

CAC Results, 7th April 2017

GCPHN population health management program was discussed at the April meeting. The CAC provided advice around the practicalities of holistic care, specifically the role of GPs and primary care. Important considerations emerged through the discussion;



Medication, specifically reviews and key role of Pharmacists as an accessible and reliable source of support



More practical support for prevention, currently focus on people who already have chronic disease



Health literacy, access to reliable and appropriate information to support people and GPs to make decisions about their health



Relationship and communication between a person and their GP, and among health professionals



Waste occurs through inefficiencies, poor processes and low health literacy



CAC members considered a few situations that could emerge in a holistic care environment and ranked them to show how comfortable they would be.



Members shared additional insight into factors that would impact their level of comfort with the scenarios

- Quality of relationship with GP
- Level of trust between person and their GP
- Adequate time and support to consider the decisions
- Consultation with more than one GP or health professional to gain the fullest picture
- Personal preferences such as quality of life, health goals and beliefs

Holistic care, the role of GPs and population health management



When considering the four key components of the population health management program, CAC members were supportive overall. Members put forward issues they felt should be noted from the consumer perspective.

ONE

OPTIMIZING TREATMENT

- Reduce duplication
- Maximize screening/prevention
- Joint decision making, patient commitment

- Consumer must be the focus
- Collaborative approach between consumer and clinicians to set and achieve goals
- Utilisation of e-records and automated reminders
- Important that health professionals listen to consumers



TWO

REDUCING OVERTREATMENT

- De-prescribing
- De-specializing
- De-intervening

- Requires greater input than a single clinician, such as GP/Pharmacy consultation
- Education required for consumers and clinicians on impact of choices
- Clear information on informed alternatives and outcomes
- Home medication reviews by Pharmacist could support this



THREE

COORDINATING CARE - A ROBUST, EVIDENCED BASED CARE PLAN

- Centred around patient's goals
- Access to community/support services
- Exacerbation plan
- Agreed schedule - pre-booking appointments (aiming at 3 monthly visits)
- Structured reviews throughout the year at set stages with focused topics

- Realistic goals require consumer concerns, observations and opinions to be genuinely heard and valued
- All potential treatment and support options put forward by the individual should be considered in creating the care plan



FOUR

PROMOTING GP CONTINUITY OF CARE WITH PATIENTS

- Advice on the importance of attending the same general practice
- Advice on the types services the practice provides (to avoid ED)
- Advice on medication adherence/not wasting medications

- Allow time for adequate visits, critical to enable the Doctor/Patient relationship to develop
- Continuity for consumers is more than just GP/practice, includes Pharmacist and others too
- Education about true cost of 'free' services to help people make informed choices
- Same doctor is important, systems can be a barrier to this



Characteristics of one world class health system – from the consumer perspective

Throughout strategic planning, GCPHN identified characteristics of 1 world class health system. Overall, CAC members agreed or strongly agreed that these characteristics were expected of a world class health system. The 16 characteristics were further considered by the CAC, with members documenting the meaning of each characteristic from their own point of view. This important information will feed into ongoing GCPHN work at a strategic level and will be considered in conjunction with similar information from clinicians and industry.

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1 POPULATION HEALTH APPROACH

 - People become healthier and take responsibility for own health
 - An integrated health system
 - Health issues affecting population, prioritised and treated

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2 HIGH PERFORMING PRIMARY CARE

 - Ongoing professional training
 - Inclusive approach, consumers help to monitor and evaluate
 - Shared care through integrated, strong and effective leadership

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3 PEOPLE STAY HEALTHY AND CLOSER TO HOME

 - Preventive care
 - Supporting people's independence
 - Accessible services despite geographic or financial circumstance

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4 EQUITABLE

 - Culturally literate health care
 - Value for money
 - Services and care that are free from discrimination

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5 DATA DRIVEN IMPROVEMENT

 - Decision making informed by data
 - Strong governance around storage and access to data
 - Utilising e-records

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6 EVIDENCE-BASED

 - Proven to be effective
 - Has been done before
 - Current activity is achieving desired outcomes

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7 INTEGRATED AND COORDINATED

 - Working as a team
 - Access to health records between GP, hospital, specialists and consumers
 - Structured, organised and efficient

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8 PERSON-CENTRED

 - First priority
 - Responsibility of own health in partnership with services
 - Flexibility
 - Holistic care
 - Having everything I need at the GP

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9 ENGAGED POPULATION

 - Interest in personal and community health
 - Multiple opportunities for involvement
 - Health literacy
 - Both consumers and clinicians

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10 PARTICIPATORY HEALTH CARE

 - Person and family participating in care
 - Two-way communication
 - Self-education and asking questions

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11 TEAM BASED CARE

 - Must be genuine
 - Inclusive of all health practitioners
 - Consumer working with professionals

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12 QUALITY AND SAFE CARE

 - Ongoing assessment
 - Best care for the individual
 - Australian Charter of Healthcare Rights

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13 ENGAGED CLINICAL LEADERSHIP

 - GPs leading change
 - Involvement of all professionals
 - Value consumer feedback

