16 December 2013

Dear [Name],

Re: Review of Medicare Locals

Thank you for inviting The Royal Australasian College of Physicians (RACP) to contribute a submission to the Commonwealth Government’s review of Medicare Locals.

The RACP is interested in this review and its outcomes. While the timeframe provided prevents the development of a comprehensive response, the RACP welcomes this opportunity to indicate its support for the concept of local primary healthcare organisations and the importance of better integrating primary and acute care in the Australian healthcare system. It is also important that the review acknowledges that it takes time for new organisations, like Medicare Locals, to mature and demonstrate their value.

The RACP supports the role that Medicare Locals aim to fill in identifying and assessing the healthcare needs of their populations, improving the coordination and integration of primary healthcare in local communities, addressing service gaps, and making it easier for individuals, carers and service providers to navigate their local healthcare system.

In particular, Medicare Locals present a significant opportunity to deliver better access to specialist physician care in the community by facilitating the necessary linkages between ambulatory and primary healthcare and medical specialists, thereby reducing the rate of potentially preventable hospitalisations.
They should have the capacity to work with other organisations including Local Hospital Networks to undertake planning and gap analysis to identify where specialist services are required in the community and make the necessary arrangements for any required specialist services outside of the hospital. Public health specialist physicians have the training and expertise in population health to help Medicare Locals better fulfil this function. Medicare Locals also offer significant opportunities for population health interventions in the primary care setting, in particular the adoption of more systematic secondary prevention measures. Again, public health physicians have training and expertise in these areas and would provide significant support for Medicare Locals to achieve health promotion and disease prevention outcomes. We therefore recommend that public health physicians be funded in every Medicare Local as part of any major reforms to improve their performance.

Medicare Locals are well placed to trial innovative models of care which are more patient focused and better at directing resources towards more sustainable systems of providing healthcare to the community. This could include new models of care that better integrate specialist physicians into community-based multidisciplinary teams. This is critically important for meeting the challenges of an ageing population and the increasing burden of chronic disease in our communities.

A high quality healthcare system is able to mobilise multidisciplinary teams and provide healthcare in an integrated and coordinated fashion. Moving the Australian healthcare system towards such an approach requires shifting the focus of care from treating episodic illness in acute care settings towards providing coordinated community based care. Local primary healthcare organisations, like Medicare Locals, are critical to delivering on this vision.

In conclusion, the RACP strongly supports the concept of local primary healthcare organisations, such as Medicare Locals, that aim to better integrate care and meet the health needs of their communities.

The RACP would welcome future opportunities to contribute to the review of Medicare Locals. Should you require any further information, please do not hesitate to contact Jason Soon, Senior Policy Officer on +61 2 9256 9615 or jason.soon@racp.edu.au.

Yours sincerely

Assoc Prof Leslie E Bolitho AM