

# Australia's First National Primary Health Care Strategy (Draft released August 09): Summary

*Building a 21<sup>st</sup> Century Primary Health Care System: A Draft of Australia's National Primary Health Care Strategy* (the Draft Strategy) sets out a road map for the future – to provide Australians with a primary health care system which is among the best in the world and which is equipped to meet future challenges. Primary health care is the first point of connection with the health system and needs to be able to cope with the full range of challenges that emerge including prevention, adequate care for the sick and managing complex chronic conditions in partnership with other health sectors.

The Draft Strategy recognises that our existing system has many strengths. It proposes building on these strengths to harness the benefits of technology, including eHealth and providing health care professionals with the infrastructure, equipment, skills and organisational arrangements they need to deliver 21st century primary health care to all Australians. It recognises that there is an important role for new regional primary health care organisations in ensuring that services respond to the needs and priorities of local communities and that these communities are actively involved in planning for their region.

The Draft Strategy has been developed alongside the work of the National Health and Hospitals Reform Commission and the National Preventative Health Taskforce.

5 key building blocks as essential system wide underpinnings:

- **Building Block 1 – Regional integration:**

Establishment of strong regional organisations to drive service integration, education and training, and address local health needs through flexible service delivery and financing arrangements (including fund-holding models where appropriate).

- **Building Block 2 – Information and Technology (including eHealth):**

Implementation of eHealth strategies, particularly Individual Electronic Health Records, and support of best use of technology to integrate care, improve patient outcomes, and deliver capacity, quality and cost effectiveness.

- **Building Block 3 – Skilled Workforce:**

A flexible, well trained workforce with clear roles and responsibilities built around core competencies, works together to deliver best care to patients cost-effectively and continues to build their skills through effective training and team work

- **Building Block 4 – Infrastructure:**

Physical infrastructure supports different models of care to improve access, support integration and enable teams to train and work together effectively.

- **Building Block 5 – Financing and System Performance:**

Financing arrangements which focus on cost-effective interventions and use of information to drive performance improvement in both individual practice and system outcomes. Progressive realignment of funding arrangements to reduce reliance on fee for service and support alternative mechanisms to improve care underpins the Draft Strategy.

The Draft Strategy also identifies four priority areas where changes will most directly impact primary health care consumers and health professionals:

- 1. Key Priority Area 1 – Improving Access and Reducing Inequity:**

Currently access to quality primary health care services is not equal across the community. Reform is needed to ensure services are matched to people’s needs, and delivered through mainstream and targeted programs across an integrated service system that connects to specialist, acute and other sectors.

- 2. Key Priority Area 2 – Better Management of Chronic Conditions:**

With the growing burden of chronic disease in Australia, improved continuity and coordination of care is needed – through mechanisms such as chronic disease management programs linked to voluntary enrolment and local integration.

- 3. Key Priority Area 3 – Increasing the Focus on Prevention:**

As well as focusing on better managing chronic disease, the primary health care system also needs to focus more on preventing chronic disease – through more systematic approaches to preventive care, such as through more regular health checks for at risk groups, to identify potential problems early.

#### **4. Key Priority Area 4 – Improving Quality, Safety, Performance and Accountability:**

The primary health care system in Australia needs a framework for quality and safety in primary health care with built-in mechanisms for measurement and feedback to drive quality improvement leading to better services.

In summary, the Draft Strategy proposes:

- Universal access to MBS and PBS for episodic medical care;
- Targeted programs and better use of technology which improve outcomes for individuals;
- Integrated local solutions, focusing on active management of patients with chronic disease and 'hard to reach populations';
- Well integrated, coordinated and available prevention activity, with regular risk assessment, support and follow-up;
- The ability for patients to access quality data to inform their choice of provider, practice or facility;
- Flexibility to improve outcomes and cost effectiveness.

# Towards a 21st Century Primary Health Care System - A Snapshot

## Building Blocks for Reform

### 1. Regional Integration

Local governance, networks and partnerships connect service providers to planned and integrated services, identify and fill service gaps and drive change.

### 2. Information and Technology Including eHealth

Electronic health records and use of new technologies integrate care, improve patient outcomes, and deliver capacity, quality and cost-effectiveness.

### 3. Skilled Workforce

A flexible, well-trained workforce with clear roles and responsibilities built around core competencies, works together to deliver best care to patients cost-effectively and continues to build their skills through effective training and team work.

### 4. Infrastructure

Physical infrastructure supports different models of care to improve access, support integration and enable teams to train and work together effectively.

### 5. Financing and System Performance

Financing arrangements build on the strengths of the system, identify and fill local service gaps and focus on cost-effective interventions. System performance is a core concern across the service system with up to date information used to drive individual practice and system outcomes.

## Key Directions for Change

### 1. Improving Access and Reducing Inequity

Primary health care services are matched to peoples' needs and delivered through mainstream and targeted programs across an integrated system.

### 2. Better Management of Chronic Conditions

Continuity and coordination of care is improved for those with chronic disease through better targeted chronic disease management programs linked to voluntary enrolment and local integration.

### 3. Increasing the Focus on Prevention

Strengthened, integrated and more systematic approaches to preventive care with regular risk assessments are supported by data and best use of workforce. People know how to manage their own health and self-care.

### 4. Improving Quality, Safety, Performance and Accountability

A framework for quality and safety in primary health care with improved mechanisms for measurement and feedback drives transparency and quality improvement.

## The Future System

Universal access to MBS and PBS for episodic medical care

Targeted programs and better use of technology improve outcomes for individuals

Integrated local solutions means active management of patients with chronic disease or who are 'hard to reach'

Prevention activity is well integrated, coordinated and available with regular, risk assessment, support and follow up

Patients access quality data to inform their choice of provider, practice or facility

The health system reflects and adjusts practice to improve outcomes and cost-effectiveness

## **System Integration**

Primary health care in Australia tends to operate as a disparate set of services, rather than an integrated service system.....

The current proliferation of primary health care services (across program types, sectors, providers and funders) makes it difficult for either patients or providers to navigate the health system with assurance and for consistent high quality outcomes to be achieved.

A key challenge for primary health care reform is to better integrate and coordinate the range of organisations and service providers operating within primary health care and to better link primary health care and other sectors. Developing networks, encouraging partnerships and establishing new integrated service delivery arrangements requires multiple changes, particularly at the local level to: enable collaboration and integration between local service providers to focus on the needs of individual patients

Need to coordinate within and across the various elements of the broader health system to meet the needs of an individual patient.

For the current workforce, working in a changing environment will involve greater understanding of the respective roles of other health professionals, development of arrangements for collaboration and teamwork

The Draft Strategy will develop what is currently a disparate collection of interdependent services into what will become a more cohesive system, providing the opportunity to improve cost-effectiveness and drive evidence-based clinical practice, resulting in a system that is more adaptable and responsive to patients' needs.

### **What will be different?**

*Less overlap and duplication of services, with better use of the existing workforce. Health care providers and their patients no longer having to navigate the system, trying to patch together care pathways.*

*Patients not having to repeat their medical history to each new provider. Patients having information to help them to manage their own condition. Health care providers able to set up virtual, integrated care teams, and having accurate and timely information to support best treatment.*

### **What will be different? What the future looks like?**

*Patients having improved convenience of access to services, including co-location of services for patients seeing multiple providers. Providers having resources to support changed training and workplace arrangements, allowing for more flexible working arrangements. Primary health care system facilitating the distribution of services and promoting service integration.*

Changes to funding arrangements need to reduce the reliance on fee-for-service, support alternative funding mechanisms that better support effective integrated teams and models of care, encourage innovation, and respond to local service gaps.

Over time, changes need to be informed by evidence, including increasing consideration of cost-effectiveness and the relative efficiency of different approaches across the spectrum of care options including self-management.

Strengthen the existing framework for promotion, prevention and early intervention in primary health care, to encourage more systematic approaches, with regular recall and follow-up, coordinated and integrated with other preventive activities, including a focus on improving health literacy, within local communities.

Increasing the focus On Prevention (Some Australians do not have the health literacy skills needed to navigate the health system and are often left unsupported in their patient journey)

Individuals receive regular risk assessments appropriate for their age and conditions available at multiple points of the service system (not just GPs), and are actively linked with other community-based supports and activities.

Higher levels of health literacy, starting at schools and building across the community to ensure individuals have the skills and knowledge to manage their own health and are supported in doing so. Individuals are supported to more clearly recognise their responsibilities and take positive actions to maintain their own health and well-being.

Primary health care services provide a range of preventive services to their local communities. All health providers, where they can, use evidence to promote healthy behaviours. Service delivery is supported by data and information systems, including recall and reminders, and risk assessment tools. These services are coordinated across providers in a local community to eliminate duplication and overlap, and make best use of available workforce and provider networks, including nurses, allied health and pharmacists.

Changed service delivery and funding arrangements support best use of the available workforce, including for nurses, allied health, and pharmacists and responding to local needs.

A focus on improving community and individual health knowledge and providing education and support to individuals to manage and improve their own health.

Individuals will have enough information about health providers, facilities and services to enable them to make informed choices about their care.

Its implementation will not be without challenges: for health professionals and healthcare organisations to adopt new ways of working; for Governments to develop new approaches including to service delivery and aspects of funding; and for consumers to influence and engage with change.

## **Elements of an Enhanced Primary Health Care System**

In our future primary health care system all Australians should have access to primary health care services which keep people well and manage ill-health by being:

1. Accessible, clinically and culturally appropriate, timely and affordable;
2. Patient-centered and supportive of health literacy, self-management and individual preference;
3. More focused on preventive care, including support of healthy lifestyles;
4. Well-integrated, coordinated, and providing continuity of care, particularly for those with multiple, ongoing, and complex conditions.

Service delivery arrangements should support:

5. Safe, high quality care which is continually improving through relevant research and innovation;
6. Better management of health information, underpinned by efficient and effective use of eHealth;
7. Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models.

Supporting the primary health care workforce are:

8. Working environments and conditions which attract, support and retain workforce;
9. High quality education and training arrangements for both new and existing workforce.

Primary health care is:

10. Fiscally sustainable, efficient and cost-effective.

## **Element 1: Access**

At the core of an effective and high performing health care system is good access to clinically appropriate services. Essentially this means being able to see the right health professional, at the right time, in the right place, and in a manner that is affordable and culturally appropriate.

The Commonwealth Fund<sup>55</sup> reported that 64% of adult Australians found it difficult or very difficult to access care on weeknights, weekends or holidays without going to a hospital emergency department.

Nurses have the potential to improve workforce capacity, with claims that practices employing a nurse can see over 800 more patients per year.<sup>63</sup>

## **Element 2: Patient-centred and supportive of health literacy, self-management and individual preference**

Objective: Primary health care services respond to the individual preferences and circumstances of patients, their families, and carers, and actively support them in achieving best possible health outcomes.

## **Key Points**

It has been suggested that one way of improving these populations' access to primary healthcare services, and ultimately health outcomes, is to address their health literacy.

A key part of the health information these groups require will be on self-management of health conditions. This will be particularly important if rates of chronic disease continue to rise in Australia; sharply among certain populations.

It has also been suggested that there is not sufficient integration of self-management in the teaching of primary health care providers. It will be essential to develop teaching of self-management in the educational, clinical and workplace settings, in order for health professionals to provide useful instructions to patients.

Overall, it is vital that patients feel engaged and empowered to manage their health, are proactive about their health, and are more aware about primary health care services.

Element 2 is about a primary health care system which is designed around supporting the individual, their family and carers to be in control and actively supported in their care. It is also about a system which is easy for them to access the care they need and which helps them to manage their health care needs and stay as healthy as possible.

The priority issues, identified through the Discussion Paper and confirmed through submissions, were the need to:

- Develop a 'person-centred' approach to health care, enabling consumers to be at the centre of their own care;
- Improve the support provided to health consumers, particularly those with low health literacy, through more appropriate information, self-management programs and other supports;
- Enhance health provider skills to better support their patients
- Improve linkages between primary health care providers and others, such as non-government organisations (NGOs), providing support to individuals, their families and carers.

### **Where are we now?**

A lack of socially and culturally appropriate services is a contributor to poor access to primary healthcare services for a number of disadvantaged groups. This can be compounded by low levels of health literacy and self-management capacity and skills, all of which can contribute to lack of follow through which contributes to poorer health outcomes.

### **Patient rights in health care**

Putting individuals, and their families and carers at the centre of care is fundamental in designing health system changes.

In Australia, the Australian Commission on Safety and Quality in Health Care (ACSQHC) has developed the 'Australian Charter of Healthcare Rights' which was endorsed by Australian Health Ministers in July 2008. The Charter, which was developed after wide consultation, specifies the key rights of patients and consumers when seeking health care services. These rights are Access, Safety, Respect, Communication, Participation and Comment.<sup>105</sup>

Underpinning the Charter is the concept of 'person-centredness' in health care. The Picker Institute has identified eight dimensions of patient-centred care: respect for patient-centred values, preferences and expressed needs; coordination and integration of care; information, communication and education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; transition and continuity; and access to care.<sup>106</sup> The WHO draws together research evidence which suggests a person-centred approach to health care improves treatment intensity and quality of life, leading to better understanding of psychological aspects of a patient's problem, improved patient confidence, satisfaction and treatment adherence. <sup>107</sup>

## **Health literacy**

Putting individuals, their families and carers at the centre of their own care will enable them to engage with the health care system and make decisions about their own health. In practice, the extent to which health professionals address patients' concerns, beliefs and understanding, and share problem management with them can be limited and declines with disadvantage. Underpinning this are patient skills and expectations, provider skills and opportunities, and the availability of tools and other supports, particularly those which are tailored and culturally appropriate. From the patient perspective, Jordan *et al* introduced a hierarchy of critical components that range from:

- Access to health information;
- Knowledge, education and empowerment,
- Self-management
- Command – with health literacy being an initial component.<sup>108</sup>

Health literacy refers to the 'ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.'<sup>109</sup> Health literacy is a product of the population's knowledge and skills gained from education and experiences.

The relationship between a generally poor level of literacy and health status is now well recognised and understood.<sup>110</sup> Data from many developed nations shows a relationship between low literacy levels and declining use of available health information and services.<sup>111</sup>

The literacy levels of the population vary according to a number of factors including income and ethnicity.<sup>112</sup> However, even those with advanced literary skills may not have a high level of health literacy. To have a good level of health literacy, individuals must not only understand health information but be able to access and use this information. At present, Australia does not have a single, comprehensive source of health information for individuals, their families and carers and the resources that are available can be difficult to navigate.

The direct results of an improvement in health literacy include:

- An understanding of the benefits of preventive measures;
- The early detection of illness and disease;
- Access to the most appropriate form of health care
- Improved management of chronic disease.<sup>113</sup>

Currently, the levels of health literacy in Australia are lacking. Health Literacy Australia reports that 59% of the Australian population aged 15–74 did not achieve health literacy skill level 3 (out of 5) or above which is the minimum required to effectively engage with the health system and manage their own self-care.<sup>114</sup>

Greater health literacy at a population level can be an effective tool to increase awareness of, and reduce stigma and discrimination often associated with, health conditions such as mental illness.

The 2007 National Survey of Mental Health and Wellbeing found that one in five Australians continued to experience mental illness in a given year. Approximately two-thirds of people (around 2.2 million) who were sufficiently unwell to meet diagnostic criteria for a mental disorder did not use any health services for their mental health problems. When asked about their perceived need for help (medication, talking therapy, skills training, social interventions and even information), the majority (85.7%) of people with mental disorders reported that they had no need for any kind of help, suggesting the need for new strategies to assist people to recognise the symptoms of mental illness and access appropriate services.

## **Self-Management**

One of the key positive outcomes from building health literacy is improving a patient's ability to self-manage their condition. Self-management is about people being proactive in the care process, optimising their capacity to acquire the needed skills and having confidence to manage their own health and wellbeing.<sup>115</sup>

A broad definition of self-management is involving individuals working in partnership with their families/carers and health professionals so that they can:

- Know their condition and various treatment options;
- Negotiate a plan of care (ie care plan and review/monitor the plan);
- Engage in activities that promote and protect health;
- Monitor and manage the symptoms and signs of the condition;
- Manage the impact of the condition on physical functioning, emotional and interpersonal relationships
- Have confidence in their ability to use support services.<sup>116</sup>

There is a growing body of evidence supporting the efficacy of self-management, particularly in relation to preventing and managing chronic disease including improved adherence to agreed treatment plans and actions, enhanced quality of life and an overall reduction in the burden of chronic disease.<sup>117</sup> A systematic review of chronic disease management undertaken by APHCRI in 2006 found that self-management support was the most commonly used intervention described in the 145 Australian and international studies reviewed and also the most effective intervention.

Within self-management support, the most effective interventions were educational sessions for patients and patient motivational counseling. Distribution of educational materials in association with patient education and motivation produced positive outcomes for patients' use of services and risk behaviour.<sup>118</sup>

It could be suggested that many Australians are not aware of the aspects of self-management or its benefits,<sup>119</sup> or do not have the necessary skills required to self-manage their disease.

The Commonwealth Fund measured doctor-patient communication and found that while Australia rates highly compared with other countries, a significant proportion of patients did not feel well supported.

Health professionals play a key role in providing self-management support to their patients. This includes supporting patients to optimise their capacity to manage the risk or impact of chronic disease over their lifespan and along the care continuum including following care plans developed in partnership with their health professionals.<sup>124</sup> Importantly, for individuals, this is an ongoing process which may need to deal with circumstances when planned and agreed strategies don't work.

However, health professionals do not all have the necessary range of skills required to support patients in the self-management of their chronic disease or to support related behavioural changes.

Survey results show that on the other hand, two-thirds of Australian health professionals report that techniques known to be effective in supporting self-management and behaviour change (such as health promotion approaches, stages of change, structured problem-solving, reasons for non-adherence, and goal setting) are of use within their practice with patients.<sup>125</sup> The key challenge is for the system to provide the structures for these things to happen as a matter of course.

### **What is the way forward?**

Person-centredness, based on a patient's rights to access, safety, respect, communication, participation and comment, as set out in the Australian Charter of Healthcare Rights, must underpin primary health care reform.

Within the Australian context, improving health literacy, especially for disadvantaged and marginalised populations, is an area where effort is needed.

Many aspects of improving health literacy are outside the domain of primary health care providers and need to involve, for example, the education sector. At the same time, primary health care does have an important, ongoing role in supporting individuals, their families and carers, and communities to be better informed about health-related issues and assisting them in accessing and using a range of health information and other consumer-focused supports.

Levels of health literacy will also be dependent upon the context of each individual's medical history. The ability to 'access, understand and use' health information will be different for a pregnant mother and a cancer patient. A more useful term may be 'health literacies'<sup>138</sup> based on the variety of needs in the population.

Improvements to self-management support including multi-media are needed to support an improved focus on person-centred primary health care. Advances in technology which will allow greater diagnostic assessment and self-monitoring of a patient's condition, accompanied by internet and telephone support, is but one area.

In this context, there is scope to improve the information sources and supports available, and to increase primary health care providers' awareness of them, including the opportunities provided through the existing infrastructure of the National Health Call Centre Network together with

Health *Insite*. For example, this existing infrastructure could provide a vehicle for a range of tools to assist in educating consumers about the health care system and health information quality.

Primary health care providers also have an important role in self-management services. A recent *Medical Journal of Australia* supplement on chronic disease management proposed the way forward for chronic disease self-management support for Australia as:

- Self-management and self-management support are key aspects of optimal chronic disease care and are effective if implemented appropriately.
- Health literacy is the foundation of self-management programs and should be fostered for the whole population.
- We should invest in research and evaluation of self-management because the evidence base is underdeveloped and inherently difficult to expand.
- Because patient, carer, clinician and organisational engagement with self-management support programs are uneven, we need to prioritise activities designed to engage known hard to reach populations.
- We should strive to improve integration of self-management into clinical, educational and workplace contexts.
- Education and psychological theories can help guide self-management support.<sup>139</sup>

Within general practice, types of self-management support that could be undertaken include self-management education, mentoring and phone support, use of patient-centred decision support tools, undertaking self-management assessment and care planning, linking with community organisations (referring individuals to local consumer self-management programs, support groups, local physical activity groups), and practice-level changes such as use of multi-disciplinary teams, patient registers, recall and reminder systems, and diabetes clinics.<sup>142</sup>

### **Summary – Key Future Directions**

A National Primary Health Care Strategy provides a key opportunity to better orientate the primary health care system towards the needs of individuals.

Compared to current arrangements, changes are needed, particularly for disadvantaged and marginalised populations:

- To improve individual's rights to a person-centred approach to their health care;
- To improve health literacy and the availability of accessible and appropriate information and supports to help maximise patient involvement in shared decision-making and appropriate use of health services
- To improve the capacity of primary health care services to address the needs of different groups and more effectively support self-management and health literacy, through a range of tools and supports.

### **Element 3: More focused on preventive care, including support of healthy lifestyles**

Objective: All Australians are supported to stay healthy through a stronger focus on wellness, prevention and early detection, and appropriate intervention to maintain people in as optimal health as possible.

Currently, general practice and primary health care are not supported or funded to implement population health approaches to risk reduction and management across local communities and populations. Further barriers to the provision of more preventive care include the fact that GPs already have heavy workloads, and associated time constraints.

GPs could perhaps be better supported to provide preventive health care through further skills training, IT system support and financing. There is also potential to expand the role of nurses, community pharmacists,<sup>144</sup> and allied health professionals in preventive health care provision.

An expanded role for nurses, community pharmacists,<sup>179</sup> and allied health professionals in preventive health care is increasingly supported internationally. For example, a recent European study has demonstrated that nurses providing preventive education and monitoring in general practice reduced dietary saturated fat and increased fruit and vegetable consumption, increased physical activity and reduced cardiovascular disease (CVD) risk.<sup>180</sup> While in Australia, general practice nurses also have a role in preventive care, this work has limited recognition in current funding arrangements.

As published in the recent UK White Paper on the future of pharmacy in England, there are a number of preventive health and public health programs delivered through local pharmacies (as well as through a number of other primary health care settings), including a men's health check, targeted public health campaigns, vascular checks, diabetes testing and lifestyle risk assessment testing. Similar population specific options could be considered within the Australian context.

A greater focus on prevention necessitates making optimum use of the primary health care workforce and utilising team-based approaches where appropriate. Consideration of the appropriate roles and skills of different members of the primary health care team (eg general practice nurse, nurse practitioners, community pharmacists, allied health professionals and Aboriginal Health Workers) is a key factor.

Submissions made it obvious that consumers expect to be involved and active in their health care management, and should have access to tools to enable self-care and assist them to navigate the health system maze effectively. They want their providers well informed and care options to be well researched and cost-effective. Providers not only want to improve the information flows about their patients with each other across multi-disciplinary teams to improve the health outcomes for consumers, they also want to be able to communicate more effectively with their patients, and many put forward electronic service delivery as a way of helping this happen.

*The effectiveness of e-health will be greatly influenced by consumers' ability to understand and make decisions on the information available. This will be dependant to a large extent on improved health literacy and education of health consumers; improved information flows, including explanations, between consumers and practitioners; and the readiness, willingness and ability of health care agencies and health care professionals to listen to and consult with health consumers.<sup>294</sup>*

A valuable benefit that should flow from eHealth is the strengthening of the information base available to consumers, that can inform the consumer and their carers, and empower them in discussions with health professionals.

*Understanding that [an IEHR is a] major initiative [which] will take some time to come into effect, consumers would like the following e-health initiatives to be pursued now:*

- *Electronic medication lists*
- *Electronic save my life data*
- *Electronic discharge summaries*
- *Information to help consumers navigate Australia's health system...*

*CHF [Consumers Health Forum] has developed 'Consumers and E-health project principles' that reflect consumer needs and expectations in this area.<sup>295</sup>*

*The development of a web based information system similar to that used in the United Kingdom*

*(NHS Direct) that provides authoritative health information and advice on navigating the health system would enhance the individuals' knowledge of, and ability to, interact with the health system. This facilitates personal responsibility, and with a limited impact on health system capacity.<sup>296</sup>*

*Web-based information allows health care professionals to direct clients to particular sites for information, either through use of computers set up in the primary health care facilities or to refer to at home.<sup>297</sup>*

*Consumers need access to appropriate resources to support their journey through the health system, including shared electronic health records and appropriate knowledge and resources to support decision-making.<sup>298</sup>*

The National Health Call Centre Network provides opportunities to support consumers in being more active in their health care management. For example, the *healthdirect* Australia website could be used as a national web platform to provide access to a range of creative e-tools constructed to encourage consumers to self-assess their health, plan and join self-managed health improvement programs including life coaching, self monitoring or personal response monitoring. This would be similar to the progression of National Health Service (NHS) Direct in the UK which has evolved from the original health call centre concept into a full consumer-centric health delivery service, providing an interactive website, health information channel on digital television, printable self-help guides and an online enquiry service.

Need to support consumers to access their own electronic health records, accredited online health knowledge sources and e-resources which assist them in being active partners in their primary health care management.

**This summary document prepared by ASMI, September 2009 using information cut and pasted directly from the National Primary Health Care Strategy Draft Report (August 09).**