

# **SYSTEMATIC REVIEW OF COMPREHENSIVE PRIMARY HEALTH CARE MODELS**

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## **POLICY CONTEXT**

Many countries are investing in primary health care (PHC) reform, with particular attention being paid to establishing local or regional organisational structures; implementing new funding arrangements and changing the PHC workforce skills mix. This review examines what is known about the implementation and effectiveness of the different system-wide models being developed in Australia, United Kingdom and New Zealand to achieve PHC reform.

## **KEY FINDINGS**

- PHC models have developed within a history and context of specific countries and have frequently built on previous initiatives
- Primary care networks, such as the Divisions network, are limited in their ability to influence broader PHC reform without significant change in the rest of the health system. Internationally, organisational structures are effective in changing PHC service delivery where they control funds for PHC through commissioning or contracting
- There are important issues to be considered in any move to introduce commissioning or contracting by Divisions:
  - i. There may be consequent relationship changes between Divisions and their members creating potential tensions within the organisations
  - ii. There is no patient enrolment, with the risk that access may not be equitable or based on population need
  - iii. An expanded role would require a broader base for governance and accountability
- Financial incentives enable uptake of important aspects of care to improve access to more PHC providers; however Australia may be close to reaching limits of the approach taken, with greater complexity, unpredictable uptake and risks of a cost blow-out in an uncapped system. A more integrated performance framework may be required
- Access to care for under-serviced or disadvantaged populations is improved through direct contracts with providers to address these needs. This approach has been infrequently applied in Australia

- Innovative workforce models focus on new types of workers and expanding or enhancing access to existing workers. However, there are challenges with both approaches: the integration of new categories of workers into existing PHC teams has been slow to develop. The capacity to redeploy the existing workforce to respond to these and other needs in the community and acute sectors has also been limited in the Australian context

For more details, go to [three page report](#)

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