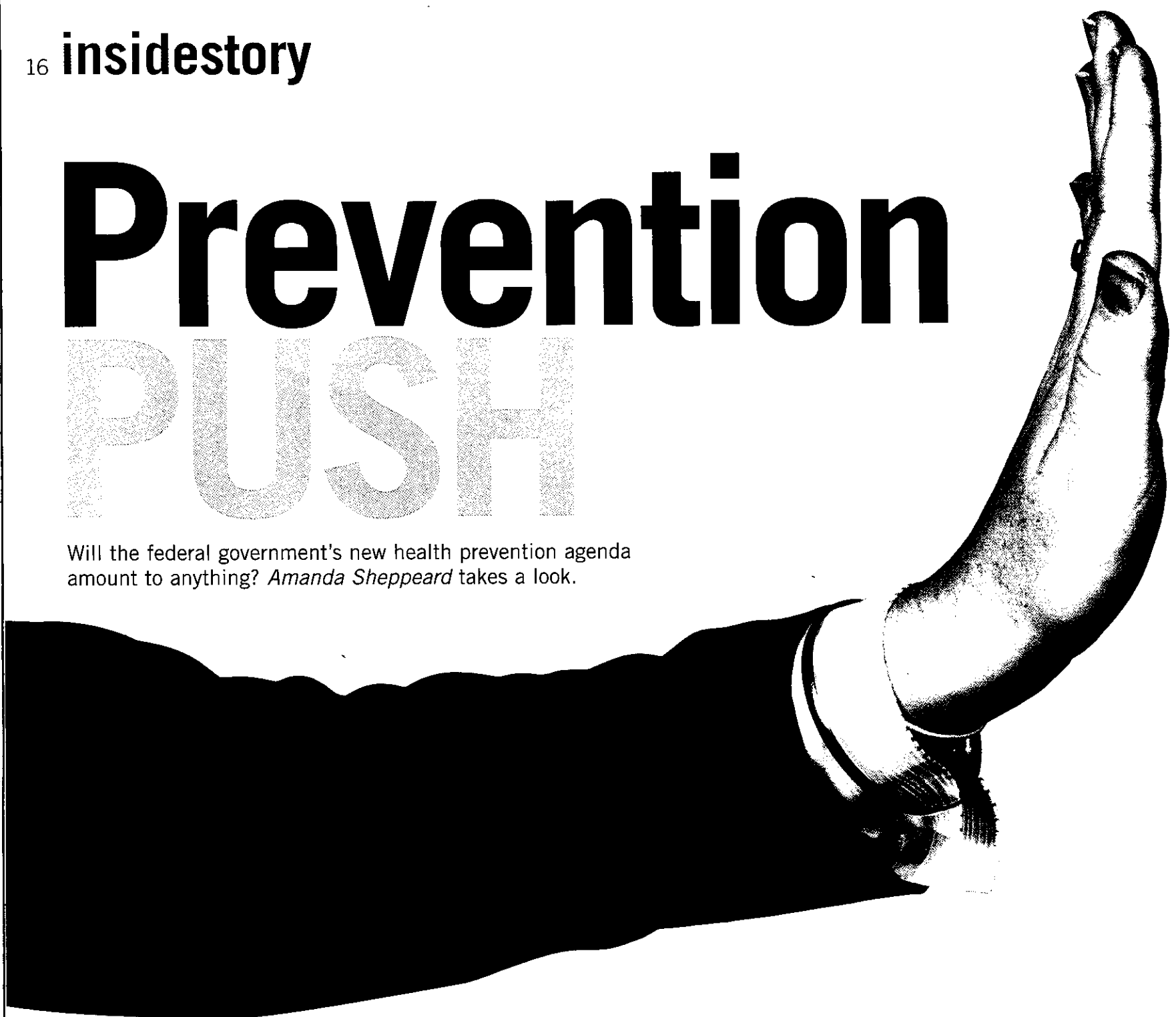


Prevention

PUSH

Will the federal government's new health prevention agenda amount to anything? *Amanda Sheppard* takes a look.



PREVENTION is better than cure – it's a truism played out in the nation's general practice surgeries every day.

But, as most GPs will attest, sticking to the health prevention agenda can be a tough ask in a Medicare system that financially penalises longer consultations.

However, the new federal government is banging the prevention drum – loudly proclaiming its intention to overhaul the health system using the prevention weapon to battle spiralling rates of chronic disease.

The word has been mentioned so often lately that there is growing hope among key health players that something might actually get done.

But it's cautious optimism.

There are so many opportunities for this plan to fall off the rails that many of those close to the action aren't willing to predict a tangible outcome – at least not yet.

Three major taskforces have been assembled to deliver recommendations on the way forward for Australia's hospitals, primary healthcare and health prevention strategies (see box, opposite).

These groups have challenging timetables and are expected to report back to the government during the next year. But can they deliver the goods?

Suspensions over the prevention rhetoric grew with the release of the May federal Budget, when the government wielded the funding axe on several general practice-based programs to the tune of \$445 million. Initiatives given the razor treatment included immunisation incentives (down \$83.7 million), e-health (down \$110.7 million)



“Pulling back on...immunisation and the collaboratives sends a mixed message” Dr Tony Hobbs

and the Australian Primary Care Collaboratives Program (down \$16.6 million).

The move has caused many to question why a government chose to pare back health prevention initiatives.

We can only surmise what the answer might be, as federal health minister Nicola Roxon

did not respond to *MO's* request for an interview.

Dr Tony Hobbs, chair of the AGPN and of the reference group for the government's new National Primary Health Care Strategy, believes the prevention push is genuine.

But even he concedes the Budget cuts have sent confusing signals to primary healthcare providers and general practice in particular.

“The Budget missed the mark, and on the whole we were disappointed,” he says.

He is particularly unhappy about the cut to immunisation incentive payments, and expects this will be raised when the reference group meets for the first time this month.

Similarly, he says the Australian Primary Care Collaboratives Program, which began in 2003, has also been a worthwhile initiative taken up “very

enthusiastically” by GPs.

The program aims to help GPs and primary healthcare providers work together to improve patient clinical outcomes, reduce lifestyle risk factors, help maintain good health for those with chronic and complex conditions, and promote a culture of quality improvement in primary health care.

The first phase concentrated on diabetes, secondary prevention of coronary heart disease, and improved access to primary care. Anecdotal evidence is positive but there are no hard statistics.

And now, funding cuts will see the number of practices involved reduced from about 900 to 600. Dr Hobbs says this could work against the government.

“Pulling back on things like immunisation and the collaboratives sends a very mixed message,” he says.

VISION FADING?

Dr Lesley Russell (PhD) has voiced stronger doubts about whether the government's prevention vision can be achieved.

A fellow of the Menzies

Centre for Health Policy and former health policy adviser to the federal Labor party, Dr Russell questions whether a “whole slew” of health reform advisory groups could deliver a cohesive outcome.

“On the whole, it looks very confused. How do you juggle quick results with getting the best input?” she says.

Dr Russell can see the government has its work cut out. She believes it's on the right track, but will need to stand firm to deliver real healthcare reform rather than a “patchwork of quick fixes”.

As for AMA Council of General Practice chair Dr Rod Pearce, he's going into the next 12 months with an open mind. He has some reservations, though, particularly in light of the recent Budget cuts.

He hopes the government will back up its commitment to healthcare reform and prevention with real dollars, not just rhetoric. “I like the talk, but I'm not sure if they'll walk the walk,” he says.

Meanwhile, one Sydney-based academic caused a stir

recently when he questioned the prevention agenda altogether, arguing it was misplaced and obscured some of the "real problems" such as hospital waiting lists and infrastructure.

Dr Jeremy Sammut (PhD), a research fellow at the Centre for Independent Studies, says there is very little evidence-based support for prevention initiatives such as those being proposed.

"Spiralling rates of obesity and lifestyle-related chronic disease suggest that 40 years of public health policies... have had a limited effect on behaviour," Dr Sammut wrote in a paper titled *The False Promise of GP Super Clinics*.

"Let's have a proper look at what the most serious challenges are going to be in the next 10 to 20 years," he told *MO*.

"There will be more pressure from older patients, who are living longer and getting sicker, and there are not enough hospital beds, [and] waiting lists are long, but no-one wants to talk about those issues."

Dr Sammut believes there is very little that governments can do to force the lifestyle changes that are key to addressing obesity, diabetes and heart disease.

"People already know what they need to be doing, but they are not doing it, and I don't think there is anything you can do to make them do what they don't want to do."

PREVENTION GROUNDSWELL

According to Dr John Litt, senior lecturer with Flinders University's department of general practice in Adelaide, the groundswell for more cohesive health prevention in Australia has been building for some time.

The RACGP's Green and Red Books are good examples, he says. "These are evidence-based and recognised internationally as a benchmark."

The key to really effective health prevention, though, is a comprehensive e-health system where records can be shared between patients and health providers, he argues.

"E-health has to be a plank of any national health prevention strategy – it won't be a panacea but it will be a big step forward to have patient information readily available."

This may be so, but plans to introduce a national shared electronic health record by 2010 have been put back to at

least 2012, leaving providers frustrated by the slow pace of change.

From where Professor Mark Harris sits, effective health prevention and primary care can't be looked at in isolation.

Executive director of the University of NSW Centre for Primary Health Care and Equity, and member of the government's National Primary Health Care Strategy reference group, Professor Harris says a whole-of-government approach is needed, including issues such as public transport, infrastructure and housing.

"The promise of the taskforce is going to start the ball rolling, but we shouldn't imagine that it is a quick fix – we can't just add a Medicare item and expect that it will solve the problem."

With the prevention buzzword ringing in their ears, GPs must also be wondering where they are going to find the time to do all the extra work.

Lisa Valenti, a senior research analyst from the University of Sydney's Family Medicine Research Centre, told *MO* recently that GPs undertaking preventive healthcare would need to lengthen their consults

Prevention: what's the PM proposing?

THE government has announced Budget commitments to make obesity a national health priority, address Indigenous and maternal health issues, and reform the MBS to provide incentives for GPs to practise quality prevention. It has also set up three major groups to examine health reform. They are:

- **The National Primary Health Care Strategy** – aims to deliver better frontline care. Priorities include better rewarding prevention; promoting evidence-based chronic disease management; supporting GPs' role in the healthcare team; and addressing the need for access to other health professionals.
- **The National Preventative Health Taskforce** – will develop strategies to tackle health challenges caused by tobacco, alcohol and obesity, and develop a National Preventative Health Strategy by June 2009.
- **The National Health and Hospitals Reform Commission** – will develop a long-term health reform plan for Australia.

and this would mean seeing fewer patients, even if consult times were only lengthened by 2-3 minutes.


Dr Pearce, however, is confident GPs can respond positively to the challenges of the extra workload, saying "we can deliver the outcomes if we have the support".

Supplementing – not substituting – GPs with nurse practitioners and other allied health professionals will be integral to that support, he says.

Dr Russell believes it is clearly

timely to look at Australia's health workforce.

"This should be viewed as providing GPs with opportunities that will enable them to spend more time with patients using their specific skills and less time doing drudge work and paperwork," she says.

"In the end, it should be about the best outcomes for patients and job satisfaction for all health professionals, rather than the protection of professional turf that was laid out in the 19th century." 

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