Response ID ANON-HTJ2-ZAFA-T

Submitted to Consultation Draft - Primary Health Care 10 Year Plan
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Introduction

1 What is your name?

Name:
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2 What is your email address?

Email:
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3 Are you responding as an individual or on behalf of an organisation?

Organisation

4 What is your organisation type?

Peak/professional body

5 What is your organisation name?

Organisation:
Australasian Association for Academic Primary Care (AAAPC)

6 Do you consent to being named as having provided a submission to this consultation process?

Yes

7 Do you consent to your submission being published on the consultation hub?

Yes

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)

Response:

Research is needed to continue to assess the effectiveness, quality and safety, security and privacy of telehealth and virtual health care as they become permanent fixtures in the future of our health system. While telehealth has significant potential benefits for certain types of healthcare consultation, there remain important questions about quality and safety of telehealth in the assessment of undifferentiated disease in primary care. Furthermore, if part of the plan is to tie GP telehealth to patient registration, questions of equity and access should also be explored to ensure that these new models do not add to existing problems of inequitable delivery of care.

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)

stream 1: action Area B:

AAAPC (Australasian Association for Academic Primary Care) supports the use of linked primary care data to inform health system design but this will require significant cross-jurisdictional support. Governance strategies must be clearly delineated, including which organisation/s will be responsible for the collection and linkage of primary care data, and how others may access data. It appears that PHNs are currently responsible for data collection, through the PIP QI incentive, which relies on general practice and PHN collaboration. We question the quality of the data and the capacity of PHNs to adequately collect, maintain, and analyse the data collected. There must be clear processes to support wider secondary data access to external researchers for specific research questions. Data integration should not be limited just to medical data. Comprehensive primary healthcare data must include nursing, allied health (pharmacy, nutrition, physiotherapy, etc) and dental data.

Clarity is required around the establishment of a primary health care data analytics centre of excellence. Like current NHMRC Centres of Research Excellence, it must be multidisciplinary, multi-institutional; but in this specific instance it will require significant leadership by primary care researchers to ensure its functions are of value to primary healthcare and the limitations of primary care data are fully understood.

AAAPC supports greater use of electronic decision support tools as clinical enablers but these will require better integration with the commercial electronic medical record suppliers to ensure widespread adoption.

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)

stream 1: Action area C:

AAAPC agrees that there will be significant technological advances in genomics and point of care testing. These will require primary care-led research to understand their clinical utility, cost-effectiveness and necessary upskilling of the primary care workforce to support adoption and implementation. MRFF funding through the Primary Health Care Research Initiative, Preventive and Public Health Research Initiative, and specific missions (eg Cardiovascular Health and Genomics Health Future Missions) should have primary-care focused streams within them to provide the crucial evidence about clinical utility and cost-effectiveness of the new technologies.

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)

stream 2: Action area A:

AAAPC supports the plan to move towards VPR based on the evidence around the importance of continuity of care, particularly for chronic conditions. We also support testing new approaches to reward quality care. However, these are significant changes to the way that primary health care is delivered in Australia and will require investment to evaluate the impacts on measures of quality care and longer term clinical outcomes. This is why the data linkage and primary care research components of this overall reform program are critical. Without these, we will not know what has worked, what requires modification and what should be dropped.

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)

stream 2: Action area B:

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)

stream 2: Action area C:

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)

stream 2: Action area D:

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)

stream 2: Action area E:

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)

stream 2: Action area F:

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)

stream 3: Action area A:

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)

stream 3: Action area B:

The visions, functions and governance of the proposed national institute for primary health care translational research (NIPHCTR) require clarity. Its precise role in the major evaluations of the implementation of the reform plan is unclear. AAAPC asks this question again – how will it be different (or same) to the defunct APHCRI? We support the establishment of a national research body dedicated to PHC but do not believe a single institution model is the preferred one. We refer to international models of primary care research, such as the NIHR School of Primary Care Research, which value the expertise across institutions.

AAAPC continues to advocate for the establishment of a national network of practice-based research networks (PBRNs) in Australia to provide coordinated and targeted research to address the primary health care research priorities. We believe that NIPHCTR requires a national PBRN to underpin much of its research programs to inform policy changes and enable research translation into practice.

We refer to the plan to 'Build on the annual PHN national meetings to establish an annual national primary health care system conference as a platform for sharing learnings from research and evaluation of primary health care system innovations.' We believe that the PHN annual meetings are not a rigorous enough platform for dissemination of research findings. The AAAPC conference and Health Services Research Australia and New Zealand

conference are better placed to hold national primary health care conference where robust research is presented and policy implications discussed. We recognise the need for greater collaboration between PHNs and the primary care research sector. An alternative to the current proposal would be to describe how the annual PHN national meetings will collaborate and bring together these existing conferences to ensure greater exposure to high quality research and evaluation findings that can be deployed by PHNs.

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)

stream 3: Action area C:

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

Additional comments:

We wish to highlight the statement in Stream 3: "Sustainable funding for research and evaluation of primary health care systems innovation will be required to establish a virtuous cycle of continuous health system improvement." We agree with this entirely. Australia's Primary Health Care 10-year Plan requires an Australian Primary Health Care Research Strategy that informs models of sustainable funding for primary care research. While we welcome the MRFF investment of $45 million over nine years in its Primary Health Care Research Initiative, significant additional investment is required. AAAPC is the peak body in Australia representing academic primary health care and we are in a position to offer our expertise to support MRFF and other government funding agencies to make informed decisions on the operationalisation of funding to address primary health care research priorities.

There is also a lack of mention of the role that universities play in research and research capacity building in this 10-year plan. Currently, demand far exceeds PHC researcher capacity. For well-informed, sustained and evidence-based policy and practice, we need well-trained PHC researchers to conduct research and to train the next generation of researchers. The function of universities in this respect should be supported and recognised.