

AGPN National Forum 2011

Transforming for success: Building on strengths, embracing partnerships

Good Morning. It is a great pleasure to welcome you all to AGPN's 2011 National Forum.

It is tremendous to see such good attendance at what I'm sure will be an extremely valuable and informative Forum – Australia's premier Forum for primary health care.

It's not surprising the amount of interest this year's Forum has attracted. Not only is it happening at a time when the establishment of Medicare Local primary health care organisations is well underway - which I'm sure will get due attention over the coming days - but of equal importance is the fact that this year's forum is occurring at a time when a broader paradigm shift in Australian health care is beginning to gain momentum.

Much of this momentum is happening through the primary health care sector.

It is a shift which, if planned and executed well, promises to make its mark in the history of Australia's health care.

Could these primary health care reforms be as monumental as the introduction of Medicare? Potentially – yes.

Do not underestimate the objectives and ambitions of Medicare Locals.

We are not about tinkering at the edges; rather we are here to expand the scope, practice and capacity of frontline care delivered through a strengthened general practice and primary health care sector with different professions and providers working side by side and with general practice at its heart.

The leadership role general practice and divisions is playing in establishing Australia's first ever system of primary health care organisations is no accident.

General practice is proud of its leadership of divisions and the way divisions have facilitated GPs to connect better with the rest of the health system.

Divisions have helped general practice become visible as a industry voice with relevance to health policy advocacy.

Medicare Locals are the next logical progression – taking the steps to truly link general practice, other primary health care providers and sectors such as aged care for connected health care.

With the right policy settings, enabling funding regimes, right leadership and right partnerships, Medicare Locals have the potential to rapidly extend the remit occupied by general practice networks in order to:

- Improve health outcomes
- Manage demand and help control costs for 'downstream' acute and specialist services
- Engage and support the wider community of primary health care providers
- Enable greater integration of health and social care services
- Co-design more accessible services that are based in the community
- Promote innovation and evidence-base care delivery

That is the potential of these reforms.

And it is no accident that Medicare Locals have been built on general practice networks. General practice underpins our health system and the daily lives of many in the community. Decisions taken by general practice have profound impacts on care outcomes and recovery and on downstream health care access and costs.

AGPN will never shy away from the assertion that organised general practice must be regarded as the basic building block for Medicare Locals, but extended to better link up GPs and other primary health care providers and systems of care. It has been strong GP engagement that has distinguished Australia's organised general practice tradition from similar structures in other countries, and it is a pre-requisite for effective Medicare Locals that we must not compromise or squander.

Equally it is no accident that localism is a key concept when we think about Medicare Locals. That is because we know that, in a country as diverse as ours, the best health care solutions are those that are delivered closest to where people live and clinicians practice – designed to respond to the needs of particular communities and co-created with clinical and community leadership.

This shift will call into question the way many of us have thought about health over the years.

It will challenge our concepts of health – and move us towards innovative and comprehensive views that go beyond just medical care. We will encompass the physical, mental and *social* wellbeing of people and populations to provide truly holistic care - where health and wellbeing are given equal importance to that of treating disease and/or infirmity.

This is about a paradigm shift that unequivocally puts a strong and active general practice and primary health care sector at its forefront, making the primary health care sector and the people working in it critical to its success.

Reconceptualising our view of health for the future is undoubtedly essential to these reforms and the outcomes, but it is not enough on its own. We must also carefully and innovatively plan and execute strategies that together lead us towards a shared vision.

And the current health reform climate provides us with the opportunity to do just this.

Before I talk further about such opportunities, it must be acknowledged that our health system has served us well over the years, indeed rating as one of the best health systems in the world and contributing to the long life expectancy and predominantly good health that so many Australians experience today.

But as with any system that is required to meet the needs of a changing and dynamic society, it too must change, renew and adapt to ensure it continues to maintain - *and improve on* - the world renowned reputation it has gained to date.

And, ultimately it has to be *sustainable*.

The need for change and evolution of the system is being driven by multiple factors, especially our ageing population and the unprecedented and increasing rate of chronic disease and, of course, cost pressures.

Compounding these attributes is a volatile financial climate, as well as health workforce and skills shortages.

The issues are known. How we address them requires a new tack. We are in uncharted waters – and we need strong leaders at the helm to steer us through.

The famous French physicist and two-time Nobel Laureate, Marie Curie, once said, “Nothing in life is to be feared. It is only to be understood”.

I believe that an examination of our history would tell us that many of society’s great achievements have been accomplished through pioneering discovery, innovation and adaptation – and by leaders who did not follow a path of least risk, but rather chartered their own path in moving towards a vision they shared amongst their colleagues and communities.

This is the opportunity we have before us now – to lead Australia towards becoming a global frontrunner in primary health care.

This will require new policy, partnerships and funding regimes.

Will there be challenges ahead? Absolutely.

Can we overcome the challenges? Absolutely.

As I said previously, we already *have* a strong existing foundation – the general practice network - on which to build.

We already *have* many partners in the broader primary care sector that share the primary health care vision and who are willing partners to attain it.

We have new partners with whom our sector has not traditionally worked – at least not in a systemic way - who are well placed to join us in our advocacy for a truly comprehensive primary health care agenda led and delivered in communities by Medicare Locals.

We *have* a government committed to health reform.

We *have* world class knowledge and expertise to call on.

And most importantly, we *have* the right people, determined, visionary and motivated to get us there.

Such strengths are critical to the success of health reform, and to the population health outcomes we're trying to achieve.

Even more critical though, is the combination of these strengths, working in sync to reach our goals in the most efficient, effective and sustainable manner.

For this to happen we as health professionals, consumers, politicians, bureaucrats, industry bodies, and other providers must work together with mutual respect, effort and a shared vision.

That is why we can *Transform to succeed – by building on our strengths and embracing partnerships* – the title of this year's Forum.

This really does reflect the current and emerging climate in Australian health care; these are the very attributes we need to drive reform in the right direction, and it is something to which each and everyone one of us here can contribute.

At the clinical level, it is about overcoming traditional boundaries to forge new and robust clinical teams, working collaboratively with multidisciplinary professionals to develop and deliver service innovation and *sound clinical governance*; to provide the best care possible for our patients and communities and to create environments that are attractive to both existing professionals and those just starting out in their careers.

At the local organisational level, including of course Medicare Locals, it means looking *beyond* our customary boundaries to develop, strengthen and expand relationships with a wider range of organisational stakeholders, especially with our counterparts in the acute and aged care sectors.

It means working closely with our communities to create environments that provide more *equitable* access to care.

It means moving beyond the health sector to meaningfully engage with community, local government and social care organisations, who we well know influence health and wellbeing as much as the traditional health and medical associations.

At the national level, it is about setting the agenda and leading by example.

Peak organisations, national authorities and government must work collaboratively to steer and influence the way health is achieved and maintained across the country; they must identify and agree on national priorities and make the necessary changes to address them; and most importantly they *must* support local providers on the ground with the right policy settings, resources and leadership to ensure national strategies and policies are translatable and realistic, and that they truly reflect the needs of the communities they're designed to serve.

When engaging and working with each other we must not let organisational differences or self-interest influence the way we do business. Rather we must go *beyond* this to focus on achieving and maintaining the best possible health outcomes for our communities - our families and our friends.

I am particularly proud and heartened to stand here today 2 years after AGPN released its Primary Health Care Position Statement and blueprint for Australian primary health care organisations – proud to see the reform agenda we so strongly advocated for starting to take shape.

But we need to rapidly go beyond new or evolved and reorganised structures. While establishment and set up is currently preoccupying Medicare Locals, the new organisational structures and local configurations are not ends in themselves.

We must build, support and promote a Medicare Local that works collectively as a system that makes visible and lasting differences to the community's health.

My message this morning is about change, opportunities, strengths and partnerships and how they all must work together for successful transformation. And it is at forums such as this that we can come together to discuss, learn and act on the values and attributes necessary for us to *achieve* that success.

The general practice network has prided itself on its track record as voice that offers policy solutions. We now have the opportunity to add the voice and value of a wide range of other providers and stakeholders to that legacy in order to make the most of our collective opportunity to shape and influence change, and to lead Australia's health care along the right path for all Australians - because it is each of us, as a national community, that can and will make that difference.

Making that difference is also the result of our generous health care and corporate partners who help to make this Forum a reality.

We wouldn't get to examine and share the latest research, information and lessons in primary health care at this Forum if it were not for the corporate sponsorship and support we attain. So before I finish I wish to sincerely thank all of those who have so kindly contributed to this year's Forum. In particular:

- Bupa
- Pfizer
- The National EHealth Transition Authority (NEHTA)
- Guild Insurance
- HESTA Super Fund
- GlaxoSmithKline
- The Department of Health and Ageing
- Inside Radiology
- *beyondblue*
- CSL Biotherapies;
- The Department of Veterans' Affairs
- Price Water House Coopers
- The Improvement Foundation
- UltraFeedback
- Best Practice Australia
- Medical Observer
- MIPS and
- The Community Services and Health Industry Skills Council

I would also like to thank in advance all of our speakers and facilitators who will be presenting and making sure things run smoothly over the next three days.

As in previous years, in lieu of speaker gifts AGPN will be making a donation to a charity, which this year will be Movember Australia - a national men's health charity which every November encourages and supports men to grow a moustache to raise awareness and attract sponsorship for men's health. All money raised is donated to the Prostate Cancer Foundation of Australia and *Beyondblue* to help with prostate cancer and depression initiatives for men.

I again thank you all for your attendance, and hope you get as much enjoyment and value out of the next three days as I'm sure I will.

Thank you.