History and future of Medicare

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Context

- The original Medicare model, driven by fee for service, is no longer the best fit to meet the needs of the Australian population
- The Strengthening Medicare Taskforce recommended significant changes to how primary care is funded and delivered to enable high-quality, integrated and personcentred care for all Australians
- Key areas from the Taskforce report:
 - Increasing access to primary care
 - Encouraging multidisciplinary team-based care
 - Modernising primary care
 - Supporting change management and cultural change



Strengthening medicare I



Strengthening Medicare Taskforce Report

MyMedicare

- Patient registration recommended by both the Strengthening Medicare Taskforce and Primary Health Care 10 Year Plan
- MyMedicare:
 - Recognises and promotes continuity of care
 - Mechanism for supporting blended payments for person-centred care
- MyMedicare registration commenced:
 - For practices on 1 July 2023
 - For patients on 1 October 2023
- Over 5600 practices and over 760,000 patients have registered in MyMedicare (as at 5 February 2024)



GP Aged Care Incentive

- Aim is to support every aged care resident to receive quality primary care services from a regular GP and practice
- Announced in 2023-24 budget, commences August 2024
- Quarterly incentive payments to a practice and GP, when a defined number and type of MBS services are delivered
- Regular visits and additional payments aim to incentivise care continuity, and proactive, preventative and coordinated care
- Additional activities as part of this measure
 - Funding for Primary Health Networks to match residents with a GP and practice where this is needed
 - Competitive funding pool for eligible Primary Health Networks to commission appropriate solutions for thin markets in their region
 - Development of best practice guidelines to support GPs in quality care and care planning
 - Monitoring and evaluation

Wrap around primary care for frequent hospital users (FHU) program

- Announced in 2023-24 budget
- Incentive payments to support people with chronic conditions who frequently attend
 hospitals to connect to a general practice or Aboriginal community-controlled organisation
 and receive holistic, multi-disciplinary care in the community
- Primary Health Networks and Aboriginal Controlled Community Health Organisations will work with Local Hospital Networks to identify and match eligible patients
- Final model undergoing a period of co-design with wide range of stakeholders
- Staged implementation from July 2024

Review of general practice incentives

- Aims to redesign incentives to better support quality patient-centred primary care from multidisciplinary teams
 - Focuses on the Workforce Incentive Program and Practice Incentives Program
 - Commenced in October 2023
 - Supported by Expert Advisory Panel
- Under consideration:
 - improving targeting of payments to support multidisciplinary, holistic, person-centred care for people who need it most;
 - streamlining and simplifying the number of payments and payment requirements;
 - supporting data-driven quality improvement, with a focus on complex and chronic disease management;
 - improving support for people facing barriers to access; and
 - further enhancing quality and continuity of care through new incentives supported by MyMedicare
- Final report is expected to be provided to the Minister for Health and Aged Care in the first half of 2024

The future?

- Overall monitoring and evaluation framework being developed
 - Overseen by the Strengthening Medicare Implementation Oversight Committee
- Many challenges, frustrations and questions to be answered
 Many of the reforms put forward in this report are complex
 to implement and represent a significant change in the way
 that primary care is funded and delivered in Australia. It is
 important that reforms are not rushed and are introduced
 logically and incrementally (Strengthening Medicare
 Taskforce Report)

We all need to remember the aim to put the consumer at the centre

