
CONFERENCE ABSTRACT

From Provider Continuity to Practice Integration. Changing Care in Australian General Practice

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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Introduction: Attempts to encourage integrated care in Australia are known to be made difficult by complicated funding health funding streams that come through two layers of government (Federal and State) and differing constitutional responsibilities for hospitals and other health care. This paper discusses further potential barriers to integration at a primary care level.

Description of context: Primary care is predominantly funded by the Federal Government through payments to general practitioners, but there are significant contributions through State-funded community health centres and through patient out of pocket expenses.

This presentation will discuss the funding structure of primary care in Australia, as well as barriers to achieving integrated care. In particular, the Australian health system does not limit patients (by regulation or financial burden) from attending multiple general practices or general practitioners in meeting their primary health care needs. There is good capacity for sharing of electronic health records within practices, but limited capacity to do so between practices. This Australian context has potential implications for the fragmentation of care and decreased delivery of continuity of care and patient centred care.

Key findings: This paper uses data from an Australian Study of over 50000 patients to understand how patient preferences for general practice care are changing, and reveals increasing patient preferences for seeking care from a regular practice, rather than a particular provider. There is also a trend for patients to seek care at larger practices.

Conclusion: It is hypothesised that patients are seeking to identify with a regular general practice, in order to gain some of benefits of both personal continuity of care and integrated care. By attending a regular general practice and a larger practice, these benefits can be obtained without the decreased access associated with a sole provider, and without potential fragmentation from attending multiple practices which do not share information. There are limitations to the research due to the nature of the study sample, and the use of patient recall in service usage estimations.

Keywords: continuity of care; integration; primary care; general practice
