

“Can PHNs reflect consumer priorities? If so, how?”

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PHNs and consumers

I was asked to speak about whether PHNs reflect consumer priorities, and if so, how?

I will get to the “how” part a little later.

First, I'd like to consider the first question I am to answer:

Can PHNs reflect consumer priorities?

I very much hope PHNs can respond to what consumers need

Because if they can't they will fail a central requirement of a contemporary primary health organisation

They will fail the prime reason for which they were established.

If PHNs are not reflecting consumer priorities, what are they there for?

They are off to a good start.

They all have distinct geographical footprints to concern themselves with

They have the benefit of at least two years' worth of comprehensive needs assessments done by their predecessor Medicare Locals,

And, having been through a competitive process, one would assume they have the confidence and backing of organisations like LHNs with a willingness to share data

My concern is that unless PHNs seize the opportunity to develop and embed themselves as modern, relevant, consumer-focused organisations they risk becoming white elephants --- a failed attempt to provide an effective primary health care system in Australia.

To ask whether PHNs can reflect consumer priorities seems an entirely reasonable question

However it also reflects an unthinking or default view of many within and outside the health system that somehow the consumer is there *because of the system*

And NOT vice versa

That common view is demonstrated I think in the way many of us still think about hospitals --- as institutions to which patients come and are “subject to”.

It was the sort of thinking that prompted the “Yes Minister” gag ---- the triumph of political fixits: the patient-free hospital.

It fuels the tempting thought that patients get in the way of good health care.

That instinctive thought is fading I hope!

What is a health system without consumers?

In any health system, what priority is higher than meeting the medical and health needs of the consumer, the patient?

Health care is now rapidly moving towards the realisation that the best outcomes for health happen where the patient is at the centre

And that means at the centre at all levels

At the **individual care level** where consumers are empowered to make choices and decisions about their own health care in partnership with clinicians

At the **systemic level** where consumers participate in governance and in policy, planning, delivery and valuation of health services, and where service design and improvement draws directly from not only their needs but equally importantly their experience of care

At the **system-wide level** where consumers as citizens have access to information about the safety and performance of the health care system and its parts.

PHNs must work, act and be held accountable across all these levels.

It's a much more sophisticated proposition to having a Community Advisory Committee - clearly that's only one small piece of the consumer engagement architecture that needs to be in place

Australian consumers should expect no less

PHNs as innovation catalysts

So CHF holds much hope for PHNs – we are among their strongest proponents

As a brand new construct in the health world they offer the opportunity to start off on the right foot with the right principles and adopting the right practices

Firstly, they can do this by putting the patient first and by gearing themselves around the cornerstone principle of patients as partners at all those levels I just talked about

Anybody who has even a passing experience with complex, chronic illness knows that our health system for all of its treasures fails to provide an acceptable level of coordinated and effective care - a level of care that with the right focus, should be well within the health system's capacities

Secondly, PHNs pose a fresh attempt to integrate and improve the care of those with chronic and complex conditions - those who inevitably benefit from individually tailored care and support

And we include mental illness in that

We've heard much commentary this week as our First Leaders have talked about roles of the Commonwealth and States in health

While they may have focused on options to raise more revenue to pay for rising health care costs, we've said what's more compelling is the case for health reform itself and the role it can play in stemming costs by delivering better value, less waste and less duplication

It's not an either/or debate: at the same time as we look at how, and who pays for health, we need to look at the system's fundamental design and orientation.

It's about different, not more of the same.

When it's all boiled down, the most vexing thing in all of this is: what happens to the consumer, the patient?

That's where we need to put the spotlight

We hear about patients being discharged from hospital and failures to assist their transition back to their GP's care only to see them readmitted at great, preventable personal distress to them and cost to the system

Even worse, we hear about adverse events associated with this process because medication has been poorly managed or inadequate rehabilitation plans put in place

We hear about people with mental illness discharged without appropriate community supports to link them back in with social networks, to reconnect with their families, and to access employment and housing services

We hear about hospital 'bed block' by older people because we can't get the coordination between the hospital system and aged care providers right

The scenarios go on.....

Despite the current funding and state-federal obstacles to expansive changes to health care, these issues can – and are being – addressed locally

Change doesn't have to be revolutionary, but it can be accelerated.

So here, then, is a **third** area where PHNs can help us “act our way into a new system” that is beneficial to consumer needs.

Under the right conditions, PHNs have the potential to conquer the weakness and failures of disjointed Commonwealth and State arrangements and to integrate the system.

They can take responsibility for getting the system working better, they can be system stewards

They can do this by taking a regional federalism approach to working with Local Hospital Networks, local government and other providers to integrate the system, to integrate care.

So now we come to the “how” part.

It depends....

How can PHNs develop as consumer-focused health organisations?

Well, excuse me if I use the phrase “*it depends....*”

Success depends on several factors.

I'll run through what I think a few of these are.

Success will depend on whether PHNs have the **mandate** and adequate **resources** to be true regional commissioners and purchasers of scale

If they continue to get project-oriented funding of low scale and minimal flexible funding they will inevitably remain little more than a promise in terms meeting the goal of local solutions and services for local consumer needs

Success will depend on whether they have the ‘tools of the trade’ to conduct comprehensive needs assessments, identify services priorities and gaps in the system and, most importantly, to do something about those

That means **money**, obviously, but it also means access to the right **data** and **information** about their regions.

It means access to **evidence** about models of care that work and the know-how to **translate** that into real services

Being equipped with deep insights into community and consumer needs is critical. PHNs must have the consumer stories behind the metrics

Having the right **governance** is key

By that I mean that success will depend on whether PHNs have got **consumer and patient perspectives** as integral and on the same footing as clinical input

It will depend on their appetite for **investing in patient leaders** as much as they invest in clinical leaders, and the sophistication with which they involved patients and consumers in all phases of the commissioning cycle

And of course, the effectiveness and impact of PHNs as system stewards acting in the direct interests of consumers is going to depend on the quality of their **partnerships** with LHNs and others, the **cooperation of GPs** and other primary care providers and the **confidence of funders**

PHNs as exemplars in consumer engagement?

Minister Ley has said that patients will have the opportunity to have their say, with community advisory committees to advise PHN boards “from the patient perspective”.

CHF is pressing the Minister to ensure that the consumer and patient voice can systemically influence the direction and design of the PHNs.

But we are concerned that Australia might not take the opportunity for PHNs to be exemplars and followers of world’s best practice in consumer participation and leadership in primary health care.

Such an approach would fail to exploit the growing evidence in Australia and abroad of the value of having active consumer involvement in both design and delivery of health services.

The Australian Commission on Safety and Quality Commission remind of us the research that demonstrates that patient-centred care improves the patient experience *and* creates public value for services.

When health professionals, managers, patients, families and carers work in partnership, the quality and safety of health care rises, costs decrease, provider satisfaction increase and patient care experience improves.

However, we all know challenges remain

But it doesn't have to be daunting - there are practical things that can be done – it just about mindfulness and always asking the question: how can we get the consumer lens on this?

Dr Karen Luxford and Stephanie Newell, in a paper published in February by the *British Medical Journal* earlier this year, describe the integrated organisational approach taken by the NSW Clinical Excellence Commission to making patient centred care everyone's responsibility

Some of the measures they are undertaking include:

- starting each board meeting with patient care story
- spend more than 25 per cent of the board's meeting time on quality issues
- provide training to senior leaders to promote recognition of their roles as opinion leaders and champions of patient centred care
- appoint patient advisers and involve them in strategic planning
- encourage staff to view patients as care team members
- use patient feedback from a range of sources

We've got opportunities at the policy level too. The Minister's Primary Health Care Advisory Group – of which I am a member – is an inescapable opportunity to promote the necessity of consumer-guided approaches

What becomes very clear is that when you start seriously discussing the way health policies and practices come into play in the care of people with chronic and complex illnesses, it's the impact on the individual patient that helps crystalize the issues that need rethinking.

So, you can have any number of primary care professionals advising each from his or her expertise, but it's the consumer's perspective that will likely provide the cues for a coherent policy solution.

Conclusion

Patient engagement is not just 'soft stuff', nor the path to consumer-focused services simple.

What this all means is that to reach better health outcomes we require clinical leaders working with consumer leaders: we need powerful patient – doctor alliances, supported in the PHN context by PHN CEOs and their teams.

In their *BMJ* paper, Luxford and Newell report a comment made to them by a doctor that makes a striking case for the consumer voice:

“The consumer (of health services) tends to see the problem and solution so much more simply and they ask reasonable questions --- whereas the healthcare professional tends to drown in the complexity and what cannot be done.”

And so with PHNs: consumers can offer simple ideas to help overcome what might seem to be wicked problems.