Australia's future health system and the potential role of Community Health Navigators (CHNs)

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Acknowledgement of Country

I acknowledges the Traditional Custodians of the land and waterways in which we work and live. I recognise their continuing connection to land, water and culture, and pay our respects to Elders past, present and future.

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Agenda

- Australia's health system challenges
- Potential solutions focusing on community health navigators
- Where might CHNS fit in broader reform agenda?

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Case Study: Maria*

71 yo, lives alone

T2DM, CAD, depression

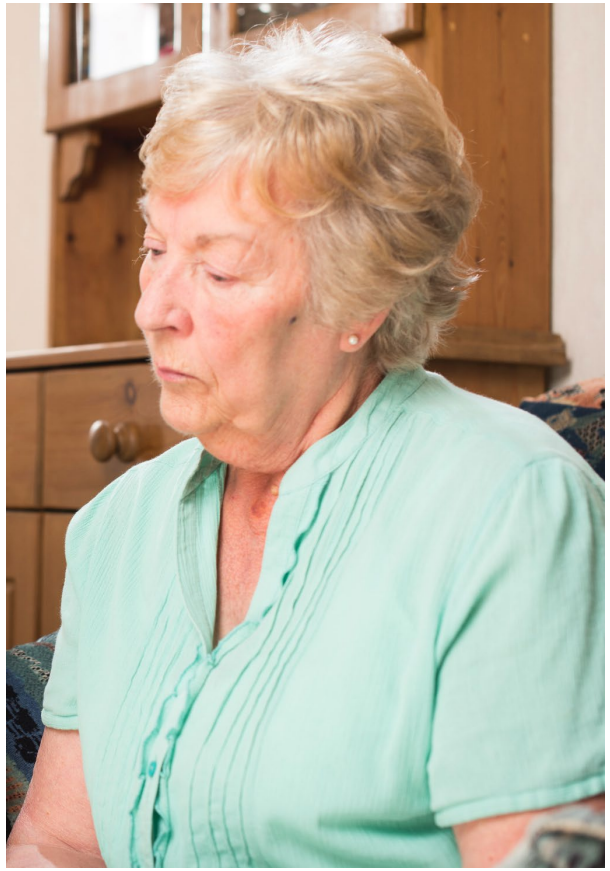
13 medications

DSP

Long waits for GP

Cannot afford psychologist

Multiple ED attendances



Australia's health system challenges

- Complex health system- exacerbated by dual Government funding mechanism
- Changing demographics (ageing, chronic disease)
- Access to health care an issue
  - Particularly for marginalised or disadvantaged groups
- Increasing health costs (for individually and system wide)
- Increasing expectations of care
- Growing demand for health workforce – blurred boundaries of scope and responsibility
- Ongoing inequity (Aboriginal and Torres Strait Islander, rural, socio-economic)

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Australia's complex health system

Built on Medicare – public health insurer

- Provides free access to public hospital services and subsidises out-of hospital (medical) treatment
  - GPs paid according to FFS Medicare Benefits Schedule
  - Can accept Medicare fee as full payment (Bulk-billing) or can charge above it (OOP)
- Also, private health insurance (40%) access to private hospitals (with OOP costs)
- Separate systems for Veteran's, disability, aged care and social services

Australian general practices

More than 7000 general practices
Majority run as SME private businesses
Near universal use of electronic records

Most (85%+) practice income through FFS billing
Other GP funding (<10%)

- Patient contribution
- Practice Incentives Program
  - Infrastructure based on practice size
- Workforce Incentives Programs
  - Incentives to employ other providers (eg nurses, AHP)

Context –high performing but complex health system

Mirror, Mirror: Comparing Health Systems Across Countries

Health Care System Performance Rankings

	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
OVERALL RANKING	1	7	5	9	2	4	6	8	3	10
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	–	4	5	9
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Changing demographics and epidemiology

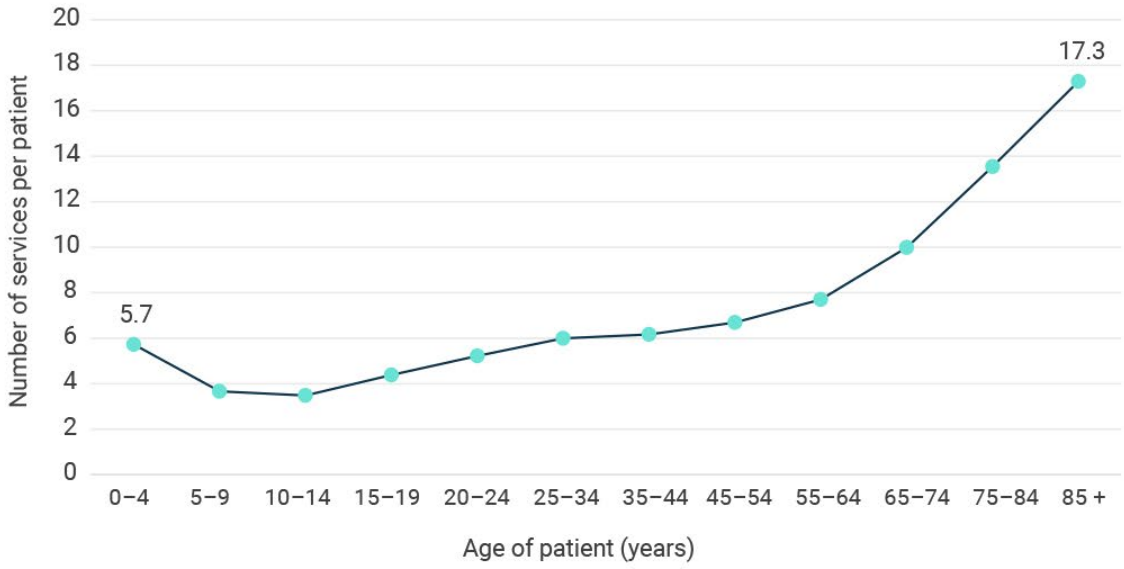
- Australia has a growing population, and an ageing one:
  - 1 in 6 Australians aged 65 and over
  - 15.4 million (61%) were living with at least one long-term health conditions in 2022.
  - 1 in 5 adults experienced a mental health disorder in the previous 12 months.

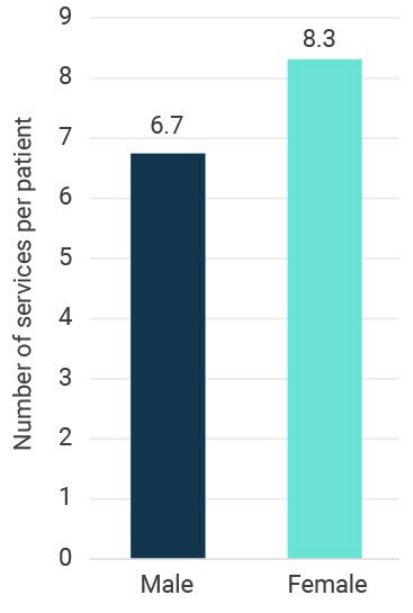
More care can and should be provided in the community setting.

Access to primary care is high

- Nearly 9 out 10 Australians saw a GP in 2023-24
- 22 million Australians visit a GP each year
- GPs provide over 164 million services annually – averaging 7.3 per patient

In 2023-24, only 1.1% of people were not able to see a GP when they needed to.





(Source: RACGP Health of the Nation, 2024)

But… not as accessible for many

18.1 million Australian adults reported needing to see a GP in 2023/24

- 3 in 10 (29%) reported delaying or not seeing a GP when needed
- 8.8% of people reported delaying seeing a GP due to cost (4.0% in 2017–18 and 7.0% in 2022–23)
- 3 in 10 (28%) felt waited longer than acceptable for a GP appointment (up from 19% in 2017–18)

- **People with most economic disadvantage and younger were more likely to put off seeing a GP due to cost**

(Source: ABS, 2024)

Workforce pressures

- Health care sector is fastest growing workforce
- Increasing demand & shortfall of health care providers
  - 13000 medical practitioners
  - 40000 nurses
  - 27000 AHPs (By Nov 2026 – Kruk report)

- GPs are ageing, retiring and working less
- Junior doctors less likely to choose general practice as a career
- Need to make better use of our existing workforce

Almost one third (32%) of current GPs **plan to cease practising within the next five years.**

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Roadmap for primary care reform

Strengthening Medicare Taskforce

2022 report outline four main priorities:

- Increased access to primary care services, including sustainable financing and easier navigation
- Supporting growth of multidisciplinary care, reduce fragmentation and duplication
- Use data and technology to better inform care
- Provide support for organisational change

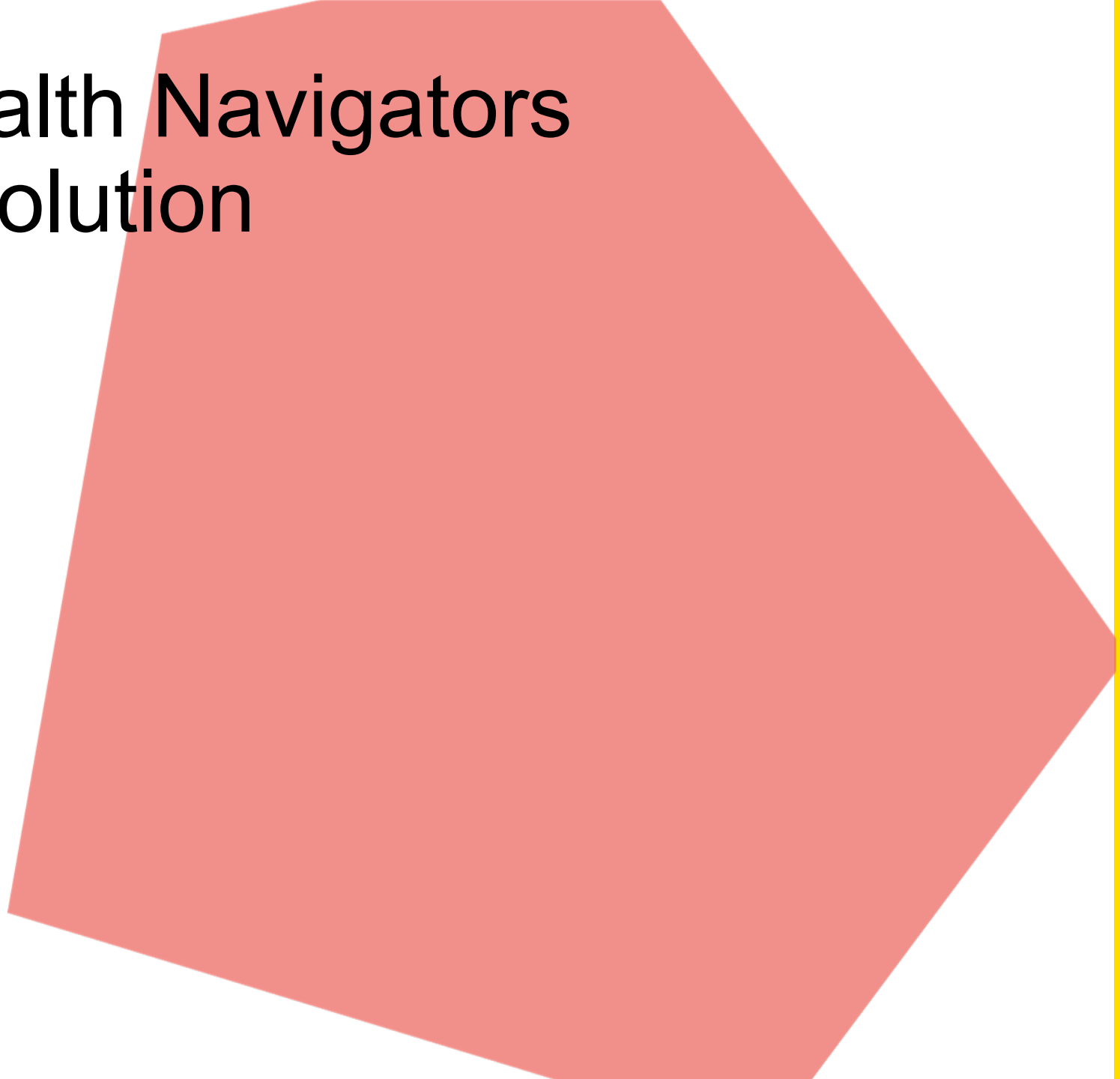
Potential solutions

- Train more health professionals
- Improve efficiency of health professionals
- Improve efficiency of health system – shift care to primary care, technology
- Reduce fragmentation of care
- Increase health literacy and self management
- Improve communication esp at clinical handover

Options

- Train more health professionals
- Improve efficiency of health professionals
- **Improve efficiency of health system – shift care to primary care**
- **Reduce fragmentation of care**
- **Increase health literacy and self management**
- **Improve communication esp at clinical handover**

Community Health Navigators as a potential solution



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Community health workers/navigators

What are CHW?

- “frontline public health workers who serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery”
- trusted members of and /or have an unusually close understanding of the community served.
- Extensive use in LDC promoted by WHO. (CHW vs CHN)
- Developed as care navigators and outreach workers in US and Canada often employed by community and faith based organisations.
- In Australia – Aboriginal Health Workers and other sorts of lay and peer workers for specific conditions

Community health workers as navigators

Roles

- Outreach (home visits, telephone, care transitions)
- Education and counselling,
- Addressing barriers to accessing care, (including scheduling, reminders, preventative care, assistance with transport),
- Providing navigation support and follow up
- Identifying and linking patients to community resources.
- Bridge between consumers/families and the health system

Community health workers as navigators

Overlap with other roles

- Aboriginal health workers
- Peer workers
- Outreach workers
- Care finders
- Link workers (in social prescribing)

Potential benefits of CHNs

- Improve access in underserved communities
- Address social determinants of health
- Build trust in marginalised/disadvantaged populations
- Improve access to appropriate prevention
- Reduce burden on rest of health system - costly hospitals and emergency services

Growing evidence base for CHWs

- Effective in improved cancer screening, chronic disease management (diabetes, hypertension, HIV)
- Improving maternal and child health including preventing under-nutrition
- 2021 systematic review of CHNs

Examples of CHW/CHN programs

- Brazil's Programa de Saúde da Família- PSF
- UK- Westminster Community Health and Wellbeing Worker (WCHWW)
- USA- IMPaCT program
- Australia –
  - AHWs in ACCHOs
  - CHECC program

Programa de Saúde da Família – PSF

Family Health Program services poorest populations in Brazil

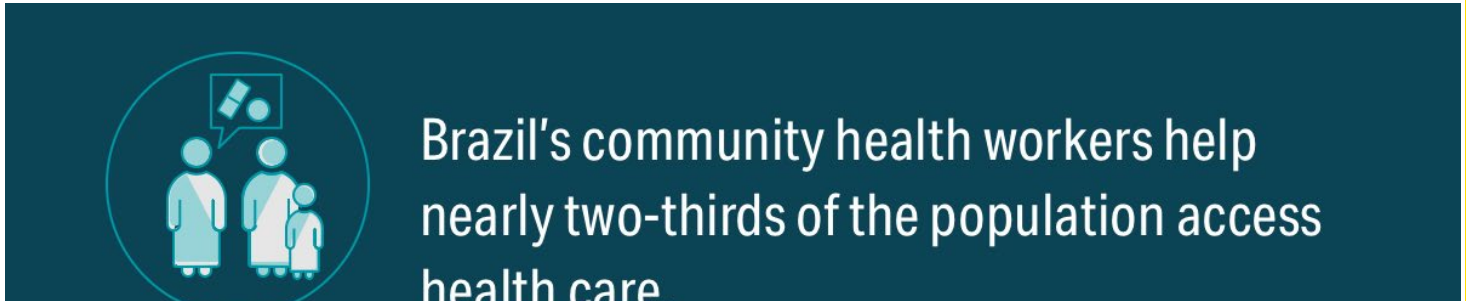
Community based clinics

- 1 physician, 1 nurse and up to 15 CHWs

Each CHW assigned 150 families

Chosen due to connection with communities

Receive training in basic concepts, healthy lifestyles, sanitary living conditions, and public health strategies



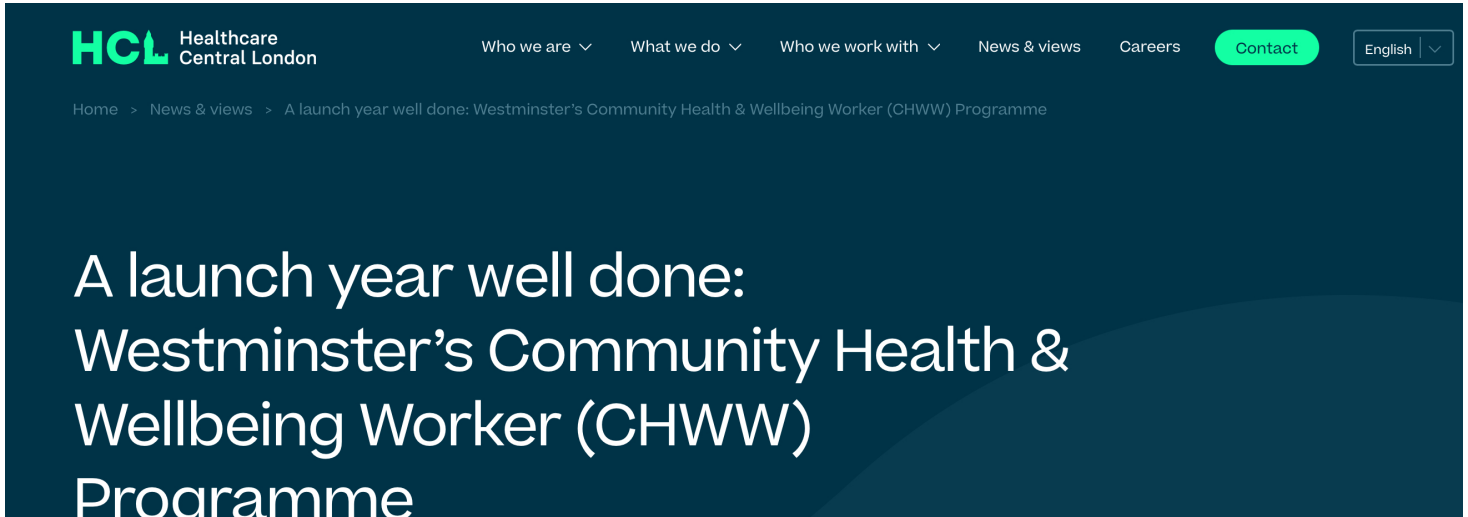
Programa de Saúde da Família – PSF

"Brazil's Family Health Programme is probably the most impressive example worldwide of a rapidly scaled up, cost effective, comprehensive primary care system." —Matthew Harris & Andy Haines, British Medical Journal, 2010

- Thought to have saved over 400,000 lives between 1996 and 2012
- Nearly 2/3 of population coverage
- Improved immunisation and screening, early detection and treatment of disease, decreased infant mortality

Community Health and Wellbeing Worker (UK)

- 5 CHWs attached to the Pimlico Health Centre who will
- visit 500 households once a month.
- improve access to health services for residents whose health and wellbeing could benefit the most and will also help residents navigate the system so they can get the most out of local support and services available,



Return on investment of CHWs - IMPaCT –

USA trial of CHNs

- Assessed social needs (eg housing instability, food security, social support)
- Tailored patient driven action plans developed
- Communicated weekly to support them to carry out their action plans.

Outcome-

- ROI of US$2.47 for every dollar invested
- 36% reduction in cost largely due to reduced hospitalisation.
- financial ROI underestimates the true social return because it overemphasizes the value of avoiding hospitalization (which is expensive) relative to improving health (which may be financially silent).

Kangovi S, et al. Health Affairs. 2020 Feb 1;39(2):207-13.

COLORADO COMMUNITY HEALTH NETWORK
Access for All Colorado

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Aboriginal Health Workers (AHWs) and ACCHOs

- 146 ACCHOs around Australia and 52 state-run Aboriginal medical services
- AHWs provide non-clinical services such as advocacy, support, liaison, and health promotion in community and hospital settings
- AHW roles filled by First Nations people
- Instrumental for creating a culturally appropriate and responsive health system

ACCHO and AMS effectiveness

- ACCHOs seen as exemplars in providing person centred multidisciplinary team based care
- AHWs have an innate understanding of the people they serve- ‘cultural brokers’
- Improve update of preventative activity, screening and chronic dashes management

- Highest satisfaction for GPs working in them

NAATSIHWP
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
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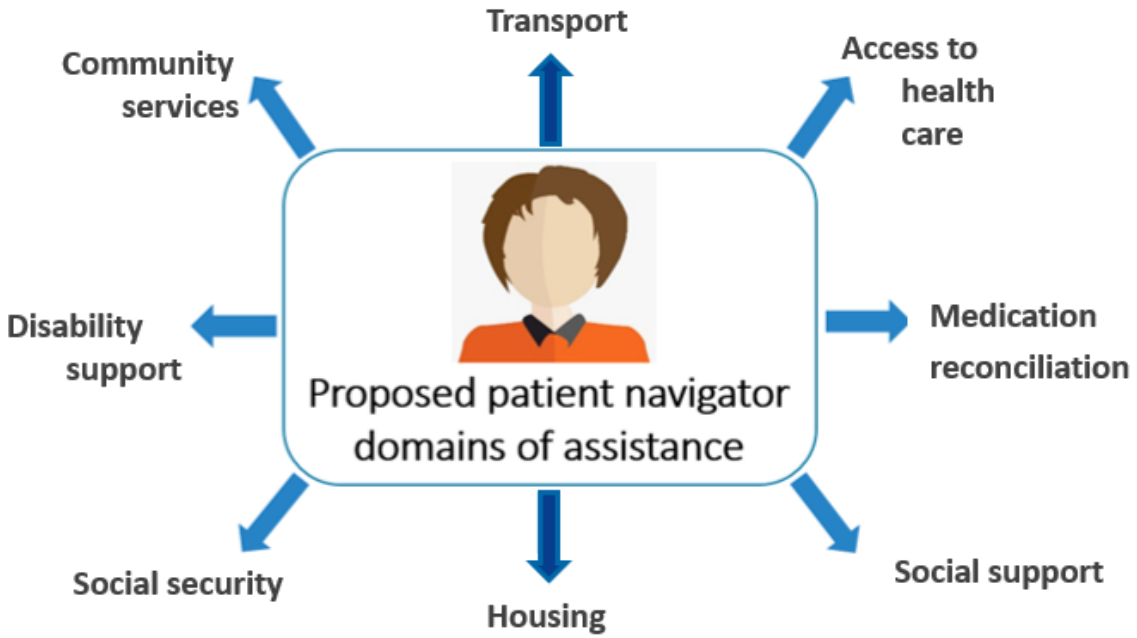
CHECC: Community Health Navigators on Discharge from Hospital



To develop, implement and evaluate the impact of a Community Health Navigator (CHN) delivered model of care supporting transition of care from hospital to community for patients who are aged or have chronic conditions on patient health and health service outcomes (including readmission).

The potential for CHNs in Australia

- Particularly complex health system with dual funding and also disparate service delivery
- Lack of communication and coordination across health services
- Need better integration across health settings, and safe care transfers (ex-hospital, but also to aged care and disability
- Unpredictable and often invisible costs throughout system
- Enabler to improve coordination

What's needed next?

- Expansion in research and evidence needed – especially around implementation
- Drawing together the evidence of what CHNs can and should do
- Develop common training guidelines and supervision
- Moving on from pilots and embed CHNs more broadly
- Trials of alternative funding models

Conclusion

Health system under increasing pressure due to complexity and lack of coordination

Increasing body of evidence highlight the potential of CHNs to improve health outcomes, patient experience and lead to cost savings.

Reform agenda which is likely to support more team based care, alternative funding models and multi-layered health workforce

Questions

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Extra slides if needed

Health Reform Agenda

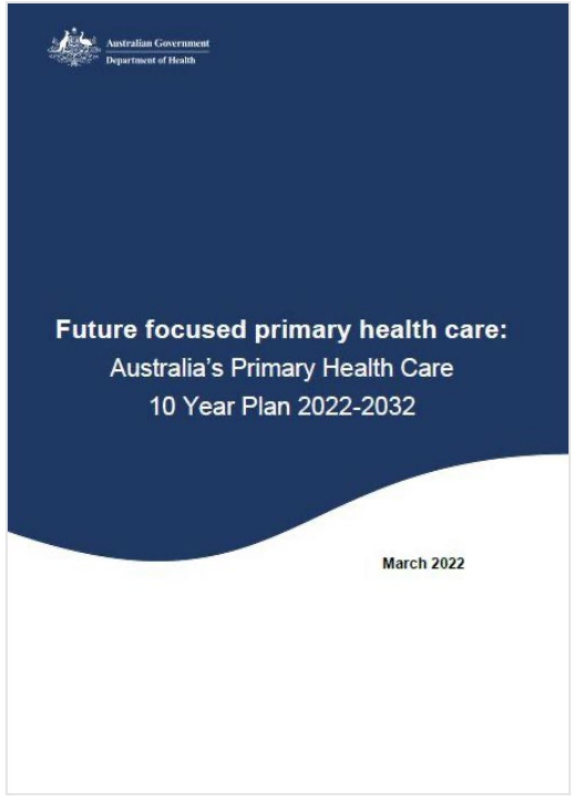
10 year primary care

Strengthening Medicare Taskforce

Scope of Practice Review, GP Incentives Review

After Hours Review

Kruk Report



Health Reform Agenda

10 year primary care

Strengthening Medicare Taskforce

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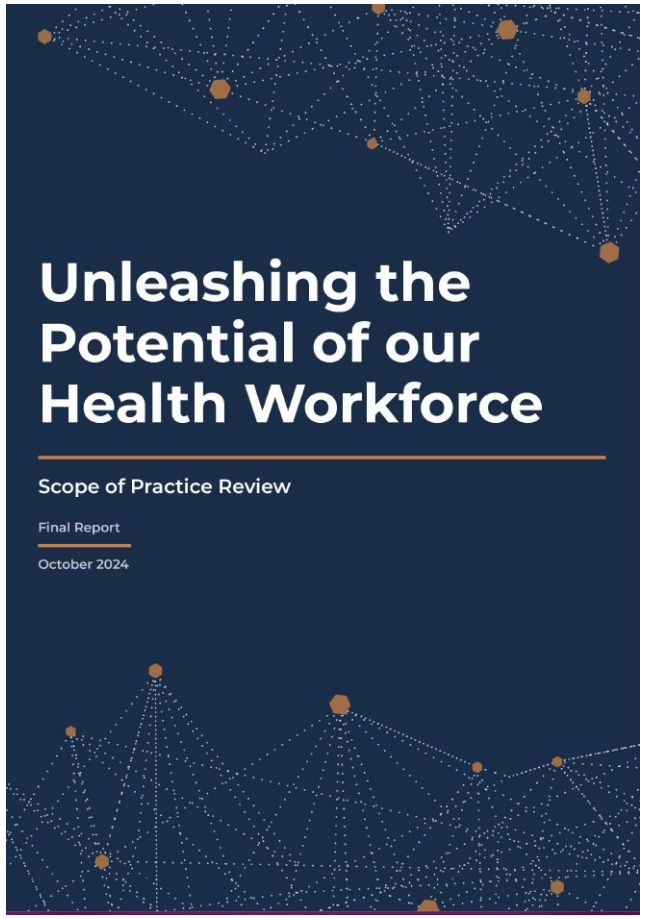


Federal election - what has government announced?

Lead up to election, with medicare at the centre…

Bipartisan commitment to increased general practice investment, including:

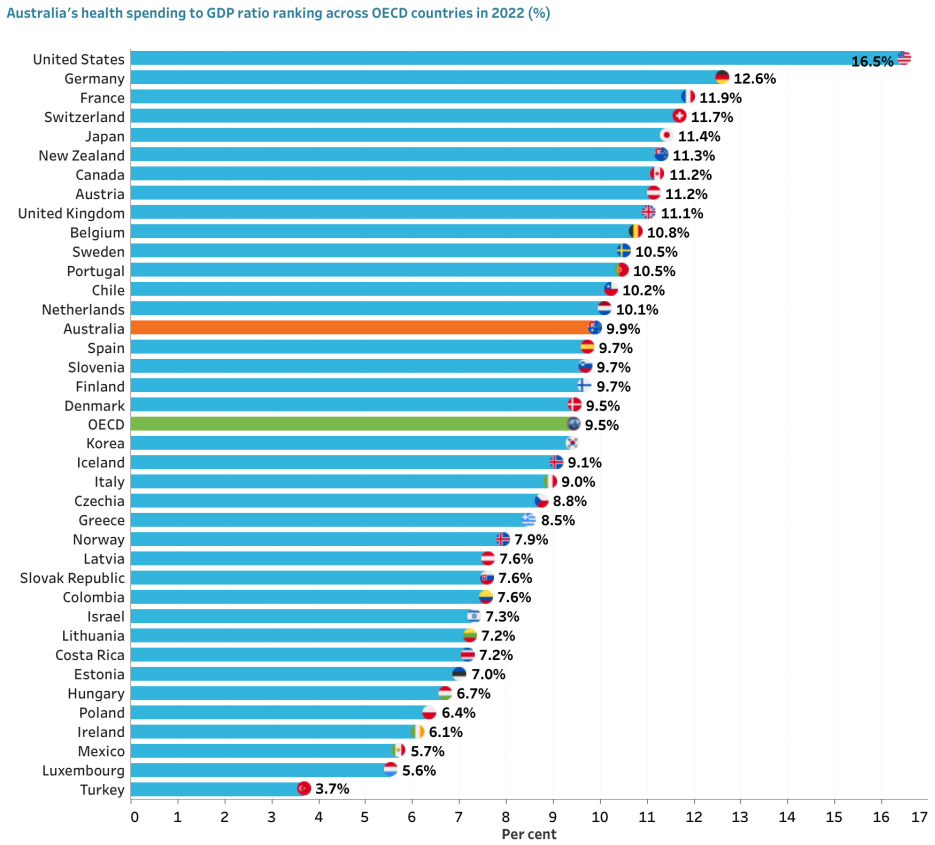
- Expansion in bulk-billing incentives
- New 12.5% incentive for practices who bulk-bill all patients
- Training 2,000 additional GPs every year by 2028
- New incentives for junior doctors to become specialist GPs
- 50 more Medicare Urgent Care Clinics, taking the total to 137 nationwide
- Women's health package including increased rebates for insertion and removal of IUDs, and a rebate for menopause health assessments

Context –high performing but complex health system

Dual funded health system

- Privately run general practices currently subsidised by Medicare
- Elements of public and privately funded health services

- Separate system for disability , aged care and social services



What is next?

Enrolment and MyMedicare

- Voluntary enrolment proposed since 2015
- MyMedicare – patients register with a practice and nominate a preferred GP
- Majority of practices now registered

- Incentives to date:
  - Telehealth
  - GP Aged Care Incentive (Aug 2024)
  - Chronic disease incentives (Jul 2025)
  - Frequent hospital users (TBD)

GP Aged Care Incentive (GPACI)

- payments to GPs and practices for providing a quality bundle of care.
  - $300 per patient, per year paid quarterly to GPs directly.
  - $130 per patient, per year to be paid quarterly to the practice.
- Designed to encourage more regular planned care for aged care residents including care planning and regular visit

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