



7.18 Coordination of health care

Coordination of health care involves the delivery of consistent, coherent and connected health services to patients. These factors are what enables and sustains:

- an ongoing relationship between a patient and a provider
- the timely transfer of relevant patient information between different care providers
- the cooperation between these providers to allow for the provision of connected health care (RACGP 2017).

Coordination of health care is particularly important for the growing number of patients with multiple diseases or complex care needs, such as people living with cancer, arthritis, cardiovascular disease and mental illness (Primary Health Care Advisory Group 2016).

The Coordination of Health Care Study (the Study) aims to fill a national data gap by providing nationally consistent and locally relevant results, allowing for valid comparisons between local areas to inform policy efforts.

Box 7.18.1: Survey of Health Care

The Survey of Health Care 2016 (the Survey)—the first component of the Study—looks at experiences with coordination of health care for people aged 45 and over who had at least 1 general practitioner (GP) visit in the 12 months before being selected for the survey (November 2014 to November 2015).

The Survey was conducted from April 2016 to June 2016. All responses relate to the 12 months before the time that each respondent completed the survey. The Survey explored:

- whether people had a relationship with a usual GP or place of care
- respondents' experiences with person-centred care and with transfer of information between a GP or practice and hospitals, emergency departments and specialists
- respondents' access and barriers to care.

All results reported in this snapshot come from the Survey. For detailed results, see *Survey of Health Care Australia, 2016* (ABS & AIHW 2017).

Relationship with usual GPs/usual place of care

GPs are the first point of contact for many Australians with health problems. GPs deliver a variety of care—treating short-term and long-term illnesses and providing preventive care and health education. A usual GP/usual place of care is one to which people choose to visit consistently (if possible) when they need health care. This is often because a person and their usual GP/usual place of care have built mutual knowledge, understanding and trust—reasons associated with positive outcomes, such as better quality of care, better GP–patient communication and greater uptake of preventive and health promotion strategies.



In 2016, based on responses to the self-reported Survey (see Box 7.18.1):

- 98% of people were estimated to have a usual GP/usual place of care
- 65% of people with a usual GP reported that they had been going to their GP for 5 or more years
- people aged 65 and over were more likely to have a usual GP than people aged 45–64 (94% compared with 83%) (ABS 2017).

Overall, people were positive about their experiences with those aspects of the health system surveyed, with 96% reporting that they received excellent, very good or good-quality care from their usual GP/usual place of care.

In 2016, most people said that their usual GP/usual place of care:

- was always or usually aware of their health care history (85%)
- always or usually involved them in making decisions about their health care (88%)
- always or usually explained test results, such as blood tests and x-rays, in a way that could be understood (88%)
- always or usually asked about things in work or life that affected their health (56%)
- made them feel completely or very comfortable talking about personal problems related to their health (80%) (ABS 2017).

For a full breakdown of the response categories to the surveyed aspects of a patient's experience with their usual GP/usual place of care, see Supplementary Table S7.18.1.

Coordination between GPs and other health providers

Effective communication and timely transfer of information between a patient's usual GP/usual place of care and other health care providers is essential to allow consistent and continuous care to be provided in the right place and at the right time.

In 2016, results varied for the proportion of people who reported that their usual GP or others in their usual place of care seemed informed about the care they had received from other health providers.

More than half (55%) of people saw a specialist doctor for their own health. Of these people:

- 76% said their usual GP/usual place of care seemed informed about the care they had received from the specialist doctor
- 8.7% said their usual GP/usual place of care did not seem informed about the care they had received from the specialist doctor, or did not seem to know about it until the patient told them (ABS 2017).

Almost 1 in 5 (18%) people reported visiting an emergency department. Of these people:

- 62% said their usual GP/usual place of care seemed informed about follow-up needs or medication changes after their visit to the emergency department
- 18% said their usual GP/usual place of care did not seem informed about the follow-up needs or medication changes after their visit to the emergency department, or did not seem to know about it until the patient told them (ABS 2017).





Slightly more than 1 in 5 (22%) people were admitted to hospital. Of these people:

- 66% said that their usual GP/usual place of care seemed informed about the follow-up needs or medication changes after their hospital admission
- 11% said that their usual GP/usual place of care did not seem informed about the follow-up needs or medication changes after their hospital admission, or did not seem to know about it until the patient told them (ABS 2017).

About 4 in 5 (82%) people reported taking at least one type of medication on an ongoing basis and 71% reported that they had had a test, x-ray or scan. Of these people who took medications or had tests:

- 72% said that a health professional reviewed all medications being taken
- 4.2% said they had been given a wrong medication or dose by a doctor, nurse or pharmacist
- 89% said that results from blood tests, x-rays or scans were available at their scheduled health care appointment (ABS 2017).

The proportions presented for the response categories do not add up to 100% as not all categories are shown here. For a full breakdown of the response categories to the surveyed aspects of a patient's experience with the transfer of information between other health care providers and their usual GP/usual place of care, see Supplementary Table S7.18.2.

What is the AIHW doing?

The second part of the Study involves linking data from the 2016 Survey of Health Care for consenting participants with specific data items from the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme (including Repatriation Pharmaceutical Benefits Scheme data). The data will also be linked with hospitalisation data, including visits to emergency departments and admissions to hospital. This analysis is being undertaken in 2018, and will allow for a broad range of research and policy issues related to health care to be explored. The outcomes of these undertakings will be detailed in future AIHW and Australian Bureau of Statistics (ABS) publications.

What is missing from the picture?

The Survey of Health Care captures data only on those aged 45 and over who had seen a GP in the 12 months before being selected for the survey. As a result, the data cannot be used to investigate unmet health needs for the whole population; for example, data on patient experiences with the coordination of health care is required for younger age groups. Further analysis of the existing survey data can also provide insight into the experiences of patients with more complex needs, such as multiple long-term health conditions.

Where do I go for more information?

The joint ABS and AIHW publication *Survey of Health Care Australia 2016* is available at <www.abs.gov.au>.





Australian Government

Australian Institute of
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References

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Chapter 7

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