

**AUSTRALIAN PRIMARY HEALTH CARE  
RESEARCH INSTITUTE  
ANU COLLEGE OF MEDICINE, BIOLOGY & ENVIRONMENT  
THE AUSTRALIAN NATIONAL UNIVERSITY**

**CENTRE FOR PRIMARY HEALTH CARE AND EQUITY  
THE UNIVERSITY OF NEW SOUTH WALES**

**APHCRI STREAM 13:  
OPTIMISING ACCESS TO BEST PRACTICE PRIMARY  
HEALTH CARE: A SYSTEMATIC REVIEW**

**Comino E., Harris M., Haas M., Furler J., Powell Davies G.,  
Raymont A., Hall J., Krastev Y., Christl B.**

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## **POLICY CONTEXT**

Ensuring that Australians have access to health care is an integral component of Australian health care policy. Growing awareness of the importance of primary health care (PHC) in delivering equitable and cost-effective care is creating interest in better understanding and addressing access to best practice PHC. This review examines evidence from the published literature on potential interventions to enhance access to 'best practice' PHC suitable for implementation in the Australian PHC system.

## **KEY FINDINGS**

- There is no clear consensus on definitions of access to PHC. For the purpose of this review we adopted an operational definition of access as 'dynamic balance between health service need (patient side) and health service use (provider side)'. This balance is not static but continually negotiated between providers and users of health services. Need was determined in terms of best practice PHC, which we took to be recommended processes of care according to widely accepted evidence based guidelines.
- A wide range of factors influencing access to best practice PHC were described in the literature. These affected both providers and users of PHC and were categorised into five groups: patient, organisational, financial, workforce and geographical factors.
- Intervention studies (n=121) reported to enhance access to best practice PHC were identified and analysed qualitatively from three domains of care: diabetes prevention and management, screening for cervical cancer (Papanicolaou (PAP) testing) and access to episodic care (timely care, out-of-hours care and continuity of care).
- Thirty seven different types of strategies formed five groups: patient support, service organisation, financial support, workforce development and geographical strategies.

- Sixty per cent of strategies related to organisation of services encompassing reorganisation of practice systems and PHC delivery and provision of external support for practice. Intervention studies also employed strategies to provide patient support to care (42.1 per cent), geographical strategies (28.1 per cent), workforce development (20.7 per cent) and financial support of practice or patient (10.7 per cent).
- Identified strategies varied by domain of care. For diabetes and episodic care these were concerned with reorganisation of services, while for PAP testing, strategies aimed to encourage access to and organisation of services.
- Of the 121 intervention studies 75 evaluated the impact of the intervention on measures of access, for example change in rates of use of services, recommended processes of care or waiting time.
- Effective evaluated interventions had the following elements: inclusion of multiple strategies (eg patient support, workforce development and a geographical strategy), building strategies into usual practice (eg call/recall systems and outreach), financial support (eg reduced cost or free service and transport vouchers for patients), maintaining ongoing education and awareness among patients and practitioners.
- The strategies that were associated with enhanced access to best practice PHC included service organisation and patient support strategies. Service organisation included implementation of call/recall systems, patient and provider prompts and reminders, changes in the appointment system in the practice, enhanced staff roles in care provision, and conducting disease specific clinics. Most effective patient support strategies aimed to raise awareness, educate patients or provide culturally appropriate materials and services.
- Most strategies were implemented at the PHC practice or organisation level. The PHC setting or type of provider did not differ between effective and ineffective strategies.
- The majority of identified studies targeted the general population. Few of these were tailored towards specific priority groups such as ethnic, indigenous or socio-economically disadvantaged populations, and these were in the diabetes and PAP testing domains of care.
- Few studies undertook economic analysis of interventions, strategies or policies to enhance access to best practice PHC. Overall, it was not possible to draw any firm conclusions regarding the costs or cost-effectiveness of interventions or strategies.
- In general, effective strategies identified in evaluated intervention studies addressed those factors identified as influencing access to best practice PHC in the descriptive literature. For example patient support strategies targeted identified patient factors, and organisational strategies aimed to ensure systems for recall and timely review of patients.

## POLICY OPTIONS

The results of this review indicate a number of areas in which there would be scope for enhancing access to best practice PHC in Australia. Changes to PHC will work best when they build capacity to enhance access across a range of areas of care, target both patient and provider issues, and link to policy initiatives and funding incentives. For example, improving the accessibility of diabetes education within general practices may need attention to workforce availability and skills, payment systems and organisational development within practices.

There were messages for development of PHC policy in this review in relation to:

**Patient support** - Patient support strategies were a key part of many effective interventions. One way this could be addressed is the renewed interest in health literacy and its impact on people's ability to maintain their health, to negotiate within the health care system, to improve their self-management skills and use services effectively.

**Proactive care** - This was a widely used and effective type of strategy and most frequently involved development of practice systems and resources to support patient recall and timely review. For example call/recall systems, changes in appointment systems in the practice,

enhanced staff roles in care provision and conducting disease specific clinics proved to be effective tools for increased access to best practice PHC.

**Development of integrated PHC services** - Integrated PHC services as envisaged in current PHC reform proposals would be well placed to improve access by developing strong links with other services and encouraging or facilitating development of multidisciplinary teams. There is good evidence for these although there are potential risks in their reach to priority population groups.

**Patient linkage** - There was some evidence that linking patients to a consistent service provider was associated with better access to PHC. Voluntary registration as envisaged in proposed PHC reforms will provide an opportunity to test the benefits of this arrangement.

**Workforce** - The review highlighted the importance of social and cultural skills in primary health care providers, as well as technical skills in health care.

**Financial** - Although the Chronic Disease Management Medical Benefits Scheme (MBS) items (which replaced the Enhanced Primary Care program) make the allied health components of best practice PHC more widely accessible than before, patients can still face significant gap payments. Better linkage of public and private PHC would enable public services to focus on those least able to access private services.

These are the key elements of a well functioning primary health care sector which have been identified through other research. Proposed PHC reforms could potentially provide some opportunities to address these issues. In particular the proposed primary health care organisations have potential to enhance opportunities for stronger links and working relationships between health professional groups, including general practice.

The approach taken to define and describe access opens up new ways of thinking about the balance between provision and use of health services. The results of this review indicate that access and its measurement need to be developed further and there are a number of areas in which there would be scope for improving access to best practice primary health care.

## METHODS

A systematic review of the published literature examined three areas of PHC: chronic disease management, prevention and episodic care, with a focus on diabetes prevention and management, and screening for cervical cancer (PAP testing) and episodic care (timely appointments, out-of-hours care and continuity). Our description of access to 'best practice' PHC and interest in exploring evidence for impact of interventions to address access to PHC for populations in terms of their impact on use of services did not favour traditional randomised trial designs. Access for specific groups such as people living in rural and remote locations or for Aboriginal populations was not specifically explored, although literature relevant to our inclusion criteria was included. An ecological model was developed to inform the research.

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

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.