6.3 Primary health care

In Australia, primary health care is typically the first contact an individual with a health concern has with the health system. ‘Primary health’ broadly encompasses health care that is not related to a hospital visit, and includes activities such as health promotion, prevention, early intervention, treatment of acute conditions, and management of chronic conditions (Department of Health 2015d).

Primary health services are delivered in settings such as general practices, community health centres, allied health practices, and through communication technology such as telehealth and video consultations. General practitioners (GPs), nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal health practitioners are all considered primary health care professionals.

What is the scale and nature of primary health care delivery in Australia?

The vast majority of health care services in Australia are delivered in primary health care settings. For example, in 2014–15, there were:

- **139 million** non-referred encounters with GPs claimed through Medicare—-from a total of 335 million out-of-hospital services. Other Medicare-funded out-of-hospital services included pathology and allied health such as physiotherapy (Department of Health 2015a).
- **117 million** medications were prescribed by a GP and a further 11 million medications were provided directly to the patient (Britt et al. 2015).
- **3.5 million** episodes of care were delivered by Aboriginal and Torres Strait Islander-specific services.

In comparison, Australian public hospitals provided around 18 million occasions of service for outpatient care in 2013–14 (excluding Victoria, which provided 3.7 million occasions of service in 2012–13). In 2013–14, public hospitals also provided 9.7 million episodes of admitted care (hospitalisations), and responded to 7.2 million emergency department presentations (see ‘Chapter 6.11 Emergency department care’).
Data from the Australian Bureau of Statistics (ABS) 2014–15 Patient Experience Survey showed:
• more than 4 in 5 people (83%) had consulted a GP at least once in the previous 12 months, and females were more likely than males to see a GP (88% and 78%, respectively)
• almost 1 in 5 (18%) saw three or more health professionals for the same health condition
• about 1 in 11 (8.7%) had seen an after-hours GP in the previous 12 months
• almost 1 in 2 (49%) had seen a dental professional in the previous 12 months (ABS 2015).

About $55 billion of total health expenditure was spent on primary health care in 2013–14. This equates to 38% of total health funding and was similar to spending on hospital services (40%).

How is primary health care in Australia changing?

The health care system in Australia faces a number of ongoing challenges, including the provision of effective and coordinated care, an ageing population, rising prevalence of some risk factors such as obesity and physical inactivity, and increased incidence of chronic disease and multiple chronic diseases (see ‘Chapter 2.1 How does Australia’s health system work?’ and ‘Chapter 3.3 Chronic disease and comorbidities’).

During 2014–15, the Australian Government established the Primary Health Care Advisory Group and Primary Health Networks (PHNs) (Box 6.3.1) as part of its reform of the primary health care system. Priorities of the reform program include complex and chronic disease management; better recognition and treatment of mental health conditions; and greater connection between primary health care and hospital care.

Primary health care delivery, efficacy, accessibility and integration with other facets of the health care system may also be informed by and impacted upon by Australian Government-led reviews of:
• after-hours primary health care (Jackson 2014)
• services reimbursed under the Medicare Benefits Schedule (Department of Health 2015b)
• Pharmaceutical Benefits Advisory Committee Guidelines (Department of Health 2015c).

Box 6.3.1: Primary Health Networks

On 1 July 2015, the Australian Government established PHNs with the aim of increasing the efficiency and effectiveness of health services, and to ensure patients receive the right care in the right place at the right time.

The 31 PHNs replace the 61 Medicare Locals, and are aligned with Local Hospital Networks, to assist with the management of patients with complex or chronic conditions between the primary health care and hospital systems. PHNs work directly with GPs, other primary health care providers, secondary care providers, hospitals, and the broader community for the purpose of ensuring better outcomes for patients.
What is missing from the picture?

Primary health care has not experienced the same national focus on data capture, collation and reporting as other parts of the Australian health system. As a result, there is limited or no detailed information on primary health care consultations; national data for ambulance, aeromedical and allied health services; or state-funded community health activity data.

Australia's emerging e-Health system may provide an additional source of data to improve our understanding of primary health care; however, the extent of this contribution is not yet clear. Other means of improving primary health care information include improving GP surveys or improving the extraction and analysis of core GP data; making better use of existing national data in reporting at the PHN level, and collating existing data for reporting at the national level; and assessing the benefits of data linkage to report on patient journeys through the health system.

Where do I go for more information?


References


