APS Response to Australia's Primary Health Care 10 Year Plan 2022-2032

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and emerging, for they hold the dreams of Indigenous Australia.

Introduction

The APS was pleased to have the opportunity to provide a response to the Consultation Draft of the Primary Health Care 10 Year Plan for Australia's primary health care services provided through general practices, Aboriginal Community Controlled Health Services (ACCHS), community pharmacies, allied health services, mental health services, community health and community nursing services and dental and oral health services.

Our submission was provided in an online survey with a 300 word limit on each question except the last, which asked for additional comments. While the APS commended the intent of the Plan, we observed that it is GP-centric, and too narrowly-focused on Voluntary Patient Registration (VPR). A greater emphasis on multidisciplinary teams, allied health and psychology, prevention, early intervention and mental health would greatly enhance the Plan. In addition, we called for a more nuanced recognition of the integrative nature of a truly 'whole of community', responsive health care system which would equally consider both physical and mental health.

1. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care

The APS has some reservations about introducing a universal system of VPR for general practice.

- While we recognise that the intent of VPR is to empower patients, and lead to improved health care outcomes, we contend that registration is most suitable for older Australians. It is less effective for people who live transient lifestyles – living and working in different locations.
- The APS suggests that electronic health records are more valuable than VPR for continuity of service.
- Mental and physical health policy must be integrated, with recognition that not all patients seek mental health support through their GP.
- It is essential to allow patients to choose their healthcare provider and change their mind and/or seek alternatives if desired, to ensure they see the right person at the right time.
- Further, the APS questions the link between telehealth services and VPR in general practice, and posits that the former needs to be based on patient need and accessibility. Establishing effective relationships with patients is more dependent on their characteristics than a VPR. For example, young people are typically comfortable with technology and may prefer telehealth, where appropriate, over face to face services.

The APS endorses the continuation of MBS telehealth for allied and mental health care independent of VPR.

- Telehealth services provide access to services irrespective of location – in a consistent, timely and continuing way. This is particularly true for the mental health sector. 94% of psychologists utilise telehealth services to provide mental health care.
- The expansion of telehealth services has ensured that people, whether in metropolitan or rural areas, have had ongoing access to health and mental health services when most needed.

The APS supports the focus on national safety and quality standards for telehealth with an emphasis on meeting identified need and ensuring continuity of care.

2. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration

The APS supports the development of a data strategy for the allied health workforce. The lack of comprehensive data regarding the allied health workforce, particularly in mental health, is well acknowledged.

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Data should be nationally consistent and reliable to facilitate best practice. It should include comprehensive mapping of the current workforce against demand for services and the nature of those services. The Australian Institute of Health and Welfare (AIHW) is equipped to provide workforce data to inform the development of an effective framework to monitor and grow the allied health and psychological workforce. Such data could subsequently be used for shared research and planning.

Outcome data is also needed to inform future service delivery; policy, governance, and quality assurance frameworks; and foster continuous improvement. Data collection and evaluation should encompass a broad range of outcomes and financial considerations across State and Territory jurisdictions. Data is only useful to the degree that it informs future service delivery models, and improve the experience of consumers within the healthcare system.

The APS endorses the development of secure messaging and software infrastructure to support allied health interaction with general practice, My Health Record and the use of secure messaging to facilitate communication between service providers and a multidisciplinary approach to primary healthcare.

Funding to develop education and training frameworks to support uptake of digital health solutions in primary health care settings is essential.

To support improved patient experiences of the primary healthcare, the APS suggests integrating My Health Record into clinical information systems, in the near future rather than the longer term.

Quality healthcare is only possible with accurate records. This remains an ongoing concern for more vulnerable groups, even with the VPR.

Data, aimed at improving services rather than being a compliance tool, needs to be shared between practitioners working in primary healthcare.

3. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine

The APS supports the use of innovative healthcare measures, including different drug therapies. We suggest extending this beyond just physical health to mental health to ensure the effectiveness of treatment in both domains. For example, emerging evidence is supporting the use of pharmacogenomics when prescribing antidepressants to assist with ensuring the appropriateness of a specific medication in addition to addressing possible side effects.

Other emerging drug assisted therapies relevant to the mental health sector include psychedelic-assisted therapy. The APS has recently completed a position statement on "Psychology and psychedelic-assisted therapy" in recognition of this emerging field of treatment for mental health conditions such as depression and posttraumatic stress disorder.[1] Innovative service models and treatments are a hallmark feature of a future-focused and relevant primary healthcare plan.

The Plan states an intention to "Engage peak organisations, professional colleges and bodies and educational institutions in developing resources for service providers". The APS would be pleased to assist with this work and to support the development of resources for service providers with a mental health focus to complement efforts addressing physical healthcare.

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4. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform

The Plan states: "VPR will strengthen the continuity of care relationship between people and their general practice". The APS queries the evidence underlying this assertion, particularly in terms of providing "better outcomes for important population groups at risk of poorer access…" and recommends taking human factors into account when assessing this.

In particular, we contend that there is variability between and within people around decision-making regarding their health care. At risk groups may be even less likely to prioritise their health – physical and mental. The APS suggests a truly person-centred system encourages people to make positive, proactive decisions around their health care by being able to choose their provider at any given time, for any given condition.

While the APS agrees that better outcomes are achieved with continuity of care, patient motivation similarly impacts health outcomes. Understanding the factors affecting motivation, and positive health behaviours, is as significant as funding models.

Person-centred care is achieved by tailoring treatment to a patient's needs to ensure they receive the right treatment, at the right time, by the right practitioner. Funding is a vehicle by which this can be achieved rather than causal.

Similarly, rural health must be prioritised to enable true reform within primary health care.

The Plan states: "Payments linked to VPR will be incentivising quality primary health care, including preventive care, and better health outcomes". The APS is keen to understand how this will be assured. That is, how payments linked to VPR will improve primary health care and lead to better health outcomes.

The APS is concerned that incentivised payments may negatively impact accessibility of treatment for some people. That is, if a patient is not registered, they are not prioritised.

5. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care

The APS would like to see MBS team care arrangements for allied health and psychologists expanded beyond a GP-centric model to enable all health care workers to undertake case conferencing, and with multiple health workers, as required.

The APS commends the Government's commitment to improving access to quality health services through the Workforce Incentive Program (WIP). There is a growing demand for high-quality psychological treatment in rural and remote communities where workforce deficits are significant. The APS believes funding incentives to enable psychologists to work in these locations are required. The APS calls for the Government to consider developing a similar model to the WIP for psychologists to meet this need.

The APS applauds the plan to develop a National Allied Health Workforce. However, mental health is not mentioned. In addition, the specific allied health service in each area needs to be defined, with a focus on ensuring each profession has the opportunity to work to the top of their scope of practice.

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In order to better understand workforce needs, however, the APS emphasises the requirement for a separate National Psychological Workforce Plan. Psychologists work in a number of primary (and secondary and tertiary) health areas – some with other allied health providers, and many as distinctive practitioners. For this reason, it is imperative to separately map current requirements for the psychological workforce.

The APS would be concerned if the envisaged multidisciplinary team-based approach is only available under VPR arrangements:

- Co-location of services should be an option, not the only means to accessing psychological treatment.
- Independent psychological practices must be able to continue. It ensures better access for patients and the ongoing viability of the psychological workforce.
- GP's must have the option of referring outside of their practice where necessary.
- Patients require choice when for their psychological health.

6. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector

The APS supports all initiatives aimed at Closing the Gap, and stronger community controlled and led health care. To further this aim, we call on the Government to provide funding for scholarships to train more Aboriginal and Torres Strait Islander psychologists, and support to ensure that they can live, study and work in their area of choice.

7. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas

Improving access to primary health care in rural areas is essential. However, the APS is concerned that the Plan ensures that aims in this regard are realistic and achievable. In addition, this area of the Plan seems limited in scope with very little mention of health care other than that provided by GPs - and no mention of mental health care.

- To meet current mental health needs in rural and remote locations, the APS emphasises the requirement to identify and trial innovative models of service in these areas including utilising fly in – fly out workers, or the direct employment of psychologists within Primary Health Networks (PHN's) to work across regions to ensure access for people who reside in these locations.
- The APS recommends investing in increasing the number of psychologists across the primary health sector, and particularly in rural and remote locations by:
    - Improving funding for tertiary psychology qualification pathways with more scholarships in rural areas.
    - Expanding the Workforce Incentive Program (beyond medical practices) to include Psychology Practices in regional, rural and remote areas.
    - Collaboration between Government and the APS, to create incentives to increase the number of trainee psychologists working in regional/rural locations.
    - Funding for a Stronger Rural Health Strategy (or future iterations), to include the development of a national workforce plan for psychology which includes:
        - Arranging suitable placements in local areas of need, and
        - Identifying employment opportunities for early career psychologists in rural practices and primary care settings.
    - Funding to enable the APS to support psychologists to complete supervision training. Once accredited, these psychologists could meet their community obligation by providing a pre-determined number of hours of free supervision to trainees in rural and remote areas.
    - Incentivising psychologists to live, study and work in regional and rural areas.

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8. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes

The APS endorses the focus on at-risk groups.

The APS recognises, and agrees with, the need to "develop diversity-sensitive practice accreditation frameworks…" We are well place to assist with this work – to develop frameworks and provide training – to psychologists and other allied health workers. Diversity sensitive psychological practice has been recognised as a priority area for our members and the people they serve.

While the vision related to VPR and opportunities it could afford to improve data, particularly for at risk groups, is admirable, the APS is concerned it will not be realised – specifically for these groups. It is the most vulnerable amongst us who are less likely to register at a practice, either due to their itinerant lifestyle or a general mistrust of such systems. This is potentially even more so since recent measures related to COVID-19, mandatory stay-at-home orders and vaccinations. Some may be resistant to more mandated services, or those that require registration of any kind.

The first point under **Future state (7-10 years) states: "**Everyone, no matter their background, feels welcome and respected in primary health care settings." The APS supports this goal. It is the core of person-centred health care.

In addition, under this section the Plan states: "People from CALD backgrounds can readily access bilingual and/or interpreter-supported services delivered with cultural sensitivity."

While the APS commends both endeavours above, we question why they are not immediate goals and how they will be implemented. At this point they are ambitious and aspirational rather than realisable.

Another 7-10 year goals is for general practices to have better data to be better able to provide tailored care for their registered patient populations. While admirable, the APS questions the level of health care that will be available to people who do not choose to register.

9. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care

The APS supports the intention to work with professional bodies to develop more systematic approaches to the use of health consumer feedback, and encourages the Department of Health to engage with us regarding this matter. We additionally want to highlight the need to consider mental health consumer feedback.

To empower people to stay health and manage their own health, the APS calls for Government funding for specific targeted evidence-based prevention programs – in both physical and mental health. This will require a shift in focus from an illness perspective to a wellness perspective.

The APS strongly endorses a review of maternal and child health programs delivered in primary health care, and absolutely supports this as being a critical period for preventative interventions. Further, we call for a focus on mental, in addition to physical health, and encourage employing psychologists within maternal and child primary health settings to ensure this occurs. Assessment, diagnosis and treatment of perinatal mental health disorders needs to be a priority area for the Primary Health Care 10 Year Plan. The ongoing physical and mental sequela of untreated perinatal mental health conditions cannot be over-emphasised.

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10. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning

The APS deems this Action area as requiring clearer boundaries for commissioning agencies to facilitate collaborative, rather than competitive commissioning practices.

Similarly, the scope of practice for different professions, that is, GP's, allied health, community nursing etc. need to be accounted for as part of the commissioning process. While some data exists to support this endeavour, the APS questions whether it is comprehensive enough. Research and data collection may need to precede changes to commissioning practices.

The APS questions whether there is sufficient current data to show positive outcomes from the use of a commissioning model for health care generally, and different aspects of health care specifically, e.g., mental health services. Again, research and data collection, and further analysis may be necessary prior to implementing changes to commissioning practices.

The APS would also prefer to avoid placing all health care under a commissioning model, as we see it as vitally important to ensure that various models of service delivery remain active as part of a dynamic, responsive and best practice health system – particularly for mental health care and psychological services. This will ensure that patients have more choice in terms of their mental health care. That is, the ability to find the right person to treat them, at the right time, in the right way.

11. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works

The APS endorses and supports ongoing research and evaluation in the primary health care sector. We view translational research as particularly significant and applaud the intention to evaluate the implementation of the initiatives of the Plan currently under consideration. Establishing a baseline evaluation framework and indicators for evaluation seems highly appropriate. Identification of best practice allows for successful scaling up approaches.

In addition, the APS applauds the intention to routinely update professional bodies regarding the latest research and evaluation findings. We view this as necessary to ensure ongoing stakeholder engagement and a positive approach to ongoing health reform.

Finally, the APS commends the ongoing adaption of the plan throughout the 10 year period, based on research and evaluation. This approach implies a flexible and responsive health care system.

12. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership

While the APS supports cross-sectoral leadership, we are keen to understand how this will be implemented. We would like to think that we will be included in an ongoing way as the largest professional organisation representing psychologists and the work they undertake in the community and primary health settings. However, in order to promote the planned reform in primary health care, we need to support its aims and to believe that it represents best practice (physical and mental) health care.

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To ensure this, we would hope that the Department will endeavour to adapt the Plan according to feedback received from this consultation. In addition, and as stated under this Action area – ongoing collaboration with key stakeholders will be imperative.

At a broad level, the APS supports the development of learning modules about the primary health care system for inclusion in professional development courses and would be keen to be involved in this work. We are well placed to develop and provide this kind of training – both for psychologists and other health care workers.

A supportive and collaborative primary health care system is more likely when each profession is recognised and respected for its contribution to the physical and mental health of the community and enabled to work to the top of their scope of practice.

13. Please provide any additional comments you have on the draft plan

The COVID-19 pandemic has shifted the focus of primary health care, highlighting that it extends well beyond General Practice and physical health. GP's are not in a position to cover all preventative and early intervention health needs. Indeed, sometimes the need for referral from a GP can be a barrier for people to receive the care they require. Psychological services need to be accessible under the Plan's definition of primary health care, and funding for this kind of care is critical.

The APS prefers the World Health Organization's definition of primary health care as it includes a "whole-of-society approach" and acknowledges that health care exists on a continuum including health promotion and prevention[2].

We observe that while mental health services are mentioned in the Introduction to the Plan, as is an "emphasis on prevention" and "those services that people go to first for health care" the Plan is too GP-centric, and too narrowly-focused on VPR. A greater emphasis on multidisciplinary teams, allied health and psychology, early intervention and mental health would also greatly enhance the Plan. In addition, we also call for a more nuanced recognition of the integrative nature of a truly 'whole of community', responsive health care system which can equally consider both physical and mental health.

We would also highlight the need for more attention to prevention, given that the National Health Reform Agreement prioritises prevention as one of four "critical priorities"[3] (p. 4).

The APS is additionally concerned that the Plan does not reflect all the Taskforce recommendations and questions the reason for this, given the extensive work undertaken by the Taskforce.

The Plan points to the Department of Health having lead responsibility for implementation and states that the Department "will work with the many organisations and people whose roles and engagement will be instrumental in achieving the changes envisaged under the plan." Health professional bodies are listed under the inclusions.

As the peak body for the largest, specifically mental health trained workforce in Australia, the APS believes it is imperative that we are not only included in the implementation process, but are represented on the Oversight Group. We have long called for a Chief Psychologist to sit alongside the Chief Medical Officer, Chief Nursing and Midwifery Officer and Chief Allied Health Officer, as our profession is distinct from all of these, and offers a unique perspective on the primary health care needs of our communities. The COVID-19 pandemic has illustrated the importance of mental health care. Psychologists have specific training and expertise to offer in this area – it is our core business.

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In summary:

Restructuring healthcare around patient outcomes leads to high quality care for a range of physical and mental health conditions.

This involves bringing together clinicians, people with lived experience and leading national and international researchers in the field.

- One integrated system of health care will require collaboration and cooperation between national and state Governments, adequate funding and appropriate infrastructure and governance.
- The psychological workforce needs to be developed in order to provide flexible, integrated services as part of multidisciplinary teams to meet the mental health and wellbeing needs of the Australian population.
- Any model of service that looks at formalising and strengthening the relationship of individuals, families and carers with their chosen primary health care provider and practice needs to consider the significance of patient choice for optimum health care outcomes and allow for flexibility and change, with the patient firmly at the centre of their own health care.
- Adequate funding is required to ensure current gaps in healthcare are addressed for Aboriginal and Torres Strait Islander people and at least some of this funding needs to focus on training Aboriginal and Torres Strait Islander people to become primary health care workers, including psychologists.
- To meet current mental health needs in rural and remote locations, the APS emphasises the requirement to identify and trial innovative models of psychological services in these areas.
- A focus on prevention in primary health reform will require a cultural shift within the sector, i.e. to a wellness focus rather than an illness framework. Stakeholder engagement will be an important aspect of ensuring this cultural change occurs. The APS is well placed to advise Government around the factors impacting on successful cultural change and to lead this reform within the mental health sector.
- Community-wide positive messaging that normalises mental health as an aspect of overall health is essential to reduce stigma and increase consumer understanding of, and engagement with, mental health services.
- As experts in mental health, and the peak body for psychologists in Australia, the APS has the opportunity to influence over 27,000 members. Stakeholder engagement will be key to ensuring appropriate leadership development in primary health care. We urge the Government to consider the appointment of a Chief Psychologist.
- Psychologists offer distinctive health, disability and mental health services. Funding, along with a national workforce plan, is urgently required to ensure continuity of care from a psychological perspective.
- Ensuring transparent processes for implementation strategies, outcomes measurement, monitoring and evaluation frameworks will require the involvement of stakeholders for the purposes of disseminating key messages about proposed reforms, and to encourage acceptance of, and engagement with changes to, the primary health system.

References

[1] Australian Psychological Society, *Psychologists and psychedelic-assisted therapy* (unpublished).
[2] WHO, (2018), A Vision for Primary Health Care in the 21st Century. WHO, Fact Sheet, Primary Health Care, https://www.who.int/news-room/fact-sheets/detail/primary-health-care
[3] The National Health Reform Agreement Long Term Reforms Roadmap, (2021). Retrieved from: https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap

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