

## Primary health care reform: equity is the key

Michael R Kidd, Ian T Watts and Deborah C Saltman

*Equity must be the basis of primary health care if reform is to deliver the outcomes we all want*

Primary health care reform is an important part of the package of health care reform that is required in this country.<sup>1</sup> Australia has no current agreed national strategy for primary health care, nor an agreed set of principles on which to base its reform. Without a national strategy, primary care reforms will be disjointed, and inequities and cost shifting will continue.

While there is some evidence that strengthening primary care in developed countries will improve their citizens' health through access to more appropriate services, lower the cost of care and reduce the inequities in a population's health,<sup>2</sup> reform must not be a static process. Australia's current health reform agenda will allow us to trial new approaches in a meaningful way.

The way forward is not all across uncharted waters. We do know that improving equity of access for disadvantaged groups in our population will make a difference.<sup>3</sup> Equity in health outcomes must be the main aim of any primary health care reform. Measures such as enhancing the health care workforce are necessary to ensure equity of access to a reasonable range of primary care services by all people. Primary care services must be supported by incentives that focus on meeting the needs of people who are at higher risk or more likely to encounter barriers to access. The needs of Aboriginal and Torres Strait Islander people, people from lower socioeconomic backgrounds, those living in rural locations and those with disability, especially intellectual disability, among other groups at higher risk, must be met.

Our primary care system must grow and be nourished. While the nation's primary care workforce needs to be expanded to meet growing community needs, this workforce, once in place, must be supported so it can continue and thrive.<sup>4</sup> Our governments need to boost the status of primary health care practitioners through appropriate levels of recognition, reward and support. Mechanisms are required to maintain training, registration and continuing professional development of all members of the primary care workforce.

New models of integrated comprehensive primary care provision need to be viewed as pilots which are evaluated and then

### Key propositions

- Prompt development of an appropriately resourced national primary health care strategy, which includes the flexibility to achieve equity of access and equity of outcomes.
- Much greater government investment in the primary health care workforce and in capital infrastructure for primary care services.
- Enhanced models of access to medicines for all Aboriginal and Torres Strait Islander people and the extension of this model to other at-risk groups. ♦

either more widely adopted or jettisoned to make way for newer ideas. Developing super clinics in 31 scattered locations is rebranding an old concept, and on its own will not meet the nation's needs. Every primary care clinic needs the capacity to work within a framework that is relevant, timely and sustainable. This needs to be supported by a national plan for capital investment in primary care.

Structural and clinical changes must be based on an infrastructure that is able to adapt to the rapidly changing environments that new technologies, including e-health, bring with them. Ready access to best available evidence to support clinical decision making and to key patient information through shared electronic health records has not yet been fully implemented. These measures are, in any case, now no longer enough. New technologies, such as telemedicine, home monitoring, point-of-care pathology testing and e-consultations, all need to be evaluated.

Community engagement and involvement in decision making<sup>5</sup> is a core feature of primary health care, and is happening, but we need new ways to move this forward. Members of each local community must be joined by policymakers and local health care providers to ensure appropriate governance of local health services, while ensuring that national standards are achieved.

Everyone involved in primary care service delivery needs to be committed to ensuring the quality and safety of primary care

services. Again, this must also include an active voice for consumers. National programs to improve health care safety and quality must have a strong focus on primary care. This includes further strengthening of the quality use of medicines, the rational use of pathology testing and the management of complex comorbidities. Primary care services need to meet standards of care through accreditation processes.

It takes time and ongoing commitment of resources to deliver and maintain quality care. Funding systems need reform to support both the time and the rapid changes required to provide comprehensive primary care, and to allow the further development of multidisciplinary models of care delivery. The Medicare system needs structural and timely reform to ensure, for example, that payment mechanisms do not result in discrimination.

The patchwork nature of private, federal and state/territory funding for primary health care services adds complexity to the reform process. Barriers between parts of our health system which impede quality care and put patients at risk must be removed.<sup>6</sup> One practical initiative that can be implemented immediately is to extend the effective program for increasing use of medications among Aboriginal and Torres Strait Islander people living in remote communities. This should be extended through community pharmacies to all Aboriginal and Torres Strait Islander people, and also be considered for other at-risk groups.<sup>7</sup>

The challenge for the federal government is to ensure that primary health care reforms actually do make a difference to health outcomes for the people of Australia. The National Health and Hospitals Reform Commission and the National Preventative Health Taskforce have been widely welcomed. Whether they will bring the reform needed to optimise the contribution of primary health care is yet to be seen.

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### Competing interests

None identified.

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