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Global Healthy Living Foundation Australia submission for the Consultation Draft of the Primary Health Care 10 Year Plan

The following comments were submitted by Global Healthy Living Foundation Australia — on behalf of its GHLF Australia and CreakyJoints Australia patient communities — via the Australian Government Department of Health website submission portal for this consultation draft on 9 November 2021.

Australian Government Department of Health: Consultation Draft - Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032

Three reform streams.

- **Stream 1 – Future focused health care:** This is about embracing the future - using the opportunity of technology to drive improvements in care access, quality, value and integration. There are three action areas:
    A. Support safe, quality telehealth and virtual health care.
    B. Improve quality and value through data-driven insights and digital integration.
    C. Harness advances in health care technologies and precision medicine.
- **Stream 2 – Person-centred primary health care, supported by funding reform:** This stream leverages VPR as a platform for reforming funding to incentivise quality person-centred primary health care. Over time, a greater proportion of funding in primary health care will move to payments incentivising quality and outcomes and ensuring access to quality care in areas of market failure. This stream of actions will also address gaps in access to appropriate care for population groups at risk of poorer outcomes, incentivise multidisciplinary team-based care approaches and get people more engaged in preventive health and their own health care. There are six action areas:
    A. Incentivise person-centred care through funding reform, using VPR as a platform.
    B. Boost multidisciplinary team based care.
    C. Close the Gap through a stronger community controlled sector.
    D. Improve access to primary health care in rural areas.
    E. Improve access to appropriate care for people at risk of poorer outcomes.
    F. Empower people to stay healthy and manage their own health care.
- **Stream 3 - Integrated care, locally delivered:** This stream is about delivering regionally and locally integrated health service models through joint planning and collaborative commissioning at regional and state-wide levels. Actions in this stream are designed to support local solutions, use joint planning and collaborative commissioning approaches to drive value-based care and address gaps in service delivery, and build on best-practice models and community-driven solutions. Leadership will be required across all governments, organisations and disciplines to deliver value and make these changes work. There are three action areas:
    A. Joint planning and collaborative commissioning.
    B. Research and evaluation to scale up what works.
    C. Cross-sectoral leadership.

Questions 1 to 7 were the fields for our organisation details.

8. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300-word limit)

- Consumer, consumer organisation and peak body co-design must occur at all levels of planning of digital health technologies, resources, platforms and systems.
- Patient-end supports, patient-reported outcomes and patient-reported experience measures should all be listed as short-term priorities NOT as add-ons to consider in years 7 to 10 of the plan. They are necessary tools to enable patient participation and to help shape later stages of the plan. This is a fundamental aspect of "patient-centred care".
- Security and privacy safeguards also need to be regularly reviewed through engagement with people from the early stages of the plan onwards, not just in the later stages as the consultant draft currently suggests.
- Telehealth/virtual health systems should include links to relevant patient organisations, peak bodies, pharmaceutical patient support programs and government resources and services.
- Equal access to these technologies across Australia AND people without access to these technologies should receive equivalent support to access relevant resources and services via traditional means.
- Virtual Patient Registration (VPR) should allow equal access for those without a regular GP or who cannot attend enough in-person appointments to qualify for VPR. For example, people who cannot leave their homes due to physical or mental health issues.
- Telehealth services MUST be continued and expanded to permanently enhance in-person consultations.
- Funding should be improved to facilitate timely and appropriate technology development for telehealth services. For example, better e-prescribing software for specialists and for more remote monitoring devices and apps.
- Digital health technologies and more integrated communication across the health system should prioritise more support for earlier diagnosis of chronic conditions. GPs should have more authority to request diagnostic blood tests and scans AND technologies should be improved to digitally analyse results.

9. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300-word limit)

- Ensure patients and patient organisations are included in the Consultation RIS process on primary health care data and decision support software and the development of a data strategy on allied health workforce and funding models.
- Not just "consider" the case for introducing software-embedded clinical decision support tools for diagnostic imaging requests, pathology and quality prescribing — this must happen.

- For people to "routinely put their health-related information together on My Health Record, so that it can be used by multidisciplinary teams, with their consent", they must be given appropriate support. This includes plain language fact sheets in multiple languages and accessible formats on how to use the MHR platform. People that cannot access the online platform themselves must have a way for someone to upload relevant information on their behalf and with their consent and they must be aware that such support is available.

10. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300-word limit)

- Primary health care reform needs to be considered alongside other reforms and current reviews such as the National Medicines Policy review, especially regarding emerging and novel drug therapies, including biologics, immunotherapies and pharmacogenomics. For example, not only do the current PBS access requirements for biologic treatments need to be updated, but primary care providers also need to be aware of any updates and to diagnose chronic conditions as early as possible to ensure early access to biologic treatments. This is one area where specialist support to general practice will be vital. GPs must also be allowed more scope to prescribe opioid medications for people with chronic and health conditions whose pain cannot adequately be managed with other therapies.
- As well as engaging "peak organisations, professional colleges and bodies and educational institutions in developing resources for service providers" the government also needs to engage directly with individual patient representatives and patient-led organisations. These people and organisations do not always fall within the communities covered by peak health organisations. For example, non-incorporated or online patient-led support groups.

11. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300-word limit)

- It appears as though only those people who agree to voluntary patient registration will be eligible for telehealth subsidies. What happens to those who do not or cannot register for this platform, especially if access is an issue for them? For example, if someone cannot attend enough in-person appointments at a GP clinic to be eligible for VPR access due to being unable to leave their house, does that mean they will have to pay more to access telehealth services? What processes will be in place to enable people in such circumstances to access the VPR platform?
- The consultant draft mentions bundled care packages for patients several times but does not outline what these will look like. It is vital that they are co-designed by patients and patient organisations and that they are customised for individual patients.
- What will the proposed VPR and bundled care package funding mean in terms of out-of-pocket expenses for patients? The consultation draft only mentions how funding and incentives will affect practitioners.

- The Health Care Homes trials had a lot of fanfare when they were announced several years ago yet there was a lot of hesitation to be involved from healthcare providers at the time for various reasons. Since then, there has been almost no information about them in the public domain. What were the barriers that prevented it becoming a national program? How will the insights from the HCH trial evaluations be shared publicly?
- As with Stream 1 - future-focused care, patient-end supports, patient-reported outcomes and patient-reported experience measures should all be listed as short-term priorities for Stream 2 - person-centred care actions, NOT as add-ons to consider in years 7 to 10 of the plan.

12. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300-word limit)

- Global Healthy Living Foundation Australia and CreakyJoints Australia strongly support the introduction and sustainment of more multidisciplinary teams in primary healthcare settings. We also believe that patients and patient organisations must be involved in planning programs and procedures for such teams at all levels.
- Specialists, practice nurses and non-dispensing pharmacists will be a welcome addition to multidisciplinary teams at primary health level. Stream 2 Action A of the consultation document mentions reducing the use of secondary health services as a desirable outcome, yet specialists will continue to be an important part of the healthcare system. Instead of reducing the use of their services, we need to improve access to them by changing the funding models for secondary health services AND ensure they are an active part of GP-based multidisciplinary teams.

13. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300-word limit)

- It is unclear from the consultation draft where virtual patient registration will sit in relation to the principles of the National Agreement on Closing the Gap. How will Aboriginal and Torres Strait Islander people access the VPR platform and what support will they be given to do so?
- Once again, affected patients and patient organisations must be supported to co-design all programs related to Closing the Gap and primary healthcare reform.

14. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300-word limit)

- Actions to improve access to primary health care in rural areas must strengthen and support improved access to secondary and tertiary care. For example, specialist and tertiary outpatient services should be more accessible via rural and regional primary care hubs, reducing the need for people to travel to metropolitan areas to access such services as much as possible.

15. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300-word limit)

- It is unclear if the actions in this section of the consultation draft are based on the medical or social model of disability. Therefore, it is unclear whether the Disability and Health Sector Consultation Committee caters for the needs of people with chronic illness who do not identify as disabled. We presume this committee does cater for all people with chronic illness, but it is essential this is clarified wherever relevant within the Primary Health Care 10-year plan.
- The Disability and Health Sector Consultation Committee and PHNs must engage with individuals and patient organisations advocating for All chronic health conditions to ensure this entire cohort has a voice in decision-making and co-design.

16. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300-word limit)

- In the consultation draft the enablers list "patient activation - motivating people to engage actively in their own health care" as being essential to the success of this plan. This is the only time the word "motivating" is used in the document and it should be removed. The term implies that some patients are not motivated to manage their own health but it is not usually motivation that is the problem. If people do not seem to be motivated, it is often because they don't trust doctors or the health system and that means the problem lies with the system and how it has failed people in the past. The key here is to EMPOWER people to ENGAGE with the health system by providing quality and appropriate information and resources to support them, which is an integral part of the 10-year plan.
- In addition to working with "professional bodies and associations to develop a more systematic approach to the use of health consumer feedback and patient activation tools" planners must work directly with patients and patient organisations in this area.
- To "ensure consumer engagement in PHN governance" consumers need to be aware that such opportunities exist in the first place. More use needs to be made of consumer advocacy organisations, patient organisations, peer support groups and multiple media platforms to announce such opportunities when they come up.
- In addition to working with "colleges and professional bodies on expanding and refining guidelines and tools to support providers in promoting health literacy and health system literacy" planners must work directly with patients and patient organisations in this area.
- Work with more patient organisations to help people "readily access reliable information to keep themselves well, support management of their own care and navigate the health system".

17. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300-word limit)

- The consultation draft mentions "after-hours care pathways and complex chronic condition pathways, including value-based care and hospital avoidance and outreach approaches". These pathways must provide for better communication between care providers about people's

current medications, especially pain medications such as opioids. This would help prevent situations where people legitimately on such medications feel stigmatised or have difficulties accessing their regular pain medications when they are in hospital or accessing after-hours care. Planning these pathways will involve improvements in electronic health record systems and in opioid medication regulations across all levels of health care. Once again, it is essential that patients and patient organisations are involved in the co-design of these pathways.

- During the 2019-2020 bushfires, subsequent floods and in the early days of the COVID-19 pandemic, many people were left without access to medications and health services. This especially impacted people with disabilities/chronic health conditions and left them even more vulnerable than "usual". Therefore, it is essential that people with disabilities/chronic health conditions and lived-experience of such emergency situations be involved in planning the integration of primary care services into local and state emergency preparedness and response arrangements.
- Health condition peak bodies, patient organisations, peer support groups and other patient community networks can be utilised to help share information about new regionally and locally integrated health service models.

18. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300-word limit)

- There needs to be provision for a strong patient and patient organisation presence at the proposed annual national primary health care system conferences and for learnings from these events to be readily accessible by the patient community not just policy-makers, professional bodies and health service commissioners and providers.

19. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300-word limit)

- The consultation draft mentions stakeholder organisations/groups several times in this section. It is important to recognise that not all patient organisations are peak bodies or part of professional organisations. Stakeholders can also include groups such as patient-led peer support groups or advocacy groups operating through social media, neighbourhood houses and local councils. Such groups are at the grassroots of health consumer networks yet they are rarely invited to engage directly with high-level health policymakers. We understand that reaching the organisers of such groups can be challenging, however, it can be done to a large extent with adequate time and funding. Organisers can not only help to share important information about changes to primary health care with their members, they can also share general insights about lived experience with appropriate decision-makers.

20. Please provide any additional comments you have on the draft plan (1000-word limit)

Here are some additional comments from one of our community members, **Penelope McMillan.**

We know that access and equity in Australia's health system is poor. The Plan has little that is concrete to change this. VPR is not the answer. VPR will best serve those whose access and equity is already good (see below). It is most obvious in the telehealth situation (see below).

Pillar 2 and Stream 2, VPR

Research by Mary O'Loughlin at James Cook University, not yet published, has found that Health Care Homes did not work well for people whose health needs were complex or whose conditions were poorly understood.

People with comorbid complex conditions have good reason to fear that clinics will not be able to meet their needs, even at the highest level of VPR funding, because governments do not understand that the more complex illnesses you have, the more likely you are to develop even more of them.

This is exacerbated when the consumer has a disability or other disadvantage.

This means that those most in need of home visits or home nursing care will not have access to those services, which seem to be intended to be exclusive to VPRs.

Medicare funding for telehealth

"Continuation of funding for telehealth" - what about extending it? Since universal access was withdrawn, we have seen telehealth funding contract further. The first cut was to exclude people who have not had a face-to-face consultation with a GP in that clinic within the last 12 months.

This has returned homebound Australians to having no access to telehealth when surely they need it most? We don't know how many people are affected by that, but we do know that around 600,000 people who identify as disabled rarely leave their homes (ABS, 2018, unpublished) and thus are excluded from primary health services.

This requirement also affects itinerant workers and other marginalised Australians and excludes people who are unable to leave home because of coercive domestic violence.

Dropping long consults and health care planning from telehealth means that those whose health needs are more complex cannot get comprehensive care through telehealth.

Stream 1, Digital divide

Plans to address the digital divide are not explicit and do not seem to include funding.

Stream 2, community-controlled clinics

This is an important concept. Given Australia's poor access and equity in health care, why is it limited to ATSI?

Consumer engagement

Consumer engagement needs to specify that the engagement must be wide, not just one or two consumers; and be people with relevant lived experience, not just a generic consumer representative.

The Consumers Health Forum of Australia proposal for a consumer academy is crucial to providing knowledge and skills so that consumers can engage meaningfully.

The following areas were absent from this consultation draft or inadequately covered.

- Dental care

- Social prescribing
- Continuity of care
- Shared care planning with a team of providers
- Support for self-care, for people with special needs (and no, the NDIS does not believe it is an NDIS responsibility)