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**NARRATIVE LITERATURE REVIEW ON INCENTIVES FOR
PRIMARY HEALTH CARE
TEAM SERVICE PROVISION:
LEARNING AND WORKING TOGETHER IN
PRIMARY HEALTH CARE**

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POLICY CONTEXT

Governments are encouraging teamwork between primary health care (PHC) providers, using various incentive approaches, particularly for patients with complex and chronic conditions. To date no Australian focused literature review has been conducted considering the use of combined incentive approaches to encourage teamwork to inform PHC policy decision making.

KEY FINDINGS

- No agreed upon definition of teamwork nor incentives to enable and support teamwork exist within the PHC setting.
- Limited empirical evidence exists on incentives to promote teamworking within PHC, or on how policy changes influence teamworking in PHC.
- Teamwork is not an end, but a means, to achieving better quality, coordination and continuity of care, particularly for patients with complex and chronic conditions.
- Fee-for-service payment systems are a barrier to teamwork within PHC as it reinforces professional autonomy and independence.
- Blended payments systems are being used to reward teamwork; however, limited evidence exists on their effects on teamworking and on outcomes.
- Practice level payments can enhance approaches for teamwork, however they do not guarantee that teamwork will be provided, and limited evidence exists as to the effect of specific funding parameters on teamwork.

- Regional level PHC organisations can enable and support teamwork however, funding, organisational and regulatory systems need to align.
- Interprofessional education and learning (IPE/L) can encourage teamwork, but does not automatically result in teamwork as it is a means to an end not an end in itself.
- Practice level support and e-health infrastructure systems can support teamwork for patients with chronic and complex illness.
- Workforce reforms need to facilitate teamwork, by providing PHC team members with opportunities for career development, IPE/L, autonomy, leadership and financial rewards.
- Patient feedback can act as an incentive for teamwork if it is linked to performance management systems or quality improvement cycles.
- Regulations exist that can promote or hinder teamwork in PHC including regulations on scope of practice; however, limited evidence exists regarding the impact of such regulations.

POLICY OPTIONS

The policy options provide ways to establish supportive environments to enable effective teamwork within PHC, particularly for patients with complex and chronic conditions. To frame the policy options we refer to the Australian Federal Primary Care Budget 2009/10, Outcome 5:

‘To provide Australians with access to cost-effective, community based primary care by supporting and strengthening a well trained, multidisciplinary team based primary care workforce’

Three themes of policy options have emerged from the review to enable this outcome to be achieved:

1. **preparing the future PHC workforce to learn and work together**
2. **supporting the existing PHC workforce to learn and work together**
3. **sustaining an evidence based PHC workforce to learn and work together.**

For each policy theme we provide policy and research priorities due to the lack of evaluative evidence.

Summary of Policy Options

Policy Themes	Policy Options
Preparing the PHC workforce to learn and work together	<ul style="list-style-type: none"> • Embed IPE/L into university curricula. • Increase practice level infrastructure to support IPE/L placements.
Supporting the PHC workforce to learn and work together	<ul style="list-style-type: none"> • Embed Practice level infrastructure support into general practice. • Build upon the national registration scheme. • Build upon accreditation schemes. • Build upon workforce reform to expand the PHC workforce roles & skills mix. • Implement organisational and clinical governance structures that support team based care. • Implement practice level team based performance management and payment systems.
Sustaining an evidence based PHC workforce to learn and work together	<ul style="list-style-type: none"> • Establish a national policy mandate. • Develop an evaluation strategy. • Develop team focused evaluative tools and indicator sets. • Investigate relationship between teamwork in PHC and patient outcomes. • Facilitate the translation of evaluative evidence into policymaking.

Preparing the PHC Workforce to Learn and Work Together

Policy Priorities

- Embed IPE/L into existing educational curricula via financial support and leadership to enable curriculum change, profession regulator endorsement and a staff change management and development strategy.
- Increase practice level infrastructure to support IPE/L clinical placements via a funding stream for general practices and clinical supervisors.

Research Priorities

- Build evidence informed IPE/L by developing a national research and evaluation strategy that informs IPE/L as a means to enabling students to learn together.
- Build evidence informed IPE/L clinical placement models by researching practice level infrastructure required to support clinical placements.
- Build economic evidence informed IPE/L and placement models by undertaking financial modelling that could support and underpin IPE/L approaches.

Supporting the PHC Workforce to Learn and Work Together

Policy Priorities

- Embed practice level support into general practice by providing support to the Australian Primary Care Collaboratives and general practice networks implementers to support PHC providers to work together to improve patient outcomes.
- Embed practice level e-Health infrastructure into general practice by supporting exemplary e-health models and tools.
- Build upon the national registration scheme as a way of endorsing standards of ethic and professional conduct that support team based care.
- Build upon accreditation schemes as a way of ensuring standards focus on teamwork.
- Implement organisational and clinical governance structures that support team based care.
- Build upon workforce reforms that expand the PHC workforce roles and skills mix by supporting professionals to work together as teams through funding mechanisms and governance arrangements.
- Implement practice level team based performance management and payment systems by reinvesting funding from existing Medicare Benefits Schedule items into the development of a limited capitation payment based on a voluntary enrolled population of patients with chronic and complex conditions.

Research Priorities

- Build evidence informed practice level support into general practice by evaluating how the APCC program is facilitating teamwork within PHC.
- Build evidence informed systems for governance, regulatory, organisational, performance management, payment and service delivery by funding an ongoing evaluation.

Sustaining an Evidence based PHC Workforce to Learn and Work Together

Research Priorities

To sustain the PHC workforce to learn and work together, there is a need to:

- establish a national policy that facilitates the implementation of new national initiatives designed to support teams in PHC
- develop an evaluation strategy that focuses on organisational, regulatory, financial, workforce, practice level support, education and training initiatives to inform ongoing and future policy and practice
- develop teamwork focused evaluative tools and indicator sets for use in the Australian PHC setting
- investigate relationship between teamwork in PHC and patient outcomes
- facilitate the translation of evaluative evidence into policymaking.

METHODS

A narrative literature review and synthesis approach was used to analyse evidence from five comparator countries (NZ, Canada, UK, USA, Netherlands). A total of 527 papers were identified and 121 were reviewed and synthesised. Key Australian informants were interviewed to explore the current Australian policy context, and were invited to comment on the draft policy options.

For more details, please go to the [full report](#)

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