The potential role of Medicare Locals in promoting population health and preventing disease

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Overview

• Medicare Locals and governance for health to date
• Population health in MLs
• Population health planning challenges
• Population health opportunities for MLs
Medicare Locals (Primary Health Organisations)

- Companies Limited by Guarantee
- Responsibilities for ‘Health Service Governance’ and ‘Governance for Health/Prevention’ through population health planning/Healthy Community Plans
- Medicare Locals are not primarily health service providers but will administer some programs and are likely to have commissioning roles for health services in the future
Governance to date

Plans submitted by Tranche 1 and 2 MLs by 18 May:

• Annual Plans
• Strategic Plans
• Population health plans/health needs assessment
• After-hours assessment
Health systems and population health

Health systems to date have shown variable capacity to determine how its activities impact on population health

- Little effect in reducing inequality
- Little capacity to show impact on most vulnerable

- Good planning is the key to change
Population health

• Population health work is a way of thinking about health and the outcomes that can be achieved, asking ‘why some populations are healthier than others’? What issues are amenable to change? What capacity do we have to act?

• Population health is an approach that promotes thinking about what can be done in policy, programs, interventions and services to close health gaps and make health outcomes more equitable – ie, governance for health
Population prevention in health reforms

- Australian National Preventive Health Agency
- Preventative Health Agreements with States
- Funded initiatives:
  - Healthy communities
  - Healthy workplaces
  - Healthy children and families

Lifestyle focus dominates health reform documents which could show a stronger commitment to health equity and deeper understandings of health system responsibilities to address the social inequity that underpins poor health.
Medicare Locals - Healthy Communities Plans

...‘decisions and processes based on evidence and strong population health data will enable a stronger focus on prevention and early intervention, result in more appropriate service utilization, improved patient access and greater clinical and administrative efficiency’ (DoHA 2010, p. 5)

Population health data synthesis necessarily should precede Healthy Communities Plans...
Strengthening governance for MLs to take action on population prevention

• Good governance requires:
  ▫ **Capacity** to provide evidence base for governance of health – prevention, health promotion, program development, service access.
  ▫ **Informed thinking** about population health and agreed indicators for change/success
  ▫ **Workforce** skilled in population thinking
  ▫ **Commitment to health equity**
    • How many MLs put either equity or prevention as a priority?
10 points for best practice in population health planning

1. The planning approach is based on explicit values, the social model of health and health equity as the foundations for policy and programs.

2. There is recognition of the determinants of health and the role of various sectors and stakeholders in addressing those determinants.

3. Partnerships for planning are established and supported.

4. There is collaboration with relevant health and non-health sectors and government departments for policy, program and service development.

5. Definitions are agreed for what is meant by health equity, social and health inequities, health promotion and primary health care.

6. There is meaningful engagement with communities of interest.

7. Comprehensive evidence is gathered to inform multi-sectoral actions with an outcomes focus.

8. The data are interrogated to reveal social and health inequities, gaps in knowledge, the opportunities and capacity available to tackle current and emerging issues.

9. There is a process for linking the plan to outcomes, priority setting and program planning.

10. There is a plan for capacity building of relevant staff in population health thinking and planning through education and training.
Major challenges for MLs

1. Promoting social model of health
2. Acting on the social determinants of health
3. Partnerships for planning rather than just p’ships for service delivery
4. Intersectoral collaboration
5. Working to improve health equity
6. Comprehensive, meaningful evidence to inform prevention/health promotion action with a focus on achievable outcomes
7. Data interrogation to understand health and social inequities in local catchments
8. Processes for getting to and measuring outcomes
9. Workforce development for all of the above (ie capacity building)
Three challenges...beyond lifestyles
Tobacco in Australia

- Smoking contributes 7.8% to the overall health burden (CVD, diabetes, cancer, respiratory illness...)
- Smoking causes more deaths, hospital admissions and primary care visits than any other single risk factor
- Cost of smoking (2004-05): $31.5 billion ($12.0 billion tangible costs ($8.0 billion net labour costs, $0.3 billion total healthcare) and $19.5 billion intangible costs)
Early Childhood Intervention

- “A child who is rounded, capable and sociable has a great chance in life. Those denied these qualities have a bad start in life and few of them recover...Early Intervention is a means to forestall bad outcomes for children and society’.

- ‘If we are to give every child the chance to live a happy and successful life we need to act while they are in the early years. Dealing with the problems of educational failure, family breakdown and other symptoms of the broken society is a priority (Allen 2010)

- Australia is ranked 18th and only slightly better than the OECD average on the percentage of children who are in poor households
  - Average economic benefits of programs for low income 3 and 4 year olds are about 2.5 times the initial investment.
  - The societal costs of inaction, or not intervening, are profound.
Violence against women

- Cost of violence against women to the economy (2004): $8.1 billion.
- If no new actions are taken to reduce the incidence and the impact of violence against women by 2021-22, the cost to the economy of violence against women and their children will have almost doubled to $15.6 billion.

(Access Economics 2004; KPMG 2009)
Prevention challenges for MLs

- Resist push for lifestyle and behaviour change programs and focus on the best prevention investments
- Use best practices for planning
- Focus on reducing health and social inequities
- Determine short-term, medium and long-term benefits with appropriate indicators
- Measure the changes that you value
Benchmarking for population prevention

- Best practice indicators staged over short-medium-long term
- Performance metrics for investment in prevention at population levels
- Process benchmarking:
  - Quality of partnerships and brokerage
  - Evaluation of likely effect of planning on changing social determinants of health
Can/will Medicare Locals get their governance right for population health prevention?

- Population health is not a new idea
- What’s new is the knowledge that we are doing a pretty ordinary job of infrastructure for planning to improve population health or to address inequity at upstream levels
- Illness care budgets indicate that we need to do much more for the governance of health and for prevention to reduce costs of preventable admissions for preventable conditions
References