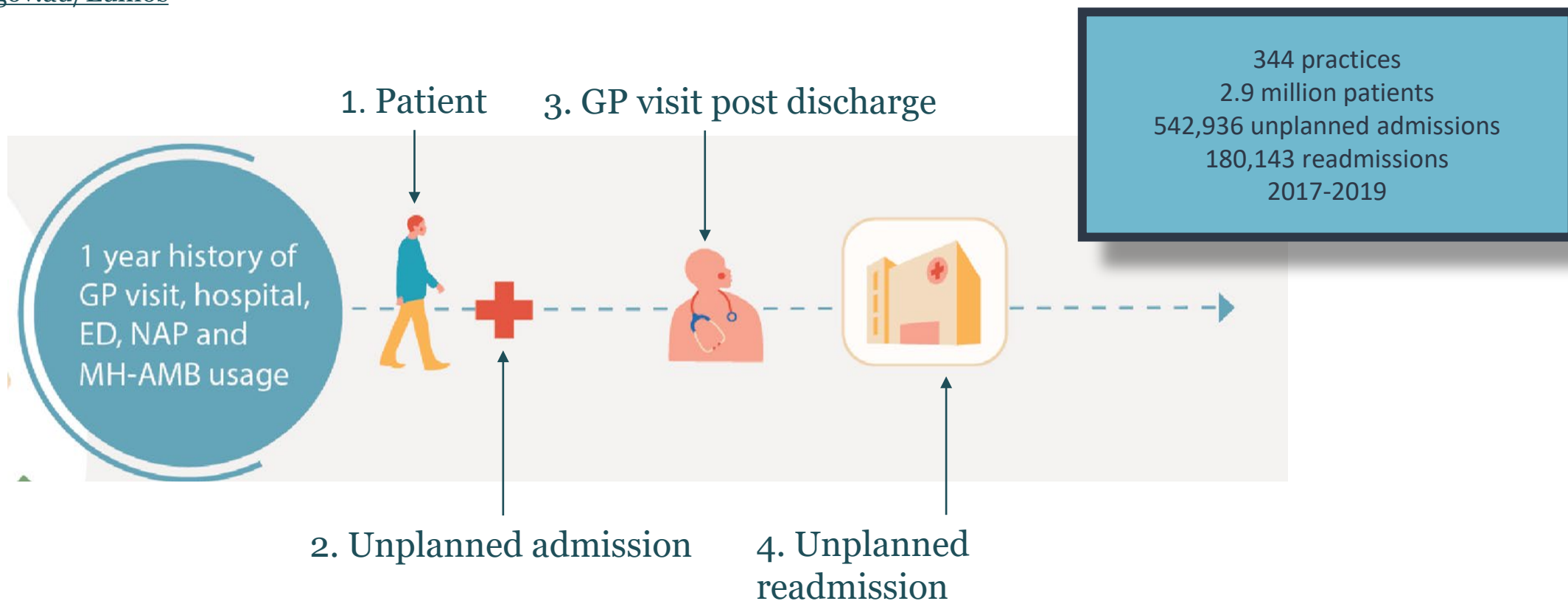
High connectivity practices

Benefit cost ratio (BCR) of a patient being serviced by a high connectivity practice compared to a lower.



GP follow-up post discharge

| www.health.nsw.gov.au/Lumos



Study 1 8% visited a GP within **two days** and had **33% fewer** readmissions within the first week

Study 2 23% visited a GP in the **first week** and had **7% fewer** readmissions within 28 days

“MyMedicare”: patient registration

- “Patients can enrol with a general practice registered with MyMedicare, to get better **continuity of care** and **easier** access to telehealth consultations. MyMedicare will provide practices with more **comprehensive information** about their regular patients, while giving patients and their care team access to **additional** funding packages, tailored to their health needs.”
- (Budget 2023 papers, stakeholder pack)





MyMedicare: what it is

- Designed to formalize and embed relationship and continuity of care into the system
- Makes the GP/practice the reference point for the patient and system
- Will make data and QI much more meaningful
- Will make outreach more targeted
- A mechanism to drive extra (on top of MBS) funding
- A fundamental building block for GP led care
- Voluntary for patients, practices and providers



MyMedicare: what it isn't

- It is not capitation
- It is not the NHS
- It will lead to blended funding, but it is not a funding model in of itself - No payment for registration
- It is not “voluntary patient restriction”

***“Capitation:** A way of paying health care providers or organizations in which they receive a predictable, upfront, set amount of money to cover the predicted cost of all or some of the health care services for a specific patient over a certain period of time.”*

[Capitation and Pre-payment | CMS Innovation Center](#)

A white computer keyboard is partially visible in the top left corner. A black stethoscope with silver-colored tubing is positioned diagonally across the white surface, with its chest piece resting near the keyboard and its earpieces extending towards the bottom right.

MyMedicare: How it will work

- Practice eligibility: accredited or working towards accreditation (and other certain exemptions)
- Practice can onboard onto PRODA, HPOS and Organizational Register as of 1 July 2023
- Patients can be registered as on 1 October 2023
- Registers a patient into a practice ID and allocates a nominated GP provider number
- Open to all regular patients that fit certain criteria (specifics TBC):
 - Need to have been to the practice twice in 2 years
 - Encompassing family units
 - MM6-7, AMS/ACCHS- 1 visit in 12 months
- Registered GP and practice will be visible on MHR
- Patients can register themselves online (MyGov)

MyMedicare: an evolving timeline

- **November 2023:** – Access to
 - Level C and D phone items
 - Access to triple BB incentive for level C, D and E Telehealth
- **From mid 2024:**
 - Aged care SIP will be replaced with SIP/PIP combination (70% to GP; 30% to practice) rewarding quality, continuity of care and regular visits. Current \$10000 cap removed.
 - Hospital “Frequent flyers” will attract incentives of around \$2000 a year in first year (the declining) with \$500 reward for improving/reduction hospital attendance- rolled out across various PHNs- details to be confirmed.
- **From Nov 2024 (TBC):** Chronic disease item restructure and tied to registered patients (as per MBS Taskforce recommendations)
 - Removal of item 723 – simply having a care plan may trigger eligibility for EPC referral;
 - Removal of red tape (eg fax back etc)
 - Rebalancing of item 721 and 732 into items of equal value (significant increase in 732 and slight drop in 721)
- **In the future** – additional cohorts will be incentivized as above
- **Future state ?:** enrolled population; segmented cohorts with funding that best provides the care that is required (blended funding)

MyMedicare: Why practices should take the leap

- Look at the current environment and the future of blended funding: If you don't register your patients, who else will?
- Asks patients to choose and embed your role as your GP and a central reference point for the whole system
- It is a signal to patients that you are there for them- "whole of the patient-whole of the time"

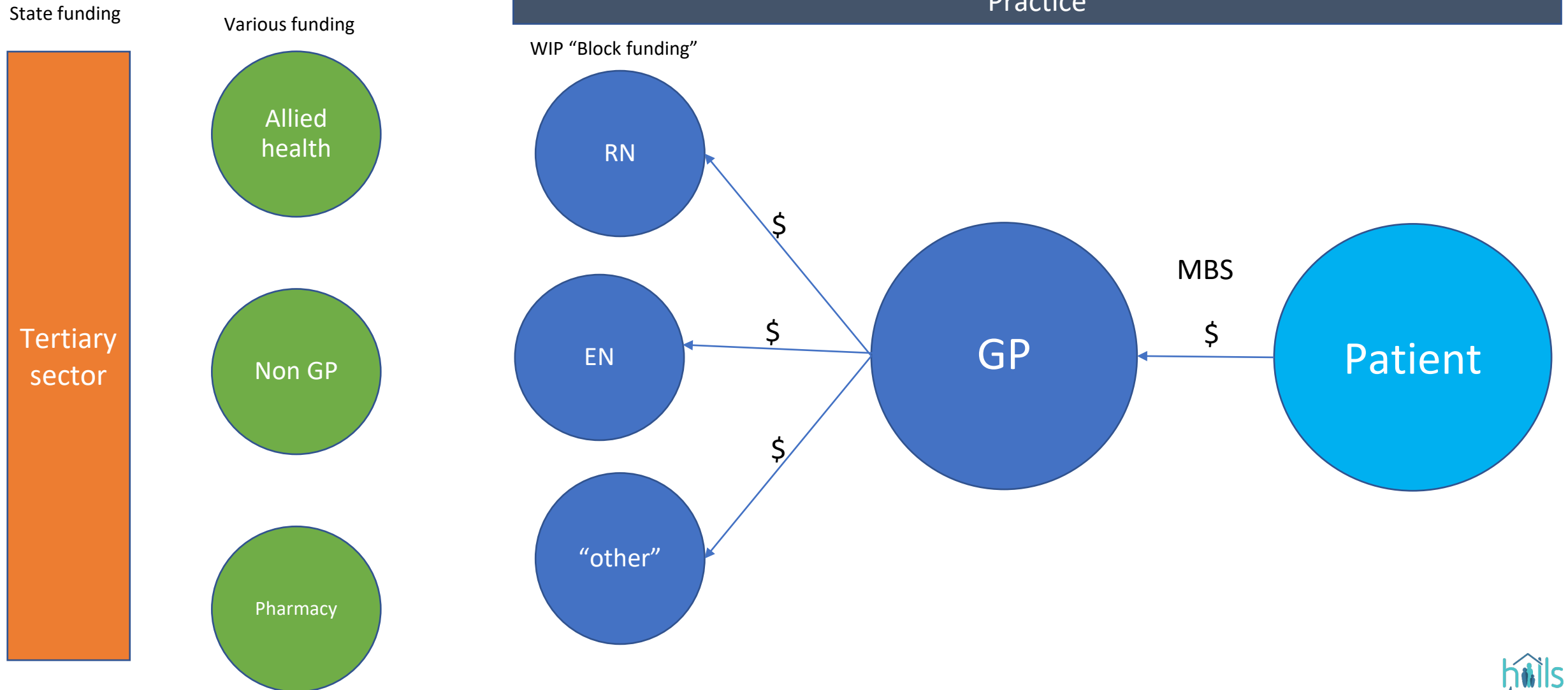


Team based care & Workforce Incentives

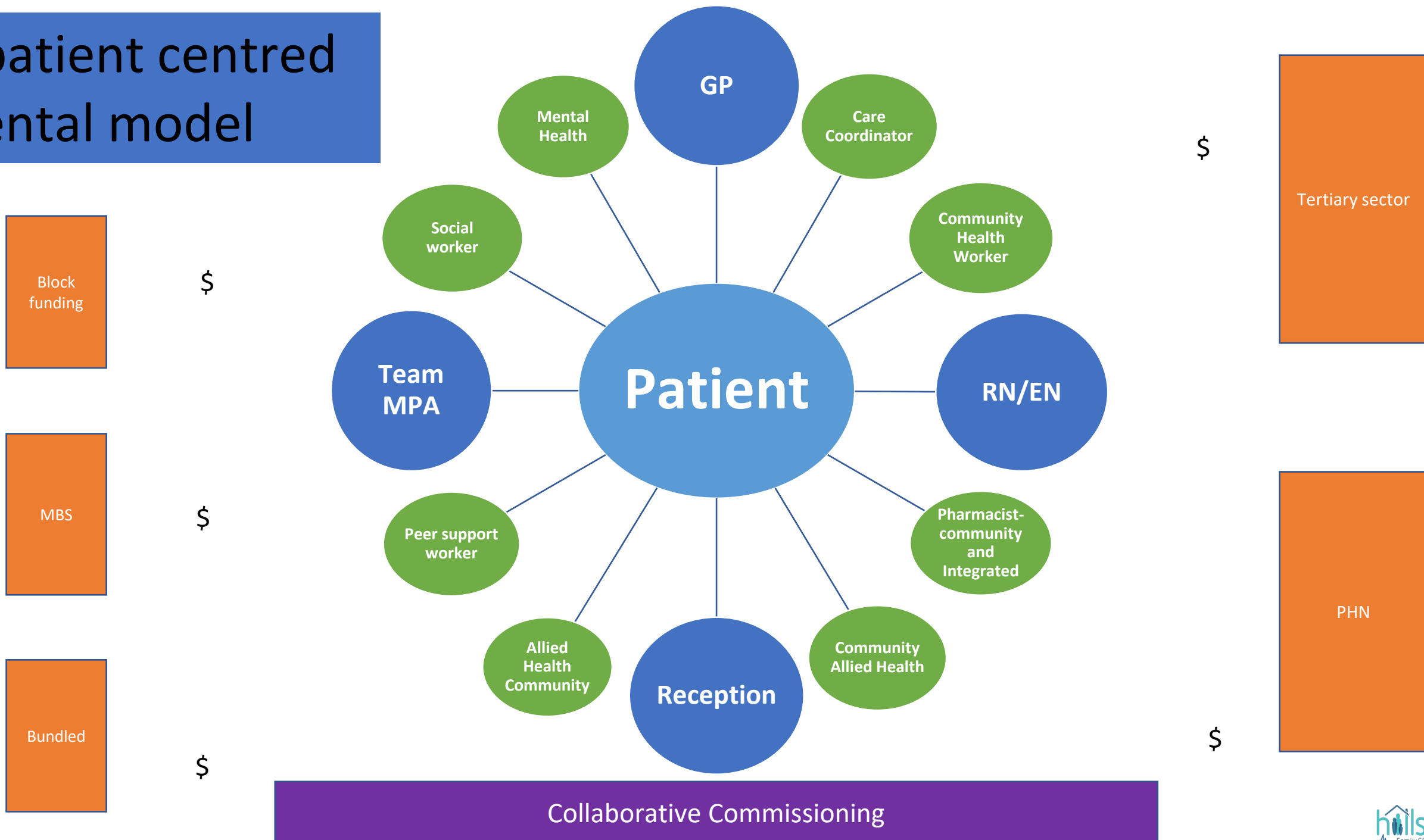
- Increase in maximum to \$130,000 a year
- Starting indexation
- From 1 July 2023, Up to 30% increase in SWPE payments, but SWPE cap will be lowered to 4000 from 5000, meaning more practices will be able to access the maximum
- Loadings for ACCHOs and MM3-7
- Commissioning of allied health and nursing workforce by PHNs to assist smaller practices

The Current Mental Model

The funding mechanism defines the care



A patient centred mental model





Meet May

- 83 years old
- Her grandchildren are the most important things in her life
- Has a busy life and doesn't respond to reminders much at all
- Co-morbidities
 - Hypertension
 - Diabetes
 - OA
 - COPD
- Recently discharged on 3 new medications for hypertension (found to have been uncontrolled)
- Had a stroke
 - Some functional limitations



Thank you