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Theme 4:

Australia: Case Study

Preparing and Supporting the Workforce to Work Together in Complex Care Management

Acknowledge:

- Dr. Lucio Naccarella, AHWI
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Context

- Over a decade of Chronic Care policy & programmatic efforts (based on Wagner Chronic Care Model) to support team-based care
 - Payment items for GPs to set up team care arrangements
 - Funded initiatives – communication & care coordination
- Policy reform - **Council of Australian Governments - 19-20 April**

Commonwealth govt:

- funder of National Health & Hospitals Network Agreement - Com & states
 - **Local Hospital Networks (LHNs)** - paid for each service, state are responsible
- funder of hospitals, GP & PHC and aged care
 - national standards - access to hospital and GP, financial performance & efficiency, safety and quality

Primary Health Care:

- a 'system wide' GP & PHC policy to ensure integration b/w PHC providers & state funded services and hospitals
- **Primary Health Care Organisation (PHCOs)**
 - indep. Entities for improving integration of services and reducing access gaps
 - By July 2012 PHC funding flow via PHCOs (except MBS, PBS payments)

CCM Policy Program Results

- Quality of care provided in CCM is poor
- Contextual factors impeding effective CCM
 - policy & program duplication
 - dominant GP FFS payments system & administrative systems
 - focus on process and not patient outcomes
- Effective team-based CCM requires:
 - multiple systemic level reforms
 - delivery systems designs that support multidisciplinary team approaches which require:
 - enhanced staff training, extending financial support to nurses
 - coordination of policy and programs at all levels
 - investment to develop practice capacity to support team roles, team climate, information systems and business development processes

Discussion

- Limited empirical evaluative evidence exists on incentives to promote team working within PHC
- Limited evidence about how policy changes influence team working in PHC
- Practice level payments can enhance approaches for team work, however they do not guarantee that team work will be provided, and limited evidence exists as to the effect on specific funding parameters on team work
- Workforce reforms need to facilitate teamwork, by providing PHC team members with opportunities for career development, IPE/L, autonomy, leadership and financial rewards.
- Team work *is not an end, but a means*, to achieving better quality, coordination and continuity of care for patients with complex and chronic conditions

Conclusion

- Policy and programmatic efforts have the potential to work in CCM if:
 - coordination of team-based CCM policy and programs occur at national, state and local levels;
 - if three interdependent policy levers are enacted, namely:
 - implement practice level team based payment systems
 - strengthen an expanded CCM workforce roles and skills mix
 - strengthen practice organisational capacity to support team-based CCM;
 - if future policy reforms/initiatives have funded evaluation plans that utilise evidence and team based care evaluative frameworks, methodologies and tools.