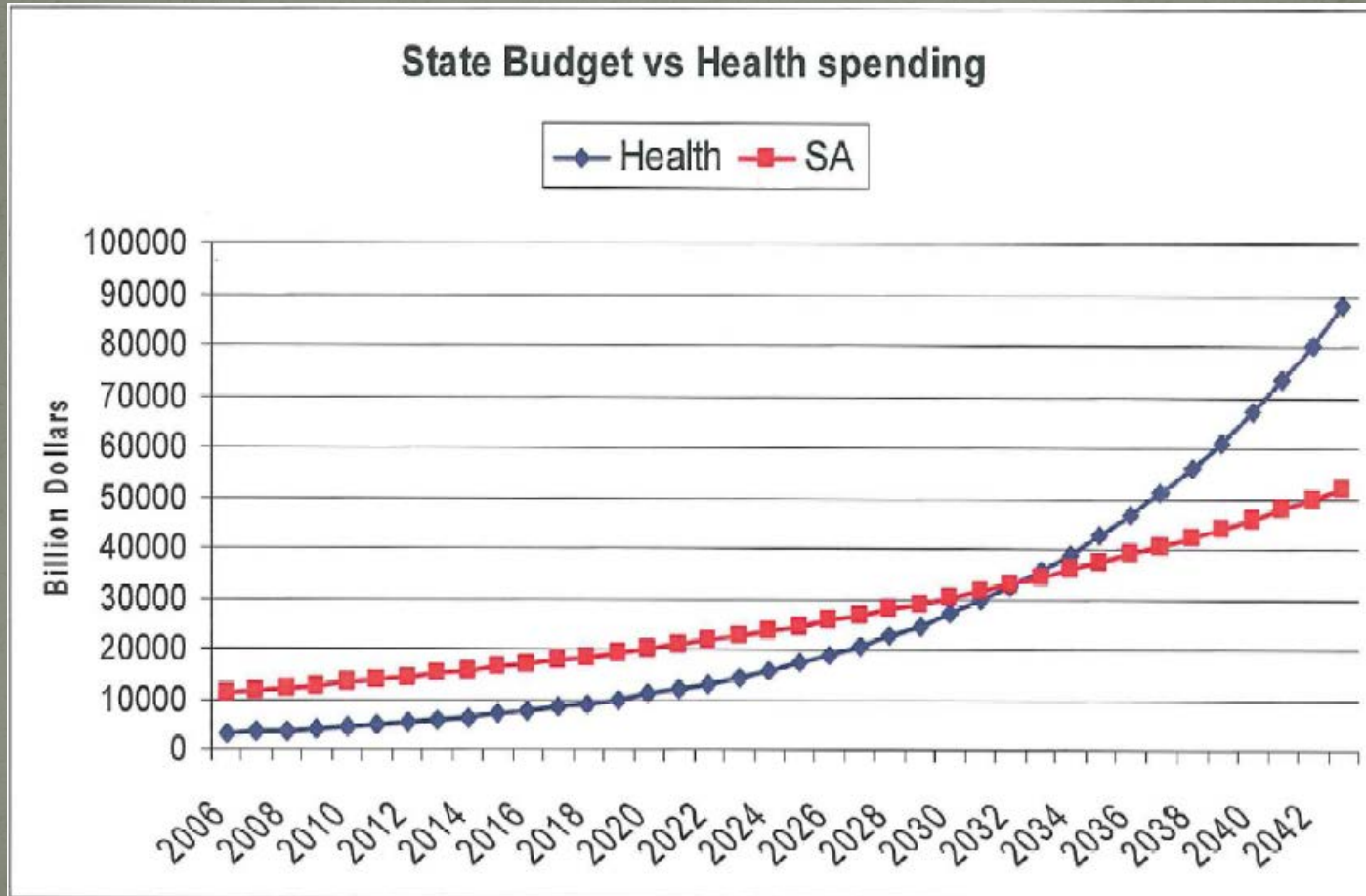


Potential Efficiency Gains in Australian Primary Care: a review

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Resources Are Limited



Resources Are Limited

- Health expenditure will exceed the entire SA Budget
 - 2007 → 2032
 - 2012 → 2038
- Part of a ongoing trend between 1990 and 2014
 - **Real terms (\$b):** 50.3 → 154.6
 - **GDP (%):** 6.5 → 9.7
 - **Tax income (%):** 15.7 → 24.1

Primary Healthcare As Prevention

*For every \$1 invested in effective prevention,
\$5.60 is returned within five years*

- Primary care is vital to sustainable healthcare
 - How do we measure *effective* primary care?
 - What initiatives might achieve this?

Public Health Competencies

- How do we measure *effective* primary care?

| | | |
|---|---|---------|
| Learning Objective 4.1.4 | Analyse policy and proposals from an economic perspective | Level 2 |
| Elements of competence | | |
| <ul style="list-style-type: none">• understand forms of economic evaluation (e.g. cost minimisation analysis, cost effectiveness analysis, cost benefit analysis)• understand important economic issues (efficiency, equity, opportunity cost, margin, discounting), value judgements and limitations. | | |

- What policy initiatives might achieve this?

| | | |
|---|--------------------------------------|---------|
| Learning Objective 3.1.4 | Conduct effective literature reviews | Level 2 |
| Elements of competence | | |
| <ul style="list-style-type: none">• clearly identify the public health question and scope• systematically search published and 'grey' literature• document the search strategy• present findings in a clear, well structured manner. | | |

Health Economics 101

Understand forms of economic evaluation

| Method | Advantages | Disadvantages |
|------------------------------------|---|--|
| Cost Minimization Analysis | Simple cost analysis | Outcomes from the interventions must be shown to be equivalent |
| Cost Effectiveness Analysis | <ul style="list-style-type: none">• Applicable to a wide range of possible clinical outcomes• Can be used to compare treatments with same outcomes | Can not make comparisons among studies or diseases with different outcomes |
| Cost Utility Analysis | <ul style="list-style-type: none">• Enables a broad range of outcomes to be combined in one summary outcomes• Considers patient preferences for the outcomes | <ul style="list-style-type: none">• Difficult to translate QOL measures into utility scores;• Provider and payer lack of knowledge of use of tool |
| Cost Benefit Analysis | <ul style="list-style-type: none">• Compares programs with different outcomes• Access the return of "investment" | <ul style="list-style-type: none">• Difficult to define a monetary value for health consequences• Provider and payer lack of knowledge of tool |

→ No Δ Outputs

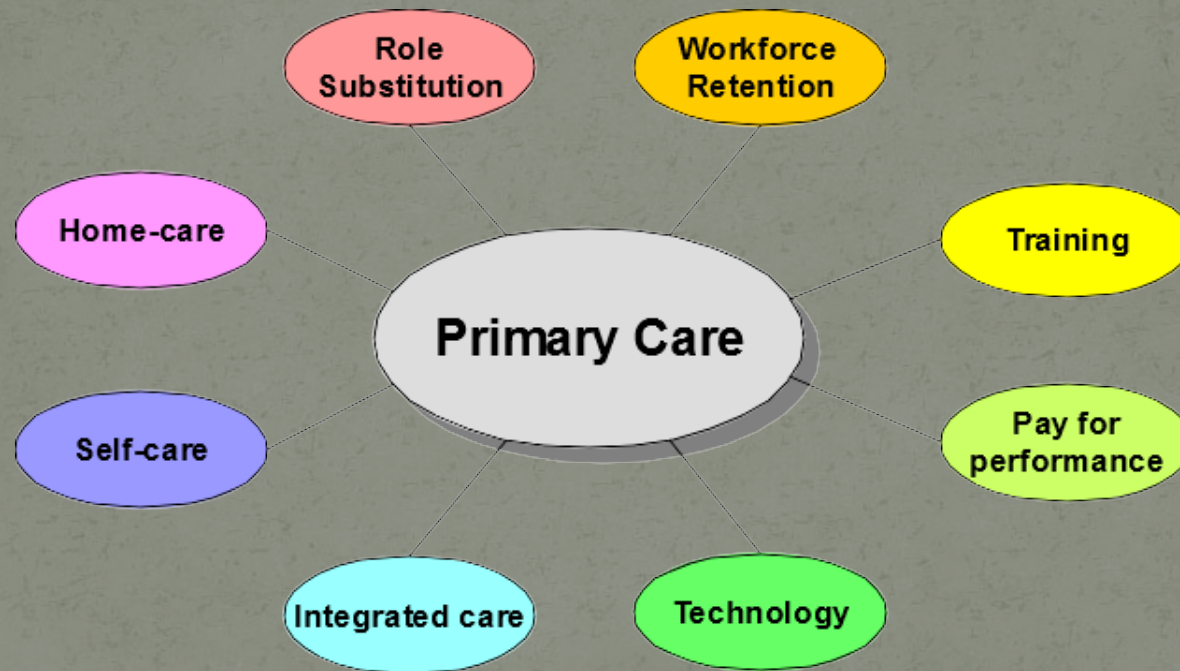
→ Δ Outputs

→ Difficult

→ ?Cost of QALY

What Initiatives Existed

Clearly identify the public health question and scope

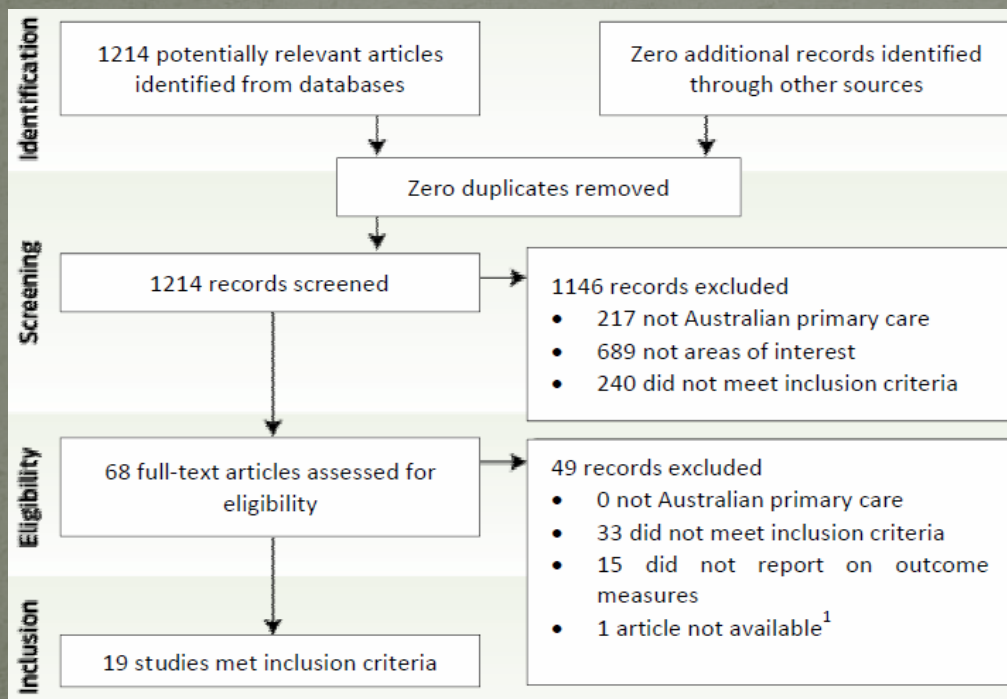


Does contemporary Australian research on these primary care initiatives support the anticipated efficiency gains?

Literature Review

Document the search strategy

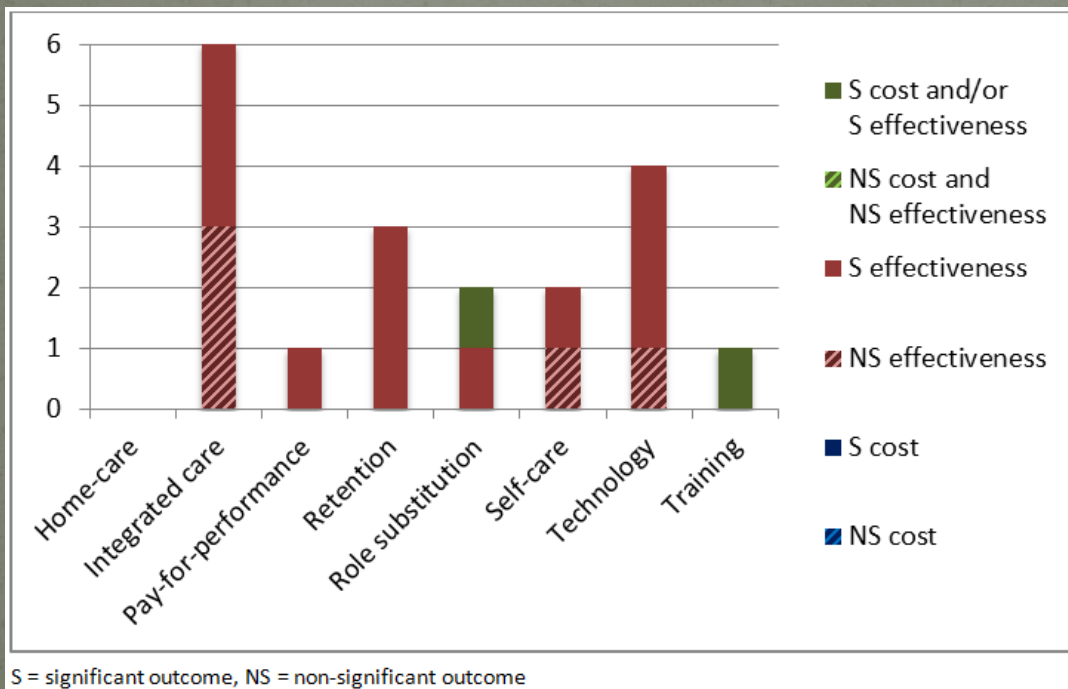
Systematically search the published and 'grey' literature



- First-ever review
 - Three attempts
 - Good for learning
- Repeatable, static
 - Search strategy
 - Inclusion & exclusion criteria
- Confidence to readers and myself

Findings

Present findings in a clear, well structured manner



- Conform to audience expectations
 - MJA
 - Cochrane Collaboration
 - PRISMA
- Key results:
 - 19 total
 - 2 reported cost
 - 5 non-significant
 - Meta-analysis not possible

Discussion

- No evidence supporting cost-effectiveness of the government-identified initiatives
 - May prevent primary care reform, forcing health or other service cuts
 - Medicare co-payments and indexation
- Minimal research with cost data
 - Need to standardise cost reporting in research
 - Need to identify and remediate barriers

Any Questions?



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