AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE AND ROBERT GRAHAM CENTER VISITING FELLOW

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Dr Rachel Lee dr_rachellee@yahoo.com.au
Academic GP registrar – University of Melbourne

Defining and Targeting Areas of Primary Care Need
A Five-Country Comparison

Acknowledgements

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- Country expert informants

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Outline

- The travelling fellowship
- The Robert Graham Centre
- Taste of the Research
  - Very brief outline
  - Key points of relevance to Australian policy making context

APHCRI/RGC Fellowship

- 6 week immersion at Robert Graham Centre in Washington D.C in the USA
- Involvement in daily work/projects of RGC
- Attendance at the North American Primary Care Research Group annual conference
- Attendance at stakeholder meetings and local events/meetings/clinics
- Rich picture of US primary health care & research

Robert Graham Center

- Primary Health Care Policy Research Centre
  - Conducts own research vs APHCRI commissions
- Independent functioning
- Blended funding arrangement
- Collaborations with stakeholder and research groups (national and international)
- Emphasis on geographical policy analysis
- Access and expertise with large datasets

Robert Graham Center cont…

- Small multi-disciplinary team
  - 2 x Family Physicians - 1 x Geographer
  - 1 x Health Economist - 1 x Statistician
  - Administrative assistance x 2
  - Variable research assistants and students
- Month 'internships' for Family Physician residents – ongoing relationships
- Year fellowship for new FP fellow
- Large research output and presence

DEFINING AND TARGETING AREAS OF PRIMARY HEALTH CARE NEED

A FIVE COUNTRY COMPARISON

- Australia
- Canada
- New Zealand
- United Kingdom
- United States of America

Motivation for Research

"Virtually all OECD countries suffer from a geographical maldistribution of their health workforce between rural, remote or poor areas and urban, central and rich localities".

OECD Health Policy Studies, 2008. The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?

Research Questions

- How do different countries define areas of workforce shortage?
- How do they use these definitions in workforce and training policy?
- What strategies do different countries use to attract medical graduates into General Practice or Family Medicine?
- What strategies do the countries use along the provider production pathway to redistribute these doctors to areas of shortage?

Methodology

- Descriptive comparison
- Published literature (pubmed), Grey literature
- International workforce websites
- Country-specific data and websites
- Snowballing from identified references
- Country expert informant interviews
- Cobbled data and sources – care with interpretation

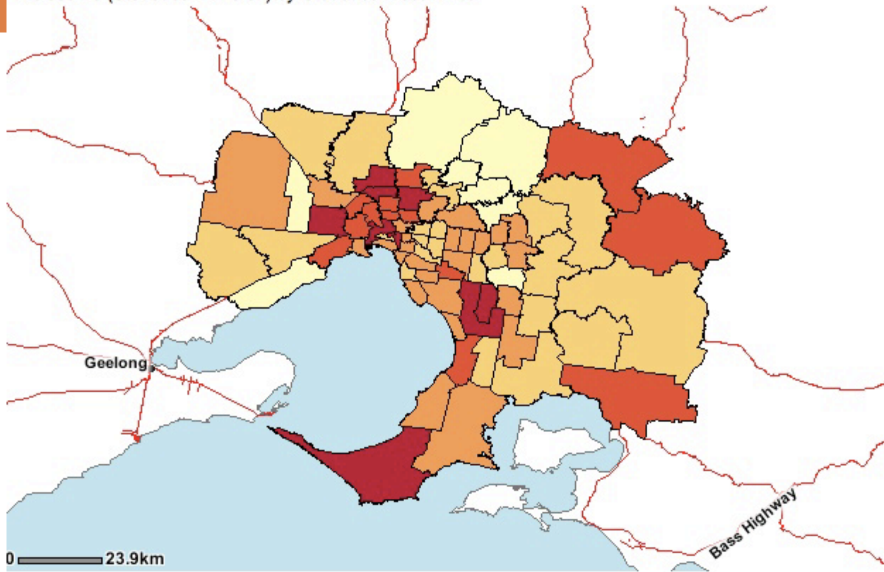
Australia Workforce Definitions

	Definition	Trainees	GPs	IMGs
RRMA	-Population -Straight line distance to bigger town	-Required rotation -Pathway restriction -Debt repayment	Locum & Education Support	License & pay Restriction
GPARIA+	-Population -Road distance to medical services	Rural incentive payments	Rural Retention payments	(Trainees eligible for incentives)
Outer Metro	Census – 200pop/km2 but fringe	-Required rotation -Small incentive	Relocation incentive	Limited license facilitation
DWS	Medicare claims & population data	Bonded Students	N/A	License facilitation
AON	"Hard to recruit" State defined	N/A	N/A	License facilitation

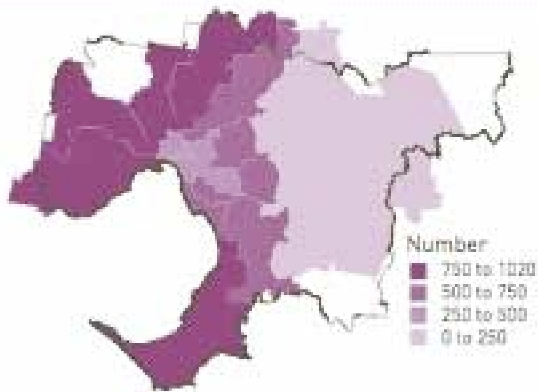
Melbourne- poverty, population:GP ratio and ‘shortage’

Low Income Households

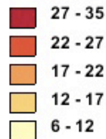
Households with gross weekly income of less than 500 dollars
As a percentage of all households
Based on Place of Usual Residence, 2006
Melbourne (Statistical Division) by Statistical Local Area



4 Number of residents per GP
General Practice divisions, Melbourne, 2003



Per cent



Australia – notable features

- Loose definitions of shortage – geographically determined.
- No publicly available workforce data for outer metropolitan areas
- Only country to embed workforce policy explicitly within training policy
  - 42% of places for 'rural' training pathway
  - 'general pathway' required to work 6 month rural, 6 month outer metro

Canada

- Provincial approach to workforce and health
- Generally no formal definitions of shortage areas
- Primarily geographical approach
- British Columbia – Rural Subsidy Agreements
  - Blended payment options for rural/remote
    - Base salary for areas with small list-size
    - Supplemented with fee for service
- Potential in Australian remote areas?

United Kingdom and New Zealand

- No formal definition of shortage areas
- Capitation payments – workforce priorities embedded within overall payment system
  - Rurality payments
  - Deprivation index payments
- Potential for Australia?
  - ABS does calculate deprivation indices
  - Difficult with fee-for-service payments
  - Would introduce socioeconomic element

UK direct policies

- Primary Care Development Scheme (For PCTs)
  - GPs/100,000 adjusted
  - Difficult to recruit (based on annual survey)
  - Proportion of GPs over 55
  - Local discretion
- 100 Practices (new practice creation)
  - 38 areas in 25% most 'underdoctored' locations
  - Similarity to superclinics?
- Local Improvement Finance Trusts (practice refurbishment and building)
  - 'deprived inner city areas'

United States of America

*MUA is primarily used to define areas eligible for federally qualified health centers

HPSAs can be geographic, population or facility. MUAs can be geographic or population

	Definition	Trainees	FPs	IMGs
Health Professional Shortage Area (HPSA)	-Pop:PC physician 3,500:1 OR 3,000:1 with high needs -Surrounding poor access	Scholarships with required service	-Debt repayment -10% bonus Medicare $	Visa waiver programs
Medically Underserved Area (MUA)*	4 weighted variables to create index; •Pop:physican •Infant mortality •% poverty •% >65 years		(higher Medicare payments in health centres)	Visa waiver program
Physician Scarcity Areas (PSA) - Historic	(20% lowest physician: Medicare patient ratios)		(5% bonus Medicare payment)	

USA – notable features

- Direct simple, elegant measures of workforce shortage and demand
- -No automatic designation except Native service areas (demanding application)
- Small scale incentives compared to Australia

Income disparity - UK example

- Poor recruitment and retention of GPs
- New contract to increase flexibility and pay
- Average GP pay increase of 35% real terms between 2003 and 2007. (Compared to 15% for specialists)
- 69.6% increase in GP registrars ‘97-2006
- 9,000 applicants for 3,862 training posts in 2007

Income as ratio of per capita GDP

- OECD 2005 data
- Australia ? improved with extended primary care item numbers

	Australia	Canada	NZ	UK	USA*
GP or FP	2.1	3.3	4.0	3.8	4.4
Specialist	5.2	4.9	3.7	4.8	6.5
GP income as % of specialist	39.6	67.3	108	79.2	67.7

Discussion Points

- Variable definitions approaches
  - Geography
  - Ratios
  - Key factors to capture 'need' (Index or simple)
- Australia embeds workforce policy within training
  - Opportunity to make real difference to access
  - Responsibility to get it 'right'
- Incentives within overall pay structure or separate 'add-on' policies

Discussion and Questions

Methodology – Search terms

- “workforce” OR “human resources”
- AND “health”, “primary care”, “general practi*” OR “family physician”
- AND “definition”, “area of need”, “shortage”, “redistribution” OR “disadvantage”. “Index of deprivation”, “Deprivation Index” OR “socioeconomic” were also used for sub-searches.

Methodology – Inclusion/exclusion

- Inclusion criteria - broad
  - Workforce, planning or policy focus
  - Addressing distribution, shortage, socioeconomic factors, training, incentives or regulatory requirements
  - Pertained to at least 1 of the 5 study countries

- Exclusion criteria
  - Not available in English
  - Clinical focus
  - Did not pertain to one of the 5 countries

Methodology - sources

- Commonwealth Fund
- Organisation for Economic Development
- World Health Organization
- Health Policy Monitor
- McMaster University Centre for Health Economics and Policy Analysis
- European Observatory on Health Systems and Policies

Methodology – sources cont

- Human Resources for Health Global Resource Centre database
- International Medical Workforce Collaborative conference records
- Country specific sites