

GPV is the state-wide peak body representing the 29 Victorian divisions of general practice. Divisions are the local networks that support general practices across Australia to improve their quality, and strengthen connections between general practice and the rest of the health system, for better patient care.

GPV has a strong commitment to supporting divisions and through them, general practice to achieve quality population health outcomes through effective chronic disease management, early intervention & primary prevention.

Primary Prevention

GPV welcomes the NHHRC's emphasis on the key role of primary health care in delivering prevention and wellness strategies but believes that the report would benefit from more detail about how prevention and wellness are to be facilitated and supported in the primary health care sector. We suggest a greater recognition that preventive health care is inherently different from health care for acute problems and that to date worldwide health care systems are not adequately supporting prevention.¹ The final report should indicate how the commonwealth will ensure, as suggested by the World Health Organisation, that every healthcare intervention includes prevention support.²

There also needs to be more work focused on current prevention initiatives and not just an acceptance that they are achieving their purpose. For example, to ensure that the MBS items designed to facilitate prevention are used as intended and integrated with complimentary risk factor assessment and prescription programs like Lifescripts, every 45-49 year-old health check participant should leave the consult with a Lifescript prescription or, at the very least, having completed one of the risk assessments. The item numbers for care planning may be providing access to allied health but the true intention, of providing long term multidisciplinary team care, is not being achieved if statistics on the number of reviews being claimed are any indication.

This interim report suggests "*the development of performance payments for prevention and quality care*" (p 95). GPV's recent submission to the National Preventive Health Taskforce in December 2008³ recommended that to support primary health care practices to enhance their role in prevention activities an adequate practice level incentive based funding system is needed.

Evidence suggests that current financial incentives (e.g. FFS, PIPs, and SIPs) are not adequate or appropriate for preventative health care. GPV recommends that the current fee-for-service system remains intact, but that no new PIPs (due to their retrospective nature) or additional FFS MBS items are created for preventative care. GPV supports the establishment of an upfront prospective practice-level payment linked to patient registration, to enable the primary health care team to deliver preventative health care with information management support, education and training, and research and evaluation strategies³.

¹ World Health Organisation Fact sheet No 172 Integrating Prevention into healthcare

² World Health Organisation Fact sheet No 172 Integrating Prevention into healthcare

³ GPV Submission to the National Preventative Health Taskforce

http://www.gpv.org.au/files/downloadable_files/Policy/Submissions/Microsoft%20Word%20-%20GPVSubmissionPaperPreventionTaskforce081222.pdf

In addition to providing appropriate systems and supporting operational change, there needs to be a massive shift in public understanding of health literacy and demand for preventive services. Financial systems and policies must encourage people that are well to access primary health care services so that they remain well. The notion of voluntary patient registration with a preferred general practice must move beyond the notion of patient, to that of health maintenance. The Interim Report suggests that patient registration will foster more innovative funding models. On this basis, we suggest including in this registration process the opportunity for people that are well to register under a specific health maintenance stream.

Investing in, and raising the awareness of the potential of prevention in primary care is a great start but without sufficient training, education and further support for fundamental change in practice systems such as broader implementation of the Australian Primary Care Collaboratives, innovation and advancement will only manifest in primary care practices with robust practice systems with well designed business models.

There are number of elements required to implement changes in primary health care systems towards the integration of prevention; they include incentives, information and support. The following modified Spectrum of Prevention framework provides an outline of a comprehensive approach ⁴

Figure 1: Spectrum of Prevention

Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and encouraging them to seek support from primary health in this process.
2. Promoting Community Education	Reaching groups of people with information and resources to promote prevention
3. Educating Providers	Informing providers who will transmit the skills and knowledge of prevention to others
4. Fostering Coalitions and Networks	Bringing together health professionals and individuals to achieve broader population health goals with greater impacts
5. Changing Organizational Practices	Adopting frameworks such as the Chronic Care Model and APCC methodologies to support prevention
6. Influencing Policy Legislation	Developing strategies to promote prevention



General Practice Victoria

ABN 80 081 371 968 ACN 081 371 968

458 Swanston Street
Carlton Victoria 3053

Tel: (03) 9341 5200 Fax: (03) 9341 5299

Email: gpv@gpv.org.au Website: www.gpv.org.au

⁴ Cohen,L and Swift,S (1999) The Spectrum of prevention developing a comprehensive approach to injury prevention

http://www.preventioninstitute.org/spectrum_injury.html