



## Submission to the Senate Inquiry on health policy, administration and expenditure

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The Australasian Association for Academic Primary Care (AAAPC) is a professional organisation of teachers and researchers in primary care. AAAPC members come from a range of professional backgrounds including general practice, nursing and allied health. AAAPC is committed to building a quality evidence based primary health care system.

AAAPC would like to comment on several issues within the committee's terms of reference. These are:

- the impact of additional costs on access to affordable healthcare and the sustainability of Medicare
- the better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services
- health workforce planning

In May 2014 AAAPC summarised its concerns about the policy recommendations around co-payments from the National Commission of Audit (1). These remain relevant following the announcements in the Federal Budget. AAAPC believes that the introduction of co-payments as described in the budget will result in unintended consequences that are likely to lead to: 1) worse health care delivery; and 2) increased long term health costs to the Australian community. The AAAPC agrees that attention needs to be paid to addressing rising health care costs, but notes strong international evidence suggesting that the most efficient way to do this is to nurture and support a robust universal primary health care system.

We support our arguments with international research.

#### 1) A decline in service delivery and health outcomes

The introduction of mandatory co-payments for doctor's visits will harm some people. Co-payments (also called "out-of-pocket", OOP, medical expenses) certainly reduce the number of visits (2) – this is, of course, the intent. The problem is that this affects the poorest and sickest disproportionately (2, 3). This affects not just visits to the doctor for episodic care but also visits for preventive care (such as vaccination, cancer screening, or preventing chronic disease such as cardiovascular disease) and regular care needed for chronic conditions such as diabetes (2, 4, 5).

The Commission has also recommended an increase in existing co-payments for medicines (1). We are concerned this will have the same consequence, for example causing people to stop using effective medicines for heart disease, asthma and other serious conditions (6, 7).

Attempts to protect some sectors of the community (e.g. Aboriginal people, holders of Health Care Cards) by excluding them from this tax may nevertheless result in some vulnerable people (e.g. some elderly and children, those in difficult social circumstances) being hit hard.

#### 2) The unintended consequence in increased health costs

The co-payments will weaken Australian primary care. More people are likely to go to emergency departments or be hospitalised (3). This goes against the international trend which has been to respond to research showing that health systems with stronger primary care have better health outcomes (less heart disease, cancer and lower overall death rates) for lower costs (8, 9).

In the area of health workforce, AAAPC would also like to bring to the Senate Inquiry's attention the need to ensure that proposed changes to general practice vocational training do not undermine the quality of GP training in Australia. These changes include: expansion of the number of GP training places through the Australian General Practice Training program to 1500 per year by 2015; the cessation of funding of General Practice Education and Training (GPET) from the end of 2014 and the consolidation of its functions into the Department of Health; cessation of Commonwealth funding for the Prevocational General Practice Placements Program; and the changes to general practice vocational training with a competitive tendering process for a smaller number of regional provider organisations from 2016 onwards.

AAAPC believes that in the process of implementation of these multiple changes it is vital to maintain and enhance the academic quality and capacity of general practice vocational training. The apprenticeship model where general practice registrars are placed in teaching practices in the community with experienced GPs has been and remains valuable. The regional networks of teaching practices are a major resource and need to be valued and supported in any new model.

GPET and the regional training providers have been working over a number of years to research and implement evidence based medical education. This has increased the research capacity and output of GP vocational training and is important for ensuring high quality and effective education of Australia's future general practitioners. There is an opportunity to enhance the educational opportunities for GP registrars through greater involvement of Universities in vocational training and the development of blended learning models. As well as providing the potential to enhance multidisciplinary learning across medical, nursing and allied health disciplines, university involvement could also lead to improved vertical integration in learning and teaching from undergraduate medical education through to vocational training.

The GP academic registrars positions funded through the Australian General Practice Training have been vital for engaging young general practitioners in research and teaching and laying the foundation for the future academic general practice workforce. They must be continued and enhanced in any new model.

These changes to GP vocational training come at the same time as the proposal to implement a patient co-payment for GP services, pathology and radiology and changes to primary health care organisations. The change from Medicare Locals to Primary Health Networks poses substantial risk to disruption of progress on health service planning, service integration and service provision, particularly in primary health care. However it may also present opportunities for renewed engagement between primary health care organisations and academic institutions. AAAPC believes there is value for both parties in active collaboration between primary health care organisations and academic primary care teachers and researchers. Academics can provide expert advice on research and evaluation that informs the activities of primary health care organisations and can also be involved in specific projects. Such projects include feasibility studies of new or enhanced models of integrated primary care and may grow out of questions raised by the primary health care organisation. Primary health care organisations have an important role in encouraging practitioners to be involved in teaching and in supporting collaborative research projects in their local region.

AAAPC strongly supports the development of primary health care nursing in Australia is disappointed that the 2014 budget withdrew support at the national level for the Nursing in General Practice Program. The cancellation of contracts with Medicare Locals for funding of demonstration projects for nurse led clinics is also disappointing as these projects were looking

at better access for patients with long term conditions such as diabetes, asthma, and arthritis. We are pleased however that the importance of the nursing workforce is recognised through the expansion of nursing and allied health scholarships.

#### References

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