

SIREN PROJECT: SYSTEMS INNOVATION AND REVIEWS OF EVIDENCE IN PRIMARY HEALTH CARE: NARRATIVE REVIEW OF INNOVATIVE MODELS FOR COMPREHENSIVE PRIMARY HEALTH CARE DELIVERY

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POLICY CONTEXT

This review looks at innovative models for comprehensive primary health care (PHC) and lessons for Australia in terms of critical relationships, funding, quality frameworks, meso-level organisations and infrastructure.

KEY FINDINGS

Relationships framework for synthesising literature

Three fundamental relationships affect PHC performance. Policies directed at these relationships can improve PHC. The relationships are:

- General practitioner/clinician – patients
- General practitioner – other health professionals
- Third party PHC funders – PHC providers

Flexible GP funding

- Supply-side mechanisms are most effective in achieving PHC reform and change in practice
- Delivering funding to groups of GPs and PHC teams encourages joint decision making, team working and discourages solo practice. Efficiency and quality gains are expected when working in groups and teams
- Community Health Services (CHS) in Victoria are an alternative model for GP funding

Quality frameworks at a practice level:

- Despite the existence of quality frameworks for performance measurement and management, coupling indicators with financial incentives lacks strong evidence

Meso-level PHC organisations

- Strong PHC systems are characterised by a degree of devolution of governance. In some cases this has taken the form of “meso” level PHC organisations
- In Australia a number of meso-level PHC organisations exist (Area Health Services, Community Health Services or the Divisions of General Practice network) and may pave the way for implementing PHC reforms
- Other organisations exist that integrate regional governance of both primary and secondary care, such as Multi-Purpose Services

Infrastructure:

- PHC infrastructure is key to improving access and equity, enhancing quality and increasing efficiency
- Investment in PHC infrastructure ought to be based on a notion of optimal size and scope of practices

For more details, go to the [three page report](#)

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